



### INVESTIGATION OF THE RELATIONSHIP BETWEEN THE FREQUENCY OF EXPOSURE TO MOBBING AND DEMOGRAPHICAL FEATURES OF MIDWIVES AND NURSES WORKING IN HOSPITALS

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**Abstract:** The objective of the present study is to find out whether there is a significant difference between the frequencies of instances of being exposed to mobbing among the midwives and nurses working at hospitals and various variables. The sample of the study comprised of 270 midwives (n=76) and nurses (n=194) working at a University Hospital. In the study, the “Scale for Determining the Mobbing Behaviors” was used in the form of a Likert scale. In order to determine the reliability of the scale, its Cronbach Alpha value was calculated. The internal consistency value was found to be 94.22. It was determined that the scores concerning the scale for the level of mobbing differed depending on whether the person is a midwife or a nurse ( $p<.05$ ). It was determined that the scores obtained in the scale for the level of mobbing did not differ depending on the age and total period of employment of the midwives and nurses ( $p>.05$ ). It was found out that the level the midwives were subjected to mobbing was higher than that the nurses were subjected to. In the data analysis, the frequency distribution, t-test and ANOVA test analyses were performed.

**Keywords:** Midwife, nurse, mobbing, hospital

## Introduction

Human beings are creatures with social characteristics. In order to have a happy and peaceful life, they need to be healthy both physiologically and psychologically. Besides the own characteristics of individuals, one of the prerequisites of ensuring this is that the working environment of the individuals should be free of stress, should have no communication problems and have an organizational culture. Eren (2001) stated that, according to the Maslow's hierarchy of needs, each human being needs protection against dangers and threats, and, when this need is not fulfilled, the individual will not feel belonging to the organization. The most prominent factor threatening the security, especially the psychological security of the individual, having psychosomatic effects on both the psychology and physical aspect of the individual, and thus influencing the efficient working of the organization, is thought to be 'mobbing'.

The concept of mobbing is defined to be the act of an irregular crowd or mob which exerts illegal violence (Davenport et al., 2003). Dökmen (2005) defines mobbing as the selection of a member of the staff in a workplace by the other members, due to his/her positive or negative differences, as a victim, and subjecting him/her to increasing violent, aggressive and repelling treatment in a way that will put him/her into a quarrelsome, problematic, unhappy and awkward state of mind. According to Tim Field (2006), mobbing can be defined as a continuous attack to the self-confidence carried out in a cruel way and as an effort to kill the self of the victim. In its list of workplace violence, International Labor Organization defines mobbing as the abstract violence that is more dangerous than physical violence and results in permanent psychologically-based physical effects (ILO, 2006). Mobbing includes the systematic maltreatment, violence, threats and humiliation behaviors applied in workplaces by the superiors, inferiors or coworkers of individuals in workplaces (Einarsen, 1999).

Researchers point out corporal reasons, individual reasons and factors related to the social environment out of the organization as the reasons of the occurrence of mobbing (Davenport et al., 2003). According to Baykal (2005), the individual reasons of mobbing are related to the general individual features of the individuals applying the mobbing. The people who perceive other people as threats for themselves and thus feel insecure can frequently apply to mobbing. This kind of individuals resort to mobbing based on the thought that other people with more reputation or experience than themselves can harm their own reputation. Managers who do not have managerial merits also tend to apply mobbing to the employees. Other than these facts, the psychology of the people applying mobbing is generally bad and they do not hesitate to resort to malicious and manipulative acts. They can be in search of a scapegoat (Davenport et al., 2003).

According to Çobanoğlu (2005), the corporal conditions resulting in mobbing are mostly the outcomes of the cultural structure of the organization. The foremost corporal reason of mobbing is the inadequacy of the management. The hierarchical structure of the organization, decreasing the budgets allocated for human resources, ineffective working of the communication channels within the organization, the weakness of the conflict resolution

capacity or the ineffective conflict management in the organization, that the complaints are not taken seriously or hushed up, weak leadership and the lack of teamwork are among the situations that may lead to mobbing. Leymann (1996) argues that, though the quality and quantity of the mobbing cases experienced by employees vary greatly depending on corporal conditions, their results are greatly similar.

