

Original Article

Mobbing Behaviors Encountered by Nurses and their Effects on Nurses

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Abstract

Background: Mobbing is the whole of the behavior that involves psychological violence and unethical communication beyond physical violence.

Aim: The purpose of this research is public hospital nurses who are victims of mobbing behaviors and determine the effects of these behaviors.

Method: This study planned descriptive study. The study population consisted of all nurses working in the training and research hospitals of Turkish Ministry of Health in *Istanbul*. 658 nurses datas were included to the analysis. The research datas were gathered using Mobbing Scale formed with one part that include demographic questions and then three other parts consisted of 73 items. If the division of the total point taken from the scale to the number of items is higher than 1, it proves that the person is a victim of psychological violence behaviors in his/her work field.

Findings: %88.4 of nurses are woman, and %11.6 are man. Age average of man and woman is 31.06 ± 6.69 . %11.9 of the participants have an administrative task. The rate of being a victim of pshychological violence behaviors in work field is %62.2 during last two month. It is stated that there is a positive relation between, being a victim of psychological violence and psychology of nurses ($r:52$; $p<0.001$); health and disruption of working performance of workers ($r:50$; $p<0.001$). It's been detected that nurses who were victims of psychological violence behaviors are affected in psychological way. Beside %7 of nurses who were victims of psychological violence behaviors in the work field precise that sometimes they thought to suicide.

Conclusion: Its been detected that being usually victims of mobbing affect the health and performance of nurses in a negative way. It is important to reduce the exposure of nurses to mobbing and developing health policies for mobbing of institutions.

Key words: Nurse, Mobbing, Psychological violence

Introduction

In recent years, researchers who have focused on the factors that adversely affect employee performance and cause an increase in turnover rate have agreed on the issue of mobbing as the most important one among these elements. Mobbing was first used by ornithologists to refer to the behavior of birds as an “undecided crowd”.

However, it was Heinz Leymann, a psychologist from Sweden, that borrowed the term from ornithology and first used it in human behavior in the 1980s (Gul and Agiroz, 2011). Leymann stated that British and Australian researchers used the term “bullying” instead of mobbing. However, he pointed out that the word “bullying” involved physical violence and threat and therefore should be used to describe the

behavior of young people and children at school age, so it would appropriate to use the term “mobbing” for adult behavior (Leymann, 1996). This is because mobbing is the whole of the behavior that involves psychological violence and unethical communication beyond physical violence (Turan and Oncu, 2018). According to Leymann, mobbing refers to a process of emotional offense that is applied on one or more persons in the workplace by creating a planned and systematic pressure on the person or persons working in the workplace. This process can start with tactics such as overwhelming, intimidation, blackmail, humiliation and threatening, and lead to resignation from work (Leymann, 1996).

According to the International Labor Organization (ILO), mobbing is now an important and widespread problem in the workplace. The victim facing mobbing tries to cope with negative attitudes and behaviors such as psychological harassment, isolation, intimidation, depriving of institutional resources (Yildirim & Yildirim, 2007). There are mainly two factors as the sources of mobbing: the personality traits of a mobber and organizational structure of a work setting that makes mobbing possible. Mobbers are usually described as people who are over-controller, self-centered, anti-democrat and emotionally unstable and who love power, feed on power and do not have empathy for others or conscience. In general, mobbing victims claim they observe that their mobbers had also suffered from mobbing by others in their earlier career lives and when mobbers obtain the power, they feel they have every right to implement mobbing on others as if they take revenge for their own mobbing experience. In this sense, on the one hand, mobbing is “learned” and, on the other hand, it is a situation that can inevitably be transferred from one generation to another in the workplace unless it is curbed. Mobbing victims can be victimized by the senior management of the institution, their managers, their colleagues who work in the same position or their subordinates. It is acknowledged that a person implementing top-down mobbing (vertical mobbing) usually turns to mobbing when he or she recognizes a threat to his or her own authority or control area (Turkey Mobbing Survey 2012, Retrieved on 01.07.2011). In horizontal mobbing, a person faces mobbing implemented by his or her colleagues at the same level. A new person who is recently recruited, appointed or promoted in a workplace is

