

**Original Article****Mobbing against Nurses in Turkey: How Does it Affect Job Satisfaction?****Songul Goris, RN, PhD**

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**Abstract**

**Aim:** This study was conducted to investigate nurses' exposure to mobbing, its effects on job satisfaction and job quitting.

**Methods:** This descriptive study was done in a university hospital with 446 nurses who agreed to participate in the study. Data were collected through questionnaire including questions related with demographic characteristics of the nurses, and through the scales of job satisfaction and tendency to quit job.

**Results:** It was found that 31.8% of the nurses were exposed to mobbing. Those who work as clinic nurses in intensive care units, and those who have served for 5-9 years, suffered greater mobbing. The majority of the nurses stated that mobbing has been inflicted by their administrators. It was found that job satisfaction of the nurses who have been victims of mobbing was low and their tendency to quit job was high. Of the nurses 61.9% stated that mobbing negatively affected their health and that they experienced mostly discomfort, tension, fatigue, headache, sleep disturbances.

**Conclusion:** It was determined that mobbing negatively affected nurses' health, not only reducing their job satisfaction but also increasing their tendency to quit their jobs.

**Key Words:** Mobbing, Nursing, Turkey, Job Satisfaction, Tendency to Quit Job.

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## Introduction

Recently regarded as one of the most important issues of business in developed countries, mobbing is a concept covering a person being tormented, discomforted or hurt by colleagues, his superiors or juniors in his work place (Tutar, 2004; Tinaz, 2006).

The term “mobbing” was firstly used in regard to human behaviour by Leymann, who documented a kind of “workplace terror” in Sweden in 1984. He described this terror as the presence of systematic, directed, unethical communication and antagonistic behavior by one or more individuals towards one individual (Leymann, 1990). Conceptually, mobbing is defined as psychological terror, emotional abuse psychological violence, pressure, bullying, harassment and disturbance at work (Tigrel, 2009).

Davenport et al. describes “mobbing” as a form of organizational pathology in which co-workers essentially “ganged up” and engaged in an ongoing rituals of humiliation, exclusion, unjustified accusations, emotional abuse and general harassment in their attempt to force a targeted worker out of the workplace (Davenport, 1999).

Mobbing results in the humiliation, devaluation, discrediting, degradation, loss of professional reputation and usually, removal of the target from the organization with all concomitant financial, career, health, and psychosocial implications that one might expect from a protracted traumatizing experience (Sperry, 2009).

Described by some researchers in Europe, Australia and North America as mobbing, it is also referred to as bullying in other countries (Maureen & Sperry, 2012). Bullying is a kind of harassment at schools and involves physical violence while other types include verbal harassment and pretending not to recognize (Ortuzuk, 2008). At other times the term bullying and mobbing are interchanged with terms such as workplace emotional abuse, victimization, mistreatment and harassment (Maureen & Sperry, 2012).

From the beginning of business life, psychological harassment has been a multidimensional complex issue which, by man's nature, has been ignored. According to the

findings from research conducted in the European Union member countries, at least 12 million people suffer from mobbing. This figure makes up to 8% of the working population. The proportion of sufferers to working population is 16% in England, 10% in Switzerland, 9% in France and Finland, 8% in Ireland and Germany, while it is 5% in Belgium and Greece, and 4% in Italy (Chappel, 1998).

Mobbing behaviors are considered in 5 different categories as assault on professional status, assault on personality, isolation, excess workload, and stabilization (Rayner & Hoel, 1997). In a study by Yildirim (2009) nurses have stated that the most common type of mobbing is assault on professional status and personality, and the most frequent one is being at the receiving end of humiliating and belittling remarks in the presence of others.

According to a report by International Labor Organization, the risk of adverse actions is greater in some professions and work places than in others. Teaching, nursing, banking and social services, where human relations are experienced more intensely, are among these profession groups. Women, in particular, are at greater risk because of their dominancy in these careers (Jackson, 2002). With its female employees outnumbering male employees in Turkey as well as in the world, health sector attracts more attention than any other sector. Compared with female employees in other professions, nurses suffer mobbing to a greater extent, and are more affected than other female health workers (Yuseturk, 2005).