The purpose of mobbing is to create a psychological pressure on the person who is the target of the attack in order to ensure that he/she is hurt, unnerved and discredited by the persistent, systematic, humiliating, foremost and unfair remarks and behaviors and thus is excluded from the group and eventually quits the job. One of the most prominent reasons of low performance and failure in organization today; mobbing, is seen in many public and private organizations all around the world, as well as in Turkey (Chappell and Di Martino, 2006). In a study conducted in 1996 in 15 EU countries, it was determined that 12 million employees (8 % of all employees) are subjected to mobbing in a year (Tınaz, 2006). Another study showed that one out of twenty employees in Europe had encountered psychological harassment behaviors in their workplaces within the previous one year (Thirion et al., 2007).

The studies conducted in this field have shown that mobbing is an extremely common and important problem, that there are more mobbing victims in number comparing to the victims of other types of violence and harassment, that mobbing is seen in all workplaces independent of the cultural differences, and that it is particularly common in the education and health sectors (Chappell and Di Martino, 2006).

It has been stated in the literature that healthcare professions constitute a group of professions having a serious risk of being subjected to psychological violence in the workplace (Aronson at al., 2005; Leymann, 1990; Duncan and Vittorio, 2000; Çobanoğlu, 2005; Delbel, 2003; Dosler at al., 2014 ). It has been found out that midwives and nurses, among all healthcare professionals, are subjected more to mobbing comparing to the other professions in this sector (Abramis, 1994; Motowidlo at al., 1986; Leymann, 1990; Eliot at al., 2005; Çobanoğlu, 2005; Bağ, 2004; Delbel, 2003; Khorsid and Akin, 2006 ).

In their study, Khorsid and Akin (2006) stated that mobbing was an important problem in need of being faced and that there had been few studies in the literature conducted on this aspect of violence in nursing and especially in midwifery. Thus, finding out whether mobbing is experienced or not in the professions of nursing and midwifery, which constitute an important and great part of the group of healthcare professions, has been considered to be of importance in terms of the wellbeing of the healthcare labor force and the cost and efficiency of the healthcare services (Öztürk at al., 2007). In addition, it is considered that new studies to be conducted in this field are necessary in order to find effective solutions for and eliminate this harmful behavior, and to raise awareness on the issue.

Exposure of the midwives and nurses serving in healthcare institutions to mobbing results in them being discontented and unhappy, causes their working performances to decline, and thus lowers the quality of the healthcare provided as well. The objective of the present study conducted in the light of this information is to find out whether there is a significant

difference between the frequencies with which the midwives and nurses working in hospitals are exposed to mobbing depending on various variables (age, gender, and marital status). In line with this basic objective, answers were tried to be found for the following questions:

1) Does the status of the midwives and nurses working in a university hospital vary depending on the following variables?

- a) Occupation
- b) Age,
- c) Marital status,
- d) Educational level,
- e) Professional seniority,
- f) The department where they serve, and
- g) Desire to change institution
- h) Weekly average working hours.

## **Research Methodology**

### **Research Model**

In order to determine whether there is a significant difference between the frequency with which the midwives and nurses working in a University Hospital depending on the variables of age, marital status, educational level, the total period they have served in the sector, the department they work in and the weekly average working hours, the present study has been conducted as a descriptive study to determine the current situation by using the screening model. Screening model is a research approach aiming to describe a situation which has existed in the past and still exists as it is (Karasar, 2005, 77).

### **Population and Sampling**

The sample of the study comprised 270 midwives (n=76) and nurses (n=194) working in a University Hospital (Amasya University Sabuncuoğlu Şerefeddin Training and Research Hospital, the Unit of Statistics, 2015). After the population of the study has been defined, all population has been included in the scope of the study without selecting a sample group. The study was conducted with 257 midwives and service nurses who were working in the hospital between the dates when the data was collected, who were not on leave or sick leave, and who accepted to take part in the study.

### **Instruments**

In the study, the “Scale for Determining the Mobbing Behaviors” developed by Dangaç (2007) in the form of a Likert scale was used. The “Scale for Determining the Mobbing Behaviors” is the product of a master’s thesis conducted in 2007. In order to determine the reliability of the scale, its Cronbach Alpha value was calculated. The internal consistency value was found to be 94.22. The Cronbach Alpha value of the present study was found to be

.97. Tezbaşaran (1997, 47) states that in order for a reliability coefficient to be considered adequate for a Likert scale, it should be as close as possible to 1. Accordingly, the reliability of the measuring tool used in the study can be said to be at an adequate level. The results of all the analysis carried out have shown that the scale used in the present study is a valid and reliable one in determining mobbing behaviors.

