THE EFFECT OF COMMUNICATION SKILLS AND MOBBING LIVING LEVELS OF HEALTHCARE PROFESSIONALS ON EMPLOYEE SILENCE

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ABSTRACT

This study aims to reveal the relationship and effect of "communication skills" and "mobbing" level of the personnel working in Ankara Dr. Sami Ulus Obstetrics and Gynecology, Children's Health and Disease Training and Research Hospital with "Employee Silence". The research was carried out with the quantitative research method and the relational survey model was used as the research model. The sample of the study consists of 213 (168 female, 45 male) healthcare personnel determined by purposive sampling, which is one of the non-random sampling methods. Socio-Demographic Information Form, Communication Skills Assessment Scale, Mobbing Scale, Employee Silence Scale were applied to the participants in the study. For the purposes of the research, independent groups t-test and Pearson Correlation Analysis were used in the analysis of the data. Regression analysis was performed for the subscales of employee silence and modeled by examining their relations with other variables. As a result of this study, the rate of being exposed to mobbing in healthcare workers was not found to be high. In general, as the exposure to mobbing increases, it is observed that the employees become quieter, while communication skills do not have a significant effect on employee silence. Our results suggest that awareness-raising studies should be carried out to ensure and maintain a transparent and equitable communication environment among healthcare professionals, administrators and administrators, and to reduce the level of mobbing experience of healthcare professionals.

Keywords: Health employee, mobbing, communication skills, employee silence.

SAĞLIK ÇALIŞANLARININ İLETİŞİM BECERİLERİ VE MOBBİNG YAŞAMA DÜZEYLERİNİN ÇALIŞAN SESSİZLİĞİNE ETKİSİ

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ÖZ

Bu çalışma, Ankara Doktor Sami Ulus Kadın Doğum, Çocuk Sağlığı ve Hastalıkları Eğitim ve Araştırma Hastanesinde çalışan personelin "iletişim becerileri" ve "Mobbing" düzeyinin "Çalışan Sessizliği" ile olan ilişkisi ve etkisini ortaya koymayı amaçlayan bir çalışmadır. Araştırma nicel araştırma yöntemiyle gerçekleştirilmiş olup araştırma modeli olarak ilişkisel tarama modeli kullanılmıştır. Araştırmanın örneklemini seçkisiz olmayan örnekleme yöntemlerinden olan amaçsal örnekleme ile belirlenmiş 213 (168 kadın, 45 erkek) sağlık personeli oluşturmaktadır. Araştırmada katılımcılara Sosyo-Demografik Bilgi Formu, İletişim Becerilerini Değerlendirme Ölçeği, Mobbing Ölçeği, Çalışan Sessizliği Ölçeği uygulanmıştır. Araştırmanın amaçları doğrultusunda verilerin analizinde bağımsız gruplar t testi ve Pearson Korelasyon Analizi kullanılmıştır. Yine çalışan sessizliğinin alt ölçekleri için regresyon analizi gerçekleştirilmiş ve diğer değişkenlerle ilişkileri incelenerek modellenmiştir. Bu çalışmanın sonucunda sağlık çalışanlarında mobbinge maruz kalma algısı oranı yüksek bulunmamıştır. Genel olarak mobbinge maruz kalma durumu arttıkça çalışanların sessizleştiği görülmekteyken, iletişim becerisinin çalışan sessizliğine anlamlı bir etkisi görülmemektedir. Sonuçlarımız sağlık çalışanları, idareciler ve yöneticiler arasında şeffaf ve eşitliğe dayalı bir iletişim ortamının sağlanması, sürdürülmesi ve sağlık çalışanlarının mobbing deneyimleme düzeyinin azaltılmasına yönelik farkındalığı arttırıcı çalışmaların yapılmasını önermektedir.

Anahtar Kelimeler: *Sağlık çalışanı, mobbing, iletişim becerileri, çalışan sessizliği.*

I. INTRODUCTION

Mobbing is one of the concepts that has significantly negatively affected working life in recent years. More simply, it can be defined as a systematic and deliberate emotional attack, psychological violence and attrition movements targeting one or more employees in the workplace. Mobbing is described as repeated humiliation, slander, persistent criticism, expulsion from the work environment and regular aggression. It is considered as a phenomenon when one or more people are exposed to negative situations continuously for at least six months in the institution (Václavíková et al., 2022). The main purpose of the perpetrators in these attacks is to ensure that the targeted person leaves the workplace. However, it is seen that the victims of mobbing attacks not only leave the workplace at the end of the process but also sometimes experience serious negative consequences such as suicide.

Mobbing events have a negative impact on employees at the individual level, as well as on family, organizational and social levels. The negative effects that may arise at the family level due to mobbing include loss of family income, separation and divorce due to family unrest, and children's mental and physical health risks. In terms of organizations, economic losses caused by compensation lawsuits filed due to mobbing, increased employee turnover and productivity costs caused by significant loss of motivation in the workplace stand out. At the social level, health costs imposed on the social security system due to health problems, tax losses due to unemployment and working below capacity, increases that may occur in social assistance requests, and increases in the financial burden of the social security system due to early or disabled retirement and a social structure in which unhappy individuals increase can be considered. Therefore, mobbing is seen as a problem that needs to be focused and resolved.

