Original Article

Mobbing and Relevant Factors Experienced by Nurses in the Workplace: A Cross-Sectional Study from Western Turkey

Dilek Ayakdas Dagli, PhD
Department of Psychiatric and Mental Health Nursing, Izmir Katip Celebi University Faculty of Health Science , Izmir, Turkey

Hulya Arslantas, PhD
Professor, Department of Psychiatric and Mental Health Nursing, Adnan Menderes University Faculty of Nursing, Aydin, Turkey

Correspondence: Ayakdas Dagli Dilek, PhD Department of Psychiatric and Mental Health Nursing, Izmir Katip Celebi University Faculty of Health Science , Izmir, Turkey e-mail: dilekayakdas@gmail.com

Abstract

Aim: This descriptive study was conducted to determine how mobbing and relevant factors affect nurses in the workplace. The following questions were addressed as research questions: Is there a significant difference between nurses' demographic characteristics and mobbing?Is there a significant difference between nurses' clinical characteristics and mobbing?
Method: The population of this descriptive study consisted of 1376 nurses while the sample included 779 nurses. Data were collected using a questionnaire form examining nurses' characteristics and the "Scale of Mobbing Behaviors in the Workplace".
Results: Women were exposed to mobbing more than men. Nurses with master's or doctoral degree (KW=14.700,p=0.002) and nurses who works in the emergency room and intensive care units were found to experience more mobbing (KW=22.483,p=0.000).Increased institutional experience (KW=12.608,p=0.013), working on shifts (KW=13.547,p=0.001), the number of nurses working in the clinics (KW=9.782,p=0.042), the absence of the idea of working as a team (KW=48.99,p=0.000), insufficient communication among the team members (KW=65.93,p=0.000), and no support from superiors in the clinics (KW=76.282,p=0.000) were found to increase the rate of exposure to mobbing.
Conclusion: Nurses who were female and divorced or widowed, had a higher educational status, and worked in a training and research hospital on rotating shifts had higher mobbing rates.

Keywords: workplace, psychological violence, nurse, related factor, mobbing.

Introduction

Mobbing is a social issue extensively occurring. The World Health Organization issued a universal status report to prevent violence and protect people from mobbing (Di Martino, 2003; World Health Organization, 2014). Mobbing in the workplace encompasses not only physical assaults, but also disruptive behaviors such as intimidation and bullying, anger toward one another, and intra-group conflicts. Mobbing may directly result in psychological and physical problems, reduce job satisfaction and performance, and negatively affect the medical care of patients (Ito, Eisen and Sederer, 2001; Adib *et al.*, 2002; AbuAlRub, Khalifa and Habbib, 2007; Kling et al,, 2009; Cai, Deng and Liu, 2011; Shahzad and Malik, 2014).

The concept of mobbing was first mentioned by Heinz Leymann in the 1980s defining pressure, violence and intimidation among employees. Leymann used this concept of mobbing in the workplace to define these actions seen in occupational life: "Mobbing is a psychological terror that is performed systematically and virulently through unethical communications against a person by one or more individuals. Mobbing in the workplace is an emotional assault that generally consists of attacks on employees'

character and work competency, and disgraces and disrespects the victim while socially stigmatizing them (Kudielka and Simone, 2004). These negative behaviours are rumored to be said against employees by their administrators, superiors, colleagues or subordinates (Leymann, 1996; Yildirim and Yildirim, 2007). Mobbing behaviors are believed to systematically and conspiratorially start with tactical actions such as suppression, intimidation, blackmail, and insults or threats toward the employee and may result in them quitting their job. Mobbing behaviors are seen in every sector but reported to be more common in the medical sector (Yildirim, 2009; Guven, Ozcan and Kartal, 2012). There are various factors increasing the risk of exposure to violence in medical institutions. These include operating 24/7, long wait times, stressed family members, and patients' failure to benefit from care services adequately (Kingma, 2001; Delbel, 2003; Stathopoulou, 2007; Hutchinson *et al.*, 2010).

Studies report that exposure to mobbing in the workplace increases stress levels, depression and anxiety, and cause psychological problems such as family problems, low self-esteem levels, isolation in private life, alcohol abuse, inability to focus while working, and fear (Gokce and Dundar, 2008; Hegney *et al.*, 2010; Aytac *et al.*, 2011). Effects of mobbing on the victims are seen as psychological. The most common psychological effects include depression, anger, self-hatred, anxiety, stress, loss of trust, decrease in self-esteem levels, resignation, uneasiness, sleep disorders, repeated nightmares, and inclination to commit suicide (Quine, 1999; Namie, 2002). Studies investigating mobbing toward healthcare personnel in Turkey and other countries report that mobbing has negative impacts on nurses. These impacts include guilt, increased stress levels, physical disorders, self-recrimination, loss of job satisfaction, decrease in efficiency, decrease in self-esteem levels and occupational competency, distortions in interpersonal relationships, and feeling victimized (Pai and Lee, 20011; Yildirim, and Yildirim, 2006; Ozdemir *et al.*, 2013). There are many reasons for mobbing including personal factors such as greed, envy and jealousy. These reasons also include being female, working rotating shifts, working in busy clinics such as an emergency room or an intensive care unit, positions of those with personal greed, organizational and administrative issues such as maladministration, stressful and monotonous working environment, administrators' denial of mobbing issues, common unethical actions, unusual situations such as organizational downsizing and reformation, extreme hierarchical structure, performing mobbing to ensure intra-organizational discipline, boost efficiency and form conditional reflexes accordingly, decreasing the financing of human resources, failure of intra-organizational communication channels in working effectively, insufficient or ineffective ability to solve the organizational conflicts, weak leadership, insufficient amount or absence of teamwork, neglecting the educational differences, and following the closed-door policy (Adams, 1992; Kwak *et al.*, 2006; Tetik, 2010; Karslioglu, 2011; Demir *et al.*, 2014).

