

Original Article

Relationship between Mobbing Encountered by Nurses and Learned Resourcefulness

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Abstract

Background: Among all health personnel, nurses are the most exposed to mobbing. It is important for victims of mobbing to acquire skills that would help them cope with and solve problems individually. Individuals with higher levels of learned resourcefulness are reported to be more successful in dealing with problems.

Objective: This study was performed to mobbing encountered by nurses and learned resourcefulness levels of nurses, as well as socio-demographic characteristics that affecting these concepts and the correlations between the concepts.

Methods: The data were collected from 298 nurses that work in three different regions of Turkey between June-August 2017. The data collection tool involved an information form and two scales. The data were analysed by using psychometric, descriptive, comparative and correlational analyses in the IBM SPSS Statistics 21.00.

Results: Positive, highly significant and low strong correlation was determined between concepts. ($r=0.225$, $p<0.001$). There was a statistically significant difference in terms of the questionnaire on the mobbing according to the year of professional experience, number of work places in professional life and age level ($p<0.05$). There was also a statistically significant difference between Comparison of the Mean Scores in RLRS according to gender and number of work places in professional life ($p<0.01$).

Conclusion: Findings of this study demonstrated that learned resourcefulness could be developed as a personality trait to resist mobbing. It could be recommended to develop and apply nurse managers in nursing services should address this issue.

Key Words: Nurses, Mobbing, Learned resourcefulness

Introduction

Interpersonal relationships play a significant role within both formal and informal structures of organizations. Relationships with superiors, subordinates, and colleagues are affected by factors such as competition, stress, and personal ambitions, which affect the success of the organization and motivations of the employees. Mobbing is the leading factor that influences these relationships negatively (Duffy & Sperry, 2007; Topa & Moriano, 2013; Purpora & Blegen, 2015). Although mobbing has always occurred in

professional life, it has become more discernible recently (Hutchinson et al., 2013; Tekin, 2016). Mobbing is discussed in all occupational groups, and in some occupations, it has gained more currency. A majority of the 109 master's degree theses, which investigated the concept of mobbing in Turkey, consisted of studies focusing on health personnel and teachers (Tekin, 2016). Studies argued that health personnel, particularly nurses, are most exposed to mobbing (Di Martino, 2002; Lin and Liu, 2005; Pai and Lee, 2011; Terzioglu et al., 2016).

The victims of mobbing go through psychological, physiological, and social problems. They experience diminished performance and motivation, exhaustion, decreasing organizational commitment, silence in the organization, and communication problems. Moreover, psychological problems arising from stress influence these individuals negatively (Say, 2013). The published literature highlights the importance of experiencing sadness, believing in change, having family and friend support, and developing self-confidence among the victims of mobbing (Tan, 2005; Sayan et.al., 2017). Thus, it underlines the significance of acquiring individual coping mechanisms and problem-solving skills (Devenport, 2003). Individuals, who encounter difficulties and work under harsh conditions, become stronger by increasing their stress-coping and problem-solving skills (Vealadee, 2006). At this point, “learned resourcefulness” emerges as a significant concept. Rosenbaum defined this concept as the condition by which an individual controls his/her feelings and reactions by associating his/her prior experiences with the current stressful situation. According to the learned resourcefulness theory, individuals with high levels of resourcefulness are determined and goal-oriented. They are more successful in dealing with stress, and problem-solving. They can control their negative feelings, and they are better in positive thinking. They accept the consequences of their actions; therefore, they are less influenced by the negativities at the workplace (Yurur, 2010). Since individuals with high levels of learned resourcefulness are more successful in coping with stress and problems, their motivations are higher. Thus, they are less likely to experience exhaustion (Cakır, 2009).

Although studies examined mobbing regarding factors such as organizational commitment, organizational silence, and motivations, no study focuses on the relationship between mobbing and learned resourcefulness. Therefore, this descriptive study aimed to determine the relationship between mobbing encountered by nurses working at state and university hospitals and learned resourcefulness.

Methods

Study Objective

The objective of this study was to determine mobbing encountered by nurses and learned resourcefulness levels of nurses, reveal the

personal and occupational features affecting them and define the correlations between these concepts.

Based on this objective; answers were sought for the following research questions.

1. How are the perceptions of the nurses regarding mobbing encountered and learned resourcefulness?
2. Do the socio-demographic and occupational characteristics of the nurses cause a significant difference on their mobbing encountered by nurses and learned resourcefulness levels of nurses?
3. Is there a correlation between mobbing encountered by nurses and learned resourcefulness levels of nurses?

