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Article

Workplace Gaslighting Affects Nurses' Mental Health and Work Life: Evidence from Greece

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Abstract: Background/Objectives: Workplace gaslighting towards subordinates is an alarming issue. However, the negative consequences of workplace gaslighting in nurses are unknown. In this context, our aim was to examine the association between workplace gaslighting and nurses' mental health and work life. **Methods:** We conducted an online cross-sectional study in Greece during December 2024. We employed a convenience sample of nurses. We used the Gaslighting at Work Scale (GWS) to measure levels of workplace gaslighting among our nurses. We used the Patient Health Questionnaire-4, the Quiet Quitting Scale, and the Utrecht Work Engagement Scale-3 to measure anxiety/depression, quiet quitting, and work engagement, respectively. **Results:** The study population included 369 nurses with a mean age of 37.86 years. We found that workplace gaslighting increases anxiety and depressive symptoms in our nurses. After adjustment for confounders, we found a positive association between GWS scores and anxiety (adjusted $b = 0.758$, 95% CI = 0.606 to 0.909, $p < 0.001$), and depression (adjusted $b = 0.720$, 95% CI = 0.555 to 0.885, $p < 0.001$). Moreover, our multivariable models showed a positive association between GWS scores and quiet quitting (adjusted $b = 0.258$, 95% CI = 0.186 to 0.330, $p < 0.001$). Also, we found a negative association between GWS scores and work engagement (adjusted $b = -0.353$, 95% CI = -0.512 to -0.195, $p < 0.001$). **Conclusions:** Our findings suggested that nurses who experience higher levels of gaslighting from their supervisors have also more anxiety and depressive symptoms. Moreover, workplace gaslighting increased levels of quiet quitting among our nurses and reduced their work engagement. Therefore, healthcare organizations, policy makers, and supervisors should pay special attention to workplace gaslighting by implementing appropriate interventions to reduce its prevalence.

Keywords: workplace gaslighting; nurses; Gaslighting at Work Scale; anxiety; depression; quiet quitting; work engagement

1. Introduction

The gaslight effect, or commonly known as "gaslighting", is a form of psychological manipulation and is commonly developed between two people, where the first person who is the gaslighter, tries to impose an idea to the other person, the gaslightee [1]. The gaslighter methodically drives the gaslightee to question his/her own thoughts, actions and perception of reality [2]. In this way, the gaslightee loses his/her independence and exclusively depends on the perpetrator. At the end, the gaslighter controls and uses the other person. This situation provides to the gaslighter the feeling of power and the sense of self in life, making him believe that only by controlling others can one become a powerful existence in this world [1,3,4]. The term for this effect was born back in 1938

after the stage play of the British author Patrick Hamilton but received recognition a few years ago, when the American Organization Merriam-Webster Dictionaries chose this word to describe this particular manner of psychological manipulation which may be attributed to both genders [1,5].

Although the term was originally used to describe domestic violence between spouses in married couples, things have changed [6–8]. This type of psychological abuse can be detected in many other social forms and dipoles, where the gaslighter may be an individual, or a group of people, or even a social group aiming to push their victims into questioning their sanity, perspectives, feelings and rights [1,3,9–11]. The phenomenon of gaslighting can be observed in various types of relationships. For example, in professional relationships (e.g. from employers to their employees or even between co-workers) [12,13]. It has also been detected in healthcare services, especially between doctors or nurses and their patients [14–16] but also among medical professions [12,17]. Lastly, gaslighting has been reported in academic circles in combination with racist and abusive behaviors towards students [18–21]. Gaslighting is not blooming in those types of relationship by accident. It is the deep and constant need of a person to be accepted or recognized and be approved by a superior, supervisor or the important “other” (professor, doctor, partner) which leaves him/her unarmored even to the tiniest comment [1]. And of course, on the other hand, there is the gaslighter, who is combined with specific traits such as lack of empathy, detachment, anger issues and emotional dysregulation, constantly trying to be imposed via emotional controlling and manipulating [1,22–24].

Nurses are challenged to make it through, in an already burdened work environment [25–28]. There are a lot of situations (such as the COVID-19 pandemic, workload, insufficient leadership, workload, workplace bullying, emotional exhaustion) that keep nurses back from doing their job efficiently [29–32]. Unfortunately, these situations not only affect nurses’ performance, but also their mental health and their commitment to their job and their patients [33–36].

