http://medpr.imp.lodz.pl/en
https://doi.org/10.13075/mp.5893.01538
ORIGINAL PAPER

AGGRESSIVE BEHAVIOR IN THE WORKPLACE – EXPERIENCES OF YOUNG NURSES: PRELIMINARY STUDY

Renata Mroczkowska[1], Wiktoria Piejko[2], Bogusława Serzysko[3]

[1] University of Opole, Opole, Poland
Institute of Health Sciences

[2] Higher School of Medicine, Sosnowiec, Poland
Chair of Basic Medical Sciences, Faculty of Health Sciences

[3] Higher School of Applied Sciences, Ruda Śląska, Poland
Department of Healthcare

Abstract

Background: The work environment of nurses is characterized by high levels of stress and emotional tension. Nurses frequently experience aggression, considered one of the main occupational hazards in healthcare. The study aimed to identify causes, motivations, and factors influencing aggression towards young nurses. **Material and Methods:** The study involved 105 nurses from hospitals in the Silesian region of Poland, recruited via social media, with ≤5 years of professional experience. Conducted from January 18 to May 30, 2023, it used a proprietary questionnaire of 21 questions about the frequency, types, and causes of aggression experienced at work. **Results:** All nurses (100%) reported experiencing aggression in the workplace, mainly from colleagues (41.90%) and patients (34.29%). The most common forms were shouting (33.33%) and verbal abuse (31.43%). Adultism, defined as discrimination based on age or short tenure, was reported by 72.38% of nurses. Those experiencing adultism were more likely to report aggression from senior nurses (57.58% vs. 15.38%), but less likely to report aggression from patients (25.76% vs. 48.72%, $p = 0.004$). Although the association between unit type and level of adultism did not reach statistical significance ($\chi^2 = 5.555$, $p = 0.063$), the data suggest a trend toward higher levels of adultism in certain units, particularly intensive care units which warrants further investigation. Nurses experiencing adultism reported lower job satisfaction (51.52% vs. 82.05%, $p = 0.004$) and were more likely to consider changing jobs (71.43%) highlighting the impact of adultism on professional relationships, job satisfaction, and overall well-being. **Conclusions:** Early-career nurses frequently encounter workplace aggression, primarily in the form of horizontal aggression associated with adultism and stress, which significantly reduces their job satisfaction. The most commonly reported forms of aggression include workplace obstruction, lack of support, insults, and shouting. Implementing conflict management training, psychological support programs, and mentoring initiatives can substantially improve working conditions and reduce staff turnover. Med Pr Work Health Saf. 2025;76(2)

Key words: workplace aggression, professional adaptation, aggressive behaviors, novice nurses, adultism, violence in healthcare

Corresponding author: Renata Mroczkowska, University of Opole, Institute of Health Sciences, Katowicka 68, 45-060 Opole, Poland, e-mail: renata.mroczkowska@uni.opole.pl
Received: March 6, 2024, accepted: April 7, 2025

INTRODUCTION

The International Labour Organization defines "workplace violence" as any act, incident, or behavior that deviates from acceptable norms, leading to a situation in which a person is threatened, harmed, or injured while performing their professional duties or as a result of such actions [1]. This definition encompasses all forms of violence, both physical and psychological, and emphasizes the variety of potential causes of aggressive behaviors. The nursing profession is characterized by a work environment with high levels of stress and emotional tension, which exposes nurses to various manifestations of aggression closely related to the nature of their work and direct interaction with others [2].

Workplace violence in the healthcare sector is recognized as one of the major occupational hazards, affecting both developing and developed countries [3]. While the original definition is referenced, the focus is narrowed to a specific aspect of workplace violence – horizontal aggression occurring between colleagues, particularly between senior and junior nurses. Aggression in the context of the nursing workplace manifests in behaviors that can be verbal or non-verbal, aimed at causing physical or psychological harm to others. These are negative and antisocial behaviors that disrupt interpersonal relationships by objectifying another person [4–6]. It takes various forms, ranging from rudeness and verbal remarks, to bullying, physical violence, and even sexual harassment.

Work-related stress is often the primary cause of aggression, but the root of the problem may also stem from situations outside the workplace, such as family or financial issues [6–8]. This phenomenon in the nursing sector is well-documented and has been the subject of scientific

research for >2 decades. Aggressive behaviors generate significant costs, inevitably leading to destructive consequences, including high staff turnover, increased sick leave, decreased productivity, and a decline in the standards of patient care. Understanding the mechanisms that create and sustain various forms of aggression is essential for effectively addressing these challenges [9].