Mobbing is also considered as a repeated attack by the employee or employer in the workplace, or as psychological pressure/terrorism. Mobbing in the workplace is applied systematically and with malicious intent, with elements of pressure such as unwarranted accusation, humiliation, and harassment for the person to leave the institution they work for (Çınar et al., 2016).

Employee silence is considered as one of the events that are seen in the workplaces and negatively affect working life. Although the positive aspects of this concept were emphasized when it was first discussed in academic circles, in a short time, the findings of scientific studies revealed that employee silence has more negative consequences for workplaces. The concept of employee silence, which is accepted as the preference of employees to remain silent for various reasons in the face of some negative situations and events they encounter in their workplaces, is now seen as one of the negative situations for organizations. Employees' silence is explained by several different reasons. Sometimes, employees do not want to give information to authorized and relevant people in the workplace about some events that they are aware of because they see themselves as worthless and unimportant. They prefer to remain silent because they think that the information they give will not be taken into account. In addition, sometimes they can choose to remain silent because of fear, that is, out of fear that they may get into trouble with the administration if the events are expressed. Employees may consider it more logical to remain silent in order to protect themselves, thinking that their colleagues and organizations may be harmed if the events are reflected outside. It is clear that employees who remain silent will lead to the formation of an organizational environment that avoids taking initiative and responsibility, does not participate in organizational decisions and policies with their views and suggestions, and therefore is far from innovative. Therefore, there will be a significant loss of motivation and productivity in the workplace.

The relationship between the variables of mobbing and employee silence, the main features of which are listed above, is also remarkable. One of the emotional attacks on victims targeted by mobbing perpetrators is in the form of preventing victims from expressing and showing themselves. Mobbing practices, such as constantly interrupting victims' words, shouting in their faces, or loudly scolding them, especially by people in the top position at work, are generally aimed at keeping employees quiet. As a result, it can be said that one of the reactions of the employees who are exposed to mobbing is to remain silent. Mobbing not only negatively affects the health and life of the victim

employee, but also damages the economic and social life of the society by reducing the efficiency of their performance at work. The increase in mobbing cases has made it necessary to deal with the phenomenon by different disciplines.

There are not many studies in the literature exploring the relationship between mobbing and employee silence. Moreover, the number of studies in which these variables were investigated on healthcare workers is almost non-existent. Therefore, it is hoped that this study, which investigates mobbing and employee silence for healthcare workers, will contribute to the literature. In addition, healthcare workers continue their duties under very heavy and difficult working conditions, especially with the COVID 19 process. Naturally, there is great pressure for a job and a profession that focuses on human life. It is very often seen that time pressure is added to this pressure. In the healthcare sector, where such difficult conditions exist, employees are also exposed to mobbing events. Silence behaviors are observed in healthcare workers due to both mobbing and other factors. Another contribution of this study is that it reveals practical information, especially for healthcare sector managers, by identifying the mobbing and silence behaviors of healthcare workers.

II. MOBBING

The first use of the concept was in Lorenz's work in the 1960s, which studied animal behavior. Lorenz used this concept for attacks by a group of geese to scare off a fox (Davenport, 2003). The first scientific definition of the concept of mobbing, derived from the Latin word "mobile vulgus", which means "irregular crowd" in Turkish, was made by Leymann (Candan and İnce, 2014). Mobbing is defined as hostile behavior and communication directed regularly towards a person or a group by a manager, colleague, person or more (İbrahim et al., 2021). Leymann defined mobbing as follows: *Mobbing is an emotional attack. It begins when an individual becomes the target of disrespectful and harmful behavior. Mobbing is done by individuals who come together willingly or reluctantly participating in malicious acts to empower a person or group at work and it happens when they insinuate against an individual they set as a target, gossip, discredit, and create an aggressive and hostile environment.* Leymann explained forty-five different types of mobbing behaviors that he determined under 5 different headings (Leymann, 1996). These are as follows (Tetik, 2010):

1. *Attacks on self-disclosure and communication:* It is the prevention of the victim from expressing and showing himself/herself, mostly by the perpetrators formed by the superiors. In this context, examples include constantly interrupting the victim's word, shouting in his/her face or scolding him/her with a loud voice, criticizing every job the victim does, not seeing their success, but exaggerating their failures as much as possible.

2. *Attacks on social relations:* The fact that other people in the social circle of the victim move away from the victim, avoid talking, pretend that the victim does not exist are examples of attacks on social relationships.

3. *Attacks on dignity or reputation:* Talking and gossiping behind the victim's back by the perpetrators, spreading unfounded rumors, putting them in ridiculous situations and making sexual implications are among the mobbing attacks in this group.

4. *Attacks on quality of life and occupation:* Examples of attacks in this heading include giving the victim meaningless tasks or not giving any tasks, taking back the given tasks, constantly changing the given jobs, and engaging in behavior that will cause the victim to suffer financial losses.

5. *Attacks on health:* Physical abuse of the victim, threats of physical violence against the victim, physical harm and sexual harassment are also examples of mobbing attacks aimed directly at health.

