

Mobbing in the workplace by peers and managers: mobbing experienced by nurses working in healthcare facilities in Turkey and its effect on nurses

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Submitted for publication: 20 April 2006

Accepted for publication: 25 August 2006

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YILDIRIM A & YILDIRIM D (2007) *Journal of Clinical Nursing* **16**, 1444–1453
Mobbing in the workplace by peers and managers: mobbing experienced by nurses working in health care facilities in Turkey and its effect on nurses

Aim. This research was conducted as a descriptive and cross-sectional study with the purpose of determining the mobbing experienced by nurses who work in healthcare facilities in Turkey, its emotional, social and physiological effects on the nurses and the actions that the individuals take to escape from the mobbing.

Background. The term ‘mobbing’, which includes workplace terrorizing, pressure, frightening, belittling and psycho-terror, is defined as the presence of systematic, directed, unethical communication and antagonistic behaviour by one or more individuals. These actions that occur frequently and continue for a long time are the most serious and effective causes of workplace stress. The person who is the target of the mobbing is left without help, without protection and alone in the workplace. Individuals who are exposed to psychological abuse experience physiological, psychological and social problems that are related to high levels of stress and anxiety. **Design and method.** The research participants were 505 nurses of whom 325 (64%) worked in public and 180 (36%) in private hospitals. All of the participants were female. A questionnaire developed by the researchers in the light of information in the literature was used for data collection and had four sections including the participants’ demographic characteristics and questions asking about mobbing behaviours, reaction to mobbing incidents and actions taken to escape from the mobbing. The data were collected between October and December 2005 by giving an envelope to the participants and then collecting the responses in the closed envelope.

Findings. The overwhelming majority (86.5%) of the nurses participating in the research reported facing mobbing behaviour in the workplace in the last 12 months. The nurses working at private hospitals faced statistically significantly more mobbing behaviours than those at public hospitals ($p \leq 0.02$). It was determined that the nurses who faced mobbing behaviours gave various physiological, emotional and social reactions to these incidents. The most common behaviours exhibited by the

participants to escape mobbing was 'to work harder and be more organized' and 'to work more carefully to avoid criticism'. In addition 10% of the participants stated that they 'consider committing suicide sometimes.'

Relevance to clinical practice. Mobbing behaviours in the workplace need to be defined and appropriate policies and procedures need to be developed and shared with all employees to prevent the development of these behaviours. In addition, managers should adopt an open managerial approach to prevent the development of these behaviours.

Key words: bullying, mobbing, nurse, physiological stress reaction, work abuse, workplace trauma

Introduction

The concept, 'mobbing', is relatively unknown but not unknown in work life and includes workplace terrorizing, pressure, frightening, belittling and psycho-terror, or abstract violence. It has been accepted that mobbing activities occur in places of work almost everywhere in the world. However, it is very difficult for employees to avoid the effect of these actions that they face in the workplace. The causes of these difficulties are not completely understood under the definition of 'mobbing' (Zapf 1999, Wornhom 2003).

Different words are used for the process of displaying antagonistic attitudes in the workplace. Some examples of these terms are psychological terror (Leymann 1990), harassment (Brodsky 1997), bullying (Adams 1992), workplace trauma (Wilson 1991), scapegoating (Thylefors 1987), work abuse (Bassman 1992) and victimization (Olweus 1994). The mobbing term was first used in human behaviour by Leymann who noted similar behaviours of a kind of 'workplace terror' in workplaces in Sweden in 1984. He described this terror as the presence of systematic, directed, unethical communication and antagonistic behaviour by one or more individuals towards one individual (Leymann 1990).

According to International Labor Organization, the most important problem in the work place is psychological abuse at the beginning of the new millennium. Psychological abuse has become more widespread because of legal regulations, particularly in public facilities, against physical violence. For this reason victims of mobbing are subjected to attitudes and behaviours that can be psychological abuse, such as, terrorizing, annoying, excluding, being considered parenthetical, belittling, being deprived of some organization resources, isolating, being treated unjustly in the use of organizational resources, being prevented from or delayed from claiming rights (Leymann 1990, Einarsen 2000, Cowie *et al.* 2002). These behaviours towards the individual can be from the facility's management, superiors, coworkers in the same

position, or subordinates (Einarsen 2000, Fox & Stallworth 2003). The individual or individuals administering psychological abuse mount an organized front against the individual for systematic, long-term, frequently occurring bullying behaviours that also affect others. Others who work in the facility act as if they do not see these behaviours, close their eyes to them or even provoke them and the victim feels helpless facing so many powerful people and mobbing occurs (Leymann 1990, Einarsen 2000, Cowie *et al.* 2002).