This study primarily focused on horizontal aggression, defined as negative interactions occurring between colleagues, particularly between senior and junior nurses. Although aggressive behaviors from patients and visitors, referred to as patient and visitor violence (PVV), were also analyzed, the primary emphasis was placed on intra-team aggression within the nursing staff. Adultism, a form of age-based discrimination, manifests through both overt and covert hostile behaviors that disrupt relationships between younger and older employees. This conflict often stems from the younger age and limited experience of new staff members, creating challenges in collaboration. This is especially problematic in nursing, where staff shortages and the ongoing need for experienced colleagues to support younger workers exacerbate tensions [9–11].

In conclusion, aggression and adultism in the nursing workplace are complex phenomena with significant impacts on employees' psychological well-being and the quality of patient care. Addressing the challenges of managing high stress levels and aggressive behaviors from patients demands appropriate support and intervention strategies [2].

MATERIAL AND METHODS

Aim of the research

The aim of the study was to identify and analyze aggressive behaviors in the nursing environment, including identifying sources of aggression directed towards young nurses. The study involved 105 nurses from hospitals in the Silesian region, recruited using snowball sampling, a non-random method where participants recruit others. The inclusion criterion was having ≤5 years of work experience as a nurse. The study was carried out from January 18 to May 30, 2023, using a custom-designed questionnaire consisting of 21 questions on aggressive behavior in the workplace, with particular focus on the negative treatment of young nurses with short tenure.

To identify manifestations of age-related discrimination, a proprietary questionnaire was developed to measure the level of adultism, which contained 10 statements. These statements were based on the most common forms of horizontal violence identified by Griffin [12], a nurse and researcher specializing in supporting newly licensed nurses in coping with hostile behaviors from colleagues. The internal consistency of the questionnaire was assessed using Cronbach's α, yielding a value of 0.71, indicating acceptable reliability. The forms of horizontal violence included: nonverbal insinuations, verbal affronts, undermining actions, withholding information, sabotage, psychological harassment, assigning less creative and more burdensome tasks (scapegoating), actions with hidden negative intentions causing harm (backstabbing), invasion of privacy, and betrayal of trust.

Nurses indicated whether and how often they encountered the described situations. Each response was evaluated according to a predetermined scale: daily – 4 pts, several times a week – 3 pts, several times a month – 2 pts, several times a year – 1 pt, never – 0 pts. The max score was 40 pts. The higher the score, the higher the level of adultism in the studied group. The detailed interpretation of the results was as follows: very high level (40–31 pts), high level (30–21 pts), average level (20–11 pts), low level (10–0 pts). At the end of the survey, respondents were asked questions to characterize the respondent – concerning gender, age, work experience, and workplace. All participants were previously informed about the anonymous nature and the aims of the conducted study.

Statistical analysis

Statistical analysis was performed using SPSS Statistics 28.0 (IBM Corporation, Armonk, USA). The percentage distribution of qualitative data was presented in the form of tables created in Microsoft Excel (Microsoft Corporation, Redmond, USA). Associations between variables were analyzed using Pearson's χ^2 test. The significance level was set at $p < 0.05$.

Ethical considerations

The research was conducted in strict accordance with the Declaration of Helsinki of 1975 (amended in 2013) [13]. Informed consent was obtained from all participants, and their anonymity was ensured throughout the study. Participants were fully informed about the study's purpose and assured that they could withdraw from the study at any stage without facing any consequences.

It is important to note that, according to local regulations and institutional guidelines, non-interventional survey-based studies that do not involve direct medical interventions or the collection of sensitive personal data typically do not require approval from a bioethics com-

mittee. Such studies do not meet the criteria of a medical experiment as defined in the Act of December 5, 1996, on the Professions of Doctor and Dentist [14].

The absence of sensitive personal data or medical procedures in this type of study further explains why ethical approval was not required. However, should there have been any concerns or need for clarification, participants were provided with contact information for further inquiries.

Characteristics of the study group

The study group predominantly consisted of nurses <25 years (62.86%) with short professional experience ranging 1–2 years (69.52%), indicating their recent entry into the workforce. Significantly fewer participants had <1 year of experience (17.14%) or 3–5 years of experience (13.33%). The mean age of the respondents was 26.67 years (M±SD 25±4.83), and the average length of employment was approx. 2.22 years (M±SD 1.50±1.18). The predominance of women (94.29%) in the group reflects the common trend in the nursing profession. The majority held a bachelor's degree (85.71%), which may influence their professional perspectives and skills. The distribution of workplaces showed a variety of settings in which the surveyed nurses were employed. The largest groups were those working in medical wards (43.81%) and surgical wards (32.38%). Additionally, 23.80% of the nurses were employed in intensive care units (ICUs).