In the first Confirmatory Factor Analysis conducted, the existence of the entries having the statistically insignificant t value were examined. This examination showed that there were no entries having the statistically insignificant t value.

The fit indices were found to be  $\chi^2=1857.80$ ,  $X^2/sd= 3.32$ , CFI=0.93, NNFI=0.92, NFI=0.91 and IFI=0.93. When the coefficients showing the correlation between the observed variables and the factors of the model representing the factorial structure of the scale, it was concluded that the fit indices were at an adequate level. When the fit indices calculated by means of Confirmatory factor Analysis considered, it was decided that the previously determined single-factor structure of the scale was generally in harmony with the collected data.

The questionnaire used in the present study is composed of two parts. In the first part of the questionnaire, questions for determining the demographical features of the respondents are asked. The second part of the questionnaire comprises of questions for determining the mobbing behaviors frequently encountered in organizations. While being evaluated in the analysis, this section was called the “Mobbing Behaviors Section”. The questionnaire is composed of 45 questions, 10 of which in the first part about demographical features and 35 in the second part.

In order to obtain original data, the survey method was used as a primary data collection method. In the survey, the interval measurement, where numerically equal intervals represent equal distances, was used. In order to ensure that the respondents do not resort to median rating system, and thus to ensure the reliability and accuracy of their answers, the even-numbered 6-point Likert scale was employed. The expressions used in the 6-point Likert scale in the survey included the following: (1) I have never encountered, (2) I have encountered once, (3) I have encountered a few times, (4) I encounter frequently, (5) I encounter every week, (6) I encounter every day.

Before starting the study, official correspondence was carried out with the hospital where the personal information form and the Scale for Determining Mobbing Behaviors would be applied, and the written permissions required for the present study to be conducted were obtained from the relevant institutions and authorized people. The hospital where the midwives and nurses in the population of the study serve was visited, the midwives and nurses were informed about the objective of the study, and they were requested to fill in the data collection tools on the basis of voluntariness.

A sample questionnaire and the permission form obtained from the Association of Public Hospitals were submitted to the unit authorities serving in the hospital. The hospital was visited on May 15 and July 25, 2015, the dates for which appointment had been taken via

telephone previously, in order to interview with the participating midwives and nurses. The questionnaires were applied by means of the method of interviewing in person. The midwives and nurses (the individuals) accepting to take part in the study were informed that the information obtained from them would be evaluated only by the person applying the questionnaire and would not be examined by any other person, and then they were asked to fill in the questionnaire.

### **Data Analysis**

The data obtained in the study were evaluated by means of the statistical analysis software 'SPSS 13.0 for Windows'. In analyzing this data, the frequency distribution, t-test and ANOVA test analyses were performed.

### **Findings**

When the distribution of the health professionals, who participated in the study, is examined, it is observed that 75% of the health professionals are younger than 40 years old. For that reason, sampling is composed of young age groups. 44 individuals (17.1%) are in 18-25 years of age group, 42 individuals (16.3%) are in 26-32 years of age group, 107 individuals (41.6%) are in 33-40 years of age group 45 individuals (17.5%) are in 41-47 years of age group and 19 individuals (7.4%) are in 48 years or older age group. 3 nurses did not respond to this question.

226 individuals (87.9%) as the great majority of the nurses are females where 31 individuals (12.1%) are males. 3 nurses did not respond to this question.

The distribution of health professionals according to their educational status is as follows: 57 individuals (22.3%) are high school graduate, 113 individuals (42.1%) are with associate degree, 68 individuals (26.6%) are with Bachelor Degree and 18 individuals (7.0%) are with Masters' Degree. 4 nurses did not respond to this question.

When their marital status is examined, it is observed that 181 individuals (70.7%), as a great majority, checked the box showing that they are married, 61 individuals (23.8%) checked as singles, 14 individuals (5.5%) checked as divorced or widow/widower. 4 nurses did not respond to this question.