A study done in Portugal healthcare sector has revealed that 16.5% of the employees have suffered mobbing, with 25% being nurses, 23% doctors, 20% hospital managers (Ferrinho, 2003). It has been detected in a study that nurses experienced greater mobbing than other staff (Quine, 2001). A study in Turkey has reported that 21% of nurses are mobbing victims (Yildirim, 2009).

Mobbing behavior has severe consequences for both workers and organizations. Certain physical diseases and mental disorders occur in individuals exposed to mobbing. Chest pain, palpitations, gastrointestinal problems, overeating, lack of appetite, sleeplessness, anxiety, depression, stress, exhaustion, post-traumatic stress disorder are among the

frequently cited problems (Yildirim & Yildirim, 2007; Gul, 2009; Pai & Lee, 2010).

The victims of mobbing have decreased job satisfaction, work performance, motivation and productivity and disturbances in social relationships inside and outside the institution (Yildirim, 2009). Mobbing victims continually take sick leave, get away from workplaces while their desire to leave job emerges. It is crucial to define and explain that this covert situation with a view to rising job satisfaction and quality.

When the need for nurses, particularly in Turkish health sector, is considered, the importance of the situation reaches the dimensions which draws even greater attention. Therefore, it is necessary to intensify the activities directed primarily at raising in individual awareness of mobbing, determination and elevation of job satisfaction.

Prevalence and existence of mobbing have been detected in the studies in Turkey. However, there are not enough studies to determine the effects of mobbing on job satisfaction and the tendency to leave job (Ortuzuk et al., 2007; Yildirim & Yildirim, 2007; Efe & Ayaz, 2010; Akyil et al., 2012).

The present study aims primarily to determine the situations in which nurses working in a university hospital are exposed to mobbing, the effects of exposure to mobbing on job satisfaction and job quitting, and secondarily to draw attention to the importance of the subject itself.

## Methods

### Aim

This descriptive study was conducted to determine the situations in which nurses working in a university hospital are exposed to mobbing, the effects of exposure to mobbing on job satisfaction and job quitting.

### Sample

This study was conducted with 446 nurses (403 staff, 43 charge nurses) who were not on vacation or on sick leave during the period of data collection, and who did not have administrative duties chosen from all nurses ( $n=651$ ) working in a university hospital of a province in Turkey. Since only female nurses worked in Turkey, the study sample involved only female participants. Nursing education is

given in 3 different institutions being health vocational schools, associate degree and bachelor's degree in Turkey. After graduation from each school, they work as nurses with the same professional status. Nurses with bachelor's level can have postgraduate education and work as lecturer also.

### Procedures

Data were collected through questionnaires including socio-demographic characteristics, with mobbing scale, and the scales of job satisfaction and tendency to quit job. Nurses were informed about the objective of the study and data collection tools were distributed and fulfilled during working hours. It lasted 10-15 minutes on average to fulfill the questionnaire forms.

### Measurements

**Job Satisfaction Scale:** It was developed by Quinn & Staines (1979). Its validity and reliability study was done by Bilgel and it consists of 5 questions (Bilgel, 2006). The alternative responses to the questions are related with the opinions whether the participants are satisfied with their present jobs or not. In this scale, low scores demonstrate satisfaction with the job while high scores point out to dissatisfaction (Quinn & Staines, 1979). In our study the Cronbach's  $\alpha$  level of Job Satisfaction Scale was found to be 0.82.

**The Scale of Tendency to Quit Job:** This scale was developed by Camman et al. (1979) and its validity and reliability was indicated by Bilgel (Bilgel, 2006). It is composed of 3 questions directed at quantifying the employees' tendency to quit their jobs. The five responses to the questions vary within the range of "No, I have never thought of this" and "Yes, I am very certain on this subject", with a Likert type. As the score rises, the tendency to quit job also rises (Camman et al., 1979). In this study the Cronbach's  $\alpha$  level was found to be 0.70.

**The Scale of Mobbing Behaviors:** This scale, developed by Yildirim & Yildirim (2008) consists of 33 items. The scale has four subcategories; "individual's isolation from work", "attack on professional status", "attack on personality" and "direct attack". The answers to the questions are based on the Likert scale of 6 in which 0 means "never", 1 "once", 2 "several times", 3 "sometimes", 4 "often" and 5 means

“always”. The total score is divided by the total number of items (total score/33). Mean score of 1 and above shows the presence of mobbing (Yildirim & Yildirim, 2007). The Cronbach's  $\alpha$  level of the mobbing behavior was found to be 0.94.