These actions, which occur frequently and over a long time, are the most serious and effective causes of workplace stress. During the mobbing the targeted individual is helpless, unprotected and alone in the workplace (Leymann 1990). Individuals who are exposed to psychological abuse experience various physiological, psychological and social problems related to high levels of stress and anxiety. The victims have decreased quality of life and work, their health is affected and their social relationships are damaged. The victims who lose their jobs and, most importantly, their health, in this process are affected economically, physically and emotionally (Björkqvist 2000, Einarsen 2000, Cowie *et al.* 2002, Fox & Stallworth 2003).

In our country Samancı (2001) investigated patients whose health had suffered as a result of pressure in the workplace and found that the majority of the patients were women (Tutar 2004). He drew attention to the increase in psychological harassment in the workplace particularly in periods of economic crisis. In this way employees are forced to resign as a result of the psychologic pressure they face and bullying actions. This situation satisfies employers and no complaints are made. In this way terrorizing actions are seen as an instrument 'to be freed of the responsible to make severance payments' and 'firing' an employee through self-resignation has become the primary aim of the process of terrorizing in our country. Samancı has stated that the majority of those causing psychological harassment are highest level managers. The hierarchical order of the family is automatically reflected

onto groups in the workplace and women always want to be seen to be in a position of being understanding and making concessions. Additionally, he has emphasized that workplace emotional harassment is increasing in Turkey's conditions in which economic crises are being experienced; however, this situation satisfies employees and they do not complain and emphasize that everyone participates in this situation. The side who uses workplace psychological violence decides to use this and turns many of our lives into chaos (Tutar 2004).

Experts have stated that the result of terrorizing causes the loss of more than a year's wages to society from the individuals who become ill. In addition there are many people who face terrorizing activities and are treated for illnesses from the stress that they experienced (Fox & Stallworth 2003).

In general, nurses are the victims of physical, emotional and verbal violence because of the nature of their work environment throughout the world. In studies that have been conducted with nurses subjected to violence it has been seen that nurses have a higher risk for being exposed to workplace violence than other healthcare workers and that the sources of the violence are patients, patients' relatives, physicians and other healthcare workers (Jackson *et al.* 2002, Alçelik *et al.* 2005, Ayrancı 2005, Rowe & Sherlock 2005, Yeşildal 2005). Although there are a few reports of studies on the use of violence/mobbing by nurses against nurses in the international literature, there are none in our country.

The importance of bullying in the workplace in healthcare facilities has begun to be recognized. In a study by Matthiesen *et al.* (1989) 10% of the nurses stated that they had been exposed to bullying. Niedl (1996) determined that 26.6% of the nurses faced hostile actions in the workplace once or more a week. In a study conducted in the health sector in Portugal 51% of the healthcare professionals had been exposed to verbal abuse in the last year and 60% to bullying (Ferrinho *et al.* 2003). In a study related to the perception of violence or abuse among nurses, between 64% and 82% of the nurses reported being exposed to verbal abuse from physicians and their managers (Cox 1987, Diaz & McMillin 1991). In a study by Rutherford and Rissel (2004) in Australia 50% of the nurses had been exposed to bullying behaviours once or more in the last year. Mayhew and Chappell (2001) determined that because the majority of nurses are women they may face more abuse in the workplace.