perceived by others as a threat to somehow disturb the known and accepted internal balances within the group due to that person’s personality and qualities of expertise (Tinaz, 2008). On the other hand, bottom-up (upwards) mobbing takes place when the authority of a colleague at a higher level is questioned by his or her subordinates. In any case of mobbing, there are usually more than one mobber and they use an isolation strategy to put the victim in a difficult situation in front of the senior management. These people do not follow instructions and make mistakes deliberately (Tinaz, 2008). Psychological harassment behaviors against the victim are long-term, systematic and frequently planned behaviors. The victim of mobbing feels helpless and mobbing takes place inevitably if other colleagues recognize but ignore and even provoke these behaviors (Yildirim & Yildirim, 2007).

In terms of the ways of coping with mobbing, victims say they do not have a lot of options and they see limited ways of coping with and fighting against mobbing. Victims of mobbing generally avoid engaging into conflict with the fear of losing their jobs and try to continue their working lives by accepting the mobbing process. However, this usually results in victims accepting the situation and continuing to work in “ineffective” positions, quitting their jobs by their own will or decision by the institution or, with the “best chance”, being transferred to another unit with the same structure (Turkey Mobbing Survey 2012, Retrieved on: 01.07.2011).

When this issue is viewed from the perspective of nurses, who make up a significant proportion of healthcare workers, nurses are exposed to physical, verbal and emotional violence due to the nature of their profession. However, nurses are also at a considerably high risk of exposure to mobbing by their co-workers, doctors, patients and relatives of patients (Jackson et al. 2002, Alcelik et al. 2005, Ayrancı 2005, Rowe & Sherlock 2005, Yesildal 2005). In a study conducted with nurses by Yildirim and Yildirim (2007), it was determined that nurses encountered mobbing behaviors by 86.5%. Similar research in Germany, Austria and the UK showed employees’ exposure to violence by a superior is between 70% and 80%, and those suffering from mobbing by their superiors are more vulnerable (Kok, 2006). Research also showed that mobbing by a superior against a

subordinate is 85.5%, whereas mobbing among those with equal status is 15.7%. If a person is conscious of his or her position within an organization and tries to use it ruthlessly when necessary, this person is highly likely to be a mobber (Karakus, 2011).

Method

Aim

The aim this descriptive study was to determine mobbing experienced by nurses in healthcare facilities in Turkey, its effects on nurses' mental health, physiological health and work performance and the actions that the individuals take to escape from mobbing.

Sample

The study population consisted of all nurses working in the training and research hospitals of Turkish Ministry of Health in *Istanbul*. There were a total of 27 Training and Research Hospitals in Istanbul at the time of this study. A formal letter requesting permission was sent to each of the hospitals via the Provincial Health Directorate and seven hospitals agreed to participate in the study. Therefore, the study sample included the nurses working in these seven hospitals (N=2087).

Data Collection

Data were collected using a data collection form. A copy of the form was delivered to the nurses working in the seven hospitals included in the sample. The data collection process was completed with a total of 658 nurses. The response rate was 32.8%. Those nurses who refused to participate in the study, those who were on annual leave or sick leave at that time, and those temporarily transferred to other units at the time of the study were not included in the survey.

Measures

Research data were collected using a four-part questionnaire. The first part consisted of nine questions about the participants' demographic characteristics (e.g. gender, age, education, academic title, professional experience and field of expertise). The second part included questions about mobbing behaviors in the workplace while the third part included questions about psychological, health and professional performance behaviors displayed in reaction to violent behaviors. Finally, the last part consisted of questions aimed at revealing what the

participants did to avoid mobbing in the workplace.

The total internal consistency of the mobbing scale developed by Yildirim and Yildirim (2008) was found to be $\alpha=0.93$. The second part of the questionnaire consisted of 33 items and assessed the content of the participants' psychological violence behaviors at work and the severity of these behaviors. Psychological violence behaviors in the workplace were addressed under four main headings: individual's isolation from work, attack on professional status, attack on personality and direct negative behaviors. Frequency of behaviors was determined on a 6-point Likert scale ranging from 0 (*I have never faced*) to 5 (*I constantly face*). If the total score from the scale divided by the number of items is equal to or greater than 1, it indicates that the person is exposed to deliberate mobbing behavior at work.