### **Ethical considerations**

In order to conduct the study, the decision of academic committee was taken from Health Sciences Faculty. Written consent was obtained from the university hospital where the study would be done. The objective of research was explained to the participants and their verbal approval was obtained. Respondents did not write their names on the questionnaires to preserve anonymity.

### **Data Analyses**

SPSS 11.5 package program was used for statistical analyses. Chi-square test, t-test, Kappa test, correlation and regression analyses were used for statistical analysis.  $p<0.05$  (at a confidence interval of 95%) has been accepted as significant.

### **Results**

#### ***Descriptive characteristics of the nurses***

Table 1 shows descriptive characteristics of the nurses. Of the nurses, 42.2% were in the age group of 30-34 years, 64.8% were married, 51.1% had an education of associate degree, and 31.2% had worked for 10 to 14 years.

Of the nurses, 25.1% had been working in internal medicine clinics, 75.6% had been working as clinical nurses, and 47.3% had a workload of 40 to 48 hours per week.

#### ***Mobbing behavior and influencing factors***

Mobbing has increasingly been identified as a serious occupational health and safety issue (Rutherford). 31.8% of the nurses were exposed to mobbing based on the mobbing scale whereas, 33.4% of them were exposed to mobbing within the last one year based on their own declarations. It was determined that the most frequent mobbing behaviors were belittling the work done (95.8%), humiliating and insulting remarks made in the presence of others (87.3%), being accused

of the things they were not responsible for (85.9%), criticism and refusal of the decision taken (85.2%), and surreptitious supervision (82.4%).

Of the nurses, 59.8% stated that they had been mobbed by their administrators. It was revealed that those who worked in the intensive care units, those with a service of 5 to 9 years, and those who worked as clinical nurses had suffered greater mobbing ( $p<0.05$ ), (Table 2). It was also determined that 25-29 aged, married nurses and nurses with a bachelor's degree were more exposed to mobbing ( $p>0.05$ ) (Table 2) which means as the age of the nurses rose, the degree of their exposure to mobbing decreased ( $r = -0.107$ ,  $p<0.05$ ).

Mobbing victims expressed that mobbing inflictors were older than the victims; that they had been exposed to mobbing for 4 years and more, and mobbing had been inflicted both individually and collectively. Of the nurses 60.8% stated that they had witnessed mobbing inflicted on their colleagues. Of the victims of mobbing, 40.1% stated that they had reacted to it and that this reaction had mostly been in the form of verbal self-defense (71.9%).

However, more than half of the nurses (57.8%) expressed that they had not been satisfied with their reaction. Of the nurses who have been victims of mobbing, 61.9% said that mobbing affected their life and suffered mostly from discomfort-tension (36.3%), fatigue (30.6%), headache (28.4%) and sleep disorders (27.2%) (Table 3).

#### ***The effect of mobbing on job satisfaction and tendency to quit job***

It was found that nurses victimized by mobbing had lower degree of satisfaction and greater degree of tendency to quit job ( $p<0.001$ ) (Table 4). Mobbing was negatively correlated to job satisfaction and positively to the tendency to quit job ( $p<0.001$ ).

A negative correlation was found between job satisfaction and the tendency to quit job. In other words, as job satisfaction increased, the tendency to quit job diminished ( $p<0.001$ ).

**Table 1. Descriptive characteristics of the nurses (n=446)**

<b>Descriptive Characteristics</b>	<b>n</b>	<b>%</b>
<b>Age group (Year)</b>		
24 and below	52	11.7
25-29	99	22.1
30-34	188	42.2
35-39	73	16.4
40 and above	34	7.6
<b>Marital Status</b>		
Married	289	64.8
Single	157	35.2
<b>Educational Status</b>		
High School	12	2.7
Associate Degree	228	51.2
Undergraduate	206	46.1
<b>Length of Service (Year)</b>		
0- 4	120	26.9
5- 9	89	20.0
10- 14	139	31.2
15-19	51	11.4
20 and above	47	10.5
<b>Department</b>		
Internal Medicine	112	25.1
Surgery	102	22.9
Pediatric	68	15.2
Policlinics/Others	66	14.8
Intensive Care	58	13.0
Emergency Unit/Operating Theatre	40	9.0
<b>Task in the Service</b>		
Clinical Nurse	337	75.6
Policlinic/Others	66	14.8
The nurse in charge of clinic	43	9.6
<b>Weekly Work Load</b>		
40 hours	168	37.7
40-48 hours	211	47.3
48-56 hours	57	15.0