When the married individuals, 70.7% of the health personnel, who had participated in the study, in other words, the samplings, were examined, it was observed that 40 individuals (18.7%) did not have a child, 51 individuals (23.8%) had one child, 103 individuals (48.1%) had two children and 20 individuals (9.3%) had 3 or more children. 46 nurses did not respond to this question.

The majority of the nurses, who had participated in the study, were working at emergency, surgery and internal services. 85 individuals (34.8%) were working at emergency services, 74 individuals (30.3%) were working internal services, 40 individuals (16.4%) were working at surgery services, 31 individuals (12.7%) were working at gynaecology services where 14

individuals (5.7%) were working at intensive care services. 16 nurses did not respond to this question.

When the distribution of the nurses, who had participated in the study, according to the period of their service is examined, it was observed that 96 individuals (37.8%) served 11-20 years, 70 individuals (27.6%) served 21 years or over, 57 individuals (22.4%) served 0-5 years and 31 individuals (12.2%) served 6-10 years. 6 nurses did not respond to this question.

156 individuals (63.4%) among the nurses who had participated in the study did not think to change the institution at which they worked. However, 90 individuals (36.6%) thought to change the institution at which they worked. Among the reasons given as response to the question why those nurses thought to change the institution at which they worked, the first four of them were “the improper working conditions, low salaries and family reasons and the desire to improve in personal and professional terms”. 14 nurses did not respond to this question.

According to the weekly working hours, it was observed that 171 individuals (67.6%) worked more than 40 hours a week 82 individuals (32.4%) worked 40 hours or more a week. 7 nurses did not respond to this question.

**Table 1. Socio-Demographic and Working Life Characteristics of Nurses and Midwives (N=257)**

| Variable                     | Group               | n (%)      |
|------------------------------|---------------------|------------|
| Gender                       | Female              | 226 (87.9) |
|                              | Male                | 31 (12.1)  |
| Age                          | 18-25               | 44 (17.1)  |
|                              | 26-32               | 42 (16.3)  |
|                              | 33-40               | 107 (41.6) |
|                              | 41-47               | 45 (17.5)  |
|                              | ≥ 48                | 19 (7.4)   |
| Marital Status               | Single              | 61 (23.8)  |
|                              | Married             | 181 (70.7) |
|                              | Divorced            | 12 (4.7)   |
|                              | Widow/Widower       | 2 (8)      |
| Number of the Children       | No Children         | 40 (18.7)  |
|                              | 1                   | 51 (23.8)  |
|                              | 2                   | 103 (48.1) |
|                              | ≥ 3                 | 20 (9.3)   |
| Education qualification      | High School         | 57 (22.3)  |
|                              | Associate Degree    | 113 (44.1) |
|                              | Bachelor Degree     | 68 (26.6)  |
|                              | Masters' Degree     | 18 (7.0)   |
| Assigned Unit                | Emergency           | 85 (34.8)  |
|                              | Internal Units      | 74 (30.3)  |
|                              | Surgery Units       | 40 (16.4)  |
|                              | Gynaecology Service | 31 (12.7)  |
|                              | Intensive Care      | 14 (5.7)   |
| Total period of service      | 0-5                 | 57 (22.4)  |
|                              | 6-10                | 31 (12.2)  |
|                              | 11-20               | 96 (37.8)  |
|                              | ≥ 21                | 70 (27.6)  |
| Desire to change institution | Yes                 | 90 (36.6)  |
|                              | No                  | 156 (63.4) |
| If yes, why?                 | Family reasons      | 11 (10.1)  |

|                      |   |            |
|----------------------|---|------------|
|                      | Because of low salary   | 20 (18.3)  |
|                      | Because of improper working conditions                            | 58 (53.2)  |
|                      | I want to be assigned with Public Personnel Selection Examination | 2 (1.8)    |
|                      | I want to improve in personal and professional terms              | 13 (11.9)  |
|                      | I receive attractive offers form private hospitals                | 1 (0.9)    |
|                      | Other   | 4 (3.7)    |
| Weekly working hours | 40 Hours or Less  | 82 (32.4)  |
|                      | 40 hours or more  | 171 (67.6) |
| Occupation           | Midwife   | 76 (30.2)  |
|                      | Nurse   | 176 (69.8) |

The findings concerning whether the status of the respondents in terms of being subjected to mobbing differs depending on their profession are presented in Table 2.