The third part assessed the participants' psychological, health and professional performance reactions to mobbing behaviors that they experienced. Consisting of 30 questions, this part rated the participants' responses on a 6-point Likert scale ranging from 0 (*Never*) to 5 (*All the time*).

Finally, the fourth part of the questionnaire addressed the actions taken to escape from mobbing. Consisting of 10 items, this part rated the participants' responses on a 6-point Likert scale ranging from 0 (*I have never done*) to 5 (*I always do*).

Ethical Considerations

The required permission letters for the research were first sent to the Istanbul Provincial Health Directorate and then, via the directorate, to all the hospitals in the study population. However, the study was conducted with only those hospitals that agreed to participate. The nurses participating in the study were verbally informed about the aim, method and confidentiality of the study and their verbal consents were taken.

Data Analysis

Statistical analysis of the data was done with SPSS program (SPSS version 17.0). Data were analyzed using descriptive statistics (e.g. percentage, frequency, mean and standard deviation) and the Mann Whitney U test and the Kruskal Wallis test. Also, a correlation analysis was conducted to determine the relationship

between 'mobbing behaviors' and the nurses' demographic characteristics.

Results

Among the nurses participating in the study (n=658), 88.4% were female and 11.6% were male. The average age of the nurses was 31.06±6.69. Also, 11.9% of the nurses had administrative roles. Among the nurses, 44.4%

had a bachelor's degree, 27.4% had a two-year associate degree, 19.3% had a high school diploma and 9.0% had a post-graduate degree. Out of the nurses, 36% reported that they had worked for 1-5 years and 22% reported that they had worked for 10 years and longer. Finally, 49.4% of the nurses were working in special areas and other units while 26.7% were working in internal medicine departments (Table 1).

Table 1: Socio-Demographic Characteristics (n=658)

Gender	N	%
Female	582	88.4
Male	76	11.6
Age		
18-25	141	21.4
26-36	395	60.0
37+	122	18.6
Administrative tasks (65 HN)		
Yes	78	11.9
No	580	88.1
Education		
High-school	127	19.2
Two-year college	180	27.4
Four year college	292	44.4
Graduate School	59	9.0
Duration of Professional Experience		
0-1 year	143	21.7
1-5 years	237	36.0
5-10 years	133	20.3
10 + years	145	22.0
Employing Department		
Emergency Room	53	8.3
Internal Medicine	175	26.7
Surgery	105	15.6
Special Areas and Others*	325	49.4
	\bar{x}	SD
Age	31.06	6.69

HN: Head Nurse

* Includes areas such as operating room, blood collection, ECG, radiology and family medicine.

Table 2: Mobbing Behaviors Experienced by Nurses (n=658)