Population and Sample of the Study

Population of this descriptive, correlational and cross-sectional study consisted of nurses working at totally four hospitals in in the city centers in three different regions as; two public university hospital and two public hospital. The data of the study were obtained from 298 nurses, who agreed to participate in the study, via convenience sampling method.

Ethical Considerations

In order to conduct the study, an ethical approval was received from the Canakkale University Medical Faculty Clinical Trials Ethics Committee. Additionally, permissions were obtained from the scales' authors via e-mails and from the institutions, where the study was conducted, via official letters. Informed consent was received from those who were voluntary to participate in the study.

Data Collection and Data Collection Tools

The data of the study were collected by conducting with nurses at the aforementioned hospitals between June and August 2017. The data collection tool consisted of three parts.

Introductory Information Form

Prepared for determining the personal and occupational characteristics of nurses; the

form consists of seven questions about age, gender, marital status, educational background, professional experience, administrative role, and the number of workplaces in professional life.

Rosenbaum's Learned Resourcefulness Scale (RLRS)

Being originally developed by Rosenbaum the scale was adapted into Turkish by Dag (1991). Turkish form of the scale consists of 36 items in single factor and the internal consistency coefficient is 0.78. This scale is 5-point Likert type and its statements are rated from "It very much describes me" to "It does not describe me at all".

Questionnaire on Psychological Violence at Work

It was developed by Yildirim and Yildirim (2005) for assessing to identify mobbing encountered by nurses. The scale consists of totally 34 items. Yildirim and Yildirim (2005) reported that the internal consistency coefficient of the scale 0.93. Items in the scale are scored in 5-point Likert type scale and while "experienced mobbing frequently" is 5 points, "Never experienced mobbing" is 1 point. A score of 1 or higher indicates that the person has been exposed directly to mobbing behavior.

Data Collection and Analysis

The data were analysed in the IBM SPSS Statistics 21.00 (İstanbul University licensed) packaged software by using descriptive analyses (number, percentage, mean, and standard deviation), parametric (One way ANOVA, independent samples student t-test) and non-parametric (Mann Whitney U) comparison analyses, correlational analyses (Pearson Product-Moment Correlation) and internal consistency analysis (Cronbach alpha).

Results

Table 1, in the examination of the participating nurses' demographic characteristics, it was determined that were 78.2 % female, 54.7% were married, 56.7% of them were aged between 21-30 yearsold, total 1-5 years of employment was 43.6%. The majority of the nurses had a baccalaureate degree (64.1%). A significant number (66.4%) of the participating nurses were worked at university hospitals.

Table 2 shows the results of analyses concerning the mean scores obtained by RLRS and Questionnaire on Psychological Violence at Work, as well as internal consistencies of measurements and the correlations between the concepts. While examining the results in Table 2; it was observed that internal consistencies of the measurements

obtained from the participants 0.82 and 0.91. Total mean scale score in RLRS was 116.67 (± 16.0 , range 79.0-157.0), while the total mean score in the questionnaire on encountering mobbing was 72.51 (± 25.96 , range 34.0-153.0). When examining the correlations between the concepts, on the other hand; it was determined that the correlations were positive, lowest strong but statistically very significant. So the correlation could said between RLRS and mobbing encountered by nurses ($r=0.225$, $p<0.001$).

Table 3 shows the comparison results of the mean scores obtained by the nurses from the scales according to their socio-demographic characteristics. The comparison of demographic characteristics with the RLRS's mean score showed a statistically significant difference regarding nurses' gender, the city of residence, and the number of changes in work places ($p<0.05$). In the post-hoc test, statistically significant difference between A city-C city and A city-B city ($p<0.05$) were observed in assessing scores regarding the city of residence. The mean values of the RLRS in the 1-3 interval category (114.0 ± 15.0) for the number of task in the occupation were statistically higher than the RLRS averages in the other intervals ($P <0.05$). However, there was no statistically significant difference in the comparisons among other groups.