When Table 2 was examined, it was determined that the scores concerning the scale for the level of mobbing differed depending on whether the person is a midwife or a nurse ( $p < .05$ ). It was found out that the level the midwives were subjected to mobbing was higher than that the nurses were subjected to.

**Table 2. The difference between the levels the midwives and nurses are subjected to mobbing**

| Variable   |         | N   | $\bar{X}$ | SS    | t    | Sd  | p    |
|------------|---------|-----|-----------|-------|------|-----|------|
| Occupation | Midwife | 76  | 76.23     | 38.92 | 2.61 | 250 | .010 |
|            | Nurse   | 176 | 63.85     | 32.48 |      |     |      |

The distribution of the respondents in terms of their desire to work in another institution depending on the level they were subjected to mobbing is given in Table 3.

When Table 3 was examined, it was determined that the desire of the midwives and nurses to change the institution they work for did not differ depending on the score they got in the scale for the level of mobbing they were subjected to ( $p > .05$ ).

**Table 3. The distribution of the respondents in terms of their desire to work in another institution depending on the level they were subjected to mobbing**

| Group   | Variable                     |     | N   | $\bar{X}$ | SS    | t    | sd  | p    |
|---------|------------------------------|-----|-----|-----------|-------|------|-----|------|
| Midwife | Desire to change institution | Yes | 26  | 84.93     | 34.48 | 1.44 | 71  | .154 |
|         |                              | No  | 47  | 71.44     | 40.22 |      |     |      |
| Nurse   | Desire to change institution | Yes | 63  | 67.47     | 32.73 | 0.93 | 166 | .354 |
|         |                              | No  | 105 | 62.59     | 33.00 |      |     |      |

In Table 4 and Table 5, the results of the ANOVA test concerning whether the level the participants are subjected to mobbing differs depending on the variables of seniority and age.

When Table 4 and Table 5 were examined, it was determined that the scores obtained in the scale for the level of mobbing did not differ depending on the age and total period of employment of the midwives and nurses ( $p>.05$ ). It has been seen that the opinions of the midwives and nurses concerning mobbing did not differ significantly depending on the total period they have served and their ages. According to this finding, it can be said that the levels the participants are subjected to mobbing are similar depending on the variables of the level of seniority and age. In other words, it can be inferred that the age and the total period of service of midwives and nurses are not important variables in terms of their exposure to mobbing.

**Table 4. The results of the ANOVA test concerning the correlation between the level the participants are subjected to mobbing and age they have served in the profession**

| Group   | Variable |           | N  | $\bar{X}$ | SS    | F    | p    | Significant Differences |
|---------|----------|-----------|----|-----------|-------|------|------|-------------------------|
| Midwife | Age      | 18-25     | 6  | 71.35     | 35.81 | 2.12 | .087 | -                       |
|         |          | 26-32     | 12 | 86.24     | 39.04 |      |      |                         |
|         |          | 33-40     | 22 | 85.57     | 41.51 |      |      |                         |
|         |          | 41-47     | 28 | 75.15     | 39.43 |      |      |                         |
|         |          | 48 $\geq$ | 8  | 43.00     | 4.90  |      |      |                         |
| Nurse   | Age      | 18-25     | 37 | 68.09     | 36.48 | 1.05 | .383 | -                       |
|         |          | 26-32     | 27 | 65.01     | 30.38 |      |      |                         |
|         |          | 33-40     | 84 | 60.43     | 28.60 |      |      |                         |
|         |          | 41-47     | 17 | 59.97     | 29.55 |      |      |                         |
|         |          | 48 $\geq$ | 11 | 78.90     | 51.42 |      |      |                         |