**Table 2. Mobbing Exposure According to Descriptive Characteristics of the Nurse**

	n	Mobbing		Statistical Test
		n	%	
<b>Age Group (Year)</b>				
24 and younger	52	15	28.8	$\chi^2 = 5.408$ p>0.05
25-29	99	39	<b>39.4</b>	
30-34	188	61	32.4	
35-39	73	17	23.3	
40 and older	34	10	29.4	
<b>Marital Status</b>				
Married	289	97	<b>33.6</b>	$\chi^2 = 1.126$ p>0.05
Single	157	45	28.7	
<b>Educational Status</b>				
High School	12	4	33.3	$\chi^2 = 0.534$ p>0.05
Associate Degree	228	69	30.3	
Undergraduate	206	69	<b>33.5</b>	
<b>Length of Service (Year)</b>				
0- 4	120	32	26.7	$\chi^2 = 9.850$ <b>p&lt;0.05</b>
5- 9	89	40	<b>44.9</b>	
10- 14	139	44	31.7	
15-19	51	13	25.5	
20 and above	47	13	27.7	
<b>Department</b>				
Internal Medicine	112	33	29.5	$\chi^2 = 25.226$ <b>p&lt;0.001</b>
Surgery	102	25	24.5	
Pediatric	68	30	44.1	
Policlinics/Laboratory	66	13	19.7	
Intensive Care	58	30	<b>51.7</b>	
Operating Theatre	19	3	15.8	
Emergency Unit	21	8	38.1	
<b>Task in the Service</b>				
Clinical Nurse	337	118	<b>35.0</b>	$\chi^2 = 7.545$ <b>p&lt;0.05</b>
The nurse in charge of clinic	43	12	27.9	
Policlinic/Others	66	12	18.2	

**Table 3. Effects of Mobbing**

	<i>n</i>	%
<b>Being affected in health (n=142)</b>		
Yes, health affected	88	61.9
No, health was not affected	7	4.9
No answer	47	33.1
<b>Health Problems</b>		
Gastrointestinal issues	13	14.7
Headache	25	28.4
Fatigue	27	30.6
Anxiety/Discomfort	32	36.3
Depression	21	23.8
Sleeping Disorders	24	27.2
Deterioration in family relations	7	7.9
Getting Frequently Sick	6	6.8
Reluctance in working	18	20.4

**Table 4. Job Satisfaction and Tendency to Quit Job in Relation to Exposure to Mobbing**

Mobbing	Job Satisfaction	Tendency to Quit Job
	$\bar{X} \pm SD$	$\bar{X} \pm SD$
Present	7.90 ± 2.45	9.94 ± 2.39
Absent	9.41 ± 2.72	8.15 ± 2.38
<i>t</i>	5.62	7.36
<i>p</i>	<0.001	<0.001

## Discussion

Although mobbing is a situation that can arise in any kind of organization, it is mostly common in health sector and victims are generally nurses. Studies report that the proportion of mobbing targeting nurses is within the range of 13 to 86% (Yildirim, 2007; Chen et al., 2008; Luis, 2008; Yildirim, 2009; Fornes, 2010). The incidence of mobbing directed at nurses was found to be 31.8% in our study inflicted mostly by their administrators. Similarly, 59% of the nurses in Quine's study (2001) and 75.8% in Yildirim's study (2007) have stated that they suffered from mobbing. In another study (Rutherford & Rissel, 2004), 49% of the nurses stated that mobbing had been inflicted by their fellow workers, and 38% by their administrators.

In our study, however, the most frequent mobbing behaviors were belittling the work done, humiliating and insulting remarks uttered in the company of others, being accused of what they are not responsible for, criticism and refusal

of the decisions and proposals made, and surreptitious supervision of the work done.