Conducting relevant studies is important in determining the cause and effect of mobbing against nurses and presenting recommendations. This study is significant within the context of preventative mental health by ensuring that mobbing against nurses is recognized and protecting and maintaining the health statuses of nurses and patients. Thus, this descriptive study was conducted to determine how mobbing and relevant factors affect nurses in the workplace. The following questions were addressed as research questions:

1. Is there a significant difference between nurses' demographic characteristics and mobbing?

2. Is there a significant difference between nurses' clinical characteristics and mobbing?

Materials and Methods

Participants: The study population consisted of 1376 nurses. Of them, 646 worked at a university hospital in İzmir, Turkey and 430 worked at a training and research hospital in the same province while 300 worked at a state hospital in Aydın, Turkey. The study sample that included 779 individuals was determined using G power analysis software with the confidence interval of 95%, alpha value of 5%, and power rate of 80%. Multiple sampling methods were used in the present study. The hospitals were divided into six groups; surgical clinics, internal medicine clinics, intensive care units, emergency rooms, operating rooms and polyclinics. Accordingly, the participants were determined by weighting the number of nurses in the hospital. Nurses to be included in the sample were selected using the random sampling method. Using this method, the

participating nurses were ordered by the numbers assigned to their names, and a simple random figures table was used in this process. Nurses were informed about the study, and voluntary participation was ensured.

Measures

Sociodemographic questionnaire form: included sixteen questions, eight questions examined nurses' demographic and clinic characteristics and eight questions examined the characteristics of the clinics where they worked. This form was created examining the relevant literature (Whittington, Shuttleworth and Hill, 1996; Nolan *et al.*, 2001; Jackson, Clare and Mannix, 2002).

Scale of Mobbing Behaviours at Workplace (SMBW): was developed by Yildirim, and Yildirim, (2007). The validity and reliability study was performed by the same researchers. This scale had three sections using a six-item Likert type scale. The sections are "Frequency of experiencing mobbing in the workplace", "Effects of experiencing mobbing in the workplace" and "Reactions of those suffering mobbing in the workplace". This scale evaluated whether nurses experienced mobbing in their workplace in the recent year. The first two sections of the scale had 33 items while the last section had eight items. The first section of the scale is suitable for performing an evaluation on the percentage value and for obtaining the total score. Each question can be scored with points ranging between 0 and 5. The lowest and highest scores that can be obtained from this scale are 0 and 165, respectively. The second and third sections are only reflected with percentage values. For example, the Cronbach's alpha value was 0.93 for the scale, and it was found to be 0.91 in this study. Comparisons were made on the total score from the first section of the scale in this study.

Analysis Plan: Statistical Package of Social Science (SPSS) Version 15.0 software was used to analyze the data. Mean values, standard deviation, descriptive statistics, and Kruskal-Wallis test, a Non-Parametric Test, were used to compare the data. The significance was evaluated on $p<0.05$.

Ethical Considerations: The Non-Invasive Ethical Committee of Aydın Adnan Menderes University gave necessary permission, as well as the hospitals within the Association of Public Hospitals.

Results

Table 1 presents nurses' demographic and clinic characteristics. The distribution of the characteristics regarding the clinics where nurses worked indicated that 78.3% (n=610) worked more than 40 hours, 68.3% (n=532) worked rotating shifts, the mean number of patients cared for ranged between 0 and 10 for 48.9% (n=381), 37.7% (n=294) worked in a clinic where 7-12 nurses worked, and 53.7% (n=418) worked with 1-2 nurses on their shifts. Of the nurses, 45.4% (n=354) stated that they worked as a team, 59.1% (n=460) reported occasional support from their superiors, and 46.7% (n=364) found the communication among the team members sufficient (Table 2). Of them, 47% (n=366) stated they experienced mobbing in their workplace. The effect of nurses' demographic and clinical characteristics, and the characteristics of the clinics where they worked on exposure to mobbing in the workplace (MIW) indicated that there is no statistically significant difference between age and exposure to MIW (KW=1.106, p=0.90). A highly significant difference was found between gender and exposure to MIW (KW=1.106, p=0.001); women were found to experience MIW more than men. A significant difference was found between marital status and exposure to MIW (KW=8.481, p=0.01); divorced and widowed nurses were exposed to MIW more than married and single nurses. A highly significant difference was seen between educational status and exposure to MIW (KW=14.700, p=0,002); those with master's and doctoral degrees were exposed to MIW more than those with other educational degrees. A significant difference was seen between the institution (as the workplace) and exposure to MIW (KW=14.930, p=0,001); nurses working in training and research hospital were exposed to MIW more than the nurses working in other hospitals. A highly significant difference was observed between the clinics (as the workplace); those working in intensive care units and emergency rooms were exposed to MIW more than those working in other clinics (KW=22.483, p=0.000). No significant difference was observed between work experience and exposure to MIW (KW=4.718, p=0.317). A significant difference was present between work experience and exposure to MIW (KW=12.608, p=0.01); exposure to MIW increased as longevity

in the same institution increased (15 years or more). A significant difference was present between the shifts worked and exposure to MIW (KW=13.547, p=0.0001); the rate of exposure to MIW was higher for those working rotating shifts. No significant difference was seen between patient load and exposure to MIW (KW=35.24, p=0.30). A difference was seen between the number of nurses working in the clinics and exposure to MIW (KW=9.782, p=0.04); the rate of exposure to MIW was higher in clinics where 13-18 nurses worked. No significant difference was seen between the number of nurses per shift and exposure to MIW (KW=37.23, p=0.293). A significant difference was found between working as a team and exposure to MIW (KW=48.99, p=0.000); the rate of exposure to MIW was higher for those who did not believe they worked as a team. A highly significant difference was found between the level of communication among team members and exposure to MIW (KW=65.93, p=0.000); those ineffectively communicating with other team members were exposed to MIW more. A highly significant difference was observed between the support from superiors and exposure to MIW (KW=76.282, p=0.000); those not feeling supported from their superiors in the clinics were exposed to MIW more.