This research was conducted as a descriptive and cross-sectional study for the purpose of determining the mobbing experienced by nurses who work in healthcare facilities in Turkey, its emotional, social and physiological effects on the nurses and the actions that the individuals take to escape from the mobbing. Our research questions for this study are:

- 1 What are the mobbing behaviours nurses have faced in the workplace from their managers/peers? Is there a difference in exposure to mobbing behaviours between nurses who work in public and private hospitals?
- 2 What are nurses' emotional, social, physiological and organizational attitudes and behaviours in response to mobbing?
- 3 When nurses face mobbing behaviours what do they do to escape from the mobbing?
- 4 Is there a relationship between the nurses' workplace (private/public), age, educational status, total years of service, years of service at current institution, position and the mobbing behaviours to which they are exposed? What situation is most closely related to the mobbing behaviours experienced?

Method

Participants

The research population was composed of the nurses working in two public and four private hospitals with over 200 beds on the European side of Istanbul province ($n = 1463$). A stratified sampling method was used to take the nurses working in one public and two private hospitals into the sample ($n = 710$).

The research aim and method were explained to the hospitals where the research was to be conducted and, after approval and permission were obtained from the related facilities, data collection began. Data collection forms were given to the nurses working in the hospitals in the sample and 505 staff nurses answered and returned the forms. The answer rate was 71%. Of the nurses who participated in the research 325 (64%) worked in public and 180 (36%) worked in private hospitals. Data were collected between November and December 2005 by the researchers (academic staff). When data were collected the nurses received an explanation of the research aim and gave their verbal permission. In addition they were informed that the data would be kept confidential and anonymous and they were requested to place the completed form in the envelope provided and seal it before returning it to the researcher. All of the participants were female because only women can legally work in Turkey in the nursing profession.

Measures

A four-section questionnaire was used in data collection that was prepared after a literature review. In the first section the participants' demographic information (age, education,

Table 1 Frequency, mean, standard deviation (SD) and item total correlation of nurses' reports of 'mobbing behaviours'

	% experienced at all (N = 505)	Mean	SD	<i>r</i> *
Having someone speak about you in a belittling and demeaning manner in the presence of others	55.2	1.31	1.37	0.64
Having untrue things said about you	45.7	1.06	1.33	0.59
Having someone behave in a demeaning manner (using body language) towards you in the presence of others	40.4	0.93	1.30	0.63
Having someone suggest that you are not psychologically well	15.8	0.32	0.84	0.53
Being forced to do a job that will negatively affect your self-confidence	30.5	0.70	1.21	0.58
Having your honesty and reliability questioned	31.1	0.71	1.21	0.58
Having false rumours said about your private life	23.6	0.52	1.07	0.49
Being verbally threatened	35.8	0.72	1.15	0.46
Facing behaviours such as slamming fist onto table	21.8	0.46	1.01	0.45
Always having your performance evaluated negatively	31.3	0.69	1.16	0.61
Being blamed for things you are not responsible for	50.5	1.20	1.40	0.57
Being held responsible for negative results of work done with others	42.6	0.96	1.27	0.50
Always having errors found in your work and work results	46.1	1.12	1.62	0.47
Always having your professional adequacy questioned in the work you do	30.5	0.66	1.21	0.55
Having unfair reports written about you	17.0	0.30	0.77	0.44
Having you feel like you and your work are being controlled	50.1	1.36	1.59	0.38
Not being given an opportunity to prove yourself	31.3	0.85	1.40	0.61
Having the decisions and recommendations you have made criticized and rejected	41.4	1.01	1.38	0.65
Having duties that you are responsible for taken from you and given to others in lower positions	14.5	0.33	0.92	0.56
Being inspected by others in positions below yours	19.4	0.46	1.09	0.51
Considering the work you have done as without value and importance	40.8	1.20	1.60	0.52
Not being informed about social meetings that are organized	24.6	0.61	1.20	0.56
Not being able to get an answer to your request for a meeting and to talk	19.4	0.48	1.11	0.56
Being treated in your workplace as if you aren't seen and don't exist	27.7	0.73	1.31	0.63
Frequently being interrupted while you are speaking	32.1	0.81	1.29	0.63
Not receiving an answer to e-mail you have sent and telephone calls	13.5	0.34	0.92	0.60
Preventing or forbidding coworkers from talking with you	11.1	0.26	0.83	0.54
When you enter an area knowingly leaving the area where you are	15.5	0.31	0.82	0.52
Holding you responsible for work more than your capacity	37.5	0.93	1.41	0.48
Pressuring you to quit your job or change your workplace	14.7	0.33	0.94	0.50
Hiding information, documents and material from you that you need for your job	13.1	0.33	0.95	0.59
Harming your personal things	7.9	0.16	0.59	0.44
Having physical violence used	7.3	0.14	0.54	0.46
Total mobbing behaviours	86.5	22.25	21.95	Total $\alpha = 0.93$