Gaslighting comes to be added in the list of adverse conditions for nurses’ mental health and well-being. Literature supports the fact that workplace gaslighting leads to a series of problems for employees, on both mental and professional level. Generally, regarding mental issues, the employees who experience workplace gaslighting may appear to have anxiety, burnout, emotional exhaustion, depressive symptoms [37–40]. Furthermore, acts of mobbing and bullying have also been detected among healthcare workers and nurses, affecting their job performance and pushing them away from their duties [41–43]. The employees who experience gaslighting are bereaved from their engagement to their job, tend to quietly quit, turn over from their duties and feel dissatisfied from their work life [44–48]. It is critical that employers’ gaslighting towards their employees, including nurses, owns a major role in producing a harsh work environment, conducive to mobbing, having as a result the decline of employees’ confidence, job engagement and mental well-being [44,47,49]. In addition, according to literature, gaslighting has appeared to be responsible for trust undermine and communication failure, leading to isolation and vulnerability of the targeted individuals instead of enhancing their role [9,17,20,50].

In this context, workplace gaslighting towards nurses seems to be an alarming issue, and the assessment of gaslighting’ consequences is crucial to improve nurses’ work life and productivity. To the best of our knowledge, this was the first study that examined the association between workplace gaslighting and nurses’ mental health and work life.

2. Materials and Methods

2.1. Study design

We conducted a cross-sectional study in Greece. We collected our data through an online survey during December 2024. We created an online version of the study questionnaire with Google forms, and then we posted it in nurses’ groups on Facebook and Instagram. Moreover, we sent the questionnaire in nurses’ LinkedIn profiles through inbox messages. Thus, we obtained a convenience sample. Participants were required to meet the following criteria: 1) be a clinical nurse in healthcare facilities, 2) be a subordinate and not a supervisor, 3) have a minimum of one year work experience,

and 4) agree to participate in our study. We applied the Strengthening the Reporting of Observational studies in Epidemiology (STROBE) guidelines in our study [51].

We included one predictor (workplace gaslighting) and four confounders (gender, age, educational level, and work experience) in our models. Thus, considering an anticipated effect size of 0.04 between workplace gaslighting and outcomes (anxiety, depression, quiet quitting, and work engagement), a statistical power of 95%, and a margin of error of 5%, the sample size was estimated to be 327 nurses. We used G*Power v.3.1.9.2 to calculate our sample size.

2.2. Measurements

We used the Gaslighting at Work Scale (GWS) [37] to measure levels of workplace gaslighting among our nurses. The GWS includes 11 items, e.g., “In the last six months, your supervisor denies saying things that you remember him/her saying”, “In the last six months, your supervisor lies to you”, and “In the last six months, your supervisor makes you depend on him/her for making decisions about your work”. The GWS includes two factors, namely “loss of self-trust” (five items), and “abuse of power” (six items). Answers are on a five-point Likert scale; never (1), rarely (2), sometimes (3), very often (4), and always (5). Score on the GWS is calculated as an average of all answers. Score on the two factors is calculated similarly. Thus, the score for the GWS and the two factors range from 1 to 5. Higher values indicate higher levels of gaslighting behaviors from supervisors. We used the Greek version of the GWS [37]. In our study, Cronbach’s alpha for the GWS was 0.939. Moreover, Cronbach’s alpha for the factors “loss of self-trust”, and “abuse of power” was 0.900 and 0.906, respectively.

To assess anxiety and depression levels in our sample, we employed the Patient Health Questionnaire-4 (PHQ-4) [52]. This tool comprises four items: two for anxiety and two for depression. Responses are recorded on a four-point Likert scale ranging from 0 (not at all) to 3 (nearly every day). The scores for both anxiety and depression scales span from 0 to 6, with higher scores indicating more severe symptoms. We utilized the validated Greek version of the PHQ-4 [53]. In our study, Cronbach’s alpha coefficients for the “anxiety” and “depression” factors were 0.782 and 0.818, respectively.

To evaluate quiet quitting among our nurses, we implemented the Quiet Quitting Scale (QQS) [54]. This tool consists of nine items (e.g., “I do the basic or minimum amount of work without going above and beyond”, “I take as many breaks as I can”, and “I do the basic or minimum amount of work without going above and beyond”), with responses recorded on a five-point Likert scale ranging from strongly disagree/never (1) to strongly agree/always (5). The QQS includes three factors, i.e., “detachment” (four items), “lack of initiative” (three items), and “lack of motivation” (two items). Score on each factor is calculated as the mean of responses to the factor items, resulting in a range from 1 to 5. Higher scores signify increased levels of quiet quitting. We used the validated Greek version of the QQS [42]. In our study, the Cronbach’s alpha for the QQS was 0.851. Moreover, Cronbach’s alpha for the factors “detachment”, “lack of initiative”, and “lack of motivation” was 0.805, 0.761, and 0.807, respectively.