RESULTS

All nurses in the study group reported experiencing ≥1 form of workplace aggression, as listed in the survey. The dominant source of aggression towards early career nurses was identified as horizontal aggression from colleagues (N = 44, 41.90%). A significant association was confirmed between horizontal aggression and experiencing adultism ($\chi^2 = 15.36$, $p = 0.004$). This type of aggression is a key issue analyzed in the present study. Although aggression from patients (N = 36, 34.29%) and visitors (N = 12, 11.43%) was reported less frequently, it still poses a significant risk. Nevertheless, horizontal aggression from colleagues has the greatest impact on nurse safety. Aggression from supervisors (N = 4, 3.81%) and physicians (N = 9, 8.57%) occurred much less frequently. Respondents identified the main causes of aggressive behavior primarily as the professional burnout of older colleagues (72.38%), hostile attitudes towards younger and new team members (68.57%), lack of respect from supervisors (60.95%), and occupational stress (51.43%). Burnout as a cause of aggression was indirectly suggested through the perception of older colleagues' behaviors and requires further investigation in the future. According to the respondents, an unfavorable work atmosphere was attributed to strained relationships between older and younger staff, characterized by discourtesy (68.57%), disputes over work schedules and vacation plans (64.76%), and workload overload due to understaffing (58.10%). The association between these factors and workplace aggression was statistically significant ($\chi^2 = 8.53$, $p = 0.004$). The least significant factor identified was the lack of respect from supervisors (24.76%).

Respondents highlighted the most burdensome forms of aggression from colleagues as deliberate workplace obstruction and lack of support, occurring several times a month (77.14%). Insults were reported by 69.52% of the surveyed nurses with a frequency of several times a year, similar to shouting, which was noted by 65.71% of respondents. Threats or blackmail were reported less frequently, with the majority of participants indicating no such incidents (Table 1).

Respondents also highlighted the existing division in their workplace between so-called young and older nurses. It is essential to clarify that the term "young" refers to those who are new to the profession or to the specific workplace, and not necessarily to chronologically younger individuals. The majority of respondents (72.38%) confirmed the existence of such a division, suggesting the presence of phenomena resembling age-based discrimination (adultism) and a lack of professional experience, manifested in specific behaviors. Table 2 presents the frequency distribution of situations experienced by young individuals at work in relations to their colleagues. Responses were categorized into 5 frequency categories: daily, several times a week, several times a month, several times a year, and never. Young nurses most frequently experienced situations where older nurses were kind to them but gossiped behind their backs (90.48%) and were assigned more difficult tasks (80.95%). The least frequently experienced issues were infantilization of language (60.95%) and ignoring their comments and work-related ideas (67.62%) (Table 2).

Evaluating the obtained data using the established scale measuring the level of adultism, it was found that the highest score was 40 pts and the lowest was 1 pt, reflecting the frequency and severity of age-related discrimination experiences among the surveyed nurses. This wide range highlights the diverse levels of adultism experienced within the group, which is further analyzed

Table 1. Forms of aggression in the workplace reported by participants in relation to colleagues and supervisors, among nurses with ≤5 years of experience, based on a study conducted in 2023 in hospitals in the Silesian region of Poland

Form of aggression	Participants (N = 105) [%]				
	daily	several times a week	several times a month	several times a year	never
Shouting	1.90	12.38	18.10	33.33	34.29
Threats	0.95	3.81	8.57	20	66.67
Blackmail	0.95	3.81	5.71	20.95	68.57
Attempted attack	0.95	1.9	3.81	10.48	82.86
Physical assault	0.95	1.9	1.9	3.81	91.43
Insults	4.76	10.48	22.86	31.43	30.48
Deliberate/malicious obstruction of work and lack of assistance	4.76	19.05	29.52	23.81	22.86

Table 2. Types of situations experienced in the workplace as reported by young nurses, based on a study conducted in 2023 in hospitals in the Silesian region of Poland

