Mobbing Perception and the Related Factors in Nurses

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ABSTRACT

Purpose: This study was carried out to examine the mobbing perception and the related factors in nurses.

Methods: This study was carried out with 292 nurses. Data of the study were collected by using Socio-demographic characteristics questionnaire form and Mobbing Perception Scale.

Findings: Mobbing perception point average of the group who were under the average age of 34.2 was significantly higher than the group who were above the average age of 34.2. It was observed that the nurses working in services and emergency services had significantly higher mobbing perception points than the nurses working in other services and PHCs. The mobbing perception point average of nurses who felt themselves partially competent or who felt incompetent was the average of those who felt themselves competent in the profession was and it was observed that this difference was statistically significant. It was observed that the nurses who did not think themselves fit for the profession or who partially thought themselves fit for the profession had significantly higher mobbing perception than the nurses who completely thought themselves fit for the profession. The mobbing perception of those who were not satisfied with the working environment was significantly higher than those who were partially satisfied and the mobbing perception of those who were partially satisfied was significantly higher than those who were satisfied.

Result: The mobbing perceptions of the nurses varied according to variables such as age, service where they worked, feeling competent in the profession, thinking herself fit for the profession, satisfied with the working environment and thinking of leaving the profession.

Key Words: Mobbing perception, Nurse.

INTRODUCTION

Mobbing is a fact which is experienced by many people but not recognized most of them in working life, and it can break the working environment and the labor peace among employees. [1,2] The concept of mobbing in the workplace was defined for the first time by German working psychologist Heinz Leymann at the end of the 1980s. [3] Leymann defined the concept of "mobbing" in the workplace as "a psychological terror applied by one person or several people to another person in a systematic way by hostile and unethical methods". [4]

Mobbing is a process which reveals itself with disturbing behaviors and begins to give pain with the passing of time and in which events gather speed convolutely. [5] The aim in this process is to get rid of the person, to make person dismissed, to force him/her to resign, to punish or humiliate him/her. [6,7] As a result of the mobbing process, various physical or mental illnesses occur in individuals who are victim of mobbing, their family relationships
deteriorate, and professional accidents, resignations and suicides are seen. Except for the individuals, institutions where mobbing is applied are adversely affected by mobbing process in economic and social terms. [8,9]

Mobbing can be applied to employees by their superiors, subordinates or other employees of the same level. [10] Mobbing can be in every workplace and in every institution. In an institution, there are people who encourage mobbing and tolerate mobbing and who are victim of mobbing. [11] In the studies carried out, it was observed that people who were victim of mobbing were those who had outstanding professional characteristics and high level of competence, who were well-intentioned, who had confidence in others and who knew how to act politically. [12,13] It was reported that those who applied mobbing were individuals who lacked of emotional intelligence, who were away from human and ethical values, two-faced and aggressive, who had problems in human relations, uncertain relationships and unresolved disputes in their private lives and who generally wanted to seem to dominate everything. [14-16]

When analyzed the researches carried out on mobbing, it was seen that mobbing incidents were experienced in the health sector at a considerable extent. [17-22] There are many domestic and international studies indicating that the fact of mobbing is experienced excessively in the profession of nursing that constitutes the important and majority of the health group within the health sector. [23-26] Lin and Lui (2005) found that 62% of nurses were exposed to mobbing in a study conducted with 205 nurses in the south of Taiwan. [27] Kılıç (2013) explained that 53.4% of the nurses who participated in the study with health workers were exposed to mobbing behavior. [17] Öztürk, Yılmaz and Hindistan (2007) observed that 40% of nurses were exposed to mobbing behavior in a university and a state hospital in Trabzon. [28] In the health sector, causes such as the intense number of patients and work tempo, discrimination among patients depending on the status and economic condition, inadequate medical facilities in hospitals and the discrimination against the manager due to personal approach lead the fact of mobbing seen excessively in the health sector. [11,17] Mobbing which is one of the biggest threats to health workers in this age, may cause deterioration in the quality of care offered, deterioration in the working environment, accidents that occur at high rates and the reduction in the use of health care services by the general population. [17] In light of all this information, this study was planned in order to increase data of mobbing applied for health care workers in our country and the world in recent years.