To measure work engagement in our sample, we applied the Utrecht Work Engagement Scale-3 (UWES-3) [55]. This tool is composed of three items (e.g., “At my work, I feel bursting with energy”), with responses recorded on a seven-point Likert scale ranging from never (0) to every day (6). The mean score on the UWES-3 spans from 0 to 6, with higher values indicating greater work engagement. We employed the validated Greek version of the UWES-3 [56]. In our study, Cronbach’s alpha for the UWES-3 was 0.812.

Moreover, we measured several demographic characteristics such as gender (females or males), age (continuous variable), MSc/PhD diploma (no or yes), and work experience (continuous variable).

2.3. Ethical Issues

We conducted our study in accordance with the Declaration of Helsinki [57]. Moreover, the Ethics Committee of the Faculty of Nursing, National and Kapodistrian University of Athens

approved our study protocol (approval number; 15, December 9, 2024). We collected our data on an anonymous and voluntary basis. We informed participants about the aim and the design of our study, and they gave their informed consent.

2.4. Statistical Analysis

We present categorical variables as numbers and percentages. Also, we use mean, standard deviation (SD), median, and interquartile range to present continuous variables. We used the Kolmogorov-Smirnov test and Q-Q plots to examine the distribution of continuous variables. We found that continuous variables followed normal distribution. Workplace gaslighting was the independent variable, while anxiety, depression, quiet quitting, and work engagement were the dependent variables. Moreover, we considered demographic variables (gender, age, educational level, and work experience) as potential confounding factors. Thus, we performed simple and multivariable linear regression analysis to identify the association between workplace gaslighting, anxiety, depression, quiet quitting, and work engagement. First, we performed simple linear regression analysis, and then we constructed a final multivariable model by eliminating confounders to estimate the independent effect of gaslighting on anxiety, depression, quiet quitting, and work engagement. The two factors (i.e., “loss of self-trust” and “abuse of power”) of the GWS were highly correlated (Pearson’s correlation coefficient = 0.791, p-value < 0.001). Similarly, age and work experience were highly correlated (Pearson’s correlation coefficient = 0.940, p-value < 0.001). Moreover, when we inserted these high correlated variables simultaneously in the multivariable models, we recognized multicollinearity issues. Thus, we included the total score on the GWS instead of its two factors to avoid multicollinearity issues. Also, we included work experience and not age in multivariable models. We present unadjusted and adjusted coefficients beta, 95% confidence intervals (CI), and p-values. P-values less than 0.05 were considered statistically significant. We used the IBM SPSS 28.0 (IBM Corp. Released 2021. IBM SPSS Statistics for Windows, Version 28.0. Armonk, NY: IBM Corp) for the analysis.

3. Results

3.1. Demographic Characteristics

Demographic characteristics of nurses are shown in Table 1. The study population included 369 nurses. Most of them were females (85.9%). Mean age of nurses was 37.86 years (SD; 10.44) with a median age of 37 years (interquartile range; 16). Six out of ten nurses possessed a MSc/PhD diploma (61.5%). Mean work experience was 13.74 years (SD; 10.19) with a median of 12 years (interquartile range; 15).

Table 1. Demographic characteristics of nurses (N=369).

Characteristics	N	%
Gender		
Males	52	14.1
Females	317	85.9
Age (years) ^a	37.86	10.44
MSc/PhD diploma		
No	142	38.5
Yes	227	61.5
Work experience (years) ^a	13.74	10.19

^a mean, standard deviation.

3.2. Study Scales

Descriptive statistics for the study scales are shown in Table 2. Mean score on GWS was 2.58 (SD; 0.96), while on factors “loss of self-trust” and “abuse of power” was 2.27 and 2.85, respectively.

Thus, our nurses experienced a moderate level of gaslighting behaviors from supervisors. Moreover, abuse of power was more frequent than loss of self-trust in our sample. Anxiety and depressive symptoms were moderate in our sample since the mean score on anxiety and depression was 2.89 and 2.76, respectively. Additionally, the levels of quiet quitting were moderate in our nurses since the mean score on QQS was 2.43. Our nurses experienced more often lack of motivation (mean; 2.83) than lack of initiative (mean; 2.45) and detachment (mean; 2.22). Finally, our nurses showed moderate work engagement since the mean score on the UWES-3 was 3.46 (SD; 1.49).

