

## Original Article

### Factors Affecting the Mobbing Levels of Medical Secretaries

**Gulnur Ilgun, MSc, PhD**

Aksaray University, Faculty of Health Sciences, Department of Health Care Management, Aksaray, Turkey

**Omer Faruk Polat, MSc**

Hacettepe University, Ankara, Turkey faruk.polat81@gmail.com

**Bayram Sahin, PhD**

Professor Department of Health Care Management, Faculty of Economics and Administrative Sciences, Hacettepe University, Ankara, Turkey

**Correspondance:** Gulnur Ilgun, MSc PhD, Aksaray University, Faculty of Health Sciences, Department of Health Care Management, Aksaray, Turkey e-mail: gulnurilgun@aksaray.edu.tr

#### Abstract

**Background:** Hospital manager have crucial responsibilities with regard to the monitoring of mobbing for the establishment of safe and peaceful work environment, and taking necessary measures accordingly.

**Objective:** The aim of this study is to identify the factors that affect the mobbing levels of medical secretaries, who are the officers that patients meet the first.

**Methodology:** The population of this research is a total number of 282 employees working as medical secretaries at a university hospital in Ankara, Turkey. The sample size is calculated as 163 people, and a random stratified sampling method was performed in the selection of samples. Mobbing levels of employees were measured by the Leymann Inventory of Psychological Terrorization (LIPT) scale.

**Results:** According to the logistic regression, the marital status and age of medical secretaries were identified as statistically significant on the mobbing level ( $p < 0.05$ ). Hence, the single medical secretaries have the possibility to encounter with mobbing with 3.357 times more than married secretaries, and the level for the possibility to encounter with mobbing diminishes with 0,891 times as the age increases by one unit.

**Conclusion:** Considered to lead the measures that would be taken by the hospital managers in order to diminish the mobbing behaviours at the hospital.

**Keywords:** Medical secretaries; mobbing; LIPT; hospital; Turkey

#### Introduction

Although the mobbing is not a well-known notion in previous years, in recent years the issues related to mobbing have begun to be widely mentioned in the literature (Carnero et al., 2012). Leymann (1990) was the first person that introduced the concept of mobbing in 1980s. According to this definition, mobbing is the hostile and unethical behaviours of one or more people toward one person directed in a systematic way. While Leymann (1990) describes mobbing as psychological terror, Hoel and Copper (2000) defined mobbing as bullying, Keashly (1997) as emotional abuse and Bassman (1992) as abuse.

According to Leymann, there are mainly two conditions in order to accept behaviour as mobbing. First one of such conditions is the frequency of these behaviours as at least once a week; and second condition is that it continues at least more than six months. The reason is that such hostile behaviours can only cause psychological disorders if only they have high frequency and continue for a long time. As understood, the concept of mobbing focuses on the long-term, continuous and psychological disorders while ignoring the temporary conflicts. In summary, the biggest distinction between “mobbing” and “conflict” is related with the frequency and duration of behaviour rather than what is done or how is done (Leymann, 1996).

Therefore, mobbing has more negative impacts on individuals and institutions.

Individuals, who are exposed to mobbing, face with attitudes and behaviours such as threatening, exclusion, unfair distribution of organisational resources and intervention to their exercise of rights (Leymann, 1990; Cowie et al., 2002; Einarsen, 2000). Such behaviours are directed towards a person through the managers, supervisors, colleagues or subordinates in the same organisation (Leymann, 1996; Einarsen, 2000; Fox & Stallworth, 2000).

There are a number of elements that affect the emergence of mobbing at individual or organisation level. Some of the organisation elements are the existence of an organisational culture ignoring mobbing, sudden organisational changes, insecure feeling among employees, weakness of superior-subordinate relationship, weak relationships among colleagues, heavy workload, difficulty in recruitment process, insufficient personnel policy and role conflict. Some of the individual elements are the discrimination, intolerance, personal problems, drug abuse or alcohol use (European Agency for Safety and Health at Work, 2017). The frequency of mobbing increases with the availability of such reasons and consequently, some undesired results arise. Zapf (1999) schematized the reasons and results of mobbing as shown in Figure 1.