Table 1: Distribution of Nurses' Demographic and Clinical Characteristics (N=779)

Nurses' Demographic and Clinical Characteristics		**n**	**%**
Age	17-24	77	9.9
	25-32	210	27.0
	33-40	342	43.9
	41-48	118	15.1
	49 or older	32	4.1
Gender	Female	697	89.5
	Male	82	10.5
Marital status	Married	435	55.8
	Single	289	37.1
	Divorced or widowed	55	7.1
Educational status	Medical vocational high school	115	14.8
	Associate degree	255	32.7
	Bachelor's degree	361	46.3
	Master's-Doctoral degree	48	6.2
Institutional Workplace	University hospital	366	47.0
	Training and Research hospital	243	31.2
	State hospital	170	21.8
Clinical Workplace	Internal medicine	199	25.5
	Surgical clinic	153	19.6
	Outpatient clinic	89	11.4
	Operating room	117	15
	Intensive care unit	144	18.5
	Emergency room	77	9.9
Work experience	0-1 year	18	2.3
	1 year 1 month - 5 years	144	18.5

	5 years 1 month - 10 years	150	19.3
	10 years 1 month - 15 years	111	14.2
	15 years or more	356	45.7
Institutional experience	0-1 year	94	12.1
	1 year 1 month - 5 years	285	36.6
	5 years 1 month - 10 years	181	23.2
	10 years 1 month - 15 years	74	9.5
	15 years or more	145	18.6

Table 2: Distribution of Nurses' Characteristics Regarding the Clinics Where They Work (N=779)

Nurses' Characteristics Regarding the Clinics Where They Work		**n**	**%**
Hours worked per week	Less than 40 hours	11	1.4
	40 hours	158	20.3
	More than 40 hours	610	78.3
Scheduled work time	Always daytime	170	21.8
	Always nighttime	77	9.9
	Rotating shifts	532	68.3
The mean number of patients cared for	0-10	381	48.9
	11-21	150	19.3
	22-32	125	16
	More than 33	123	15.8
The number of nurses in the clinics	1-6	240	30.8
	7-12	294	37.7
	13-18	111	14.2
	19-24	39	5
	25 or older	95	12.2
The number of nurses on the shift	1-2	418	53.7
	3-4	189	24.3
	5-6	83	10.7
	7 or older	89	11.4
Working as a team	Yes	354	45.4
	No	106	13.6
	Partially yes	319	40.9
Support from superiors	Always	244	31.3
	Occasionally	460	59.1
	Never	75	9.6
The level of communication among the team members	Sufficient	364	46.7
	Partially sufficient	357	45.8
	Insufficient	58	7.4

Table 3: Comparison of Nurses' Demographic and Clinical Characteristics and Their Characteristics Regarding the Clinics as Their Workplaces in Terms of Exposure to Mobbing at Workplace (N=779)

Nurses' Demographic and Clinical Characteristics, and Their Characteristics Regarding the Clinics Where They Work		**The Mean Scores of Exposure to Mobbing Behaviors at Workplace**			
		n	**mean**	**sd**	**Significance**
Age	17-24	77	26.93	2.72	KW=1.106 p=0.9
	25-32	210	26.57	2.50	
	33-40	342	26.56	2.47	
	41-48	118	27.47	2.22	
	49 or older	32	27.71	2.39	
Gender	Female	697	27.53	2.46	Z=-3.360 p=**0.001**
	Male	82	20.43	2.34	
Marital Status	Single	435	25.95	2.46	KW =8.481 **p=0.014**
	Married	289	26.41	2.45	
	Divorced or widowed	55	34.16	2.39	
Educational Status	Medical vocational high school	115	25.15	2.65	KW =14.700 **p=0.002**
	Associate degree	255	23.41	2.35	
	Bachelor's degree	361	28.93	2.45	
	Master's-Doctoral degree	48	32.43	2.40	
Institutional Workplace	University hospital	366	23.90	2.34	KW =14.930 **p=0.001**
	Training and research hospital	243	31.67	2.74	
	State hospital	170	26.00	2.16	
Clinical Workplace	Internal medicine	199	23.41	2.25	KW =22.483 **p=0.000**
	Surgical clinics	153	28.38	2.79	
	Outpatient clinic	89	26.13	2.45	
	Operating room	117	20.63	1.88	
	Intensive care unit	144	32.10	2.58	
	Emergency room	77	32.49	2.52	
Work Experience	0-1 year	18	25.44	2.36	KW =4.718 p=0.317
	1 year 1 month - 5 years	144	30.06	2.93	
	5 years 1 month - 10 years	150	22.92	2.20	
	10 years 1 month - 15 years	11	24.05	2.05	
	15 years 1 month and more	356	28.00	2.45	
Institutional Experience	0-1 year	94	23.60	2.36	KW =12.608 **p=0.013**
	1 year 1 month - 5 years	285	26.75	2.53	
	5 years 1 month - 10 years	181	27.24	2.44	
	10 years 1 month - 15 years	74	20.51	1.86	
	15 years 1 month and more	145	30.00	2.58	
Scheduled worktime	Always daytime	170	22.71	2.02	KW =13.547 **p=0.001**
	Always nighttime	77	22.31	2.44	