METHOD
Aim of the research: This study was carried out to evaluate the mobbing perception in nurses.
Research Type: Research was planned as a descriptive.
Time and Place of Research: This study was carried out in health institutions operating in the province of Artvin and its districts between the dates of January 2015 - September 2015.
Population and sample: 346 nurses who worked in hospitals and family medicine departments in the province of Artvin and districts were included in the population of the study. All nurses were included in the study, and 292 nurses formed the sample of the study as there were nurses who gave incomplete answers to the questionnaire forms or who could not be reached.
Data Collection: Data of the study were collected by the researcher via face to face interview method during March 2015.
Data Collection Tools: In the data collection stage, "Socio-demographic characteristics questionnaire form" and "Mobbing Perception Scale" were used. Mobbing Perception Scale (MPS): Mobbing perception scale was composed of 45 items and 5 subgroups which were revealing himself/ herself and restricting
communication facilities, attacks on social relations, attacks on social reputation, attacks on quality of life and professional status, and direct attacks on health. Answers given to these statements ranged between 1-5 points (points were considered as: never=1, rarely=2, sometimes=3, often=4, very often=5). Individual mobbing score would be calculated by dividing the total score, which was obtained by adding points of the answers given to the statements in the scale, into 45 which was the total number of items. [29] In the study carried out by Aydın (2008), reliability analysis of the scale Cronbach alf internal consistency coefficient was found as 0.9370. [30]

**FINDINGS**

Table 1. Some demographic variables and the difference between mobbing perception scale point averages according to these variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>Sub-variable</th>
<th>n</th>
<th>%</th>
<th>Average</th>
<th>Standard Error</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Aged 34.2 and below</td>
<td>149</td>
<td>51</td>
<td>1.244</td>
<td>0.023</td>
<td>t:3.164</td>
</tr>
<tr>
<td></td>
<td>Aged 34.2 and above</td>
<td>143</td>
<td>49</td>
<td>1.150</td>
<td>0.019</td>
<td>p:0.002</td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
<td>14</td>
<td>4.8</td>
<td>1.156</td>
<td>0.045</td>
<td>MW U:2610</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>278</td>
<td>95.2</td>
<td>1.200</td>
<td>0.016</td>
<td>p:0.744</td>
</tr>
<tr>
<td>Marital Status</td>
<td>Married</td>
<td>227</td>
<td>77.7</td>
<td>1.190</td>
<td>0.017</td>
<td>t:-929</td>
</tr>
<tr>
<td></td>
<td>Unmarried</td>
<td>65</td>
<td>22.3</td>
<td>1.224</td>
<td>0.034</td>
<td>p:0.354</td>
</tr>
<tr>
<td>Educational Status</td>
<td>High school</td>
<td>79</td>
<td>27.1</td>
<td>1.224</td>
<td>0.032</td>
<td>F:1.468</td>
</tr>
<tr>
<td></td>
<td>Associate degree</td>
<td>116</td>
<td>39.3</td>
<td>1.166</td>
<td>0.023</td>
<td>p:0.232</td>
</tr>
<tr>
<td></td>
<td>Undergraduate and Postgraduate</td>
<td>97</td>
<td>33.2</td>
<td>1.214</td>
<td>0.025</td>
<td></td>
</tr>
</tbody>
</table>