**p* < 0.001

length of time employed in nursing, length of time employed in current facility and position) were requested. In the second section questions were asked about mobbing behaviours, in the third emotional, physiological and organization behaviours experienced in reaction to mobbing and in the fourth section what the participants did to escape from mobbing.

Mobbing behaviours

This list of behaviours was prepared for the purpose of determining whether or not the nurses had encountered mobbing behaviours (Table 2). In the preparation of the mobbing behaviours list both previously conducted research

on the subject and developed tools (Leymann 1990, Niedl 1996, Davenport *et al.* 1999, Zapf 1999, Fox & Stallworth 2003) as well as the researchers' personal experiences were used. The mobbing behaviour list contains behaviours that are under the subtitles of isolation, workload, attack on personality and attack on professional status. This prepared list of 'mobbing behaviours' was sent to six experts. Based on opinions and recommendations of the experts necessary alterations were made and the mobbing behaviours list was written in its final form. The participants were asked to state the frequency of mobbing behaviours they had faced in the last 12 months and by whom. In the determination of frequency a six-choice Likert type scale from 0 = I have never

Table 2 Frequency, mean, standard deviation (SD) and item total correlation of nurses' reported 'reaction to mobbing behaviours'

	% experienced at all (N = 505)	Mean	SD	r*
I feel extremely sad when I remember the hostile behaviours towards me	58.8	1.43	1.58	0.64
I repeatedly remember/relive the behaviours that were done	56.2	1.24	1.43	0.75
I am afraid when I go to work, I do not want to be at work	40.1	0.79	1.22	0.70
I feel lonely	44.0	0.94	1.32	0.68
I do not trust anyone at my workplace	48.6	1.10	1.43	0.65
I feel like I have low self-confidence and respect	33.7	0.66	1.12	0.63
I feel decreased commitment to my work	46.2	1.00	1.34	0.70
My work life is negatively affecting my life away from work (my marriage and family)	54.7	1.36	1.68	0.67
I feel guilty most of the time	36.6	0.56	0.88	0.58
I feel like I really want to cry	52.5	1.00	1.26	0.77
I feel like I have been betrayed	36.0	0.75	1.20	0.70
I have a fear that something bad is going to happen for no apparent reason	43.6	0.90	1.30	0.74
I feel very disturbed and easily frightened	35.8	0.70	1.18	0.69
My sleep is disturbed	48.5	1.27	2.43	0.50
I spend most of my time with subjects not directly related to my work	45.3	1.02	1.39	0.49
I give the appearance of being very busy even when I have not done anything	13.7	0.26	0.76	0.45
I move slowly when I need to do something	15.3	0.27	0.76	0.38
I take out the pain I have suffered on others by belittling them	7.5	0.14	0.59	0.36
I have conflict with my coworkers at my workplace	36.9	0.58	0.90	0.55
I have trouble concentrating on a task	38.4	0.66	1.01	0.66
I am not able to do any work at my workplace	16.8	0.27	0.70	0.51
I am making mistakes in my work	32.1	0.46	0.79	0.45
Sometimes I think about taking revenge on people who have acted against me	31.1	0.52	0.93	0.53
I am receiving support from a psychologist because of the behaviours I have been exposed to	14.3	0.27	0.76	0.38
I curse those who have done these things to me	31.2	0.71	1.30	0.52
I have uncontrolled movements/tics	16.0	0.33	0.88	0.45
I experience changes in my blood pressure	39.4	0.89	1.32	0.54
I have gastrointestinal complaints	52.9	1.38	1.62	0.65
I want to eat excessively or I have decreased appetite	53.5	1.42	1.63	0.70
I am using alcohol, cigarettes or drugs (substances)	36.2	1.03	1.60	0.48
I feel stressed and tired	72.9	2.13	1.69	0.69
I have headaches	69.5	1.84	1.61	0.64
I have chest pain, heart palpitations	44.0	1.01	1.45	0.66
I think I am depressed	50.1	1.19	1.50	0.73
Total reaction to mobbing behaviours	85.1	42.06	32.88	Total $\alpha = 0.95$

faced, 1 = I have faced once, 2 = I have faced several times, 3 = I face sometimes, 4 = I frequently face, 5 = I constantly face was used. Participants who gave answers of one and above showed that they had faced these behaviours at least once and more in the last 12 months, answers of one and above were taken for evaluation.