	Rotating shifts	532	28.88	2.56	
The mean number of patients cared for	0-10	381	26.42	2.34	KW =3.524 p=0.30
	11-21	150	28.56	2.88	
	22-32	125	22.96	2.09	
	More than 33	123	29.63	2.56	
The number of nurses in the clinics	1-6	240	26.14	2.28	KW =9.782 **p=0.042**
	7-12	294	23.76	2.23	
	13-18	111	34.81	3.26	
	19-24	39	27.00	2.63	
	25 or older	95	28.31	2.23	
The number of nurses on the shift	1-2	418	24.98	2.28	KW =3.723 p=0.293
	3-4	189	30.11	2.75	
	5-6	83	27.90	2.55	
	7 or older	89	27.15	2.48	
Working as a team	Yes	354	20.93	2.16	KW =48.99 **p=0.000**
	No	106	37.91	3.01	
	Partially yes	319	29.58	2.40	
The level of communication among the team members	Sufficient	244	19.76	2.05	KW =65.93 **p=0.000**
	Partially sufficient	460	31.45	2.43	
	Insufficient	75	42.12	3.43	
Does your superior support you?	Always	364	17.14	1.96	KW =76.282 **p=0.000**
	Occasionally	357	29.88	2.45	
	Never	58	39.2	2.88	

Discussion

This descriptive study was conducted to examine mobbing against nurses in their workplace and related factors. Almost half of the participants reported exposure to mobbing at their workplace. Nurses who were exposed to mobbing were aged between 41 and 48, however age did not affect the case of exposure to MIW. Studies conducted with nurses in Turkey indicated that the age of exposure to mobbing ranged between 20 and 35 years (Dilman, 2007; Acar and Dundar, 2008; Uye, 2009; Efe and Ayaz, 2010; Gecici and Sagkal, 2011; Yurdakul *et al.*, 2011; Guven, Ozcan and Kartal, 2012; Atan *et al.*, 2013). In other countries the age range is between 40 and 60 (Dumont *et al.*, 2012; Walrafen, Brewer and Mulvenon, 2012). Although not statistically significant, the exposure to mobbing increased as age increased, which is interesting. However, other studies have reported that starting to work at an early age increases the risk for exposure to mobbing (Farrell, 1999; Jackson, Clare and Mannix, 2002; Desley, Plank and Parker, 2003; Randle, 2003; Leiper, 2005; Curtis, Bowen and Reid, 2007; Gecici and Sagkal, 2011; Jiao *et al.*, 2015), which may be explained by the increasing competition in the workplace. Younger nurses with less work experience make an effort to obtain more experienced nurses' positions, which may affect the exposure to mobbing (TUİK, 2019).

A highly significant difference was present between gender and exposure to mobbing, women were exposed to mobbing more than men. Other studies yielded results similar to this study and reported that female employees are exposed to mobbing more than males (Kok Bayrak, 2006; Gecici and Sagkal, 2011). Contrary to the findings of the present study, a study performed with the employees of private hospitals in Erzurum, Turkey, indicated that male employees are exposed to mobbing more than females (Col, 2008; Karcioglu and Akbas, 2010). Certain studies indicated that gender does not constitute a statistically significant difference regarding the exposure to mobbing (Leymann, 1996; Yavuz, 2007; Acar and Dundar, 2008; Gunel, 2010; Demir *et al.*, 2014). According to Leymann, gender is not a reason for experiencing intimidation. The reason why women experienced more mobbing may be related to gender perception and cultural factors in Turkey. Moreover, nursing is generally performed by

women, which may affect the rate of exposure to mobbing along with women's social role in this process. Women in Turkish culture are regarded to be more prone to intimidation compared to men. The Turkish law on nursing promulgated in 2007 indicated that males can work in the nursing profession. The rate of male nurses' ranges between 10 and 15%; the profession is still mainly performed by women who constitute three-quarters of the positions in nursing. Freire (1972) has used the concept of horizontal violence to explain the conflict within the African population and mentioned dual groups. Freire stated that one of these groups was more powerful than the other and this powerful group mobbed the other group discrediting their values (Freire, 1993). Roberts who combined the theory of mobbing with nursing (1983) stated that nurses were overwhelmed by the gender-based approaches in medicine, and these nurses accepted the behaviors of mobbers rather than fighting against them. Roberts (1983) has suggested that the overwhelming group model consists of low self-esteem, self-hatred, and feelings of ineffectiveness (Roberts, 1983). Accordingly, it is reasonable to explain the higher rates of mobbing against female nurses with this theory. The reasons for mobbing against nurses include the absence of autonomy, accountability, and control over the nursing profession by members of other professions (Roberts, 1983; Randle, 2003; Kudielka and Simone, 2004; Leiper J, 2005; Bloom, 2014). Authoritarian characteristics of mobbers who are generally administrative nurses and supervisors, using individuals' skill-based deficiencies (Roberts, 1983; Hurley, 2006; Bloom, 2014), being overwhelmingly female, low self-esteem levels compared to men, petulant characteristics of individuals with low self-esteem levels, failure to manage anger, and acting recklessly under the impact of anger toward everybody (Leiper J, 2005) are cited as reasons as well. Low self-esteem level, absence of autonomy, and an ineffective role adversely affect exposure to mobbing (Hurley, 2006). Nurses reported a high rate of exposure to mobbing, even though almost half of the nurses in this study had a bachelor's degree or higher, which may be explained with the above-mentioned statements. Other studies (Namie, 2002; Yavuz, 2007; Col, 2008; Karcioglu and Akbas, 2010) have considered the high educational statuses as a reason for exposure to mobbing. which may also be explained with jealousy. The proverb "sour grapes" can be regarded as the best statement explaining this case.