Sperry (2009), on the other hand, states that the above-mentioned attacks must have some other characteristics in order to be considered mobbing. First of all, for these attacks to be called "mobbing", there must be two or more perpetrators. In addition, these attacks should be carried out consciously and the removal of the victim or victims from the workplace or organization should be the main purpose (Candan and Kaya, 2018; 4506). Some researchers argue that mobbing attacks are more severe and damaging and even destructive than other negative behaviors (Saunders et al., 2007; Hauge et al., 2007). It is also stated that mobbing attacks are not temporary and periodic, and in order to be considered as mobbing, it should be continued for at least six months, at least once a week, until the victim leaves the workplace or the organization (Einersen et al., 2011).

It is claimed that the victims of mobbing are more intelligent, talented, successful and committed to their work. They have a brilliant career potential and are considered workaholic individuals who are identified with their work (Poyraz and Aksoy, 2012). In Özler et al. (2008) study, they stated that mobbing victims are conscientious but asocial personality traits and they revealed that these people are largely deprived of group solidarity in the workplace due to their asocial characteristics, and therefore they are seen as an easy target for mobbing.

It is also claimed that mobbing perpetrators are self-interest-oriented, starving for prestige and power, ignoring differences, very weak empathy, neurotic and narcissistic, extremely egoistic, jealous and envious. It is noted that the perpetrators are people who do not accept the achievements and superiorities of other individuals and try to cover up their own shortcomings and inadequacy by underestimating or discrediting others (Eratik, 2017).

The third-party of mobbing attacks is the bystander. Bystanders may be co-workers, superiors, or managers of the victims. It should be said that the person who remained silent despite being aware of or witnessing the incident accepted the incident, albeit implicitly (Tetik, 2010).

There are also some managerial and organizational factors that may lead to the emergence of mobbing in the workplace. These factors can be listed as (Shallcross, 2003; Tetik, 2010):

- Dominated by an extremely hierarchical understanding in the organizational structure
- Use of harassment as a tool to ensure organizational discipline and productivity increase
- Inadequate organizational communication
- Inadequate conflict management practices in organizational conflicts
- Poor leadership
- Insufficient understanding of teamwork in the organization
- Managers do not believe in the existence of mobbing attacks in their organizations
- The existence of immoral practices
- Change applications such as downsizing, reorganization
- Misapplications in personnel selection, recruitment and promotion practices
- High tendency to find scapegoats

There is a lot of research that mobbing events have significant costs on individuals, families, organizations and society. In a few striking examples related to this issue, mobbing has been found to lead to the suicide of employees at an individual level (Balducci et al., 2009). It was also determined that the average cost of lawsuits for mobbing in the United States was 350,000 USD (Fox and Stallworth, 2009) and it caused 19 million days of annual absence for Great Britain, and the total annual economic cost was 3.3 billion USD (Wheeler et al., 2010). In a study conducted by Davenport et al. (2003), the effects of mobbing at various levels were determined and shown in summary with the following table.

Table 1. **Mobbing Results**

Domain	Psychological Costs	Economic Costs
Individual	Stress, emotional and physical discomfort, accident and disability, marginalization and isolation, the pain of separation, loss of professional identity, suicide and murder	Medication, therapy, doctor and hospital costs, accident costs, attorney and court costs, unemployment and job search costs
Family	The pain of helplessness, family turmoil and conflicts, the pain of separation and divorce, negative impact on children	Loss of income at the family level, therapy costs, divorce costs
Organization	Disagreements, diseased organizational culture, demoralization, reduced creativity	Increased sick leave, cost increase due to personnel movement, decrease in productivity and job quality, loss of expertise, compensation paid to employees, legal action and litigation costs, early retirement, increases in personnel management fees

Source: Candan and İnce (2014)

III. EMPLOYEE SILENCE

The concept of silence has a feature that has different meanings in social sciences according to different disciplines. The perspective of sociology is more negative, such as social silence, inaction and intimidation of society. The approach of psychology, on the other hand, imposes the meanings of introversion, lack of self-confidence, fear and shyness. Communication science sees the concept of silence as an effective communication tool in which individuals and employees in business life can communicate some messages around them by staying silent (Gürer, 2017).

Hirschman's book "Exit, Voice and Loyalty", published in 1970, is accepted as the first work on silence in the literature. Hirschman and other initial studies emphasize that silence has meanings such as passive commitment, lack of action, approval of the current situation (Farrell, 1983; Rousseau, 1995; Pinder and Harlos, 2001). Some researchers consider silence to be virtuous behaviors such as humility, respect, and kindness (Alparslan and Kayalar, 2017). However, in time, the positive meanings attributed to the concept of silence began to be replaced by negative aspects (Candan, 2019). In particular, it was argued that individuals' refrain from reflecting their views and opinions can be a significant obstacle to innovation and development. (Van Dyne and LePine, 1998; Morrison and Milliken, 2000).