Moreover, the comparison of nurses' demographic characteristics with their mean scores in the questionnaire on the status of mobbing indicated statistically significant differences regarding the city of residence, age groups, professional experience, and a number of workplaces in professional life ($p<0.05$). In the post-hoc test, assessing the scores regarding the city of residence, statistically significant differences were observed between A city-C city and A city-B city ($p<0.05$). The mobbing behaviors scales averages of age group over 41 years were statistically higher than those of 31-41 and 21-30 age groups ($p<0.05$). Mobbing behaviors scale mean scores of 7th year interval category of occupational experience variables were statistically higher than mean mobbing behaviors of other intervals ($p<0.05$). 7 + range category mobing scoring averages were significantly higher than other mobing scoring averages ($p<0.05$). However, no statistically significant difference was detected in the comparison among other groups (Table 3).

Table 1: Personal and occupational descriptive characteristics of the participants (N=298)

		n	%
City of residence	A City	131	44.0
	B City	67	33.6
	C City	100	22.4
Gender	Female	233	78.2
	Male	65	21.8
Marital Status	Married	163	54.7
	Single	135	45.3
Education Level	High School, associate	75	25.2
	Bachelor	191	64.1
	Post-graduate	32	10.7
Age groups LV= , HV= , MV=	21-30 years old	169	56,7
	31-41 years old	102	43.3
	41 > years old	27	
Tenure (in profession) LV= , HV= , MV=	1-5 years	130	43.6
	6-10 years	63	21.1
	11-15 years	54	18.1
	15>	51	17.2
Number of Workplaces in Professional Life	1-3	191	64.1
	4-6	55	18.1
	7+	52	17.8

LV= Lowest Value, HV= Highest Value, MV= Mean Value

Table 2: Measurements obtained from the scales, their internal consistencies and the correlations between the concepts (N= 286)

	M	SD	A	RLRS	Questionnaire on the Status of mobbing
RLRS	116.67	16	79	1	
Questionnaire on the Status of mobbing	72.51	25.96	34	0.225*	1

M=Mean, SD=Standard Deviation, α = Cronbach' s Alpha, RLRS= Rosenbaum' s Learned Resourcefulness Scale * p<0.001

Table 3: Comparison of measurements obtained from the scales according to the socio-demographic characteristics of the participants (N=298)

		n	RLRS	Questionnaire on the Status of Mobbing
			M±SD	M±SD
City of residence	A City	131	120±17	86±26
	B City	67	114±14	63±20
	C City	100	112±15	54±21
Test and significance			F: 7.78 p<0.001*	F: 59.25 p< 0.001*
Gender	Female	233	116.82±116.82	71.14±27.10
	Male	65	112.32±14.45	66.29±26.52
Test and significance			t=2.00 p<0.05**	t=1.20 p=0.20
Marital Status	Married	163	116.60±15.64	72.64±26.87
	Single	135	114.91±16.48	66.99±26.95
Test and significance			t=0.90 p=0.36	t=1.80 p=0.07
Education Level	High School, Associate	75	117±18	73 ± 30
	Bachelor	191	115±15	69 ± 26
	Post-graduate	32	121±16	71 ± 26
Test and significance			F=2.18 p=0.114	F=0.482 p=0.618
Age groups LV= , HV= ,MV=	21-30 years old ^a	169	115.72±16.55	66±26
	31-41 years old ^b	102	115.67±14.78	72±26
	41 > years old ^c	27	117.19±17.69	89±30
Test and significance			F=0.105 p=0.900	F=6.923 p<0.001*
Tenure (in profession) LV= , HV= ,MV=	1-5 years ^a	130	114.82±16.04	63.97±25.21
	6-10 years ^b	63	113.89±14.63	67.79±24.41
	11-15 years ^c	54	119.04±17.13	77.15±24.79
	15> years ^d	51	117.43±16.26	81.00±32.85
Test and significance			F=1.375 p=0.251	F=6.750 p<0.001*
Number of Workplaces in Professional Life	1-3 years ^a	191	114±15	63±24
	4-6 years ^b	55	116±16	80±27
	7+ years ^c	52	122±17	85±27
Test and significance			F: 5.408 p<0.001*	F: 19.909 p<0.001*

M= Mean, SD= Standard Deviation, RLRS= Rosenbaum's Learned Resourcefulness Scale *p<0.001,

**p<0.05

Discussion

Mobbing is defined as the process that begins with strategies such as oppressing, bullying, blackmailing, intimidating, and threatening the employee(s) by creating planned and systematic pressure on them. This process may culminate in the employees quitting their jobs. Mobbing is known to be common in the health sector (Cobanoğlu, 2005; Yildirim, 2009; Guven et al., 2012). Previous studies show that nurses experience mobbing more than other health personnel (Yildirim & Yildirim, 2007; Pai & Lee, 2011; Tekin, 2016). Findings of our study corroborated previous studies. In our study, participant nurses received moderate scores (72.51 ± 25.96) from the questionnaire on the status of mobbing experienced by nurses. The study by Bahceci and Sagkal (2011) determined that 43% of nurses experience mobbing during their entire professional lives.