Table 2. Professional variables and the difference between mobbing perception scale point averages according to these variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>Sub-variable</th>
<th>n</th>
<th>%</th>
<th>Average</th>
<th>Standard Error</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year of Working</td>
<td>13 years and below</td>
<td>174</td>
<td>59.6</td>
<td>1.220</td>
<td>0.020</td>
<td>t:1.836</td>
</tr>
<tr>
<td></td>
<td>13 years and above</td>
<td>118</td>
<td>40.4</td>
<td>1.164</td>
<td>0.022</td>
<td>p:0.06</td>
</tr>
<tr>
<td>Studied Department</td>
<td>Services</td>
<td>102</td>
<td>34.9</td>
<td>1.260</td>
<td>0.028</td>
<td>F:5.287</td>
</tr>
<tr>
<td></td>
<td>Emergency service</td>
<td>61</td>
<td>20.9</td>
<td>1.232</td>
<td>0.041</td>
<td>p:0.001</td>
</tr>
<tr>
<td></td>
<td>PHC</td>
<td>67</td>
<td>22.9</td>
<td>1.131</td>
<td>0.025</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>62</td>
<td>21.2</td>
<td>1.134</td>
<td>0.020</td>
<td></td>
</tr>
<tr>
<td>Feeling competent in the profession</td>
<td>Yes</td>
<td>213</td>
<td>72.9</td>
<td>1.172</td>
<td>0.015</td>
<td>t:-2.822</td>
</tr>
<tr>
<td></td>
<td>Partially / No</td>
<td>79</td>
<td>27.1</td>
<td>1.267</td>
<td>0.037</td>
<td>p:0.005</td>
</tr>
<tr>
<td>Professional Compliance</td>
<td>Yes</td>
<td>180</td>
<td>61.6</td>
<td>1.154</td>
<td>0.016</td>
<td>KW:16.772</td>
</tr>
<tr>
<td></td>
<td>Partially</td>
<td>92</td>
<td>31.5</td>
<td>1.248</td>
<td>0.031</td>
<td>p:0.000</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>20</td>
<td>6.8</td>
<td>1.362</td>
<td>0.078</td>
<td></td>
</tr>
<tr>
<td>Satisfaction from the environment</td>
<td>Yes</td>
<td>160</td>
<td>54.8</td>
<td>1.119</td>
<td>0.015</td>
<td>KW:45.078</td>
</tr>
<tr>
<td></td>
<td>Partially</td>
<td>98</td>
<td>33.6</td>
<td>1.244</td>
<td>0.024</td>
<td>p:0.000</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>34</td>
<td>11.6</td>
<td>1.437</td>
<td>0.070</td>
<td></td>
</tr>
<tr>
<td>Desire to leave the job</td>
<td>Yes</td>
<td>131</td>
<td>44.9</td>
<td>1.270</td>
<td>0.027</td>
<td>F:11.245</td>
</tr>
<tr>
<td></td>
<td>Undecided</td>
<td>80</td>
<td>27.4</td>
<td>1.171</td>
<td>0.023</td>
<td>p:0.000</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>81</td>
<td>27.7</td>
<td>1.107</td>
<td>0.018</td>
<td></td>
</tr>
</tbody>
</table>

* PHC: Public Health Center

51% of the sample with average age of 34.2 ± 0.4 were below this average and 49% of the samples were above this average. The mobbing perception point average of the group aged below the average was 1.244 ± 0.023, and the mobbing perception point average of the group aged above the average was 1.150 ± 0.019, and the point average of the group with age average below 34.2 was significantly higher than the group with age average above 34.2 (p:0.002). The majority of the sample was composed of female (95.2%) and the rest of it was composed of male (4.4%). Although the mobbing perception point average of females was 0.019, and the point average of the group with age average below 34.2 was significantly higher than the group with age average above 34.2 (p:0.002). The majority of the sample was composed of female (95.2%) and the rest of it was composed of male (4.4%). Although the mobbing perception point average of females was
1.200 ± 0.016 and the point average of males was 1.156 ± 0.045, there was no significant difference between these two groups in terms of mobbing perception (p>0.05). The sample was composed of married (77.7%) and unmarried individuals (22.3%). The mobbing perception point average of married individuals was 1.190 ± 0.017 and the point average of unmarried individuals was 1.224 ± 0.034, and there was no difference between married and unmarried individuals in terms of mobbing perception (p>0.05). When analyzed the educational status of the sample, the mobbing perception point averages from high to low were ranked as high school graduates (1.224 ± 0.032), undergraduate and postgraduate graduates (1.214 ± 0.025) and associate degree graduates (1.166 ± 0.023), and the difference between groups was not significant (p>0.05).