Some researchers emphasized that the concept of silence can have both sides and listed the dual functions as follows (Jensen, 1973; Pinder and Harlos, 2001; Gürer, 2017);

- Silence can bring people together and drive them apart,
- It can both damage and improve human relationships,
- It can both provide and hide information,
- It can refer to deep thinking or it can mean that there is no thought,
- On the one hand, it can be a sign of acceptance, but on the other hand it can mean opposition.

Based on the definitions above, it would be appropriate to draw attention to the fact that the concepts of employee silence and organizational silence are often used with the same meanings in the literature (Çakıcı, 2007). However, there is an important distinction between these two concepts.

Organizational silence refers to a collective silence behavior within the organization or workplace. However, employee silence is considered an act of silence at the individual level (Gürer, 2017).

In the researches, the factors that cause employee silence are grouped into three groups as individual, social and organizational factors (Henriksen and Dayton, 2006; Ülker and Kanten, 2009). *Individual factors* include employee intuition, bias, and the risks they face at work. Due to these intuitions, prejudices and risks, employees do not consider themselves part of their organization and thus do not engage in the issues related to the organization and cannot adapt to their organizations. *Social factors* include the harmony among employees, the distribution of responsibilities and the environment of insecurity. As a result of incompatibility and insecurity among individuals in the organization, employees are unable to take part in organizational processes and cannot access sufficient information about their organizations. *Organizational factors* indicate the absence of some values that are indisputably accepted by the organization and the lack of solidarity among employees.

Employee silence has been studied in three dimensions in the literature and these are as follows (Pinder and Harlos, 2001; Brinsfield, 2009; Alparslan, 2010; Şekerli, 2013; Akarsu, 2016);

- *In silent behavior based on indifference and submission,* employees believe that nothing will change if they speak openly, and they do not speak up because they fall into despair. It can be seen as acceptance without protest. When employees feel that their views and opinions are not valued and feel obliged to comply with general social acceptance, they comply with the current situation, do not express their different views and opinions and prefer to remain passive on organizational issues.
- *Silence based on self-protection and fear* is a condition in which employees deliberately remain silent in order to protect themselves from external threats and dangers. Individuals may keep information to themselves that their superiors or other colleagues do not want to hear, for fear of being punished. Employees may ignore some facts because of these fears. Employees may also choose silence due to fears of job losses, job jeopardy, and more workload.
- *The silence based on protecting relationships* is based on the desire to protect the relationship valued by the employees. When employees see the weaknesses and problems in their workplaces and try to share their opinions and thoughts in order to solve them and eliminate the deficiencies, if they see that other individuals (manager or employee) are not satisfied with this, they may take a step back from their behavior and prefer silence. In fact, what lies behind this behavior is an effort not to hurt and please other individuals. In addition, employees can sometimes remain silent and passive in order to protect their reputation for issues that they consider sensitive to their organization.

Many individual and organizational negative consequences arise due to the silence of the employees. Individual results include employees feeling worthless (Durak, 2014), emotional breakdown (Çakıcı, 2007), employees feeling powerless and accordingly decrease in organizational commitment in employees, job satisfaction, perceived sense of organizational support and trust, and increase in intention to leave job (Candan, 2019; Karaca, 2013; Shojaie et al., 2011; Çakıcı, 2008; Morrison and Milliken, 2000), increased burnout level (Şimşek and Aktaş, 2014; Kahya, 2015), loss of motivation and increase in stress level (Yalçınsoy, 2017).

The organizational consequences of employee silence can be listed as poor quality of organizational communication (Vakola and Boudaras, 2005), decreased performance (Tayfun and Çatır, 2013), low organizational learning (Morrison and Miliken, 2000), low organizational trust (Dedahanov and Rhee, 2015; Timuroğlu and Alioğulları, 2019), and low organizational commitment (Attila Gök, 2016; Seymen and Korkmaz, 2017; Salha et al., 2018; Güven et al., 2018; Candan, 2019).

IV. METHOD

4.1. Research Model

This research aims to examine the communication skills of the personnel working in healthcare service delivery and the effect of mobbing experience on employee silence and to reveal the relationship between them. The research was carried out with the quantitative research method and the relational screening model was used as the research model. Relational screening models are studies that try to determine the existence and/or degree of change of interaction between two or more variables. Relational analyzes can be done in two types, correlational and comparative (Karasar, 2010: 81). Correlational studies are designed to determine the relationships between two or more variables and to give clues about cause-effects. Correlational researches can determine the type of relationship between variables and the degree of relationship (Büyüköztürk et al., 2016).

4.2. Working Group

The universe of this research is all health personnel working in Ankara Doctor Sami Ulus Gynecology, Child Health and Diseases Training and Research Hospital. The sample of the study was determined by purposive sampling, which is one of the non-random sampling methods. 213 health personnel voluntarily participated in the study, and the research data were collected between 01.08.2020 and 31.10.2020. The Purposive Sampling Method allows for in-depth research of information-rich situations depending on the purpose of the study (Büyüköztürk et al., 2016). In purposive sampling, only relevant participants are selected for the purpose of the research, and the researcher's ability to use their own prior knowledge to select participants is a feature of this sampling method (Kuş, 2012).