	%	M	SD±
Individual's isolation from work	50	0.51	0.71
Being treated in your workplace as if you aren't seen and don't exist	23	0.56	1.16
Not being able to get an answer to your request for a meeting and to talk	21	0.47	1.03
Having duties that you are responsible for taken from you and given to others in lower positions	16	0.37	1.00
Not being given an opportunity to prove yourself	30	0.83	1.46
Not being informed about social meetings that are organized	26	0.67	1.29
Having the decisions and recommendations you have made criticized and rejected	37	0.89	1.34
Being inspected by others in positions below yours	19	0.46	1.08
Frequently being interrupted while you are speaking	26	0.59	1.13
Pressuring you to quit your job or change your workplace	14	0.30	0.85
Not receiving an answer to e-mail you have sent and telephone calls	10	0.23	0.74
Hiding information, documents and material from you that you need for your job	10	0.22	0.75
Attack on professional status	68	0.86	0.86
Always having errors found in your work and work results	37	0.78	1.20
Holding you responsible for work more than your capacity	30	0.83	1.43
Being held responsible for negative results of work done with others	36	0.74	1.18
Being blamed for things you are not responsible for	42	0.91	1.26
Always having your professional adequacy questioned in the work you do	26	0.56	1.11
Considering the work you have done as without value and importance	43	1.26	1.66
Always having your performance evaluated negatively	29	0.61	1.10
Having you feel like you and your work are being controlled (indirectly)	55	1.48	1.61
Being forced to do a job that will negatively affect your self-confidence	26	0.55	1.07
Attack on personality	56	0.60	0.68
Facing behaviors such as slamming fist onto table	21	0.46	1.02
Having untrue things said about you	35	0.77	1.21
Being verbally threatened	38	0.86	1.34
Having someone speak about you in a belittling and demeaning manner in the presence of others	49	1.11	1.34
Having someone behave in a demeaning manner (using body language) towards you in the presence of others	42	0.90	1.26
Having false rumors said about your private life	16	0.34	0.91
Having someone suggest that you are not psychologically well	15	0.31	0.85
Having your honesty and reliability questioned	29	0.60	1.11
Having unfair reports written about you	29	0.61	0.67
Direct negative behaviors	16	0.20	0.55
Having physical violence used	10	0.21	0.71
Harming your personal things	8	0.15	0.57
When you enter an area knowingly leaving the area where you are	11	0.23	0.76
Preventing or forbidding coworkers from talking with you	9	0.22	0.76
Total Mobbing Behaviors	62	0.59	0.62

%; percent ; M: Medium; SD: Standart Deviation

Table 3: Effects of Mobbing Behaviors Experienced by the Nurses on Them (n=658)

	%	M	SD±
Psychological Effects	59	8.3	9.96
I feel extremely sad when I remember the hostile behaviors towards me	54	1.17	1.43
I repeatedly remember/relive the behaviors that were done	51	1.02	1.31
I am afraid when I go to work, I do not want to be at work	33	0.61	1.07
I feel lonely	38	0.69	1.19
I do not trust anyone at my workplace	42	0.86	1.27
I feel like I have low self-confidence and respect	27	0.50	0.98
My work life is negatively affecting my life away from work (my marriage and family)	43	0.93	1.33
I feel guilty most of the time	29	0.46	0.87
I feel like I really want to cry	32	0.57	1.03
I feel like I have been betrayed	27	0.50	0.99
I have a fear that something bad is going to happen for no apparent reason	32	0.54	0.97
I feel very disturbed and easily frightened	29	0.50	0.94
Effects on Health	63	7.74	8.79
I have uncontrolled movements/tics	13	0.23	0.69
I experience changes in my blood pressure	29	0.51	0.96
I have gastrointestinal complaints	40	0.82	1.23
I want to eat excessively or I have decreased appetite	40	0.83	1.27
I am using alcohol, cigarettes or drugs (substances)	26	0.55	1.13
I feel stressed and tired	58	1.39	1.54
I have headaches	56	1.25	1.45
I think I am depressed	37	0.69	1.06
I have chest pain, heart palpitations	34	0.67	1.13
My sleep is disturbed	35	0.76	1.11
Effects on Work Performance	48	3.54	4.66
I spend most of my time with subjects not directly related to my work	31	0.62	1.11
I give the appearance of being very busy even when I have not done anything	16	0.25	0.70
I move slowly when I need to do something	15	0.21	0.57
I have conflict with my coworkers at my workplace	36	0.56	0.91
I have trouble concentrating on a task	29	0.45	0.81
I am not able to do any work at my workplace	15	0.22	0.62
I feel decreased commitment to my work	43	0.87	1.29
I am making mistakes in my work	27	0.35	0.68

Table 4: Nurses' Coping Methods with Mobbing Behaviors They Experience

	%	M	SD±
Sometimes I think about taking revenge on people who have acted against me	25	0.40	0.82
I curse those who have done these things to me	23	0.40	0.89
I take out the pain I have suffered on others by belittling them	12	0.19	0.61
I am receiving support from a psychologist because of the behaviors I have been exposed to	15	0.27	0.77
I am trying to solve the injustice I faced by talking face to face with the related person	66	1.83	1.75
I am reporting to superiors the negative behaviors I was subjected to	59	1.35	1.51
I am thinking about filing legal charges against the people who demonstrated negative behaviors against me in the workplace	26	0.53	1.11
I am seriously thinking about quitting work	40	0.71	1.14
I am thinking about changing my workplace in the facility	51	1.02	1.34
I think about committing suicide occasionally	7	0.12	0.56

