

Health professionals exposure to mobbing in a medical school hospital

Sevgi Nehir Turkmen¹, Cagatay Ustun², Cigdem Ozdemir³, Tugba Akyol³, Fikret Poyraz Cokmus⁴

¹Manisa Celal Bayar University, Faculty of Health Sciences, Department of Psychiatric Nursing, Manisa, Turkey

²Ege University, Faculty of Medicine, Department of History of Medicine and Ethics, Izmir, Turkey

³Manisa Celal Bayar University, Hafsa Sultan Hospital, Manisa, Turkey

⁴Specialist in Psychiatry, Nazilli State Hospital, Aydin, Turkey

Abstract

Aim: This study was conducted to reveal the perceptions of the residents and nurses working in their workplace.

Material and Methods: This study is a cross-sectional descriptive study. The study was carried out between October 2014 and January 2016. The study population consisted of the residents and nurses working in Manisa Celal Bayar University, Hafsa Sultan Hospital. The study sample included 110 people. The survey was performed using a questionnaire consisting of an Information Form and the Work Harassment Scale.

Results: The employees' mean age was 29.92±5.47; 73.6% of them were female and 59.1% married; 46.4% had bachelor's degree; 61.8% had balanced income and expenses; 32.7% were residents and 60.9% nurses/midwives; and 26.4% were victims of mobbing. Some 13.6% of those who were subject to mobbing stated that they were exposed to mobbing for 6 to 11 months. Approximately 42.7% of the health professionals stated that they witnessed others being subject to mobbing. Some 24.5% of the health professionals expressed their need for psychological support.

Conclusion: The study showed that those with high level of education, those in the younger adult group (22-30 years of age) and those who needed psychological support were at a higher risk of being exposed to mobbing, the difference being statistically significant ($p<0.05$). To reduce the level of mobbing and provide quality healthcare services in hospitals, arrangements should be made to increase the number of nurses/midwives and doctors at work, and to educate employees on subjects related to communication and mobbing by psychiatric nurses.

Keywords: Mobbing; Workplace; Residents; Psychiatry Nurses.

INTRODUCTION

Psychological harassment at work is an important cause of a stressful working environment and a workplace problem, which may have extremely harmful and devastating consequences for the employees (1). Mobbing is an emotional attack to a person by way of harassment, disturbance or ill treatment without any apparent discrimination based on a characteristic of the victim such as age, race, gender, religion, nationality, disability or pregnancy (2). Mobbing causes a person to experience increasingly more distress, ailments and social problems. Their work productivity often declines and they start to use sick leaves to balance or moderate the pressure and oppression on them (3). Accidents may occur and the person may go into depression, and these

are often followed by resignation, termination or early retirement. Mobbing does not only affect the victim, but the institution as a whole. Trust, affection, and respect diminish and motivation vanishes. Discord begins to prevail between the employees and managers. Besides all these, it also brings considerable costs to the institution (2,4,5). The field of healthcare is considered to be an environment where more work stress is experienced than in other work environments because service is provided to people experiencing intense stress and the employees face stressful circumstances more frequently.

Three types of people appear to be playing a role in the mobbing process in working life; mobbing implementers, mobbing victims and mobbing spectators (2). The World Health Organization has defined the characteristics of

Received: 31.05.2017 **Accepted:** 18.07.2017

Corresponding Author: Sevgi Nehir Turkmen, Manisa Celal Bayar University, Faculty of Health Sciences, Department of Psychiatric Nursing, Manisa, Turkey E-mail: sevgiturkmen2012@gmail.com

the environments where mobbing prevails to distinguish between a healthy work environment and a mobbing environment: In places where mobbing behavior is seen, roles are vague, behaviors are mostly uncooperative and it is impossible to see ahead. Relationships in particular are ambiguous with defects in organizational relations. Long-lasting and unethical reactions are among frequently seen behaviors, strategies are usually meaningless and an indirect and perfunctory communication prevails in interpersonal relationships. One of the most important characteristics is the denial and concealment of the presence of conflict (5). A review of the personality traits of those exercising mobbing shows that they use coercion to make others comply with the group rules, have pleasure in hostilities, seek amusement in their boredom, promote prejudices, believe having privileged rights, take revenge for what they do not have, exploit others for their own interests, and try to make others unhappy because they themselves are unhappy; they are professionally incompetent, selfish, and narcissist (4,6,7).