4.3. Ethics of Research

For the implementation of the research, an application was made to Dr. Sami Ulus Obstetrics and Gynecology, Children's Health and Disease Training and Research Hospital, Board of Medical Specialties (TUEK), where the research will be conducted, on 07.07.2020. On 09.07.2020, TUEK approved and permission was obtained for its application in the hospital.

Participation in the research was completely voluntary. Participants were informed in detail that the information in the data form and scales used in the research will be kept confidential and that participants have the right to withdraw from the research if necessary.

4.4. Data Collection Tools

Socio-Demographic Information Form, Communication Skills Assessment Scale, Mobbing Scale, and Employee Silence Scale were used as data collection tools in the study.

In order to determine the sociodemographic characteristics of the healthcare personnel participating in the research, a sociodemographic information form containing 16 questions was created by the researcher.

Communication Skills Assessment Scale (İBDÖ); It is a 5-point Likert-type scale developed by Korkut (1996) in order to understand how individuals, evaluate their communication skills, graded from *always* to *never*. The scale consists of a total of 25 statements and the highest score that can be obtained is 100 and the lowest score is 0. The high score obtained from the scale without the reverse items means that individuals evaluate their communication skills positively. The validity and reliability studies of the scale were performed by the same person and the alpha internal consistency coefficient was found to be 0.80.

Mobbing Scale; It was developed by Aiello et al. in 2008. The adaptation of the scale to Turkish was carried out by Ayşegül Laleoglu under the guidance of Prof. Dr. Emine Özmete. Laleoğlu applied a factor analysis technique known as "Rotated Principal Components Analysis" to check the validity of the Mobbing Scale and removed 10 items from the scale as a result of the analysis. Thus, a total of 38 items remained on a scale of 48 questions. As a result of the reliability study of the scale, Laleoğlu calculated the Cronbach Alpha, which is the internal consistency coefficient, of 0.948. In Laleoğlu's study, five factors emerged as a result of the factor analysis of the mobbing scale. These factors were determined as "Relationships with co-workers, Threats and harassment, Work and career-related obstacles, Private life interference, Work commitment" (Laleoğlu and Özmete, 2013).

Employee Silence Scale: The scale of employees' silence behavior was created using two studies by Dyne and his colleagues in 2003 and Briensfield's doctoral thesis in 2009 and developed by Alparslan (2010). In the employee silence scale, there are 30 statements based on the literature.

There are behavioral tendencies of silence based on indifference and submission (IBS), silence based on protecting relationships (IKS) and silence based on self-protection and fear (KKS), which are sub-dimensions of employee silence in the scale. The answers for the statements in this scale are listed as "Strongly Disagree (1), Disagree (2), Undecided (3), Agree (4), Strongly Agree (5).

The high score on the applied silence scale indicates that the employee silence is excessive and it is seen that questions 1, 3 and 4 of the IKS dimension are asked in the opposite direction. In other words, the high scores given to these questions show that, unlike the others, the employee does not remain silent. When the reliability analysis of these questions is made by reverse coding, it is seen that the Cronbach Alpha coefficient is quite low. Therefore, these questions were excluded from the scale, considering that they would cause misleading results. Although it is not inverse in the reliability analysis, the removal of the second question also increases the Cronbach Alpha coefficient. The 10th question in the KKS dimension is also a reverse question, and when it was removed from the study, the Cronbach's Alpha coefficient for KKS increased.

In this study, the Cronbach's Alpha coefficients of the IBS, KKS and IKS dimensions were calculated as 0.943, 0.964 and 0.930, respectively. The values show that the internal consistency of the Employee Silence Scale is quite high.

4.5. Data Analysis

SPSS (Statistical Package for Social Sciences) 20 program was used when evaluating the data obtained as a result of the study. Internal consistency coefficients (Cronbach Alpha) were calculated to examine the reliability. The conformity of the data to normal distribution was examined by the Kolmogorov Smirnov test. The Mann-Whitney U test was used to check whether employee silence differs according to mobbing experience and exposure to violence, and the relationship between employee silence and other variables was determined by correlation analysis. Regression analysis was performed for subscales of employee silence and modeled by examining their relationship with other variables.

V. RESULTS

According to the descriptive statistical results of Ankara Dr. Sami Ulus Obstetrics and Gynecology, Children's Health and Disease Training and Research Hospital participants in Table 2, 21.1% of the participants are male, 78.9% are female employees, 51.2% are married and 48.8% are single. According to the age distribution and education level of the employees, 25.8% are younger than 25 years old, 23.5% are between the ages of 26-30, 13.1% are between the ages of 31-35, and 16% are between the ages of 36-40. and 21.6% are older than 40 years old and 39.9% of them are license, 25.8% are postgraduate, 19.3% are high school or below and 15% are associate degree graduates.