**Table 5. The results of the ANOVA test concerning the correlation between the level the participants are subjected to mobbing and the total period they have served in the profession**

| Group   | Variable                |                 | N  | $\bar{X}$ | SS    | F    | p    | Significant Differences |
|---------|-------------------------|-----------------|----|-----------|-------|------|------|-------------------------|
| Midwife | Total period of service | 0-5             | 9  | 78.57     | 36.70 | 2.15 | .102 | -                       |
|         |                         | 6-10            | 10 | 82,19     | 31.41 |      |      |                         |
|         |                         | 11-20           | 20 | 90.91     | 44.37 |      |      |                         |
|         |                         | 21 $\geq$ years | 35 | 64.74     | 36.00 |      |      |                         |
| Nurse   | Total period of service | 0-5             | 46 | 67.99     | 32.76 | 1.08 | .359 | -                       |
|         |                         | 6-10            | 20 | 70.84     | 34.96 |      |      |                         |
|         |                         | 11-20           | 74 | 59.18     | 29.05 |      |      |                         |
|         |                         | $\geq 21$ years | 35 | 64.99     | 37.40 |      |      |                         |

Table 6 shows the results of the t-test concerning whether the level the participants are subjected to mobbing differs depending on the variable of marital status.

When Table 6 was examined, it was determined that the scores obtained in the scale for the level of mobbing did not differ significantly depending on the variable of marital status ( $p>.05$ ). Based on this finding, it has been concluded that the variable of marital status does not have any effect on the level the midwives and nurses are subjected to mobbing.

**Table 6. The results of the t-test concerning the correlation between the level the participants are subjected to mobbing and the variable of marital status**

| Group   | Variable       |         | N   | $\bar{X}$ | SS    | t     | Sd  | p    |
|---------|----------------|---------|-----|-----------|-------|-------|-----|------|
| Midwife | Marital Status | Single  | 13  | 73.47     | 38.79 | -0.31 | 65  | .758 |
|         |                | Married | 54  | 77.30     | 40.33 |       |     |      |
| Nurse   | Marital Status | Single  | 46  | 68.54     | 36.33 | 1.35  | 168 | .179 |
|         |                | Married | 124 | 61.06     | 30.39 |       |     |      |

In Table 7 and Table 8, the results of the ANOVA test concerning whether the level the participants are subjected to mobbing differs depending on the variables of the level of education and the department where they serve.

When Table 7 was examined, it was determined that the scores obtained in the scale for the level of mobbing towards midwives and nurses did not differ significantly depending on the variable of the level of education ( $p>.05$ ). In other words, it appears that the opinions of the participants on being subjected to mobbing do not differ significantly depending on the variable of educational status. Based on this finding, it can be inferred that the level of education is not a determining variable in the level of mobbing midwives and nurses are subjected to.

**Table 7. The results of the ANOVA test concerning the correlation between the level the participants are subjected to mobbing and the variable of the level of education**

| Group   | Variable        |                 | N  | $\bar{X}$ | SS    | F    | p    | Significant Differences |
|---------|-----------------|-----------------|----|-----------|-------|------|------|-------------------------|
| Midwife | Education Level | High School     | 20 | 76.89     | 41.77 | 0.14 | .939 | -                       |
|         |                 | College         | 32 | 74.10     | 36.19 |      |      |                         |
|         |                 | Bachelor Degree | 16 | 75.80     | 40.70 |      |      |                         |
|         |                 | Post Graduate   | 8  | 83.98     | 45.33 |      |      |                         |
| Nurse   | Education Level | High School     | 35 | 65.56     | 32.55 | 0.56 | .640 | -                       |
|         |                 | College         | 79 | 61.93     | 34.32 |      |      |                         |
|         |                 | Bachelor Degree | 52 | 63.35     | 27.46 |      |      |                         |
|         |                 | Post Graduate   | 10 | 75.64     | 42.79 |      |      |                         |

When table 8 was examined, it was determined that the scores obtained in the scale for the level of mobbing towards midwives and nurses did not differ significantly depending on the variable of the level of education ( $p>.05$ ). In other words, the variable of the department where the midwives and nurses work in seems to have no effect on their level of perception on mobbing. Based on this finding, it can be said that the department where they work is not a determining variable concerning the mobbing behaviors they are subjected to.