Reaction to mobbing incidents

A review of the literature was also used to determine the emotional, social, physiological and organization attitudes and behaviours experienced in reaction to workplace mob-

bing behaviours. The 'reaction to mobbing behaviours' list was also sent to six experts. After alterations were made based on the opinions and recommendations of the experts, the 'reaction to mobbing behaviours' list was put in its final form (Table 3). The participants were asked to evaluate their emotional, social, physiological and organizational reactions to mobbing behaviours that they had experienced in the last 12 months by marking the form from 0 = I never experienced, 1 = rarely, 2 = occasionally, 3 = frequently, 4 = most of the time, 5 = all the time I am experiencing. Participants' answers of one and above showed that they had

Table 3 What the participants did to escape from mobbing

	%	Mean	SD
I am seriously thinking about quitting work	41.6	0.92	1.34
I am thinking about changing my workplace in the facility	35.0	0.80	1.34
I am trying to solve the injustice I faced by talking face to face with the related person	67.3	1.85	1.71
I am reporting to superiors the negative behaviours I was subjected to	54.9	1.12	1.33
I am thinking about filing legal charges against the people who demonstrated negative behaviours against me in the workplace	23.4	0.42	0.91
I am working more carefully to avoid being criticized for my work	70.5	2.66	2.71
I am working harder and more organized	72.1	2.67	1.94
I think about committing suicide occasionally	10.0	0.22	0.82

given a reaction when facing mobbing behaviours, answers of one and above were taken for evaluation.

What have you done to escape from mobbing?

The nurses were asked to mark what they did when they faced mobbing behaviours stated in eight questions from 0 = I never did/thought about, 1 = I did/thought once, 2 = I did/thought several times, 3 = I sometimes do/think, 4 = I frequently do/think on a six-point Likert scale (Table 3). Participants' answers of one and above were taken for evaluation.

The prepared data collection tools were pilot tested with 30 nurses for understandability. The nurses completed all the items in an average of 15–20 minutes and did not make any recommendations for changes. Then the tools were used for data collection with the 505 nurses who worked in public and private hospitals.

Data analysis

Statistical analysis of the data was conducted with the SPSS Program (Version 11.5, Istanbul University, Sisli/Istanbul, Turkey). Descriptive statistics were used in particular in the data analysis (frequency, percentage, mean, standard deviation). Correlation and multi-regression analysis were conducted to determine the relationship between 'mobbing behaviours' and nurses' demographic characteristics. The last analysis was carried out with independent sample *t*-test to determine whether or not there was a difference in mobbing behaviours between private and public hospitals.

Results

The participants' demographic characteristics are listed here. The nurses' mean age was 30.56 years (SD 6.83), their total years of employment in nursing was 10.55 (SD 7.00) and their number of years of employment in their facility was 8.48 (SD 6.58). A large percentage of nurses (40.0%) were

graduates of a baccalaureate nursing programme and 31.7% were graduates of a two-year associate degree in nursing programme. The largest percentage of nurses were ward nurses (45.9%) followed by 24% of the nurses who worked in special care areas (such as intensive care, operating room).

Mobbing behaviours

Statistical information about the nurses' experiences with mobbing behaviours are shown in Table 1. The item total score correlations varied between 0.44 and 0.65 and the correlation for all of the items was at a statistically significant level ($P \leq 0.01$). The Cronbach's alpha internal consistency for all the items was determined to be 0.93.

The most common mobbing behaviour experienced by the participants was determined to be 'having someone speak about you in a belittling manner in the presence of others' (55.2%) (Table 1). When asked from whom they experienced this behaviour, 75.8% of the participants reported that it was from their administrators, 17.1% from their coworkers, 4.1% from physicians and 3% from their subordinates.