Divorced and widowed nurses are exposed to mobbing more. Karcioglu and Akbas (2010) have reported in their study conducted with 395 healthcare employees that divorced employees were exposed to mobbing more (Karcioglu and Akbas, 2010). Abbas et al. have stated that (2010) there was no difference between single and married nurses, who were mobbing victims among 269 participants (Moustafa *et al.*, 2010). The reason for this may be related to the cultural perception in Turkey that divorced and widowed women cannot find support and thus can be easily controlled (Moustafa *et al.*, 2010). Women that are married and have children are socially more acceptable in Turkish culture, and are associated with a higher status. In addition, women are socially regarded to be more acceptable when in the presence of men. Although these beliefs gradually change, cultures may take too long to alter their traditions and practices. Moreover, generalizing divorced or widowed women as culturally weak and following a mobbing-based and isolation-related policy may affect these approaches.

The workplace may affect exposure to mobbing. Nurses working in training and research hospital are exposed to mobbing more than those working at other hospitals. Studies in the relevant literature present different results. Karcioglu and Akbas (2010) have presented an opposing outcome in their study conducted at two university hospitals and one state and one private hospital. They stated that nurses working at university hospitals are exposed to mobbing more than those working at public hospitals (Karcioglu and Akbas, 2010). Uye (2009) has suggested that nurses working at public hospitals are exposed to mobbing more than those working at private and university hospitals (Uye, 2009). Yildirim (2006) has reported that nurses working at private hospitals were exposed to mobbing more than those working at public and university hospitals (Yildirim and Yildirim, 2006). The difference between the results of these studies may be related to the differences in administrative systems.

Nurses working in intensive care units and emergency rooms are exposed to mobbing more than those working in other clinics. Studies indicated that mobbing takes place more in intensive clinics such as surgical clinics, intensive

care units and emergency rooms when compared to other clinics (Camerino *et al.*, 2008; Estryn, Behar *et al.*, 2008; Kansagra *et al.*, 2008; Steffgen, 2008). Atan et al. (2013) have found in their study conducted to determine mobbing at six hospitals that 59.4% of 441 participants were exposed to mobbing, and that mobbing takes place in emergency rooms more (Atan *et al.*, 2013). Oztunc (2001) has stated that mobbing takes place in surgical clinics the most while Dilman (2007) has suggested intensive care units and operating rooms. Yurdakul et al. (2011) have suggested administrative units and surgical clinics, and Efe and Ayaz (2010) have suggested intensive care units, emergency rooms and psychiatric and pediatric services as the medical departments where mobbing takes place more commonly (Oztunc, 2001; Dilman T., 2007; Kansagra *et al.*, 2008; Efe and Ayaz, 2010; Yurdakul *et al.*, 2011; Uzun, 2017). Nurses working in intensive care units and emergency rooms are exposed to mobbing more, which may be explained with the theory that working in intensive clinics has more occupational stress. In addition, the need for providing urgent solutions and frustration experienced while solving issues may result in higher rates of exposure to mobbing.

Working in the same institution for a long period results in exposure to mobbing. Other relevant studies yielded similar results (Dilman T., 2007; Ozturk, Yilmaz and Hindistan, 2007; Yildirim, 2009). The geography we live in prioritizes the collectivist values rather than the individualist approach (Oyserman, Coon and Kemmelmeier, 2002). Thus, individuals may have difficulty in setting limits of close relationships with one another due to working together for long periods. This may cause individuals to experience mobbing more.

The findings indicated that those working rotating shifts in institutions experienced mobbing more. Similar studies demonstrated that working on shifts increased the rate of exposure to mobbing (Estryn, Behar *et al.*, 2008; Moustafa *et al.*, 2010; Demir *et al.*, 2014; Jiao *et al.*, 2015). Contrary to the findings of the present study, Yurdakul et al. (2011) have reported that continually working rotating shifts yielded no significant results regarding the exposure to mobbing (Yurdakul *et al.*, 2011). Blachowicz and Letizia (2006) have found in their studies that working rotating shifts negatively affected individuals‘ physiological and psychological state, which had an adverse impact on the security of employees and patients (Blachowicz and Letizia, 2006). Working rotating shifts causes nurses to experience more stress and results in the failure to comprehend and manage work flow during the shifts, the presence of more patient relatives and workload on the day shift, working with different occupational groups, and the need to make critical decisions on the night shift, which may result in more exposure to mobbing.

The number of nurses working on each shift did not affect the exposure to MIW, but the rate of exposure to MIW increased as the number of nurses on each shift increased, which may result from nurses’ actions of assigning the responsibilities to one another on these shifts.

Nurses who did not believe they work as a team or have sufficient communication with one another were exposed to mobbing more. Studies of mobbing against healthcare personnel presented results that are similar to this study The mean score of exposure to mobbing was lower for those who reported working as a team (Reeves and Lewin, 2004; Rothstein and Hannum, 2007; Estryn, Behar *et al.*, 2008; Martin *et al.*, 2008). Dimitriadou (2010) has found the rate of exposure to mobbing less for the nurses who understood their duties and responsibilities and worked professionally and cooperatively. and that these nurses lived in wealth. Pallas et al. (2006) have reported that nurses‘ motivation is altered when the communication between the nurses is dysfunctional, and that effects of mobbing increase when nurses are concerned about having poor performance. Similarly, Woelfle and McCaffrey (2007) have stated that the most significant cause of mobbing is communication problems, and that ineffectual communication increased the rate of mobbing. Farrel (1999) has reported that interpersonal conflicts are the most common incidents in hospital work environment, which increases hostile attitudes and results psychological issues. Estryn-Behar et al. (2008) have stated that the rate of mobbing against nurses who work in clinics with insufficient communicational levels was high. Efe and Ayaz (2010) have stated that 25.2% of nurses who were mobbing victims, believed that the reason for their exposure to mobbing was based on communicational issues. Nurses who reported no support from their superiors in the clinics were

exposed to mobbing more. Similarly to our study, Stanley et al. (2007) have found in their study that the mobbing rate was higher due to superiors' negative attitudes.