They lack strategies such as improving efficiency, quality and effectiveness that are necessary for the economic and social development of institutions and the skill to make use of the ideas developed by employees. They are oppressive and cruel towards their inferiors, but cowardly and fearful towards their superiors. A review of the general characteristics of mobbing victims, on the other hand, reveals that they do their job very well if not perfectly, have positive relationships and are liked by their associates, have work principles and values without any compromise, are honest and reliable, loyal to their institution, independent and creative, have qualifications superior to the abilities of those exercising mobbing, are sometimes quiet at work and are inclined to poor communicators, tend to be introverted in social life, and have low self-esteem (8,9).

Once a mobbing process starts in a workplace, various circles become affected by it. The party that is affected most by this process is the one that is exposed to harassment. However, as the process advances and aggravates, the peers of the victim and the entity in which they work can also be affected by the harassment. This study was conducted to reveal the perceptions of the residents and nurses working in Manisa Celal Bayar University, Hafsa Sultan Hospital of psychological harassment in their workplace.

MATERIAL and METHODS

This study is a cross-sectional descriptive study. The study was carried out between October 2014 and January 2016. The study population consisted of the residents and nurses working in Manisa Celal Bayar University, Hafsa Sultan Hospital. The universe of study included N=148 nurses and assistant doctor. The study sample included 110 people with 75% response rate. The results obtained from the study were analyzed using the SPSS for Windows 15.0 (Statistical Package for Social Sciences for Windows) software. For normal distribution fit of the

data was performed Kolmogorow-Smirnov test. In the statistical analysis, percentages, t-test, Mann Whitney U-Test and Kruskal Wallis Test were employed. Parametric test with age, nonparametric test with level of education, psychological support need and status felt like a mobbing victim were applied.

The questionnaire used in the survey consisted of three sections. The first section included 11 questions about the participants' genders, ages, marital statuses, education, work experiences and professional information. The second section included an adapted version of the Work Harassment Scale developed by Björkqvist and Osterman (10). The scale was adapted by Birlik and Tinaz (5).

The first part of the scale includes questions about the participant's demographic characteristics, the time of exposure to psychological abuse, and the working conditions of the workplace. In the second part of the scale, questions about how the psychological harassment process in the workplace begins, progresses, and psychological harassment behaviors encountered at these stages and the demographic and personality traits of these behaviors are included. In the third part of the scale, the factors that cause and / or support the process of psychological harassment in the workplace are questioned in the context of individual, institutional and managerial factors and the psychological pressure exhibited in the process is being investigated intentionally. In the fourth chapter of the scale, when asked about the negative consequences of psychological harassment at the workplace on victim, witness and workplace, The fifth part of the scale aims at collecting information about participants' reactions to the psychological harassment process at work.

Written approvals were obtained prior to the study from Manisa Celal Bayar University Faculty of Medicine's Ethics Committee (Number: 20478486-16 Date: 15.01.2014), the Chief of the hospital and informed consents from the patients who participated in the study.

All procedures performed in the study involving human participants were implemented in accordance with the ethical standards of the institutional and/or national research committees and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. This article does not contain any studies with human participants performed by any of the authors.

Informed consents were obtained from all individual participants included in the study.

RESULTS

The descriptive characteristics of the employees showed that their mean age was 29.92 ± 5.47 Some 73.6% of them were female and 59.1% married; 46.4% had a bachelor's degree; 61.8% had balanced income and expenses; 32.7% were assistant doctors and 60.9% nurses/midwives. The time spent in the profession was 6.88 ± 5.98 years (Table 1).