As seen from Figure 1, it is not clear whether the relation between cause-effect goes from left to right since the mobbing behaviour might cause significant health problems by developing from left to the right based on organisational or individual characteristics as well as it develops from right to the left. In terms of mobbing behaviour developing from right to the left, an individual might apply mobbing due to his/her psychological problems and such behaviour might cause deterioration in the organisational order. Regardless the development of mobbing behaviour, its negative outcomes for the organisation and individual do not change. In general, mobbing causes a decrease in the feeling of social support, a weakness in the information flow within the institution, an increase in the work stress factors, decrease in the motivation and performance of employees and increase in the number of people leaving work (Zapf, 1999; Antep et al., 2012; Divincova & Sivakova, 2014). The negative impacts of mobbing are

experienced in all institutions but particularly in health care institutions more (Turkmen et al., 2017). The bigger impact of mobbing on health care institutions can be explained with the unique characteristics of health care institutions (labour intense, heavy workload, advanced specialisation). Especially within the healthcare institutions, the medical secretariat is considered to be one of the professions with the highest level of the mobbing since medical secretaries are the first professional group that patients and their relatives meet the first at the entrance of hospital guiding them within the hospital building. This study aims to identify the mobbing levels and associated factors for individuals working as medical secretaries in hospital.

### Material and methods

**Population and sample:** The population of this research is a total number of 282 employees working as medical secretaries at a university hospital in Ankara. Out of 282 medical secretaries, 78% (n=221) of them work at polyclinics and the remaining 22% (n=61) at clinic and administrative units. The sample size, which should reach to 95% confidence level, is calculated as 163 people, 127 from polyclinics and 36 from clinic and administrative offices, and random stratified sampling method was performed in the selection of sample.

**Data collection tool and method:** The data collection period commenced in October 2017 and completed in November 2017. The data was collected with questionnaire method with two sections. The first section is comprised of nine questions regarding the identification of socio-demographical characteristics of employees, while under the second section Leymann Inventory of Psychological Terrorization (LIPT) scale was applied to identify the mobbing levels of employees. LIPT scale consists of 45 points divided into 5 dimensions. The first dimension is defined as the behaviours against communication opportunity (items no.1-11); the second dimension as behaviours against social life (items no. 12-16); the third dimension as behaviours against reputation and respectability (items no. 17-31); the fourth dimension as behaviours against professional life (items no. 32-40) and finally the fifth dimension as the behaviours against physical health (items no. 41-45). Where the participant is found as exposed to one of any 45 items under LIPT, such situation is considered as exposed to mobbing. 5-point likert scale was

used in the determination of frequencies in the scale items as 1= everyday, 2=at least a few times in a week, 3= a few times in a month, 4= a few times in a year and 5=never.

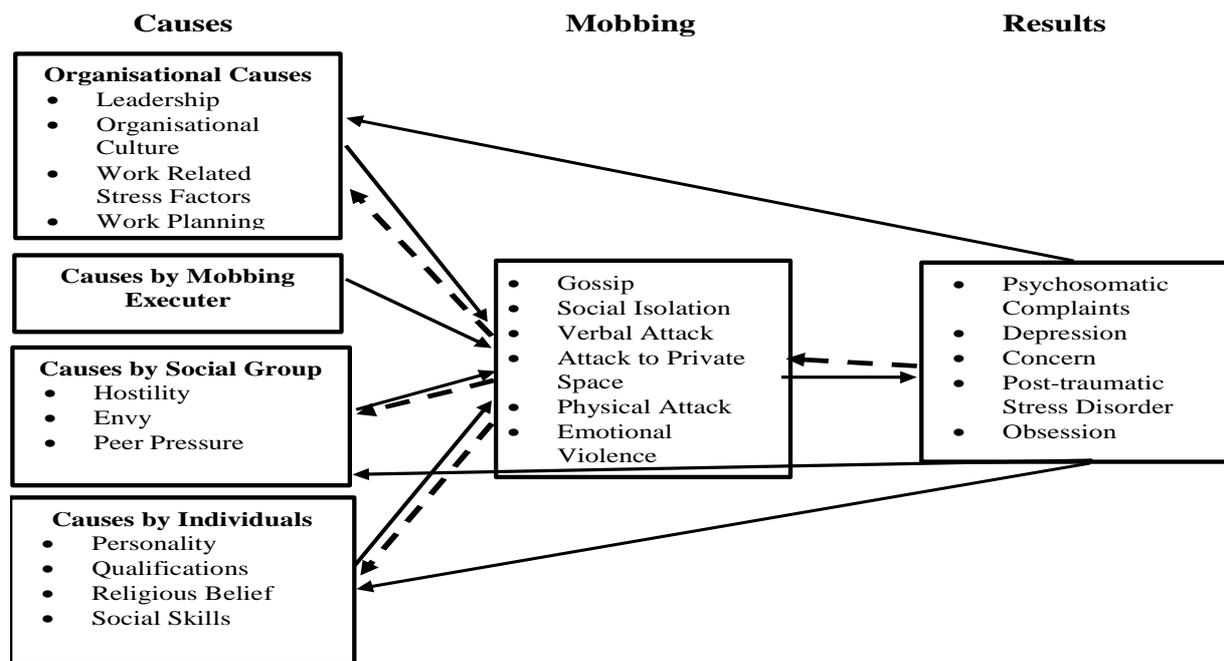
**Data analysis:** Within the scope of research, the characteristics of participants such as gender, educational background were analysed by frequency and percentage values while their ages with average and standard deviation. Logistic regression analysis was conducted in order to identify the variables affecting the mobbing levels of employees. Upon the analyses; gender, work department, employment status, marital status, educational background, weekly working time, work service period and age were determined as independent variables; while the status of mobbing as the dependent variable.