Situation	Participants (N = 105)									
	daily		several times a week		several times a month		several times a year		never	
	n	%	n	%	n	%	n	%	n	%
Highlighting my mistakes in the presence of others to embarrass me	7	6.67	14	13.33	24	22.86	27	25.71	33	31.43
Older nurses are nice to me, but gossip about me behind my back	20	19.05	27	25.71	24	22.86	24	22.86	10	9.52
In the event of a mistake at work, it is always assumed that it is my fault because I am a young person	7	6.67	21	20	23	21.90	31	29.52	23	21.90
My actions/reports are checked more often than others because it is assumed that I make mistakes as a young person	16	15.24	12	11.43	23	21.90	21	20	33	31.43
Infantilization of language/speaking to me as if I were a child	12	11.43	7	6.67	17	16.19	28	26.67	41	39.05
My education/skills are questioned by senior colleagues	15	14.29	14	13.33	28	26.67	24	22.86	24	22.86
As a young person, I am assigned harder tasks like cleaning, while older nurses choose easy and pleasant tasks for themselves	18	17.14	27	25.71	18	17.14	22	20.95	20	19.05
I am suggested to be lazy/scattered/inexperienced because I am young, even when I rarely make mistakes	9	8.57	22	20.95	18	17.14	23	21.90	32	30.48
My ideas and opinions related to work are downplayed because I am young	7	6.67	21	20	22	20.95	21	20	34	32.38
I hear suggestions that wisdom in the profession comes only with many years of practice	12	11.43	26	24.76	23	21.90	20	19.05	24	22.86

in subsequent sections to explore its impact on workplace aggression and job satisfaction. The average score was 16.23 pts, which can be interpreted as a moderate level of negative situations experienced by respondents in the workplace. The standard deviation value was 10.82 pts, indicating a high variability of experiences among respondents. A low level (0–10 pts) was observed in 39 respondents (37.14%), indicating that they do not associate workplace aggression with age-based discrimination. A medium level (11–20 pts) was recorded in 27 respondents (25.71%), a high level (21–30 pts) in 27 respondents (25.71%), and a very high level (31–40 pts) in 12 respondents (11.43%). A high percentage of respondents with low scores does not exclude the existence of issues related to aggression. The large variability in results suggests that the experiences of young individuals in the workplace are highly diverse. For the purposes of further analyses, the adult-

Table 3. Level of adultism among nurses with ≤5 years of professional experience, based on a study conducted in 2023 in hospitals in the Silesian region of Poland

Variable	Participants (N = 105)		M±SD	Me (Q1–Q3)	Min.–max	95% CI	SE
	n	%					
Scale of adultism							
standard							
very high (31–40 pts)	12	11.43					
high (21–30 pts)	27	25.71					
medium (11–20 pts)	27	25.71					
low (0–10 pts)	39	37.14					
after merging categories for statistical analysis							
low	39	37.14					
significant	66	62.85					
Level of adultism			16.23±10.82	14 (6–25)	1–40	14.15	18.31

Table 4. Relationship between age, work experience, workplace, and the level of adultism among nurses with ≤5 years of professional experience, based on a study conducted in 2023 in hospitals in the Silesian region of Poland

Variable	Participants (N = 105)						χ^2	p
	level of adultism				total			
	low (N = 39)		significant (N = 66)					
	n	%	n	%	n	%		
Age							1.835	0.400
<25 years	25	64.1	41	62.12	66	62.86		
25–35 years	14	35.9	22	33.33	36	34.29		
>35 years	0	0	3	4.55	3	2.86		
Work experience							2.081	0.354
< 1year	6	15.38	12	18.18	18	17.14		
1–2 years	30	76.92	43	65.15	73	69.52		
3–5 years	3	7.69	11	16.67	14	13.33		
Workplace							5.555	0.063
medical ward	17	43.59	29	43.94	46	43.81		
surgical ward	17	43.59	17	25.76	34	32.38		
intensive care unit	5	12.82	20	30.3	25	23.81		

ism categories were consolidated into 2 levels: low level (N = 39, 37.14%) and significant level (combining very high, high, and medium levels) comprising 66 participants (62.85%) (Table 3).

Subsequently, efforts were made to identify the factors that led young nurses to believe that incidents of aggression were due to age-related prejudices. Analyses of the relationship between the level of adultism and the age and work experience of the respondents did not reveal any significant associations or differences in adultism levels. However, in the case of the workplace, the analysis indicated a trend toward a potential association between workplace and the level of adultism, as suggested by χ^2 test ($p = 0.063$) (Table 4).

To analyze the relationship between adultism and aggression in the nursing environment, Pearson's χ^2 test

Table 5. Relationship between the occurrence of adultism in the nursing environment and sources and causes of workplace aggression and job satisfaction among nurses with ≤5 years of professional experience, based on a study conducted in 2023 in hospitals in the Silesian region of Poland