Table 1. Descriptive Characteristics of Employees		
Descriptive Characteristics	n	%
Mean Age	29.92±5.47	
Gender		
Female	81	73.6
Male	29	26.4
Marital Status		
Single/Divorced	45	40.9
Married	65	59.1
Education		
College	18	16.4
Associate Degree	6	5.5
Undergraduate Degree	51	46.4
Postgraduate Degree	35	31.8
Income		
Income less than expenses	26	23.6
Income equal to expenses	68	61.8
Income more than expenses	16	14.5
Profession		
Resident /doctor	36	32.7
Nurse/midwife	74	67.3
Professional Experience (years)	6.88±5.98	
TOTAL	110	100.0

Table 2. Descriptive Characteristics of Employees in relation to Mobbing		
CHARACTERISTICS	n	%
Have you been exposed to mobbing?		
Yes	59	53.6
No	51	46.4
For how long have you been a mobbing victim?		
Less than 6 months	12	10.9
6-11 months	15	13.6
12-23 months	13	11.8
More than 24 months	19	17.3
Have you needed psychological support due to negative treatment?		
Yes	27	24.5
No	83	75.5
Have you felt like a mobbing victim?		
Yes	29	26.4
No	67	60.9
I don't know	14	12.7
Have you witnessed others being exposed to mobbing in your workplace?		
Yes	47	42.7
No	44	40.0
I don't know	19	17.2
TOTAL	110	100.0

The distribution of the employees by their descriptive characteristics in relation to mobbing is shown in Table 2. It was found that 53.6% of the employees had encountered mobbing behavior, 17.3% of them had been subject to mobbing behavior for more than 24 months, 24.5% had needed psychological support due to negative treatment, 29.4% had felt like a mobbing victim, and 42.7% had observed others being subject to mobbing in their workplace (Table 2).

The study showed that those with high level of education, those in the younger adult group (22-30 years of age), those who needed psychological support were at a higher risk of being exposed to mobbing, and status felt like a mobbing victim the difference being statistically significant (p<0.05) (Table 3).

Table 3. Relation of Work Harassment Scale and Socio-demographic Values	
Age	Work Harassment Scale Mean±SD
22-30 age (n=58)	1.36±3.20
31-48 age (n=52)	1.01±2.94
	Z=0.582
	p=0.05
Education level	
High school below (n=24)	1.08±3.54
High school and University n=86)	1.23±2.94
	Z=-1.981
	p=0.04
Needed psychological support	
Yes (n=27)	2.77±5.01
No (n=83)	0.68±1.86
	Z=-2.585
	p=0.01
Status felt like a mobbing victim	
Yes (n=29)	3.06±4.98
No (n=67)	0.32±1.03
I don't know (n=14)	1.90±3.17
	Z=19.200
	p=0.00

DISCUSSION

Mobbing has been defined as psychological terror systematically applied by one or several people to another person using hostile and immoral methods (11). There are studies in our country and abroad investigating the levels of exposure to mobbing among employees. 12-15 Most of the studies on this subject involved health, education, and banking sectors.

A review of the relationship between the ages and mobbing perceptions of study participants indicates that there is a correlation at a significance level of 95% (1.563, p= 0.00). The relationship is inversely proportional to the ages of employees; as their age advances, their score of attitude

related to their perception of mobbing (psychological violence) decreases. This seems to be an expected outcome when we consider that younger employees are inexperienced, enthusiastic to perform work, and willing to seek perfection, but at the same time more open to criticism by their superiors. Similar to our study, Çöl also found in their study that the 15-35 age group of health professionals was more vulnerable to mobbing. Leymann has reported that emotional harassment is directed more to young people aged 21-41 and Aksoy that young employees are in the risk group (11,16,17). Since nurses can find jobs immediately after their graduation from high school, they easily become victims due to their small age and professional knowledge and skill deficiencies. By contrast, Kök, Yavuz and Çarıkçı have concluded in their studies that as age advances the rate of being exposed to harassment increases. Leymann and Gustafsson have also shown that employees aged over 55, who can be considered as older employees, are more subject to emotional harassment than younger employees (18,19, 20). All these studies indicate that one can be subject to emotional harassment at any age.