The second most common mobbing behaviour experienced by the nurses was 'being blamed for things you are not responsible for' (50.5%). This behaviour was from administrators by 29.4%, from physicians by 25.8%, from own coworkers by 16.7% and from subordinates by 5.8% of the participants.

The third most commonly experienced mobbing behaviour was 'having you feel like you and your work were being controlled' (50.1%). This behaviour was most frequently from their own supervisors (26.8%) followed by their own coworkers (12.6%).

Difference between public and private hospitals

More mobbing behaviours were experienced by nurses who worked at private hospitals (20.65 SD 22.77) compared with

those who worked at public hospitals (25.12 SD 20.14) and this difference was found to be statistically significant ($t = -2.20$; $p \leq 0.02$).

Reaction to mobbing

Statistical information about the nurses' reactions to mobbing behaviours are shown in Table 2. The item total score correlations varied between 0.36–0.77 and statistically significant correlation was shown between the items ($p \leq 0.01$). The Cronbach's alpha internal consistency coefficient for all the items was determined to be 0.95.

It can be said that physiological reactions were the most frequent reactions of the nurses to mobbing behaviours. Their reactions included feeling tired and stressed (72.9%), having headaches (69.5%), eating excessively or not having an appetite (53.5%) and having gastrointestinal complaints (52.9%). In addition the most common emotional reactions were that they experienced extreme sadness when they remembered the hostile behaviours against them (58.8%), they frequently remembered the behaviours (56.2%), their lives away from work were negatively affected by these (54.7%) and they felt like they wanted to cry (52.5%).

What did you do to escape mobbing?

The most common things the nurses did to escape from mobbing at 72.1% was 'to work more carefully to avoid criticism' and at 70.5% was 'to work harder and more organized to avoid criticism' (Table 3). In addition it can be said that the other methods of solving the injustice experienced by the nurses was to talk with the related person face to face (67.3%) and report to their superiors the negative behaviours they suffered (54.9%).

However, it was seen that 10% of the participants contemplated committing suicide occasionally because of the mobbing behaviours. The frequency of these thoughts was occasionally (1 and 2) for 5.4%, frequently (3 and 4) for 2.6% and almost all the time for 2%.

Relationship between mobbing behaviours and the nurses' workplace, age, education, total years of service, years of service at current institution, position

A statistically significant relationship was determined between the mobbing behaviours faced by nurses and the institution in which they worked ($p < 0.001$) and their position ($p < 0.05$). No statistically significant relationships were found with the nurses' age, education, total years of

service in the nursing profession and number of years of service at current institution ($p > 0.05$).

Regression analysis was used to examine the status of nurses' being exposed to mobbing behaviours and their institution and position ($\beta = 0.16$; $F = 6.38$; $p < 0.002$). It was determined that 12% ($p < 0.005$) of the nurses' facing of mobbing behaviours was effected by their working in a private institution and 11% ($p < 0.05$) was affected by their being in a lower position.

Discussion

It has been stated that nurses are one of the groups of professionals who are at risk for workplace violence (Einarsen 2000, Beech & Leather 2005). In this study a large percentage of nurses (86%) who participated in the research had faced bullying behaviours one or more times within the last 12 months and the majority of these behaviours were from their managers. Discussions about mobbing at workplaces in our country began in 2000 but no studies were found in the national literature on this subject. However, in a study by Rutherford and Rissel (2004) 50% of the nurses faced some kind of bullying behaviour in one year. In a study conducted by Cox (1987) with 1100 nurses it was determined that 97% of nurses are exposed to verbal violence. In a study conducted in Norway it was determined that 20% of nurses are exposed to workplace bullying behaviours and that these behaviours are frequently from nurses in their own department, assistant head nurses and head nurses (Einarsen *et al.* 1998). Niedl (1996) determined that 26.6% of nurses face hostile actions in the workplace one or more times a week. In a study by Quine (1999), however, 38% of healthcare workers had faced one or more bullying types in the past year and these behaviours, as in our study, were frequently from their managers. In a study conducted in the health sector in Portugal 60% of health professionals in the past 12 months were exposed to workplace bullying, similar to the results of our study (Ferrinho *et al.* 2003). As can be seen, it is quite possible for healthcare workers and nurses to face mobbing behaviours within a year and these behaviours are frequently demonstrated by managers. The reason why there are different mobbing results of healthcare workers may be from the tools that were used for data collection, the time of data collection, the country the data were collected from and difficulty in comparing different countries (Einarsen 2000, Cowie *et al.* 2002).