Variable	Participants (N = 105)						χ^2	p
	level of adultism				total			
	low (N = 39)		significant (N = 66)					
	n	%	n	%	n	%		
Source of aggression							15.36	0.004
patients	19	48.72	17	25.76	36	34.29		
parents/legal guardians or visitors	5	12.82	7	10.61	12	11.43		
supervisors	2	5.13	2	3.03	4	3.81		
collaborating physicians	2	5.13	7	10.61	9	8.57		
collaborating senior nurses	6	15.38	38	57.58	44	41.90		
Causes of aggression							12.97	0.295
competition among employees	7	17.95	33	350	40	38.10		
hostile attitude towards new/young nurses	16	41.03	56	84.85	72	68.57		
communication errors	17	43.59	34	51.52	51	48.57		
helplessness	5	12.82	8	12.12	13	12.38		
fatigue	18	46.15	30	45.45	48	45.71		
occupational burnout	24	61.54	52	78.79	76	72.38		
long waiting time for a visit	10	25.64	9	13.64	19	18.10		
too few personnel	15	38.46	33	50	48	45.71		
stress	15	38.46	39	59.09	54	51.43		
lack of respect for nurses	23	58.97	41	62.12	64	60.95		
patient under the influence of alcohol or other substances/withdrawal	15	17.95	30	45.45	45	42.86		
new supervisor	1	41.03	1	1.52	2	1.9		
Job satisfaction							8.53	0.004
dissatisfied	7	17.95	32	48.48	39	37.14		
satisfied	32	82.05	34	51.52	66	62.86		

was applied. The test showed a statistically significant association between the occurrence of adultism and aggression in the workplace from senior colleagues (p = 0.004) (Table 5). Although individuals experiencing adultism more frequently reported various forms of aggression, such as insults (86.36% vs. 41.03%), deliberate workplace obstruction and lack of assistance (95.45% vs. 46.15%), shouting (80.30% vs. 41.03%), and threats (45.45% vs. 12.82%) compared to those who did not experience such phenomena, these differences were not statistically significant.

The analysis revealed a significant association between experiencing adultism and workplace aggression. Nurses experiencing significant adultism were more frequently exposed to aggression from senior colleagues (57.58% vs. 15.38%) and less frequently from patients (25.76% vs. 48.72%, $\chi^2 = 15.36$, p = 0.004) (Table 5).

Although the analysis did not reveal a statistically significant relationship between experiencing adultism and factors triggering aggression in the nursing work environment (p = 0.295), it was observed that individuals experiencing adultism more frequently reported competition among staff (50% vs. 17.95%) and negative attitudes towards new or younger nurses (84.85% vs. 41.03%). These findings suggest that adultism significantly affects interpersonal relationships in the workplace, increasing

tension and potentially escalating conflicts (Table 5). The analysis of aggression levels across different wards revealed significant differences. Nurses working in ICUs reported higher levels of adultism (30.30%) compared to their colleagues in surgical (25.76%) and medical wards (43.81%). The χ^2 test indicated a result approaching statistical significance ($p = 0.063$), suggesting that specific environmental or organizational factors associated with the nature of work in certain wards may intensify or mitigate the occurrence of adultism and aggression. These findings highlight the need for further research into the ward-specific dynamics that influence aggression and perceived discrimination in the workplace (Table 5).

To assess whether adultism in the nursing work environment affects job satisfaction, Pearson's χ^2 test was conducted. The results in Table 5 indicate a statistically significant relationship between adultism and job satisfaction. Among those experiencing significant adultism, 48.48% reported dissatisfaction with their job, compared to 17.95% among those with low levels of adultism ($\chi^2 = 8.53$, $p = 0.004$).

Respondents were asked about their intention to change jobs due to manifestations of workplace aggression. The data analysis revealed no significant correlation between experiencing adultism and the intention to change jobs among nurses. However, it was observed that among those who decided to change jobs due to aggression, the majority (71.43%) experienced a high level of adultism.

The study revealed that nurses at the beginning of their professional careers are particularly vulnerable to workplace aggression. The findings underscore the necessity of addressing issues related to adultism and aggression to enhance job satisfaction. A key challenge remains the creation of a more supportive and friendly work environment that mitigates these negative phenomena.

Statistical analyses demonstrated significant associations between experiencing adultism, increased aggression from senior colleagues, and reduced job satisfaction. These results highlight the urgent need to implement appropriate workplace interventions.

DISCUSSION

Professional work is a crucial element of human life, serving as one of the fundamental social functions. It can be a source of both satisfaction and psychological stress or frustration [8]. Occasionally, it carries the risk of occupational aggression, as observed in healthcare, the service sector, or other professions that involve direct contact with people. In particular, occupational aggression is a notable risk in professions involving direct contact with people. In the healthcare sector, 94% of nurses and midwives reported experiencing workplace aggression, highlighting the prevalence of this issue [15].