The perceived mobbing scores in our study did not show any statistically significant difference between age groups (MU:1091.500, $p=0.491$). Differing results have been reported in the literature for the relationship between perceived mobbing and gender. Salin and Sauer have stated in their study that women are more exposed to mobbing than men (21,22). According to the report of the German Federal Ministry of Labor and Social Affairs, women are subject to mobbing 75% more than men (23). Tutar argues that women remain under more pressure and tension than their male peers in working life in male-dominant cultures and business environments (24). In a study made by Aktop and Demir on instructors, no difference was reported between men and women with respect to being exposed to mobbing (7.25).

There seems to be a correlation between the education statuses of the participants and their perceived mobbing scores (MU=808.500, $p=0.04$). This result indicates that the attitudes of the employees of Manisa Celal Bayar University, Hafsa Sultan Medical School Hospital related to their perceived mobbing differ according to their education statuses. The difference shows a linear proportion to the education statuses of the employees; as their education level goes up, their perceived mobbing scores also increase. This may be explained by the fact the employees with a higher education level have more developed skills in working independently, thinking and making decisions in place of their managers, taking administrative and personal responsibilities and criticizing. Also influenced by their position, such persons may demonstrate a touchier attitude due to their criticism towards the management. Çöl, Yavuz and Çarıkçı, Köse and Uysal have stated that as the education level goes up mobbing also increases (16,19,26). Similarly, Karcioğlu and Akbaş have also

stated that health professionals who have a higher level of education are more subject to mobbing (27). However, some studies have found that there is no correlation between being a mobbing victim and education status of the employee (24,25,28-31). As clearly seen in our study, whatever their education status, the work performance of the victims of psychological intimidation is affected by such intimidation in the same way.

When the employees are assessed with respect to their marital status, we see that single employees are expected to experience mobbing more than those who are married. However, analysis results show that the correlation between marital status and perceived mobbing is not significant at a 95% significance level (KW: 1.334, $p=0.51$). In the study of Aksoy, those who were not married were found more exposed to some mobbing behaviors (17). In the study made by Kowalczyk et al (32). With physicians, on the other hand, those who were subject to mobbing were more often married people. Some other studies found that the marital statuses of employees did not affect their exposure to mobbing (4,19,24,26,29,30,33-36). In our study, 59.1% of the participants were married and we did not find any significant correlation between marital status and mobbing as shown by the perceived mobbing scores.

Our study included 74 nurses/midwives and 36 resident physicians. The data collected showed no significant difference in their perceived mobbing with respect to their profession group ($t=0.978$, $p=0.33$). A review of the perceived mobbing attitudes of the employees of Manisa Celal Bayar University, Hafsa Sultan Medical School Hospital showed no significant difference with respect to their working hours in their positions ($t=0.494$, $p=0.62$). There was also no correlation between the weekly working hours of the participants and their perceived mobbing ($t=0.864$, $p=0.39$). Yildirim stated in their study that there was no correlation between the years spent in the profession and the level of mobbing (4,37). In the study of Yavuz, the employees were divided into 3 groups according to their years in the profession and no significant difference was found between the groups with respect to their perceived mobbing (19). Yavuz and Çarıkçı stated that mobbing did not differ with respect to way of working and Sahin (19, 38). That employees who had longer weekly work were more exposed to mobbing. A study made abroad on the services sector also found that those with longer working hours were more exposed to mobbing (39,40).