Conclusion and Recommendations: This study found that almost half of the nurses in the sample were exposed to mobbing. In addition, the following factors were shown to expose nurses to mobbing at a higher rate; having a master's degree, being young and inexperienced, working in emergency rooms, intensive care units and training and research hospitals. Further, nurses who were divorced or widowed, had insufficient communication with other team members, and received no support from their superiors were exposed to mobbing more. For minimizing mobbing incidents at workplaces, programs for preventing mobbing in the workplace should be developed for nurses working in emergency rooms, intensive care units, and other high-risk environments. Employees should be oriented to policies and procedures for safety in the workplace.

Limitations¨The study is limited by the statistical methods used in the recent studies, by the participants' responses to the data collection tools and scales, and by the sources in the relevant literature.

Acknowledgments: This study was supported by the Department of Scientific Research Projects of Aydın Adnan Menderes University with the project code ADÜ-BAP-ASYO-13016. Gratitude is extended to the Department of Scientific Research Projects.

References

Abbas MA, Fiala LA, Abdel Rahman AG, Fahim AE. (2010) 'Epidemiology of Workplace Violence against Nursing Staff in Ismailia Governorate', *J Egypt Public Health Assoc*, 85(1), p. 2.

AbuAlRub, R., Khalifa, M. and Habbib, M. (2007) 'Workplace violence among Iraqi hospital nurses', *J Nurs Scholarsh*, 39, pp. 281–8.

Acar, A. . and Dundar, G. (2008) 'Examination of the relationship between the frequency of exposure to mobbing in the workplace and demographic characteristics', Istanbul University Faculty of Business Journal, 37(2), pp. 111–120.Adams, A. (1992) *Bullying at Work: How to Confrontand Overcome It.* London: Virago.

Adib SM, Al-Shatti AK, Kamal S, El-Gerges N, Al-Raqem M. (2002) 'Violence against nurses in healthcare facilities in Kuwait', *International Journal of Nursing Studies*, 39, pp. 469–478.

Unsal Atan S, Baysan Arabaci L, Sirin A, Isler A, Donmez S, Unsal Guler M, Oflaz U, Yalcinkaya Ozdemir G, Yazar Tasbasi F. (2013) 'Violence experienced by nurses at six university hospitals in Turkey', *Journal of psychiatric and mental health nursing*, 20, pp. 882–889.

Aytac, S. AbuAlRub, R., Khalifa, M. and Habbib, M. (2007) 'Workplace violence among Iraqi hospital nurses', *J Nurs Scholarsh*, 39, pp. 281–8.

Acar, A. . and Dundar, G. (2008) 'Examination of the relationship between the frequency of exposure to mobbing in the workplace and demographic characteristics', Istanbul University Faculty of Business Journal, 37(2), pp. 111–120.Adams, A. (1992) *Bullying at Work: How to Confrontand Overcome It.* London: Virago.

Adib SM, Al-Shatti AK, Kamal S, El-Gerges N, Al-Raqem M. (2002) 'Violence against nurses in healthcare facilities in Kuwait', *International Journal of Nursing Studies*, 39, pp. 469–478.

Unsal Atan S, Baysan Arabaci L, Sirin A, Isler A, Donmez S, Unsal Guler M, Oflaz U, Yalcinkaya Ozdemir G, Yazar Tasbasi F. (2013) 'Violence experienced by nurses at six university hospitals in Turkey', *Journal of psychiatric and mental health nursing*, 20, pp. 882–889.

Aytac, S., Bozkurt V., Bayram N., Yildiz S., Aytac M., Akinci FS., and Bilgel N. (2011) 'Workplace violence a study of Turkish workers.', *International Journal of Occupational Safety and Ergonomics*, 17(4), pp. 385–402

Blachowicz, E. and Letizia, M. (2006) 'The challenges of shift work.', *Medsurg Nursing.*, 15(5), pp. 274–80.

Bloom, E. (2014) 'Horizontal violence among nurses', *Experiences Responses and Jobes Performance*, 247.

Cai W, Deng L, Liu M, Yu M. (2011) 'Antecedents of medical workplace violence in South China.', *J Interpers Violence*, 26, pp. 312–27.

Camerino D, Estryn-Behar M, Conway PM, van Der Heijden BI, Hasselhorn HM. (2008) 'Work related factors and violence among nursing staff in the European Next study. Alongitudinal cohort study.', *International Journal Nursing Studies*, 45(4), pp. 35–50.

Col, S. (2008) 'Psychological Violence in the Workplace: A Study on Hospital Employees', Work and Society, 4(107–33).

Curtis, J., Bowen, I. and Reid, S. (2007) 'You have no credibility: nursing student's experiences of horizontal violence.', *Nurse Education in Practice*, 7(3), pp. 156–163.

Delbel JC. (2003) 'De-escalating workplace aggression', *Nurs. Manage.*, 34(9), pp. 30–4.