According to the 2020 data presented by the Supreme Chamber of Nurses and Midwives [16], violence in healthcare settings is a common phenomenon. In a survey involving 817 nurses and midwives, 768 individuals (94%) reported experiencing aggression in the workplace [16–17]. Similar data was obtained in a 2019 study by Babiarczyk et al. [18], conducted in 5 different European countries. Among 260 nurses, 20.40% confirmed experiencing physical violence at work in the past 12 months. Additionally, burnout among older colleagues was identified as a cause of aggressive behavior by 72.38% of the surveyed nurses. Furthermore, 68.57% reported that cynicism, objectification of coworkers, and lack of engagement exacerbated aggressive behaviors, particularly in stressful situations, creating a "vicious cycle" [11].

Nurses, being targets of aggression, may unconsciously adopt behaviors such as defensive hostility or withdrawal, which can provoke further aggressive reactions from colleagues or patients, thereby increasing the frequency of such incidents. For example, in the cited study [11], 32% of nurses reported feeling that their defensive behaviors led to more frequent aggression from peers.

However, although experiences related to aggression seem to be similar across various work environments, there is variability in the perception of its sources and forms depending on the specifics of the workplace and team dynamics. The presented studies showed that the main sources of aggression are older colleagues (39.05%).

Incivility, defined as behavior that deviates from accepted norms and is characterized by low intensity and ambiguous intent to harm, violates the principles of mutual respect in the workplace, reflecting a lack of regard for others. In contrast, violence manifests through systematic patterns of behavior aimed at dominating, devaluing, or depreciating a group of colleagues, posing a threat to both health and safety. The most common form of workplace aggression is verbal aggression, encompassing all forms of inappropriate behavior in both professional and personal spheres [19].

This study specifically focuses on non-physical intergroup conflict, manifested through overt and covert hostility, defined in the English literature as lateral violence

(LV), also known as horizontal violence [12]. This phenomenon is prevalent in the nursing sector, observed in clinical practice, administrative settings, and academic environments [20]. Newly licensed nurses are particularly vulnerable to this form of violence, especially during their adaptation period to nursing practice [12].

Moreover, behaviors associated with LV are primarily elements of psychological rather than physical violence. The 10 most common forms of LV, identified by Griffin [12] based on nursing literature, include: nonverbal insinuations, verbal affronts, undermining actions, withholding information, sabotage, psychological harassment, assigning less creative and more burdensome tasks (scapegoating), actions with hidden, negative intentions causing harm (backstabbing), privacy invasion, and betrayal of trust.

According to Lickiewicz [21], these behaviors reflect a lack of effective stress management methods among experienced nursing staff, often serving as a means to vent negative emotions caused by work. Based on these premises, a proprietary scale was developed to identify and measure the severity of adultism in the studied group. It is important to note that the forms of lateral violence described in the literature were reflected in the statements of novice nurses, obtained during interviews conducted as a prelude to the study.

The surveyed nurses reported examples of abusive behaviors such as: highlighting mistakes in the presence of others (70.48%), insincerity in relationships – gossiping behind their backs (90.48%), automatically blaming them for errors due to their young age (80.95%), excessive scrutiny of actions/reports with the assumption of more frequent errors among younger individuals (70.48%), infantilization in communication (60.95%), questioning qualifications and skills (77.14%), assigning more difficult or less desirable tasks (80.95%), suggesting laziness, scatterbrained behavior, or lack of life experience (69.52%), disregarding work-related comments and ideas (67.62%), and suggesting that professional wisdom only comes with years of practice (78.10%).

Similarly, a study by Suwała [22] indicated comparable sources of physical and psychological aggression, with colleagues identified as perpetrators in 17% of cases. However, differences in study results may stem from cultural and demographic variations. The group of nurses analyzed in cited study [22] was older (30–39 years), with only 20% having 1–5 years of work experience, which could have influenced the findings regarding experiences of aggression. In contrast, in Suwała's study [22], nurses most frequently reported experiencing psychological violence, such as verbal insults (54%) and intimidation (32%). Meanwhile, in the present study, deliberate workplace obstruction and lack of support were the most commonly reported forms of aggression, experienced by 77.14% of participants, often several times a month. Insults were reported by 69.52% of respondents, primarily occurring several times a year, similar to shouting, which was reported by 65.71% of participants. On the other hand, less common forms of aggression, such as threats or blackmail, were less frequently experienced, with most participants indicating the absence of such incidents.