In conclusion, before stopping or preventing mobbing, we should understand the presence of this problem. The most important aspect in fighting with this problem is to raise awareness about it in the employers and colleagues of the victim and in the society as much as in the victim. In order to discontinue a mobbing process, the uncertainties in the organization should be eliminated. To this end, job definitions should be clearly set forth and responsibilities specified. A personnel policy clearly showing expected

actions and ethical standards should be established to prevent confusion. Consistency should be secured between the speeches and actions of the management. The managers in particular should educate themselves in ethical thinking and behaving and provide a sample model for other employees. Transparency should be established in the management by allowing participation in decisions. To reduce the level of mobbing and provide quality healthcare services in hospitals, arrangements should be made to increase the number of nurses/midwives and doctors at work, to promote employee appreciation and awarding by their superiors, to increase harmony with other personnel in the work environment, to place health professionals in the departments they wish to work in, and to educate employees on subjects related to communication and mobbing by psychiatric nurses.

Acknowledgments

We would like to thank Manisa Celal Bayar University, Hafsa Sultan Hospital (Central management Department) who coordinated the distribution and collection of questionnaires. There is no source of funding for the research. The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the paper.

This study was submitted as a poster presentation in the 6th World Nursing and Healthcare Conference held in London between 15 and 17 August 2016.

REFERENCES

1. Fowler MD, Davis AJ. Ethical issues occurring within nursing education. *Nurs Ethics* 2013;20(2):126-41.
2. Çobanoğlu Ş. Psikolojik şiddet işyerinde duygusal saldırı ve mücadele yöntemleri. *Timaş Yayınları*. 2005;1
3. Katrinli A, Atabay G, Gunay G, Cangarlı BG. Nurses' perceptions of individual and organizational political reasons for horizontal peer bullying. *Nurs Ethics* 2010;17(5):614-27.
4. Turaç IS, Sahin B. Determination of mobbing maruz stay status: A study on nurses Eskişehir Osmangazi University *Journal of Social Sciences* 2014;15(1)87-112.
5. Birik I. Psychological harassment at work: A study on the perceptions of assistant doctors and nurses working in a medical faculty hospital. Unpublished PhD Thesis, Marmara University, 2009.
6. Leymann H. Mobbing and psychological terror at workplaces. *Violence Vict* 1990;5(2):119-26.
7. Aktop NG. The opinions and experiences emotional harassment of the instructors of Anadolu University. M.Sc. Thesis, Anadolu University, Department of communication sciences, Eskişehir/Turkey, 2006.
8. Tınaz P. Psychological harassment at work (mobbing). *Journal of Work and Society* 2006;4(11):13-28.
9. Çamçı O, Kutlu Y. Determination of workplace violence for health workers in Kocaeli. *Journal of Psychiatric Nursing* 2011;2(1):9-16.
10. Björkqvist K, Österman K, Hjelt-Bäck M. The work harassment scale. *Vasa Åbo Akademi University*. Finland, 1992.
11. Leymann H, The content and development of mobbing at work. *EAWOP* 1996;5(2):165-84.
12. Yildirim D, Yildirim A, Timucin A. Mobbing behaviors encountered by nurse teaching staff. *Nurs Ethics* 2007;14(4):447-63.
13. da Silva João AL, Saldanha Portelada AF. Mobbing and its impact on interpersonal relationships at the workplace. *J Interpers Violence* 2016;12:1-6.
14. Tonso MA, Prematunga RK, Norris SJ, Williams L, Sands N, Elsom SJ. Workplace violence in mental health: A victorian mental health workforce survey. *Int J Ment Health Nurs* 2016;25(5):444-51.
15. Aksakal FN, Karaşahin EF, Dikmen AU, Avci E, Ozkan S. Workplace physical violence, verbal violence, and mobbing experienced by nurses at a university hospital. *Turk J Med Sci* 2015;45(6):1360-8.
16. Çöl SO. Psychological violence at work: A survey of hospital staff. *Journal of Labor and Society* 2008;19:107-135.
17. Aksoy F. Impact of psychological violence (Mobbing) on health workers. Doctorate Thesis, Marmara University Health Sciences Institute Health Institutions Administration Department, İstanbul/Turkey, 2008.
18. Kök SB. Psychological violence in business life and the reasons for intimidation, Selcuk University. *Journal Social Sciences Institute* 2006;16:433-48
19. Çarıkçı İH, Yavuz H. Employee mobbing (psychological violence) perception: A survey of health sector employees. *Journal of Süleyman Demirel University Institute of Social Sciences* 2009;2(10):47-62.
20. Leymann H, Gustafsson A. Mobbing at work and the development of post-traumatic stress disorders. *EAWOP* 1996;5(2):251-75.
21. Salin D. Prevalence and forms of bullying among business professionals: A comparison of two different strategies for measuring bullying. *EAWOP* 2001;10(4):425-41.
22. Sauer PA, McCoy TP. Nurse bullying: Impact on Nurses' Health. *West J Nurs Res* 2016;1.
23. Tutar H. Psychological violence in the workplace. *Platinum publications*. 2004. p.14.146.
24. Demir G, Bulucu GD, Özcan A, Yılmaz D, Şen H. A survey about the state of nurses who experienced mobbing. *Düzce University Journal of Health Sciences Institute* 2014;4(1):1-5.
25. Köse S, Uysal Ş. A study on the thoughts of mobbing and dimensions of public personnel: An example of manisa provincial directorate of agriculture. *Celal Bayar University Journal of Social Sci* 2010;8(1):261-76.
26. Karcioğlu F, Akbaş S. Psychological Violence and Job Satisfaction in the Workplace. *Atatürk University Journal of Economics and Administrative Sci* 2010;24(3):139-61
27. Kocaoğlu M. A study to examine the relationship between mobbing (psychological harassment, intimidation in the workplace) and motivation. Master's thesis, Yıldız Technical University, Institute of Social Sciences. İstanbul/Turkey, 2007.
28. Acar AB, Dündar G. Investigation of the relationship between exposure frequency and psychological mobbing in the workplace and demographic characteristics. *İstanbul University Journal of Business Administration* 2008;37(2):111-20.
29. Baş M. Mobbing and anxiety in nurses who works in an education and research hospital. Graduate thesis, Selcuk University Health Sciences Institute, Konya/Turkey, 2013.
30. Sahin B, Dündar T. An examination of the relationship between ethical climate and mobbing behaviors in the health sector. *Ankara University Journal of Health Sciences* 2011;66(01):129-59.
31. Jankowiak B, Kowalczyk K, Krajewska-Kulak E, Sierakowska