Demir, G. *et al.* (2014) Determination of Mobbing Situations of Nurses', Journal of Duzce University

Health Sciences Institute, 4(1), pp. 1–5.
Desley, H., Plank, A. and Parker, V. (2003) 'Workplace violence ın nursing ın Queen Island, Australia: A self Reported Study.', *International Journal of Nursing Practice*, 9(4), pp. 261–268.
Dilman T. (2007) Determination of Emotional Abuse Exposure of Nurses Working in Private Hospitals. Marmara University.
Dimitriadou A. Lavdaniti M., Theofanidis D. Psychogiou M. Minasidou E. Konstadinidou-Straukou A. and Sapountzi-Krepia D. (2010) 'Interprofessional collaboration and collaboration among nursing staff members in Northern Greece.', *International Journal of Caring Sciences*, 1(3), pp. 140–146.
Dumont C, Meisinger S, Whitacre MJ, Corbin G. (2012) 'Horizontal violence survey report', *Nursing*, 47(1), pp. 44–9.
Efe, S. Y. and Ayaz, S. (2010) 'Mobbing Against Nurses İn The Workplace In Turkey', *International Nursing Reivew*, 57(3), pp. 328–34.
Estryn-Behar M, van der Heijden B, Camerino D, Fry C, Le Nezet O, Conway PM, Hasselhorn HM, (2008) 'Violence risk in nursing, results from the European. Next Study', *Occupational Medicine.*, 58, pp. 107–114.
Farrell, G. . (1999) 'Aggression in clinical setting safollow-upstudy.', *Journal of Advanced Nursing*, 29(3), pp. 532–541.
Freire, P. (1993) *Pedagogy of the Oppressed.* 20th edn. New York Continuum: Anniversary.
Gecici,, N. and Sagkal, T. (2011) 'Examination of the mobbing exposure of nurses working in Ödemiş', Maltepe University Journal of Nursing Science and Art, 4(1).
Gokce, T. and Dundar, C. (2008) 'The frequency of exposure to violence and its effects on anxiety levels in physicians and nurses working in Samsun Psychiatric Hospital', İnönü University Medical Faculty Journal, 15, pp. 25–28.
Gunel, O. (2010) 'The phenomenon of mobbing in businesses and a research on the personality traits of mobbing victims', Dokuz Eylul University Journal of Social Sciences Institute, 12(3), pp. 37–65.
Guven, S. D., Ozcan, A. and Kartal, B. (2012) 'Mobbing status of midwives and nurses working in public health institutions in Nevşehir city center', Balikesir Journal of Health Sciences, 1(3).
Hegney D, Tuckett A, Parker D, Robert E. (2010) 'Access to support for continuing professionel education amongst Quensland nurses: 2004 and 2007', *Nurse Education Today*, 30(2), pp. 142–49.
Hurley, J. (2006) 'Nurse-to-nurse horizontal violence: recognizing it and preventing it.', *Imprint*, 53, pp. 68–71.
Hutchinson M, Wilkes L, Jackson D, Vickers MH. (2010) 'Integrating individual, work group and organizational factors: testing a multidimensional model of bullying in the nursing workplace.', *J Nurs Manag*, 18(2).
Ito H, Eisen SV, Sederer LI, et al. (2001) 'Factors affecting psychiatric nurses' intention to leave their current job.', *Psychiatr Serv*, 52, pp. 232–4.
Jackson, D., Clare, J. and Mannix, J. (2002) 'Who would want to be a nurse? Violence in the workplace: a factor in recruitment and retention', *Journal of Nursing Management*, 10(1), pp. 13–20.
Jiao M, Ning N, Li Y, Gao L, Cui Y, Sun H, Kang Z, Liang L, Wu Q, Hao Y. (2015) 'Workplace violence against nurses in Chinese hospitals: a cross-sectional survey', *BMJ*, 5.
Kansagra SM, Rao SR, Sullivan AF, Gordon JA, Magid DJ, Kaushal R, Camargo CA Jr, Blumenthal D. (2008) 'A survey of workplace violence across 65 U.S. emergency departments.', *Acad Emerg Med*, 15(12), pp. 1268–74.
Karcioglu, F. and Akbas, S. (2010) 'The Relationship between Psychological Violence in the Workplace and Job Satisfaction', Atatürk University Journal of Economics and Administrative Sciences, 24(3), pp. 139–161.
Karslioglu, G. . (2011) Workplace mobbing (Psychological Harassment) and its effect on employee motivation. Ankara Gazi University.
Kingma M. (2001) 'Workplace violence in the health sector: a problem of epidemic proportion', *int Nurs Rev*, 48(3), pp. 129–30.
Kling RN, Yassi A, Smailes E, Lovata, C. (2009) 'Characterizing violence in health care in British Columbia.', *J Adv Nurs*, 65, p. :1655–63.
Kok Bayrak, S. (2006) 'The Phenomenon and Causes of Mobbing as a Spiral of Psycho-Violence in Work Life', Selcuk University Journal of Social Sciences Institute, 16, pp. 443–448.
Kudielka, B. and Simone, K. (2004) 'Cortisol day profiles in victims of mobbing (bullying at the work place): preliminary results of a first psychobiological field study.', *Journal of Psychosomatic Research.*, 56(1), pp. 149–150.
Kwok RP, Law YK, Li KE, Ng YC, Cheung MH, Fung VK, Kwok KT, Tong JM, Yen PF, Leung WC. (2006) 'Prevalence of workplace violence against nurses in Hong Kong', *Hong Kong Medical Journal*, 12, pp. 5–9.
Leiper J (2005) 'Nurse against nurse: How to stop horizontal violence', *Nursing*, 35(3), pp. 44–45.
Leymann, H. (1996) 'The Content and Development of Mobbing at Work', *Work and Organizational Psychology*, 5, pp. 165–184.
Martin MM, Stanley KM, Dulaney P, Pehrson KM. (2008) 'Perspectives in psychiatric consultation liaison nursing: The role of the psychiatric consultation liaison nurse in evidence-based approaches to lateral violence in nursing.', *Perspectives in Psychiatric Care*, 44(1), pp. 58–60.
Di Martino, V. (2003) 'Relationship between work

stress and workplace violence in the health sector (ILO/ICN/WHO/PSI)', *Geneva*, pp. 15–23.