Analysis of the gender and educational background of the nurses and all the subscales of the mobbing scale found no significant difference between the males and the females (MU: 21708.00; $p > 0.05$) in terms of gender when exposed to mobbing at work. Also, when the educational backgrounds of the nurses were analyzed, there was again no significant difference among the nurses with different educational backgrounds in terms of facing mobbing behaviors at work (KW: 4.340; $p > 0.05$).

Mobbing Behaviors Experienced by the Nurses

Among the nurses participating in this study, 62.2% stated that they encountered mobbing behaviors in the workplace once or for more times over the last twelve months. The most frequent mobbing behaviors experienced by the nurses were in the form of "Attack on Professional Status" (67.7%), which included behaviors such as "Being blamed for things you are not responsible for", "Having you feel like you and your work are being controlled", "Considering the work you have done as without value and importance", and "Always having errors found in your work and work results". This sub-scale was followed by the "Attack on Personality" sub-scale 56.1%, which included behaviors such as "Having someone speak about you in a belittling and demeaning manner in the presence of others", "Having someone behave in a demeaning manner (using body language) towards you in the presence of others" and "Being verbally threatened" (Table 2). The participants reported that they experienced these behaviors from their managers, their colleagues and occasionally from their subordinates.

Effects of Mobbing Behaviors Experienced by the Nurses on Them

A correlation analysis was conducted to assess whether the nurses' mobbing behaviors in the workplace were related to their deteriorated mental health, physiological health and work performance. This analysis determined a positive correlation between exposure to mobbing and the nurses' deteriorated mental health ($r: 52$; $p < 0.001$), physiological health ($r: 46$; $p < 0.001$) and work performance ($r: 50$; $p < 0.001$). In this study, mobbing behaviors in workplace often affected the nurses psychologically. In fact the nurses in this study reported that "they felt extremely sad when they remembered the hostile

behaviors towards them" (54%), "they repeatedly remembered/relived the behaviors that were done" (51%), "their work lives were negatively affecting their lives away from work (their marriages and families)" (43%) and "they did not trust anyone in their workplaces" (42%). Also, the nurses often "felt stressed and tired" (58%), "they had headaches" (56%), "they had gastrointestinal complaints" (40%), "they felt decreased commitment to their works" (43%) and "they had conflicts with their coworkers in their workplaces" (36%) (Table 3).

Nurses' Coping Methods with Mobbing Behaviors They Experience

In order to escape from mobbing in their workplaces, the nurses mainly reported that "they tried to solve the injustice they faced by talking face to face with the related people" (66%), "they reported to superiors the negative behaviors they were subjected to" (59%), and "they thought about changing their workplaces in the facility" (51%). On the other hand, approximately 7% of the nurses "thought about committing suicide occasionally" as a result of the mobbing behaviors against them (Table 4).

Discussion

Different studies have been carried out in many parts of the world in order to determine the frequency of mobbing behaviors in the workplace (Weber et al., 2007; Guven et al., 2012; Demir et al., 2014; Castronovo et al., 2016). According to these studies, nurses' exposure to mobbing behaviors in the workplace varies between 3% and 82%. In our country, a study conducted by Yildirim and Yildirim (2010) in undergraduate level nursing schools showed that 82% of academic nurses faced mobbing in the form of "attack on personality".

In this study, more than half (62%) of the participants experienced mobbing behaviors once or for more times over the past twelve months. Similarly, Demir et al. (2014) found that 60% of the nurses in their study were exposed to violence, and Gokce and Dundar (2008) showed that the nurses in their study were exposed to violence at a high rate of 90%. These results show that nurses' exposure to mobbing is higher in Turkey than the global prevalence.