- M, Lewko J, Klimaszewska K. Exposure the doctors to aggression in the workplace. *Adv Med Sci* 2007;52(1).
32. Bilgel N, Aytac S, Bayram N. Bullying in Turkish white-collar workers. *Occup Med (Lond)* 2006;56(4):226-31.
33. Gök S. Prevalence and types of mobbing behavior: a research on banking employees. *Journal of Human Sciences* 2011;8(1):318-34.
34. Öztürk H, Yılmaz F, Hindistan S. Mobbing scale for nurses and mobbing for nurses. *Journal of Hospital Management* 2007;11(1-2):63-9.
35. Kwok RP, Law YK, Li KE, Ng YC, Cheung MH, Fung VK, et al. Prevalence of workplace violence against nurses in Hong Kong. *Hong Kong Med J* 2006;12(1):6-9.
36. Yildirim A, Yildirim D. Mobbing in the workplace by peers and managers: mobbing experienced by nurses working in healthcare facilities in Turkey and its effect on nurses. *J Clin Nurs* 2007;16(8):1444-53.
37. Sahin B, Cetin M, Cimen M, Yildiran N. Assessment of Turkish junior male physicians' exposure to mobbing behavior. *Med Croat J* 2012;53(4):357-66.
38. Rowe MM, Sherlock H. Stress and verbal abuse in nursing: Do burned out nurses eat their young? *J Nurs Manag* 2005;13(3):242-8.
39. Kingma M. Guest editorial. Workplace violence in the health sector: a problem of epidemic proportion. *Int Nurs Rev* 2001;48(3):129-30.