In Turkey, because of legal regulations, only women can work in the nursing profession (Nursing Law). For this reason difference based on gender could not be investigated. Ferrinho *et al.* (2003) determined that women experience

more of every kind of violent behaviours in healthcare facilities than men. According to Björkqvist (2000) women frequently face mobbing from women and women try to harm their enemies psychologically more than physically. In addition to this mobbing also leaves the victim in a position of not being able to defend herself against negative behaviours because of power imbalance between parties (Leymann 1996, Cowie *et al.* 2002, Einarsen 2000). This is also supported by our regression analysis that nurses' positions effect their being exposed to mobbing behaviours. Salin (2003) emphasized that there was only a formal power difference and the situational and contextual characteristics of the power balance. This situation supports the finding in this study of all women participants who frequently were exposed to mobbing behaviours by their own managers and by their own coworkers.

Ferrinho *et al.* (2003) determined that verbal abuse was the first of the kinds of violence that healthcare workers are subjected to, followed by bullying. Quine (1999) determined that the most frequently reported bullying behaviours were 'shifting the goal posts, withholding necessary information, undue pressure to produce work and freezing out, ignoring, or excluding' and that 32% of the participants had experienced these behaviours. Rutherford and Rissel (2004) determined that the most frequently encountered mobbing behaviours, similar to those in our study, were 'belittling, sneering, shouting or ordering (32%), followed by tones of voice or facial expressions that leave you feeling putdown (26%)'. More than half of the participants in our study experienced the mobbing behaviour, 'having someone speak about you in a belittling and demeaning manner in the presence of others' which includes both a verbal attack and an attack on one's personal standing.

Research shows that there is an increase in bullying behaviours in facilities which are restructuring, downsizing and having other crises, where job security is low and where there is internal competition in the facility (Einarsen 2000, Salin 2003). Related to this in our study was our finding that nurses who work in private hospitals were subjected to more mobbing than those who work in public hospitals ($p < 0.02$). Because of an economic crisis experienced in recent years in our country private hospitals, in particular, entered a phase of serious downsizing and restructuring. In addition it can be said that another factor in the increase in mobbing behaviours may be because nurses who work in private hospitals have less job security (Labor Law and State Civil Servants Law).

It has been reported in the literature that individuals who are periodically exposed to negative, hostile behaviours at their workplace over a long period of time experience various

physiological, psychological and social problems from the extreme stress and anxiety. Studies on this subject, as was determined in our study, have shown that there is a strong correlation between the psychological and somatic health complaints of individuals exposed to psychological abuse in the workplace (Leymann 1996, Zapf 1999, Björkqvist 2000, Einarsen 2000, Hansen *et al.* 2006).

In addition, it has been emphasized that there are differences in the way individuals, who are subjected to mobbing, perceive of similar behaviours and these behaviours have different effects on different people (Leymann 1996, Davenport *et al.* 1999, Björkqvist 2000, Hansen *et al.* 2006). Also the reactions of people to mobbing behaviours guides us in determining the degree of mobbing, what kind of behaviours they have been subjected to and how frequently (Einarsen 2000). Davenport *et al.* (1999) determined that people who experience first-degree mobbing frequently experience crying, sleep disorders and difficulty concentrating. In our study as well 52.5% of the participants stated that they wanted to cry, 48.5% that they had disturbed sleep patterns and 38.4% that they had difficulty concentrating on a job. Individuals who experience second-degree mobbing, in addition to these problems, also frequently have high blood pressure, gastrointestinal problems, excessive weight gain or loss, depression, alcohol or drug addiction, absenteeism from work and unfamiliar fear. In our study as well more than half of the nurses felt stressed and tired and thought that they were depressed, experienced gastrointestinal problems, had excessive eating or decreased appetite and used alcohol, cigarettes or drugs. People exposed to third-degree mobbing, in addition to these, also experience fear when they enter the workplace, are unable to rest in the workplace, experience chest pain and heart palpitations and may act violently towards a third person or attempt suicide. In our study as well 43.6% of the nurses experienced a fear that something bad was going to happen for no apparent reason, 35.8% feel very disturbed and easily frightened, 40.1% were afraid when they entered the workplace and did not want to be at work, 44% experienced chest pain and heart palpitations, 31.1% considering seeking revenge against the person treating them negatively and 10% of the nurses occasionally considered committing suicide. The majority of nurses (86.5%) participating in our study, as can be seen, have been subjected to mobbing behaviours and these behaviours can be considered to include third-degree mobbing.