Namie, G. (2002) 'WorkplaceBullying: Escalated Incivility', *Ivey Business Journal*, pp. 1–6.

Nolan P, Soares J, Dallender J, Thomsen S, Arnetz B. (2001) 'A comparative study of the experiences of violence of English and Swedish mental health nurses', *International Journal of Nursing Studies*, 38(4), pp. 419–426.

Oyserman, D., Coon, H. and Kemmelmeier, M. (2002) 'Rethinking individualism and collectivism: Evaluation of theoretical assumptions and meta-analyses', *Psychological Bulletin*, 128(1), pp. 3–72.

Ozdemir, S. Tosun B, Bebis H, Yava A. (2013) 'Mobbing from nurse pencil: psychological assault at work', TAF Preventive Medicine Bulletin, 12(2), pp. 183–192.

Oztunc, G. (2001) 'Examination of verbal and physical harassment incidents encountered by nurses working in various hospitals in Adana province during working hours', Journal of Cumhuriyet University School of Nursing, 5(1), p. one.

Ozturk, H., Yilmaz, F. and India, S. (2007) 'Mobbing scale for nurses and mobbing experienced by nurses', Hospital Management, 11, pp. 1–2.Pai, H. and Lee, S. (20011) 'Risk factors for workplace violence in clinical registered nurses in Taiwan.', *Journal Clinical Nursing*, 20(9–10), pp. 1405–12.

O'Brien-Pallas L, Duffield C, Hayes L. (2006) 'Do we really understand how to retain nurses', *Journal of Nursing Management*, 14, pp. 262–270.

Quine, L. (1999) 'Workplace bullying in NHS community trust: staff questionnaire survey', *British Medical Journal*, 318(7178), pp. 228–232.

Randle, J. (2003) 'Bullying in the nursing profession', *Journal of Advanced Nursing*, 43(4), pp. 395–401.

Reeves, S. and Lewin, S. (2004) 'Interprofessional collaboration in the hospital: strategies and meanings', *Journal of Health Service Research Policy*, 9, pp. 218–225.

Roberts, S. J. (1983) 'Oppressed group behaviour: implications for nursing', *Advances in NursingScience*, 21, pp. 30–34.

Rothstein, W. . and Hannum, S. (2007) 'Profession and gender in relationships between advanced practice nurses and physicians', *Journal Prof Nursing*, 23(4), pp. 235–40.

Shahzad, A. and Malik, R. K. (2014) 'Workplace Violence: An Extensive Issue for Nurses in Pakistan: A Qualitative Investigation', *Journal of Interpersonal Violence*, 29(11), pp. 2021–2034.

Stanley KM, Martin MM, Nemeth LS, Michel Y, Welton JM. (2007) 'Examining lateral violence in the nursing workforce', *Issues Mental Health Nursing*, 8, pp. 1247–65.

Stathopoulou, H. G. (2007) 'Violence and aggression towards health care professionals', *Health Sciences Journal*, 2, pp. 29–30.

Steffgen, G. (2008) 'Physical violence at the workplace: consequences on health and measures of prevention', *European Review of Applied Psychology*, 58(4), pp. 285–295.

Tetik, S. (2010) 'The Concept of Mobbing: Its Importance for Individuals and Organizations', KMU Journal of Social and Economic Research, 12(18), pp. 81–89.

TUİK (2019) *No Title*. Available at: http://www.tuik.gov.tr (Accessed: 25 February 2019).

Uye, C. (2009) Distribution of nurses' encounters with mobbing behaviors by their managers. Halic University.

Usun, S. (2017) Sister Calista Roy: The Adaptation Model. 1st edn. Edited by A. Karadag, N. Caliskan, and Z. Gocmen Baykara. Istanbul: Akademi Press and Publishing.

Walrafen, N., Brewer, M. and Mulvenon, C. (2012) 'Sadly caught up in the moment: an exploration of horizontal violence', *Nurs Econ*, 30(6), pp. 49–13.

Whittington, R., Shuttleworth, S. and Hill, L. (1996) 'Violencetostaff in a general hospital setting.', *Journal of Advanced Nursing.*, 24(2), pp. 326–333.

Woelfle, C. . and McCaffrey, R. (2007) 'Nurse on nurse', *Nursing Forum*, 42(3), pp. 123–131.

World Health Organization (2014) *Global status report on violence prevention.* Geneva.

Yavuz, H. (2007) Factors Affecting Perception of Mobbing (psychological violence) in Employees: A Study on SDU Faculty of Medicine. Suleyman Demirel University.

Yildirim, A. and Yildirim, D. (2006) 'Mobbing The Workplace by Peers and Managers: Mobbing Experienced by Nurses Working in Healthcare Facilities in Turkey And Its Effect on Nurses', *Journal Of Clinical Nursing*, pp. 1114–1149.

Yildirim, A. and Yildirim, D. (2007) 'Mobbing in the workplace by peers and managers: mobbing experienced by nurses working in health care facilities in Turkey and its effect on nurses.', *Journal of Clinical Nursing*, 16(8), pp. 1444–53.

Yildirim, D. (2009) 'Bullying among nurses and its effects', *International NursingReview*, 56, pp. 504–511.

Yurdakul, M. *et al.* (2011) Psychological harassment behaviors faced by midwives and nurses at work', Journal of Research and Development in Nursing, 3., p. 3.