**Ethical issues:** All participants were included in the study on a voluntary basis and consent forms were obtained from all participants.

**Results**

The socio-demographical characteristics of participants are given in Table 1. Therefore, 81% of participants are male; 77.9% work at polyclinics and are public officers as their employment status. In terms of their marital status, around ¾ (71.9%) are married; in terms of their educational background 59.5% are high school and associate degree graduates and 87.7% of them work 40 hours and less. Finally, half of the participants (52.1%) have 1-12 year work experience; 71.8% were exposed to mobbing at least once, and their age average is 36.16 (±6.98).

**Figure 1: Reasons and results of mobbing**



**Table 1: Distribution of participant medical secretaries in terms of their various socio-demographic characteristics**

<i>Variables</i>	<i>Number</i>	<i>%</i>
<i>Gender</i>		
Male	31	19.0
Female	132	81.0
<i>Working Department</i>		
Policlinic	127	77.9
Clinics and administrative offices	36	22.1
<i>Employment Status</i>		
Public officer	127	77.9
Contractual	36	22.1
<i>Marital Status</i>		
Married	117	71.8
Single	46	28.2
<i>Educational Status</i>		
High school and associate degree	97	59.5
License and superior	66	40.5
<i>Working Hours Per Week (Hours)</i>		
40 hours and less	143	87.7
41-56 hours	20	12.3
<i>Occupation Work Experience (Year)</i>		
1-12 year	85	52.1
13-37 year	78	47.9
<i>Mobbing Status</i>		
Mobbing no	46	28.2
Mobbing yes	117	71.8
<b>Age</b>	<i>Mean</i>	<i>Sd.</i>
	36.16	6.98

**Table 2: Factors affecting the mobbing exposure of participant medical secretaries**

<i>Independent Variables</i>	<i>B</i>	<i>S.E.</i>	<i>Wald</i>	<i>p</i>	<i>Exp (B)</i>	<i>95% C.I. for Exp (B)</i>	
						<i>Lower</i>	<i>Upper</i>
Constant	6.217	1.771	12.318	<b>0.000</b>	501.204		
Gender (Male)	0.226	0.510	0.196	0.658	1.253	0.461	3.405
Working Department (Policlinic)	0.126	0.422	0.090	0.765	1.135	0.496	2.594
Employment Status (Public officer)	-0.394	0.617	0.408	0.523	0.674	0.201	2.261
Marital Status (Married)	1.211	0.441	7.534	<b>0.006</b>	3.357	1.414	7.971
Educational Status (High school and associate degree)	-0.555	0.400	1.922	0.166	0.574	0.262	1.258
Working Hours Per Week (40 hours and less)	-1.083	0.719	2.269	0.132	0.338	0.083	1.386
Occupation Work Experience (1-12 year)	-0.764	0.514	2.209	0.137	0.466	0.170	1.276
Age	-0.115	0.038	9.249	<b>0.002</b>	0.891	0.828	0.960

Chi-square = 22.281; -2 Log likelihood= 171.698; Cox & Snell R Square= 0.128; Nagelkerke R Square= 0.184; Overall Correct Classification Rate = 78.5%; Hosmer and Lemeshow= 4.787.

According to the logistic regression analysis as given under Table 2; the chi square statistic indicating the relation between dependent and independent variables (Field 2009; Hair et al. 2006) is significant (Chi-square= 22.281;  $p=0.004$ ); Cox & Snell  $R^2$  and Nagelkerke  $R^2$  showing the variance level explained by the model on the dependent variable (Field, 2009; Hair et al., 2006) explains the variance of possibility to be exposed to mobbing as 12.8% and 18.4% respectively. Hosmer and Lemeshow chi-square goodness of fit test, that evaluates the fit of test as a whole (Tabachnick and Fidell 2007) is found as insignificant (Chi-square= 4.787 / df (8);  $p=0.780$ ); hence the model-data fit is sufficient and there is not significant difference between the observed values and values predicted by the model. The correct classification rate of model is 78.5%.

According to the analysis, the mobbing levels of medical secretaries show significant variance by their marital status and age ( $p<0.05$ ); on the other hand, there is no significant variance ( $p>0.05$ ) by their gender, working department, employment status (public officer or contracted employee), educational status, working hours per week and total occupation work experience. Within this perspective, the non-married medical secretaries have 3.357 times more possibility to be exposed to mobbing than married secretaries; and the possibility of mobbing decreases with the increase in age (Exp (B)=0.891;  $p=0.002$ ).