In the study, nurses above 41 ages received higher scores from the questionnaire on the status of mobbing. Studies carried out in Turkey illustrated that as the years of professional experience increased, mean scores also increased (Yavuz, 2007; Guven, 2012). In contrast to our findings, international studies have determined that exposure to mobbing is higher for younger nurses (Lawoko et al., 2004; Kamchuchat et al., 2008; Pai & Lee, 2011). As is the case in the world, women make up most of the health personnel in Turkey. Nurses constitute a significant portion of this group. Since women constituted the majority of nurses, high mobbing rates were expected in this study. Scholarly literature illustrates that women have higher mobbing experiences (Gecici & Sagkal, 2011; Zampieron et al., 2011; Hutchinson et al., 2013). According to Bjorkqvist (2000) women frequently face mobbing from women and women try to harm their enemies psychologically more than physically (Bjorkqvist, 2001). Women constitute the majority of nurses and scholarly literature illustrates that women have higher mobbing experiences (Gecici & Sagkal, 2011; Hutchinson et al., 2013). Ferrinho et al. (2003) determined that women experience more of every kind of violent behaviours in healthcare facilities than men. Scholarly literature illustrates that women have higher mobbing experiences (Gecici & Sagkal, 2011; Zampieron et al., 2011; Hutchinson et al., 2013). Moreover, our finding on high rates of exposure to mobbing in nurses with high school/two-year degrees corroborates

previous studies (Bahceci & Sagkal 2011; Guven et al., 2012). We believe that this situation stems from the availability of limited resources for developing communication and professional knowledge. Besides, nurses with high school/two-year degrees start working at an earlier age, which can be considered as another factor influencing this situation.

Employees change their workplaces or the departments where they work for different reasons during their professional lives. In this study, nurses who changed their workplaces/departments more than seven times had higher mean scores in encountering mobbing. Studies also show that employees observe their colleagues being mobbed. An individual's motivation decreases in response to work-related stress combined with mobbing in departments where nurses work full-time for 7 days and 24 hours. This influences patient care negatively, causes impediments in working hours, and affects the individual's mental health. Thus, nurses change their departments either on their request or the assessment of their managers.

In our study, the mean score of nurses in RLRS was high. Individuals may learn resourcefulness skills in the face of adverse experiences. Rosenbaum (1983) held that it was possible to strengthen people's skillfulness through official and unofficial instructions. In recent years, there has been an increase in studies concerning nurses' learned resourcefulness levels. The study by Coskun et al. (2015) determined the mean score as 113.76 ± 16.88 , while the study by Ergenc (2015) found that the mean score as 94.16 ± 19.73 . In another study carried out by Aydın (2007), the mean score was 120.1 ± 13.75 , and it was 122.97 ± 16.91 in the study by Yildirim (2007). Similarly, Tascı et al. (2007) reported that the mean score was 122.97 ± 18.17 , and the study by Ugurlu (2002) revealed that it was 113.4 ± 15.43 . These findings indicate that nurses frequently use certain mechanisms to cope with stress.

In the western region of the field study, nurses' RLRS mean scores were high, which corresponded to the mobbing experienced by nurses. This finding supports the hypothesis that mobbing increases the level of learned resourcefulness. RLRS mean scores indicate that the female nurses used strategies to cope with stress more than male nurses did. Female nurses must bear responsibilities associated with

women's traditional roles such as childbearing and domestic work, as well as the stressors related to their professional lives. Thus, our finding that female nurses had higher learned resourcefulness levels was an expected result. In contrast to our study, studies by Ergenc (2015) and Coskun et al. (2016) determined that male nurses' mean scores in RLRS were higher than those of the female nurses.

In our study, nurses' RLRS mean scores were higher for the young age group. In the study by Ergenc (2015), participant nurses' mean scores decreased as they grew older, whereas Yildirim et al. (2007) found that nurses' learned resourcefulness scores increased in line with their ages.