Expanding on the issue of adultism, large-scale studies have shown that younger individuals report experiencing age-related discrimination more frequently than older groups, eliciting more negative reactions in society compared to older individuals [23–25]. Additionally, previous studies have revealed that young people are often forced to take jobs with uncertain characteristics and less favorable conditions [26–28]. Among the responses collected in the study, attention was drawn to a commonly held belief perceived as discriminatory – the assumption that younger individuals, particularly those without families or children, should be available to work every holiday, weekend, or during hours deemed unfavorable by others. This view was shared by 66% of respondents.

In the context of medical professions, the phenomenon of adultism – discrimination based on young age and short tenure – can significantly impact workplace relationships and provoke aggression. This highlights the need to understand and address adultism as a factor influencing team dynamics and the well-being of young employees in the medical sector. The study emphasized that young nurses frequently encounter aggression from older colleagues. In fact, >60% of young employees reported experiencing aggressive behaviors at work.

Some nurses exhibit unprofessional attitudes towards newly hired colleagues during the adaptation period in advanced nursing practice, which can negatively impact their well-being and professional development [29]. The initial steps in the profession are a crucial and potentially stressful element of professional adaptation [30], providing novice nurses with the opportunity to apply acquired knowledge in real-life situations, which undoubtedly can generate stress during interactions with actual patients [31]. Early professional experiences are shaped by various factors, such as the type of facility or the range of medical services provided. Moreover, nurses face diverse challenges in relationships with other staff members, significantly influencing their professional and social development [32,33].

Therefore, adultism in the workplace must be consistently combated [19]. Allowing it to continue initiates a downward spiral, becoming costly for the individuals involved and the organization as a whole. As a result, the atmosphere in a workplace where conflicts and aggression occur becomes tense and unfriendly. This leads to low morale, lack of trust, stress, and mutual hostility among employees. Consequently, teamwork is disrupted, and the overall sense of safety and comfort in the workplace is severely threatened [34,35]. Ultimately, this has a negative impact on patient care and treatment outcomes.

A lack of response and firm disapproval of inappropriate behaviors can contribute to the escalation of violence towards subsequent generations of young nurses. In contrast, according to Griffin [12], horizontal violence among nurses will persist until they learn to cope with feelings of helplessness and frustration, directing their dissatisfaction towards each other in the form of oppressive behaviors. Similarly, Farrell [34] suggests that the root cause of such behaviors is the stress resulting from working under conditions of high-quality care expectations amidst staffing shortages.

On the other hand, positive relationships among members of the nursing team can significantly enhance the confidence of younger colleagues [36], strengthening their sense of efficacy [37], motivation, and decision-making abilities in the professional domain [38]. Furthermore, mentorship from experienced nurses provides essential support for new colleagues during their adaptation process, offering valuable guidance and sharing practical knowledge [39]. However, negative attitudes, such as adultism or unkind behavior towards newcomers, can be a source of intense stress [40]. Inappropriate behaviors, including incivility and hostile attitudes, can lead to the risk of mental and physical disorders in affected individuals. Ignoring such behaviors has the potential to disrupt the standards of patient care and the focus on patients' health needs [41].

The consequences of adultism in the workplace are extensive and serious, triggering a spiral of negative effects that can be costly for the individuals involved and the organization [12]. As a result, this can lead to reduced morale when trust is undermined, creating an unfavorable atmosphere, which in turn affects teamwork and increases stress levels [34,35]. Ultimately, this negatively impacts patient care and treatment outcomes, as nurses become distracted by these issues and are unable to focus on the patient [42–44].

Moreover, ignoring inappropriate behaviors can contribute to the escalation of violence towards new generations of nurses [45,46]. For instance, according to Griffin [12], lateral violence among nurses will persist until strategies are developed to cope with feelings of helplessness and frustration, which can lead to directing dissatisfaction towards one another. On the other hand, Farrell [47] points out that the source of such behaviors is the stress associated with working under conditions of high care expectations amidst staff shortages.

The respondents detailed key moments that formed the basis of misunderstandings. Among the most frequently cited causes of a poor work atmosphere were disputes over work schedules, pay, and vacations (64.76%), task overload due to insufficient staffing (58.10%), and difficulties in managing relationships between experienced and novice nurses (68.57%). Consequently, nearly half of the surveyed nurses reported a loss of motivation for work (37.14%), pointing to intense stress and psychological overload (64%), as well as negative relationships among members of the therapeutic team (60%) as the main reasons.

The study findings mirror the experiences of young nurses described by Mammen et al. [48], where incivility from colleagues ranged 25.60–87%. In addition, the manifestations of incivility were diverse, including eye-rolling, shouting, exclusion from groups, sarcastic comments, dominating group conversations, and even sexual harassment.