Table 2. Descriptive Statistics Findings Regarding the Sample of Ankara Dr. Sami Ulus Obstetrics and Gynecology, Children's Health and Disease Training and Research Hospital

Variables		Number	Percent
Gender	Female	168	78.9
	Male	45	21.1
	Total	213	100.0
Age	25 and below	55	25.8
	26-30	50	23.5
	31-35	28	13.1
	36-40	34	16
	Over 40	46	21.6
	Total	213	100
Marital status	Married	109	51.2
	Single	104	48.8
	Total	213	100.0
Educational Status	High School and Below	41	19.3
	Associate degree	32	15
	License	85	39.9
	Postgraduate	55	25.8
	Total	213	100.0

According to the descriptive statistical results of the participants in Table 3, 28.6% of the healthcare personnel participating in the study are nurses, 27.2% are doctors, 11.7% are secretaries, 9.9% are midwives and 8.5% are technicians. It is seen that the vast majority of the participants with a rate of 37.1% are working for more than 12 years and the other majority with 26.3% are working for less than 1 year.

59.2% of the participants are civil servants (subject to the Civil Servant Law No. 657), 16.4% are workers, 9.4% are specialists (subject to the Career profession group) and 0.9% are managers. 32.9% of the participants work in the inpatient service and 23.9% work in the outpatient clinic, 13.6% work in the operating room, 8% work in the administrative unit, and 2.3% work in the emergency room.

83.1% of the participants stated that they were not exposed to violence in their working life and 16.9% stated that they were exposed to violence. Employees (36 people) who said they were exposed to violence were asked what type of violence they were exposed to. The majority of 13 people (11 people) who reported this stated that they were exposed to verbal violence (84.6%).

While 71.8% of the participants stated that they were not exposed to mobbing, 28.2% stated that they were exposed. The rate of those who stated that they were exposed to mobbing is only 0.04% (9 people). It is seen that these people are exposed to mobbing mostly by their colleagues (44.4%) and unit supervisors (44.4%) and at a very low rate (11.1%) by their relatives.

In the answers given by the participants to the question from whom they expect mobbing, it is seen that the majority of them think that their colleagues (39.4%) and their unit supervisors (36.2%) will it. It is seen that mobbing expected from patient relatives is lower (22.1%) and almost no mobbing is expected from patients (2.3%).

When the silence scores of the participants were compared according to their exposure to violence in the working life, it was seen that the IBS (p=0.014) and KKS (p=0.044) scores differed significantly according to the exposure to violence. It was determined that the victims of violence are more silent based on indifference and submission, and on the basis of self-protection and fear.

When the silence scores of the participants were compared according to their exposure to mobbing in working life, it was seen that the IBS (p=0.002) and IKS (p=0.049) scores differed significantly according to their exposure to mobbing. It is seen that those who are exposed to mobbing in their working life are more silent based on indifference and submission and protecting their relationships.

Table 3. Descriptive Statistical Findings of Work Life Regarding the Sample of Ankara Dr. Sami Ulus Obstetrics and Gynecology, Children's Health and Disease Training and Research Hospital.

		Number	Percent			Number	Percent
Unit	Polyclinic	51	23.9	**Unit Satisfaction**	I am not satisfied	15	7.0
	Inpatient service	70	32.9		I'm undecided	56	26.3
	Emergency	5	2.3		I am satisfied	142	66.7
	Operating room	29	13.6		Total	213	100
	Administrative unit	17	8.0	**Chronic Disease Status**	Yes	40	18.8
	Other	41	19.3		No	173	81.2
	Total	213	100.0		Total	213	100.0
Work as	Doctor	58	27.2	**Psychological Illness Status**	Yes	12	5.6
	Nurse	61	28.6		No	201	94.4
	Midwife	21	9.9		Total	213	100.0
	Secretary	25	11.7	**Exposure to Violence in Working Life**	Yes	36	16.9
	Technician	18	8.5		No	177	83.1
	Medical Imaging	1	0.5		Total	213	100.0
	Medical Laboratory	1	0.5	**Exposure to Mobbing in Working Life**	Yes	60	28.2
	Other	28	13.1		No	153	71.8
	Total	213	100.0		Total	213	100.0
Year of Service	less than 1	56	26.3	**The thought of who will do the mobbing the most**	Unit Supervisor	77	36.2
	1-3	33	15.5		Colleagues	84	39.4
	4-6	15	7.0		Patient	5	2.3
	7-9	11	5.2		Patients' relatives	47	22.1
	10-12	19	8.9		Total	213	100
	More than 12	79	37.1	**How He/She Works**	Day	86	40.4
	Total	213	100.0		Night	3	1.4
Current Position	Manager	2	0.9		Shift	36	16.9
	Specialist	20	9.4		On Duty	85	39.9
	Civil Servant	126	59.2		Other	3	1.4
	Worker	35	16.4		Total	213	100.0
	Other	30	14.1				
	Total	213	100.0				

Table 4. The Relationship Between Employee Silence, Communication Skills, Mobbing Scale and Demographic Features