The professional experience of the nurses forming the sample was observed as average of 13 ± 0.4 years. Although the mobbing perception point average of the nurses with professional experience of 13 years and below (1.220 ± 0.020) was higher than the point averages of the nurses with professional experience of 13 years and above (1.164 ± 0.022), there was no significant difference. When analyzed the mobbing perception points of the nurses according to the department they worked were respectively as follows; 1.260 ± 0.028 for services, 1.232 ± 0.041 for emergency service, 1.134 ± 0.020 for other services and 1.131 ± 0.025 for PHC, from high to low. It was observed that the nurses working in services and emergency services had significantly higher mobbing perception points than the nurses working in other services and PHCs (P:0.001). When analyzed the mobbing perceptions of the nurses according to status of feeling himself/herself competent in the profession, mobbing perception point average of nurses who gave the answer of partially/no to this question was 1.267 ± 0.037, the average of those who felt themselves competent in the profession was 1.172 ± 0.015, and it was observed that this difference was statistically significant (p:0.005). It was observed that the mobbing perception point average of the nurses who thought themselves fit for this profession was 1.154 ± 0.016, the average of those who partially thought themselves fit for the profession was 1.248 ± 0.031, and the average of the nurses who did not think themselves fit for this profession was 1.362 ± 0.078. When analyzed the difference between the groups, it was observed that the nurses who did not think themselves fit for the profession or who partially thought themselves fit for the profession had significantly higher mobbing perception than the nurses who completely thought themselves fit for the profession (p:0.000).

When analyzed the mobbing perceptions of the nurses about their working environment, the mobbing perception of nurses who were not satisfied with the working environment was 1.437 ± 0.070, the average of nurses who were partially satisfied was 1.244 ± 0.024, and the average of nurses who were satisfied was 1.119 ± 0.015. It was observed that the mobbing perceptions of those who were not satisfied with the working environment had significantly higher mobbing perception points than those who were partially satisfied, and the average of those who were partially satisfied had significantly higher mobbing perception points than those who were satisfied (p:0.000). When analyzed the nurses' desires to leave the job, it was observed that those who thought of leaving the job (1.270 ± 0.027) or who were undecided (1.171 ± 0.023) had significantly higher mobbing perception point averages than the nurses who did not think of leaving the job (1.107 ± 0.018) (p:0.000).

DISCUSSION

Mobbing is an emotional attack which starts when a person becomes the target of a disrespectful and harmful behavior. [31] Mobbing behavior is observed in all sectors. In our country, one of the areas in which mobbing is experienced very commonly is the health sector. [29]
Researcg shows that the health workers’ risk of being exposed to violence is 16 times more than the other service sector workers, and that nurses are under risk three times more than the other health workers. \[29,32\]

In our study, it was observed that the mobbing perception point average of the group who were under the average age of 34.2 was significantly higher than the group who were above the average age of 34.2 (Table 1). In their study carried out with midwives and nurses, Güven et al. (2012) stated that those who were exposed to mobbing were mostly the participants who were in the 35-39 age groups. \[33\] In their studies, Bahçeci Geçici and Sağkal (2011) stated that the nurses who were in the age group of 26-35 were exposed to mobbing, and also Öztürk et al. (2007) stated that the average age of the nurses who were victims of mobbing was 31.01. \[28,34\] Çobanoğlu (2005) stated that the ages of the victims of mobbing varied from country to country, and that there was an intense pressure of mobbing on employees between 25-30 years in our country. \[11\] However, in the literature, there are study results indicating that the age has no effect on mobbing. \[26,35\]

No significant difference was observed between the points of mobbing and gender in nurses who participated in our study (Table 1). In the literature, there are studies indicating that there is not a significant relationship between gender and mobbing in the studies carried out with nurses and the other health workers. \[5,22,26,36\] Unlike these studies, Bahçeci Geçici and Sağkal (2011) stated in their study that female nurses faced more with mobbing behaviors. \[34\]

In our study, no significant difference was observed between mobbing and marital status (Table 1). The results of the studies carried out in the literature show parallelism with our study result. \[26,28,36,35\] Unlike the results of this study, Çakıl (2011) stated in his study carried out with nurses that the unmarried or widowed nurses' status of exposing to attacks aimed at their social relationships, quality of life and professional position was more than the married nurses' status. \[37\] In his study, Atasoy (2010) stated that the attacks aimed at revealing oneself and restricting communication facilities were more seen on married people. \[38\]

In the studies carried out by Demir et al (2014), Güven et al (2012), Bahçeci Geçici and Sağkal (2011), Yıldırım and Yıldırım (2007), no statistically significant difference was observed between the educational status of nurses and their status of being exposed to mobbing. \[33,34,36,39\] The results of the researches support our finding. Zonp (2012) observed that especially those employees who had postgraduate education were more exposed to behaviors that damage the social prestige. \[26\]