In this study, there was no significant difference between nurses' exposure to mobbing and gender. Similarly, in a study conducted with hospital staff, Yavuz (2007) concluded that

gender plays no significant role in being a victim of mobbing. However, contrary to this study, Bahceci, Gecici and Sağkal (2011) argued that female nurses experienced mobbing behaviors more frequently.

Güven et al. (2012) and Bahceci, Gecici and Sağkal (2011) found no significant difference between nurses' educational backgrounds and their exposure to mobbing behaviors. Therefore, these results confirm the results from this study in this sense.

In this study, the nurses' exposure to mobbing in the form of "Attack on Personality" was significantly higher (56%). In parallel with this result, Öztunc (2001) found that nurses were most exposed to verbal abuse in their departments and that verbal abuse was most experienced in surgical sciences departments. In fact, nurses "having someone speak about nurses in a belittling and demeaning manner in the presence of others" and "being verbally threatened" reveal the extent of mobbing they experience.

In this study, mobbing behaviors in workplace often affected the nurses psychologically. In fact the nurses in this study reported that "they felt extremely sad when they remembered the hostile behaviors towards them" (54%), "they repeatedly remembered/relived the behaviors that were done" (51%), "their work lives were negatively affecting their lives away from work (their marriages and families)" (43%) and "they did not trust anyone in their workplaces" (42%). Also, the nurses often "felt stressed and tired" (58%), "they had headaches" (56%), "they had gastrointestinal complaints" (40%), "they felt decreased commitment to their works" (43%) and "they had conflicts with their coworkers in their workplaces" (36%). In a study conducted with nurses in Turkey, Yildirim (2009) found that reactions to mobbing behaviors tended to be physical disorders such as fatigue and stress, followed by over-eating or poor appetite and headaches. Silva Joao and Saldanha Portelada (2016) reported similar results, too. In their study, the nurses who were exposed to mobbing frequently experienced anxiety, insomnia, restlessness, failure, distrust feelings and impaired concentration. Therefore, it is consistently difficult for unhappy, sleepless, anxious and distracted member of nursing profession with low self-esteem and profoundly disturbed wellbeing state to carry out the nursing

process successfully and to provide quality services (Cinar et al., 2016).

When the effect of mobbing on the performance of the nurses was evaluated, the nurses marked statements such as decreased commitment to work, lack of concentration and making more mistakes. Thus, the diminished work efficiency or motivation of a nurse who is suffering from mobbing directly leads to poor quality of care for patients/healthy individuals. Decrease in patient care quality may cause many risk factors such as prolongation of hospital stay by adversely affecting patients' health (Cinar et al., 2016).

It was found that more than half (62%) of the nurses who participated in this study were exposed to mobbing behaviors in the workplace and these behaviors had significant effects on the individuals. Experts emphasize that mobbing victims should receive specialized assistance early on in order to survive serious and adverse health problems (Yildirim and Yildirim, 2010). However, in this study, very few of the nurses (15%) stated that they received support by a counselor because of the mobbing behaviors against them. Also, 7% of the nurses stated that they occasionally thought of committing suicide to escape mobbing at work. This finding supports the fact that some of the nurses did not resort to professional support when they encountered mobbing.

Impact Statement

According to the results obtained, nurses are particularly exposed to mobbing violence against professional status, reducing their job performance, as well as taking nurses to the point of committing suicide. So it is important that institutions or hospitals determine policies on mobbing, especially if managers do not overlook mobbing.

Conclusion

In this study, the nurses reported that they were frequently exposed to mobbing in working life and this affected their physical and psychological health negatively, as well as their work performance. The nurses were often confronted with mobbing behavior in the 'respect for professional status'. Most of them tried to solve the problem by talking face to face with the related person while coping with mobbing, but very few also reported that they sometimes even thought of committing suicide.

In the light of these results,

- Mobbing behaviors should be defined and appropriate policies should be developed in institutions.
- Managers should improve their leadership behaviors and develop motivating strategies to support their employees.
- Future qualitative studies may be recommended for the detailed exploration of mobbing in the light of the descriptive data from our study.

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