Study limitations

The study has several significant limitations. Firstly, the use of the "snowball sampling" method creates a risk of selection bias, as participants recruited by others may have similar experiences and perspectives, limiting the representativeness of the study group. Moreover, the sample of 105 nurses working in a single region of Poland – Silesia – is insufficient to generalize the results to the entire population of nurses in Poland. The study relies on self-assessment and subjective perceptions of the respondents, which may lead to differences in the interpretation of questions and answers and bias due to individual perceptions. Additionally, the cross-sectional nature of the study means that causality cannot be inferred; the relationship between adultism and aggression and their impact on job satisfaction can only be suggested, not confirmed. The lack of a control group, such as older nurses with longer work experience, makes it difficult to understand how the assessed factors affect other age and tenure groups.

On the other hand, despite the pilot nature of the study and the above-mentioned limitations, the study highlighted the widespread presence of aggression towards young nurses, revealing that a significant majority of them experience aggressive behaviors from both patients and colleagues. Additionally, the negative impact of aggression on psychological well-being and the risk of developing occupational burnout were also noted.

Implications for practice

It is essential to develop effective strategies for managing aggression, including training in interpersonal communication and stress management, to ensure a safe and supportive work environment. These strategies should include promoting a culture of mutual respect, zero tolerance for aggression, and programs for psychological support and mentoring [48,49]. For instance, implementing mentoring programs, where more experienced employees support younger colleagues, can help integrate new staff and reduce tensions related to adultism.

Employers should establish and enforce a zero-tolerance policy towards aggression and discrimination. Every case of aggression should be reported, investigated, and appropriately sanctioned to ensure a safe work environment. Employers should also promote values such as empathy, understanding, and mutual support within the team.

On the other hand, incivility describes behaviors that are rude, disruptive, intimidating, and unwelcome, directed at others. Terms such as horizontal violence, aggression, and bullying often arise in the context of these behaviors, indicating their negative impact on individuals and organizations. As Forni [50] aptly stated: "Incivility often arises when people are stressed, unhappy, and rushed. When these events coincide, anything can happen. Incivility undermines self-esteem, destroys relationships, increases stress, pollutes the work environment, and can escalate into violence."

In conclusion, the study revealed that horizontal aggression within the nursing team is the dominant form of aggression experienced by young nurses. Although less frequent, PVV also poses a significant threat to nurses' occupational safety. These differences are crucial in the context of planning intervention strategies. Young nurses frequently experience adultism, which negatively impacts their job satisfaction. Moreover, the study demonstrated a link between adultism and increased aggression as well as lower job satisfaction. Interventions in the form of conflict management training, psychological support, and mentoring programs are essential to improve the work environment and reduce turnover. The findings indicate the need for strategies to combat aggression and adultism in the nursing profession. Thus, targeted interventions can enhance the well-being and job satisfaction of nurses, as well as the quality of patient care.

Finally, additional studies should focus on expanding the understanding of aggression and adultism in the nursing profession. It is essential to investigate the long-term effects of adultism on the professional careers and physical and mental health of nurses. Furthermore, future research should evaluate how social support from colleagues, family, and supervisors influences nurses' ability to cope with aggression and mitigate its adverse effects. In addition, conducting comparative studies on experiences of aggression and adultism across different nursing specializations (e.g., intensive care, pediatrics, geriatrics) is crucial to identify which areas are most vulnerable and why. This comprehensive approach will help in developing targeted interventions to improve the work environment and support the well-being of nurses in various specializations.

CONCLUSIONS

- All nurses reported experiencing workplace aggression, with the most common source being horizontal aggression from colleagues, which shows a significant association with adultism.
- Adultism, defined as discrimination based on age and short professional tenure, is associated with increased workplace aggression and decreased job satisfaction. Certain workplaces may exacerbate the occurrence of this phenomenon.
- The primary sources of aggression are senior colleagues and patients, with the main causes including adultism, lack of respect, and stress. The most commonly reported forms of aggression are workplace obstruction, lack of support, insults, and shouting.
- Implementing conflict management training, psychological support, and mentoring programs can significantly improve the work environment and reduce staff turnover.
- The findings of this study highlight the urgent need to implement strategies to combat aggression and adultism in the nursing work environment. Targeted interventions can significantly enhance nurses' well-being and job satisfaction, ultimately improving the quality of patient care.

AUTHOR CONTRIBUTIONS

Research concept: Renata Mroczkowska
Research methodology: Renata Mroczkowska
Collecting material: Wiktoria Piejko
Statistical analysis: Wiktoria Piejko
Interpretation of results: Renata Mroczkowska, Bogusława Serzysko
References: Bogusława Serzysko

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Publisher: Nofer Institute of Occupational Medicine, Łódź, Poland