	Variable	r and p values	Employee Silence Sub-Dimensions		
			Silence based on indifference and submission (IBS)	Silence based on self-protection and fear (KKS)	Silence based on protecting relationships (IKS)
Communication Skills Scale	Communication Skills	r	-0.121	-0.117	**-0.135(*)**
		p	0.078	0.089	**0.049**
Mobbing Scale Sub-Dimensions	Relations with Colleagues	r	**0.355(**)**	**0.418(**)**	**0.281(**)**
		p	**0.001**	**0.001**	**0.001**
	Threats and Harassment	r	**0.285(**)**	**0.315(**)**	**0.164(*)**
		p	**0.001**	**0.001**	**0.016**
	Work and Career Barriers	r	**0.359(**)**	**0.334(**)**	**0.215(**)**
		p	**0.001**	**0.001**	**0.002**
	Intervention in Private Life	r	**0.329(**)**	**0.402(**)**	**0.250(**)**
		p	**0.001**	**0.001**	**0.001**
	Commitment to Work	r	-0.038	-0.073	-0.043
		p	0.583	0.288	0.533
Demographic features	Gender	r	0.07	0.033	0.061
		p	0.308	0.631	0.373
	Age	r	0.133	**0.138(*)**	-0.015
		p	0.053	**0.045**	0.823
	Marital Status	r	-0.049	-0.056	-0.045
		p	0.477	0.416	0.514
	Educational Status	r	**-0.161(*)**	-0.076	0.019
		p	**0.02**	0.277	0.781
	Duty (Work as)	r	0.05	0.01	-0.087
		p	0.474	0.88	0.207
	Work Experience	r	0.092	0.095	-0.046
		p	0.187	0.173	0.508
	Working Time in the Organization	r	**0.156(*)**	0.126	-0.047
		p	**0.022**	0.066	0.496
	Current Position	r	**0.152(*)**	**0.150(*)**	0.061
		p	**0.028**	**0.030**	0.383
	Working Unit	r	-0.021	0.016	-0.001
		p	0.765	0.818	0.986
	How He/She Works	r	**-0.155(*)**	-0.112	0.105
		p	**0.024**	0.104	0.126
	Unit Satisfaction	r	-0.069	**-0.185(**)**	-0.132
		p	0.316	**0.007**	0.055
	Chronic Disease Status	r	-0.105	-0.133	-0.104
		p	0.127	0.053	0.13
	Psychological Illness Status	r	-0.08	-0.098	0.002
		p	0.248	0.156	0.973
	Exposure to Violence in Working Life	r	**0.169(*)**	**0.138(*)**	0.072
		p	**0.014**	**0.044**	0.299
	Type of Violence	r	-0.131	-0.105	-0.158
		p	0.669	0.733	0.606
	Exposure to Mobbing in Working Life	r	**0.212(**)**	0.106	**0.135(*)**
		p	**0.002**	0.125	**0.048**
	Who's Mobbing	r	0.183	0.042	-0.009
		p	0.637	0.915	0.981

* Correlation is significant at the 0.05 level
**Correlation is significant at the 0.01 level

The table showing the relationships between the sub-dimensions of employee silence and communication skills, the sub-dimensions of the mobbing scale and demographic features and the significance of these relationships is given above. When Table 4 is examined, it is seen that there is an inverse and weak relationship between communication skills and silence based on protecting relationships (IKS) (r=-0.135, p=0.049). There is no significant relationship between the other sub-dimensions of employee silence and communication skills.

When the relations between the sub-dimensions of employee silence and the sub-dimensions of the mobbing scale were examined, positive and significant relations were found between the sub-scales of employee silence and mobbing, although not very strong. Therefore, the increase in mobbing is expected to cause an increase in employee silence in general.

There are positive weak relationships between violence exposure in working life and IBS (r=0.169, p=0.014) and KKS (r=0.138, p=0.044), and mobbing exposure in working life and KKS (r=0.135, p=0.048) and IBS (r=0.212, p=0.002). The increase in exposure to violence and mobbing in working life is expected to increase these employee silence scores.

In the regression analysis performed by taking communication skills and mobbing subscales to IBS scores, work and career barriers (t=2.32; p=0.021), intervention in private life (t=4.01; p=0.001) and increased mobbing scales had an increasing effect on employees' silence based on indifference and submission. The contribution of communication skills to the model was found to be meaningless. The regression model given below was obtained (F=24.63; p=0.001) and the mobbing subscales given in the model explain 20.17% of the variation in IBS scores.

> *Regression Model;*
>
> *Silence based on indifference and submission (IBS) = 1.461 + 0.1292 Work and career barriers + 0.2526 invasions of private life*

In the regression analysis performed by taking communication skills and mobbing subscales to KKS scores, relations with colleagues (t=5.07; p=0.001) and interference with private life (t=2.25; p=0.001) were found to have an increasing effect on self-protection and fear-based silence of employees. It was observed that the increase in the threat and harassment (t=-3.59; p=0.001) mobbing scale had a reducing effect on this silence, and the contribution of communication skills to the model was found to be meaningless. The regression model given below was obtained (F=21.05; p=0.001) and the mobbing subscales given in the model explain 24.34% of the change in KKS scores.

> *Regression Model;*
>
> *Silence based on self-protection and fear (KKS) = 1.326 + 0.561 Relations with colleagues - 0.433 Threats and harassment + 0.228 Interference with private life*

In the regression analysis performed by taking communication skills and mobbing subscales to IKS scores. It was observed that the increase in the mobbing scales of relations with colleagues (t=3.92; p=0.000) and interference with private life (t=2.16; p=0.032) had an effect on increasing the silence of employees based on protecting relations. It was also observed that the increase in the threat and harassment mobbing (t=-3.53; p=0.001) scale had a reducing effect on this silence, and the contribution of communication skills to the model was found to be meaningless. The regression model

given below was obtained (F=11.90, p=0.001) and the mobbing subscales given in the model explain 14.88% of the change in IKS scores.