As stated victims of mobbing have disturbances in their psychology and physiology and their social lives are negatively affected. Studies have recommended that victims of mobbing receive expert assistance as early as possible to prevent their experiencing of serious and negative health problems. In

addition, in our study, very few (14.3%) of the nurses had received support from a psychologist for the mobbing behaviours they were subjected to. For this reason the work tension experienced by nurses may not be seen as an illness. In addition the percentage is low for requesting psychological assistance and receiving expert help in our country (Tutar 2004). However, it can be said that it is a significant finding that 10% of the nurses in our study considered committing suicide from time to time to escape from the mobbing and shows that they had not requested expert support in time.

In the examination of what nurses did to decrease or escape from mobbing behaviours that they faced, more than half of the nurses tried to talk with the individual to solve the behaviours they were experiencing or reported them to their superior. Also a majority of the nurses stated that they worked more carefully to avoid criticism and worked harder and more organized. Some of the nurses thought about changing workplaces to remove themselves from the environment. Some of the participants (23.4%) thought about seeking legal recourse for their problem. The reason why this number was few in our study may be because workplace psychological violence has yet to be clearly defined in our country and because there are no appropriate legal regulations on this subject (Turkish Penal Code). Similar to our study results, Einarsen (2000) stated that mobbing victims used active problem-solving processes and left the facility when they were unable to solve the problem.

Study limitations

Mobbing behaviours are very difficult to determine clearly in the literature (Einarsen 2000, Cowie *et al.* 2002). For this reason it is also difficult to determine clearly continuous and periodic exposure to negative behaviours in the workplace because the source of these behaviours is a group (Cowie *et al.* 2002, Tutar 2004). Using the method of self-report questionnaires in the study to determine how nurses perceive of mobbing who are exposed to negative behaviours is one of the research limitations. In addition another limiting factor in the research data was the participants' ability to remember the frequency in the last 12 months that they had been subjected to these behaviours. Cowie *et al.* (2002) determined that questionnaire formats are not sufficient in determining the dynamic process of mobbing.

Conclusion

The presence and frequency of mobbing behaviours faced in healthcare facilities is an indicator that they unfortunately do not yet have the awareness that the most valuable presence in

the facility is human resources. In our study we saw that all nurses, regardless of their age, educational status and position, can be subjected to mobbing behaviours in the workplace. As can be seen in every workplace in the world it is very important both for the employees and for the institutions to prevent hostile behaviours in the workplace that are carried out by bullying sometimes and with special tactics other times. For this reason solving long-term unresolved interpersonal conflicts with appropriate conflict resolution strategies can help decrease the development of workplace violence (Einarsen 2000, Salin 2003).

In addition, mobbing behaviours in the work place need to be defined and appropriate policies and procedures need to be developed and shared with all employees to prevent the development of these behaviours. Managers should adopt an open managerial approach to prevent the development of these behaviours. In an open management style instead of having an autocratic management style everyone who works at the facility has access to all information and every document, participates in meetings that are of interest to them, has freedom of speech and thought and does not fear that their freedom or they themselves are at threat when institutional goals and policies are decided on together.

It is recommended that both qualitative and quantitative research be conducted for the purpose of determining detailed factors that influence the development of mobbing behaviours and the mobbing formation process in health care facilities.

Contributions

Study design: AY, DY; data analysis: AY, DY; manuscript preparation: AY, DY

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