#### 4. Discussion and conclusion

Mobbing might occur due to bad organisational conditions as well as unhealthy human psychology. However, both circumstances give the same damage to the institution. Therefore, the existence of mobbing in an institution should be detected and associated measures should be taken. Employees and managers both have crucial responsibilities in the performance of such measures. While employees put an effort not to behave in the way of distracting the peace in the work environment, the managers should develop a management model considering the expectations of employees. The managers should work towards eliminating the elements that might cause mobbing, in doing so the factors that affect mobbing should be determined accordingly. Hence, this study aims to identify the factors that have an impact on the mobbing levels of medical secretaries working in a hospital.

According to the analysis conducted within the framework of research, the marital status has an impact on the mobbing levels and single secretaries have 3.357 times more possibility to be exposed with mobbing than married secretaries. This can be explained as considered single individuals as vulnerable. Similarly, the study of Sahin et al. (2012) on the mobbing exposure status of doctors and the study of Pranjic et al. (2006) both reflected that the single individuals have higher mobbing levels than married ones. On the other hand; the studies of Picakciefte et al. (2017) on the healthcare professionals, Sun et al. (2017) on doctors, nurse, medical technician and administrative staff and Cheung et al. (2017) on the doctors and nurses indicated that the married ones have higher mobbing exposure levels than single ones. Moreover, there are literature studies with a significant relation between mobbing and marital status and with no relation between both variables (Senol et al., 2015; Goris et al., 2016; Kilic et al., 2017; Turac & Sahin, 2014; Sahin & Dundar, 2011; Bilgel et al., 2006; Erdoğan & Yildirim, 2017).

The study reflected that another variable that has an impact on the mobbing levels is age, and the possibility to be exposed to mobbing decreases by 0.891 times with the increase of age. Such finding might be explained in the way that much older and experienced individuals can protect themselves more easily at the work place. Similarly, the study of Efe & Ayaz (2010) conducted on nurses found that there is a significant relation between mobbing and age, and as age increase, the mobbing level decreases accordingly. However; pursuant to the study of Cheung et al. (2017) on doctors and nurses, the possibility to be exposed to mobbing increases with the age. On the other hand, the studies of Ariza-Montes et al. (2013) on the variables affecting the mobbing levels of 284 healthcare professionals, of Norton et al. (2017) on 671 healthcare professionals, of Sahin et al. (2012) on doctors and Kivimaki et al. (2000) on hospital employees showed that there is no significant effect of mobbing on age.

Also, the study indicated that the relationships between other variables (working department, employment status, educational status, working hours per week and total occupation work experience) and mobbing were not significant. Similarly, the study of Picakciefte et al. (2017) conducted on 119 healthcare professionals

showed that there is no significant impact of age and educational status on mobbing. According to the study of Turac & Sahin (2014) performed on 689 healthcare professionals, there is no relation between mobbing and education and total working hours. However, the study of Gorgulu et al. (2014) conducted on 238 healthcare officials showed that there is a significant relation between mobbing and working department. Ariza-Montes et al. (2013) found that education and gender have an impact on the mobbing levels of employees. In their study on 446 nurses working in the hospital, Goris et al. (24) detected a significant relation between working department and occupation work experience and mobbing. Similarly, the study of Sahin et al. (2012) identified a significant impact of working hours per week on mobbing. According to the study of Yurdakul et al. (2011) on 442 midwives and nurses, there is a significant relation between mobbing, educational status, total occupation work experience, working department and employment status.

In consideration with such findings, there are researches conducted under the international and national literature supporting the results of this study (Picakciefe et al., 2017; Turac & Sahin, 2014) as well as studies with different results than this study (Gorgulu et al., 2014; Ariza-Montes et al., 2013; Sahin et al., 2012; Goris et al., 2016; Yurdakul et al., 2011). Such differences might be a result of occupational group and nature of hospital as well as sample volume, measurement tool for mobbing and differences in the analysis methods.

Based on the study findings, the hospital managers might be recommended to develop a number of protective interventions towards single and younger medical secretaries that have higher mobbing levels. Within this framework, such personnel might be informed about their legal rights to protect themselves against such risks, and where they can refer.

Since this research conducted only on the medical secretaries working in one university hospital, the approach towards generalisation of such results on all medical secretaries should be prudent. Hence, further studies covering more hospitals should be conducted for stronger external validity results. Additionally, this study is considered as presenting important hints about the disadvantaged groups that should be

primarily focused on to decrease the exposure levels of medical secretaries.

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