It has been detected in a study by Luis (2008) that nurses have encountered mobbing behaviors such as their assignment to duties below their authority, their assignment to paltry or nasty tasks, and overwhelmingly excessive workload. Rutherford & Rissel (2004) reported in their study that scorning, mocking, shouting, ordering, humiliating with raised tone of voice or facial expressions were most frequent mobbing behaviors.

It was also determined that 25-29 aged, married nurses and nurses with a bachelor's degree were more exposed to mobbing in the present study ( $p>0.05$ ) which is similar with Efe and Ayaz's (2010) study showing that 26-30 aged nurses were exposed to more mobbing. This finding may result from low level of experience in working as a nurse in this age group.

Studies have shown that mobbing victims acquired certain physical diseases and mental

disorders (Einarsen, 2002; Kiwimaki, 2003; Ruthford & Rissel, 2004; Hansen, 2006). The changes that occur in the victim during the first stage of mobbing process are crying frequently with no apparent reason, sleeping disorders, getting angry quickly, and difficulty of focusing.

During the second stage, added to the signs of the first one are hypertension, complaints of stomach and depression. During the third stage, on the other hand, depression becomes intensified; panic attack and anxiety emerge (Gul, 2009). In our study 61.9% of the mobbing victimized nurses stated that their health was affected, and that they mostly suffered from discomforted-tension, fatigue, headache, and lived sleeping disorders. In other studies, similarly stress, headache, depression, fatigue and anxiety were reported to be the most common complaints of mobbing victims (Einarsen, 2002; Ruthford & Rissel, 2004; Hansen, 2006; Yildirim, 2007). In another study by Luis & Fleming (2008) it was detected that nurses victimized by mobbing had greater emotional exhaustion and lower level of health.

Our study revealed that nurses employed in intensive care units and clinics suffered greater from mobbing but the degree of mobbing diminished as they got older ( $p<0.05$ ). In the study by Efe & Ayaz (2010) it was also shown that intensive care unit nurses were exposed to greater mobbing. This can be explained by the fact that intensive care units are stressful settings due to greater workload and it requires fast and error-free working.

In this study 40.1% of the nurses stated that they reacted to mobbing behavior and this reaction has mostly been in the form of verbal self-defense. However, more than half of the nurses expressed that their reaction fell short. Similarly, in the study of Akyil et al (2012) 31.7% of the nurses accepted that they suffered from mobbing but did not react in any way and more than half of the nurses stated that they would complain by writing or verbally if they were faced with mobbing in the future (Akyil et al. 2010).

Mobbing victims should refrain from behaviors towards reciprocating but inform upper management of the situation, collect evidence and be aware of the sanctions in the labor code to be able to defend their rights (Gul, 2009). Excessive stressful setting of work causes to feel pressurized, exhausted, and threatened (Tutar,

2004). In addition, job satisfaction, performance, and motivation of the staff undergoing direct mobbing became lower. While their job related errors increase (Davenport, 1999; Tutar, 2004; Tinaz, 2006).

In this study also it has been ascertained that mobbing victimized nurses had lower job satisfaction and higher tendency to leave job ( $p<0.05$ ). Similarly, in the study of Yildirim (2009), job motivation, energy level, attachment to the institution, and relationships with patients, supervisors and co-workers of the nurses who were exposed to mobbing behaviors were negatively affected. In such circumstances the security of both the patient and the nurse is adversely affected. In another study, job satisfaction of mobbing victimized nurses was found low, and job stress high (Quine, 1999).

### Conclusion

In our study the majority of the nurses stated that mobbing had been inflicted by nurse supervisors, and more than half of them said they had witnessed mobbing. They also stated that mobbing victims mostly defended themselves verbally, and their reactions had been inadequate. It was determined that mobbing affects nurses' health negatively, reduced job satisfaction while increasing their tendency to quit job. In the light of these conclusions, it may be suggested that nurses and administrators should be educated about mobbing and solutions to mobbing, and that regulations should be made to prevent mobbing and to increase job satisfaction. Early diagnosis of mobbing and increase in the recognition of mobbing are key factors to preventing it. Therefore nursing education curriculum should include lectures about mobbing and coping strategies of it. Also conferences and lectures about mobbing and prevention methods should be given to employees and managers. The importance of positive organization culture and team work should be emphasized. Relaxation techniques should be taught to staff that has experienced mobbing while social support network and consultation services should be provided.

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