Table 2. Descriptive statistics for the study scales (N=369).

Scale	Mean	Standard deviation	Median	Interquartile range
Gaslighting at Work Scale	2.58	0.96	2.55	1.59
Loss of self-trust	2.27	0.97	2.20	1.60
Abuse of power	2.85	1.04	2.83	1.67
Patient Health Questionnaire-4	5.65	3.10	5.00	4.00
Anxiety	2.89	1.62	3.00	2.00
Depression	2.76	1.70	2.00	2.00
Quiet Quitting Scale	2.43	0.71	2.33	0.89
Detachment	2.22	0.80	2.00	1.00
Lack of initiative	2.45	0.91	2.33	1.33
Lack of motivation	2.83	0.98	2.50	1.50
Utrecht Work Engagement Scale-3	3.46	1.49	3.67	2.67

3.3. Association Between Workplace Gaslighting, Anxiety and Depression

We found that workplace gaslighting increases anxiety and depressive symptoms in our nurses (Table 3). After adjustment for gender, age, educational level, and work experience we found a positive relationship between score on the GWS and anxiety ($b = 0.758$, 95% CI = 0.606 to 0.909, $p < 0.001$), and depression ($b = 0.720$, 95% CI = 0.555 to 0.885, $p < 0.001$). In other words, nurses who experienced higher levels of gaslighting behaviors from their supervisors had also more anxiety and depressive symptoms.

Table 3. Linear regression models with anxiety and depression as the dependent variables (N=369).

Dependent variable	Univariate models			Multivariable model ^a		
	Unadjusted coefficient beta	95% CI for beta	P-value	Adjusted coefficient beta	95% CI for beta	P-value
Anxiety ^b						
Score on GWS	0.765	0.609 to 0.920	<0.001	0.758	0.606 to 0.909	<0.001
Depression ^c						
Score on GWS	0.758	0.606 to 0.909	<0.001	0.720	0.555 to 0.885	<0.001

^a Multivariable models are adjusted for gender, age, educational level, and work experience

^b R² for the multivariable model = 25.9%, p-value for ANOVA < 0.001

^c R² for the multivariable model = 20.1%, p-value for ANOVA < 0.001

CI: confidence interval; GWS: Gaslighting at Work Scale

3.4. Association Between Workplace Gaslighting, Quiet Quitting and Work Engagement

Table 4 shows the results from the linear regression analysis with quiet quitting and work engagement as the dependent variables. After eliminating confounding factors, we found a positive relationship between score on the GWS and quiet quitting ($b = 0.258$, 95% CI = 0.186 to 0.330, $p < 0.001$).

Moreover, we found a negative relationship between score on the GWS and work engagement ($b = -0.353$, 95% CI = -0.512 to -0.195 , $p < 0.001$). In other words, workplace gaslighting increased levels of quiet quitting among our nurses and reduced their work engagement.

Table 4. Linear regression models with quiet quitting and work engagement as the dependent variables (N=369).

Dependent variable Independent variable	Univariate models			Multivariable model ^a		
	Unadjusted coefficient beta	95% CI for beta	P-value	Adjusted coefficient beta	95% CI for beta	P-value
Quiet quitting^b						
Score on GWS	0.262	0.190 to 0.333	<0.001	0.258	0.186 to 0.330	<0.001
Work engagement^c						
Score on GWS	-0.353	-0.513 to -0.201	<0.001	-0.353	-0.512 to -0.195	<0.001

^a Multivariable model is adjusted for gender, age, educational level, and work experience

^b R² for the multivariable model = 13.3%, p-value for ANOVA < 0.001

^c R² for the multivariable model = 4.8%, p-value for ANOVA < 0.001

CI: confidence interval; GWS: Gaslighting at Work Scale

4. Discussion

Nurses’ role is vital for the proper function of healthcare systems. It is an absolute need to constantly be alert concerning issues that may threaten nurses, such as work and mental related factors. Gaslighting is still an understudied but, yet, a major factor for nurses’ well-being and work performance. Thus, it emerged as a critical need to perform this study, in order to evaluate the levels of gaslighting towards nurses at work and its association with anxiety and depressive symptoms. Furthermore, we assessed how gaslighting affects nurses’ levels of quite quitting and job engagement.