Regression Model;

Silence based on protecting relationships (IKS) = 1.893 + 0.446 Relationships with colleagues - 0.438 Threats and harassment + 0.225 Interference with privacy

It is seen that the increase in the general mobbing scale (t=6.97; p=0.001) has an increasing effect on the general employee silence, and as the mobbing increases, the employees become quieter. However, communication skills do not seem to have a significant effect on employee silence. The following regression model was obtained (F=48.62; p=0.001). The general mobbing scale explains 20.72% of the change in the employee silence scale.

Regression Model;

Employee silence = 1.460 + 0.3944 Mobbing

VI. CONCLUSION AND RECOMMENDATIONS

In the literature, no research has been found that reveals the effect of the level of mobbing experience of healthcare professionals on employee silence. However, there are some domestic and foreign studies conducted with different sample groups. In this study, the relationship and effect of the communication skills of the personnel working in Ankara Dr. Sami Ulus Obstetrics and Gynecology, Children's Health and Disease Training and Research Hospital and the level of mobbing with employee silence were examined.

As a result of the study, the rate of being exposed to mobbing in healthcare workers was not found to be high. It was determined that employees were exposed to mobbing with a rate of 28.2%. The vast majority of those who stated that they were exposed to mobbing were mobbed by their colleagues and unit supervisors. Fışkın and Söyük (2012) determined in their study that 58% of primary health care workers were exposed to behaviors considered within the scope of mobbing at least once. Similarly, in the study of Ayranci et al. (2006), found that 50.8% of health workers have been exposed to violence at least once or more in their professional life.

Eğer's (2017) research found that being exposed to mobbing in working life negatively affects the attitudes and behaviors of employees towards work. The existence of mobbing practices causes absenteeism tendencies among employees and causes employees to be dissatisfied with being in the workplace. In line with the information obtained from the literature, it is stated that mobbing causes employee silence. In the study of Gül and Özcan (2011), the fact that managers are prejudiced against the ideas coming from the employees and that the criticisms made are disrespectful to them, lead the employees to show silence behavior. Thus, organizations are deprived of new ideas and views that will be beneficial for their development, and this silence, which managers contribute to its formation knowingly or unknowingly, can create serious problems for the organization. In our study, it is clear that exposure to violence and/or mobbing in working life has an impact on employee silence. In general, both exposures to violence and exposure to mobbing seem to silence employees. These situations have different effects on the lower dimensions of employee silence. As the exposure to violence in working life increases, it is seen that they remain silent more based on indifference and submission and based on self-protection and fear. However, when exposure to mobbing increases in

working life, it is seen that employees remain silent more based on indifference and submission and on protecting relationships.

In our study, it was found that employees remained more silent based on indifference and submission when there was an increase in the types of mobbing related to work and career barriers and interference in private life. When there was an increase in the types of mobbing of relationships with colleagues and intervention in private life, employees were found to remain more silent based on self-preservation and fear. However, employees who were subjected to threats and harassment mobbing didn't remain silent. In addition, it was observed that when there is an increase in the types of mobbing, which interferes with relations with colleagues and private life, employees remain quieter based on protecting relations. However, employees who are exposed to threats and harassment mobbing do not remain silent.

In general, as the exposure to mobbing increases, it is seen that the employees become quieter. There is no significant effect of communication skills on employee silence.

Based on the results of the study, the following recommendations can be considered:

- ✓ Studies should be carried out to raise awareness of mobbing in order to prevent employees from being exposed to mobbing not only in healthcare institutions but also in other service sectors.
- ✓ Studies should be carried out to ensure and maintain a transparent and equality-based communication environment between employees, managers and administrators.
- ✓ All managers and healthcare workers should be informed about mobbing, which is a common type of violence, and its legislation.
- ✓ Healthcare workers should be informed about what they can do if they are exposed to mobbing and their rights as employees through in-service training.
- ✓ Considering the working conditions of healthcare workers, working hours and shifts should be arranged more appropriately and equality should be maintained among the employees.
- ✓ Training programs aimed at improving the communication, empathy and emotional intelligence skills of all healthcare professionals should be organized, carried out and maintained.
- ✓ Adequate legal and psychological support should be provided to healthcare workers who are victims of mobbing and violence.
- ✓ This research was designed as quantitative research. Qualitative research can be made and the sources of the causes can be examined more deeply.
- ✓ In order to further explain the change in employee silence, demographic characteristics can also be included in the model or it can be renewed in different study groups to examine whether the results have changed.

Ethical Approval: The work permit approval was obtained on 09.07.2020 with the decision numbered 2020/8-11 by the Health Sciences University Ankara Dr Sami Ulus Gynecology, Obstetrics and Gynecology Education and Research Hospital Medical Specialization Education Board.

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