The highest RLRS mean scores were found in nurses with postgraduate degrees. We believe that these nurses know coping mechanisms more and they could use these methods easier when dealing with stressors. In the study by Ergenc (2015), RLRS mean scores were similar to each other. Nevertheless, the highest score was found in nurses with two-year degrees, which was followed by nurses with undergraduate, postgraduate and high school degrees. Coskun et al. (2015) found a statistically significant difference in the vocational high school of health regarding their RLRS scores, whereas the study by Golbası et al. (2008) determined that nurses' education levels not affect their problem-solving skills.

In our study, nurses who had 21 years and above professional experience had high RLRS mean scores. This finding indicated that as professional experience increased, nurses enhanced their coping mechanisms with stress or they did not care about negative experiences. Therefore, they were indifferent to problems. Ergenc (2015) did not find a significant difference between professional experience groups; nevertheless, the highest mean score was in the group with 1-5 years of professional experience. Privitera et al. (2005) argued that professional experience was a protective factor against negative incidents at work. Lin and Liu (2005) suggested that experienced nurses could foresee and evaluate stressful situations better.

Participant nurses, who changed their workplaces/departments more than seven times, had high RLRS mean scores. This finding indicated that they developed methods to deal with stress and learned new strategies. Frequent

changes in workplace or departments lead nurses to experience change-related stress, such as adapting to new environments and forming new relationships.

Consistent with the main goal of this study, a weak and advanced level of significant correlation in the positive direction was observed in the comparison between the status of mobbing experienced by nurses and their learned resourcefulness. Thus, increase in mobbing experienced by nurses positively augmented their learned resourcefulness levels. In many studies, most nurses who experienced mobbing claimed that this situation could have been avoided (Kwok et al., 2006; Kamchuchat et al., 2008; Pai & Lee 2011). Nurses also noted that although institutions have reporting systems and policies on mobbing, no investigations or related process are undertaken. They highlighted that support system were insufficient (Kwok et al., 2006; Luck et al., 2008; Cowman & Bowers, 2008; Kamchuchat et al. 2008, Chapman et al., 2010; Pai & Lee, 2011). We believe that victims, who must solve their problems on their own, reinforce their learned resourcefulness by developing their coping methods.

We believe that partner and motherhood roles of nurses, who are mostly women, as well as their professional experiences under harsh working conditions strengthen their learned resourcefulness. Echoing the famous thinker Nietzsche's phrase "what does not kill you makes you stronger," nurses experiencing verbal or physical mobbing start to strengthen their coping skills and develop defense mechanisms. Although reporting mobbing is an important reaction as a solution, nurses are not brave enough to report the violence they experience. Instead, they improve their learned resourcefulness levels, and thus, cope with stressor factors.

Limitations

This study has various limitations. We examined four different hospitals located in three different regions but did not include all regions in Turkey. Moreover, the study relied on the reports of the participants. Therefore, findings of this study cannot be generalized. 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.

Conducting this study with nurses could be considered to be a significant limitation. Our study was only conducted with female participants in the nursing, female-dominant, profession. Said another way, because it was conducted with a group that most of includes women, it is limited from the aspect of profession and gender. It is suggested that determining whether men in different professional groups or nurses in different samples have different perceptions would make an important contribution.

Conclusion and Recommendations

This study was designed to determine the effects of mobbing experienced by nurses on their learned resourcefulness levels. The findings of this study supported the main hypothesis that “nurses, who encounter mobbing, have higher learned resourcefulness levels.” Thus, learned resourcefulness can be considered as a personality trait that can be developed for resisting mobbing.

In literature, has the foundation for information on the subject of what kind of psychologically violent behaviours workers, primarily nurses, are exposed to in the workplace and with what frequency in which dimensions. But learned resourcefulness literature's is limited. so, it is suggested that research conducted using this subject will think significant contributions in this area.

Implications For Nursing Management

Although studies examined mobbing regarding factors such as organizational commitment, organizational silence, and motivations, no study focuses on the relationship between mobbing and learned resourcefulness. This study determined that nurses' experience of mobbing and the rates of learned resourcefulness were influenced by education, age, marital status, and professional experience. Learned resourcefulness is frequently used in the face of today's negativities. For this reason, nurse manager must learn learned resourcefulness and be able to identify learned resourcefulness nurses with improved. For this, Nurse managers should consider learned

resourcefulness train-ing for nurses in clinical practice.

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