Since our study was the first to examine the association between gaslighting and nurses’ mental health and work life, there is limited related literature to compare our results with.

We employed a convenience sample of 365 nurses with mean age 37.86 years old. The 85.86% of our sample was women. The 60% of our nurses had a MSc/PhD degree and the mean working experience of the sample was 13.74 years.

Our sample gathered a 2.89 mean score of anxiety and 2.79 mean score for depressive symptoms. These numbers state a moderate level of anxiety and depression which can be related to previous studies concerning anxiety and levels of depression among nurses [28,48,58,58,59]. In addition, our sample declared moderate levels of quite quitting (2.43) and work engagement (3.46). According to other studies, nurses tend to quietly quite their jobs more often than other professions and appear to have turnover intention due to related facts such as mobbing, gaslighting, burnout, poor support from their supervisors [43,47,48,60]. Additionally to the above results, our sample appeared to have lack of motivation (2.83) which aligns with the fact that nurses in our sample but also in other studies, express turnover intention and perform quiet quitting [25,29,49,60].

Regarding the associations between our variables, we extracted the following conclusions. We detected a positive association between gaslighting from supervisors towards nurses and the symptoms of anxiety and depression. After adjustment for the cofounders, we found that higher levels of gaslighting provoke to the nurses of our sample more anxiety and depressive symptoms. It is supported by the literature that gaslighting itself constitutes a major factor for the development of anxiety and depression to individuals [1,11,61]. Furthermore, literature involves studies where manipulating and gaslighting behaviors have been described in professional areas, including

medical, nursing and academic area [12,20,37,62]. Such behaviors enlarge nurses' anxiety and depression [38,39,42,46].

According to our results, there was another positive association developed between gaslighting and nurses' quiet quitting. In simple words, the more gaslighting nurses are suffering from supervisors, the more they quietly quit their job and become alienated from their role and duties. Furthermore, we found that gaslighting is negatively affect work engagement of our sample, which means that increased gaslighting weakens our nurses commitment to their job. There are other studies stating that actions such as manipulating, gaslighting and mobbing in the work environment are responsible for pushing the employees -including nurses- away from their job [38,39,43,44,46].

Our study had several limitations. First, we conducted a cross-sectional study, and thus, we cannot infer a causal relationship between workplace gaslighting, anxiety, depression, quiet quitting, and work engagement. Second, although we covered the minimum requirement for the sample size, the employment of a convenience sample introduced selection bias in our study. For instance, our sample comprised mainly of females with a MSc/PhD diploma. Thus, there is a need for studies with random and more representative samples of nurses. Additionally, since we performed our study in a European country, future studies should be conducted in different countries and cultural settings to further examine the association between workplace gaslighting, anxiety, depression, quiet quitting, and work engagement. Third, we used multivariable models to eliminate several confounders in our study but several other variables can also act as confounders such as work in public or private domain, clinical settings, and personality traits of supervisors or subordinates. Future studies should eliminate more confounders to further validate our findings. Finally, we used valid instruments (i.e., GWS, PHQ-4, QQS, and UWES-3) to measure mental health and work life of our nurses. However, information bias is probable in our study due to the self-nature of these instruments.

5. Conclusions

To the best of our knowledge this is the first attempt to assess the affect of gaslighting that nurses are experiencing from their supervisors, on their mental health and work life. Our results suggest that gaslighting is associated to higher levels of anxiety and depressive symptoms among nurses. Furthermore, supervisors' gaslighting towards nurses not only negatively affects nurses' engagement to their job, but also pushes them towards acts of quiet quitting. Gaslighting is associated with poor mental health and alarming consequences for employees' commitment to their jobs. Nurses' role is vital for healthcare systems and high-quality health services. Yet, nurses are constantly facing a number of adversities in their day-to-day job. It is vital that policymakers and nursing managers should look into the matter in order to secure a healthy work environment and protect nurses from aggravating circumstance which affect their mental health and job engagement.

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Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: The original data presented in the study are openly available in FigShare at <https://doi.org/10.6084/m9.figshare.28868615.v1>.

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Abbreviations

The following abbreviations are used in this manuscript:

ANOVA	Analysis of variance
CI	Confidence interval
GWS	Gaslighting at Work Scale
PHQ-4	Patient Health Questionnaire-4
QQS	Quiet Quitting Scale
SD	Standard deviation
STROBE	Strengthening the Reporting of Observational studies in Epidemiology
UWES-3	Utrecht Work Engagement Scale-3

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