Atasoy (2010) observed that employees who had postgraduate education were more exposed to all behaviors in subdimensions of mobbing. \[38\] These results showed parallelism with the view that those who attracted attention with their education, success and intelligence in the workplace were more exposed to mobbing. \[17\]

In our study, the relationship between total working time and the status of being exposed to mobbing was observed to be statistically insignificant. In their studies, Dilman’ın (2007), Öztürk et al (2007) and Yıldırım and Yıldırım (2007) observed that there was no statistically significant difference between the nurses’ average years of experience and their status of being exposed to mobbing. \[28,39,40\]

In our study it was observed that the nurses working in services and emergency services had significantly higher mobbing perception points than the nurses working in other services and PHCs (Table 2). Levin et al (1998) stated that the nurses who worked in emergency services were more exposed to attacks than the nurses working in other services. \[41\] In their study, Güven et al (2012) observed that the nurses working in community health centers were more exposed to mobbing. \[33\] Öztunc (2001) observed in his study that verbal abuse was experienced in surgical sciences clinics at the most, and Demir et al (2014) observed
in their study that the nurses working in hemodialysis units and polyclinics were more exposed to mobbing.\[36,42\] In the study of Dilman (2007), it was observed that the nurses working in specialized units were exposed to mobbing at the rate of 46.3\%, and that there was a statistically significant difference between the department where they worked and the status of being exposed to mobbing.\[40\]

In our study, it was observed that the nurses who did not think themselves fit for the profession or who partially thought themselves fit for the profession had significantly higher mobbing perception than the nurses who completely thought themselves fit for the profession (Table 2). It is believed that this situation is caused by the problems which are derived from the fact that individuals who do not think themselves fit for the profession are reluctant while working, and therefore, they deliver low performance. No study was found in this regard.

The mobbing perception of those who were not satisfied with the working environment was significantly higher than those who were partially satisfied, and the mobbing perception of those who were partially satisfied was significantly higher than those who were satisfied (Table 2). Working environments where there is a peace and where there are no psychological and physical pressures are reflected positively on job stress and job efficiency.\[17\] Psychological pressures experienced in working life may cause employees to perceive negative about themselves, to act in negative business behaviors and to feel negative emotions.\[17\] In the studies carried out about the effect of mobbing on job satisfaction, it was observed that the experience of mobbing decreased the job satisfaction.\[43,44\]

When analyzed the nurses’ desires to leave the job, it was observed that the those who thought of leaving the job or who were undecided had significantly higher mobbing perception point averages than the nurses who did not think of leaving the job (Table 2). Mobbing is a form of harassment which makes the person get into psychological and physical exhaustion, which burns the person out and which make person feel fear. Mobbing behavior forces person or persons in the workplace to leave the job by creating a systematic pressure and destroying their performance and endurance with unethical approaches.\[25\]

**RESULTS AND SUGGESTIONS**

According to the findings of this study, the following results were reached

- The mobbing perception of the nurses did not vary according to variables such as gender, marital status, educational status and the working year
- It was observed that; those who were younger had a significantly higher mobbing perception average point than those who were older; those working in services and emergency services had a significantly higher mobbing perception average point than those working in other services and PHCs; those who partially felt themselves competent or who did not feel themselves competent in the profession had a significantly higher mobbing perception average point than those who felt themselves competent; those who did not think themselves fit for the profession or who partially thought themselves fit for the profession had a significantly higher mobbing perception average point than those who completely thought themselves fit for the profession; those who were satisfied with the working environment had a significantly higher mobbing perception average point than those who were partially satisfied; those who were partially satisfied had a significantly higher mobbing perception average point than those who were completely satisfied; those who did not think of leaving the job or who completely thought of leaving the job had a significantly higher mobbing perception average point than those who did not think of leaving the job.
In line with these results, the following suggestions were made:

- To investigate the factors that increase the perception of mobbing in services and emergency services where mobbing perception is more experienced.
- To carry out studies to identify the factors causing dissatisfaction in the working environment due to the fact that the satisfaction in the workplace affects the mobbing perception in nurses.
- To investigate the relationship between the reasons of leaving the job of the nurses who think of leaving the job, and mobbing.
- To ensure training and facilities which increase the professional qualifications of nurses and which facilitate access to evolving/changing medical information.

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