**Table 8. The results of the ANOVA test concerning the correlation between the level the participants are subjected to mobbing and the variable of the department they work in**

| Group   | Variable           | N                    | $\bar{X}$ | SS    | F     | p    | Significant Differences |   |
|---------|--------------------|----------------------|-----------|-------|-------|------|-------------------------|---|
| Midwife | Unit of Assignment | Emergency Service    | 24        | 72.96 | 41.74 | 1.11 | .360                    | - |
|         |                    | Internal Units       | 14        | 64.57 | 37.76 |      |                         |   |
|         |                    | Surgery Units        | 10        | 96.09 | 39.38 |      |                         |   |
|         |                    | Gynaecology Units    | 19        | 82.99 | 36.56 |      |                         |   |
|         |                    | Intensive Care Units | 4         | 82.50 | 48.36 |      |                         |   |
| Nurse   | Unit of Assignment | Emergency Service    | 56        | 66.12 | 35.00 | 0.83 | .508                    | - |
|         |                    | Internal Units       | 60        | 64.84 | 35.09 |      |                         |   |
|         |                    | Surgery Units        | 30        | 69.85 | 29.97 |      |                         |   |
|         |                    | Gynaecology Units    | 12        | 49.81 | 15.38 |      |                         |   |
|         |                    | Intensive Care Units | 10        | 63.10 | 27.84 |      |                         |   |

Table 9 shows the results of the t-test concerning whether the level the midwives and nurses are subjected to mobbing differs depending on the variable of the period they have served.

The level of the mobbing the participants were subjected to depending on their weekly working hours is shown in Table 9. Accordingly, it has been determined that there is no statistically significant correlation between their weekly working hours and the level of mobbing they are subjected to ( $p > .05$ ).

**Table 9. The results of the t- test concerning the correlation between the level the participants are subjected to mobbing and the variable of the period they have served**

| Group   | Variable             | N   | $\bar{X}$ | SS    | t     | Sd  | p    |
|---------|----------------------|-----|-----------|-------|-------|-----|------|
| Midwife | Weekly working hours | 40- | 28        | 72.44 | 40.04 | 73  | .460 |
|         |                      | 40+ | 47        | 79.35 | 38.41 |     |      |
| Nurse   | Weekly working hours | 40- | 52        | 63.20 | 33.70 | 171 | .783 |
|         |                      | 40+ | 121       | 64.69 | 32.26 |     |      |

## Conclusion/Discussion and Recommendations

The studies conducted on mobbing in working life appears to have been carried out mostly on the existence of the correlation between the mobbing and corporal results (for instance, the labor turnover) and on the analysis of the violence. However, it is considered that addressing the correlation between mobbing and the variable of demographic features of the employees would be important for complementing the mentioned studies. Examination of the study findings concerning mobbing by the Human Resources departments of hospitals and learning about the characteristics of the employees most subjected to mobbing is of importance in terms of taking the required measures. The present study has investigated whether there is a

significant correlation between the frequency with which mobbing is experienced and each demographical feature, and the correlations between the socio-demographical variables and the exposure to one or more of the mobbing behaviors within the last 6 months were found to be statistically insignificant.

When the individual features of the midwives and nurses participating in the study have been examined in general, it has been found out that most of them are in the 33-40 age group, have associate degree, are women, are married, have one or two children and have a period of employment of 11-20 years in the sector (Table 1).

When the features of midwives and nurses in relation to their job are examined in general, it was found out that 34.8 % of them are working in emergency department, 36.2 % desire to change the institution they work in, 53.2 % of the ones who want to change their institution want this due to the unsuitable working conditions in their present institution, and 67.6 % of them work more than 60 hours a week (Table 1).

The results of the study in general suggest that midwives and nurses are subjected to various levels of mobbing.

In the present study, a statistically significant correlation has been found between the profession (being a midwife and a nurse) and having been subjected to mobbing within the last 6 months ( $p < 0.05$ ) (Table 2). The level the midwives are subjected to mobbing has been found to be higher comparing to that of nurses, as well. Studies show that mobbing is common among midwives and even midwifery students are affected. In their study conducted among 400 midwifery students, Gillen et al. found that approximately half of them had experienced mobbing during their study; and 30 % of them reported to be a witness of mobbing. The RCM study from 1996 which was performed on 1000 midwives (with a 46 % response rate) suggest similar conclusions as well (Dosler et al., 2014).

It has been found out that the scores from the scale for the level of mobbing towards midwives and nurses did not differ in a statistically significant way depending on their wish to change the institution they work in ( $p > .05$ ) (Table 3). However, about 36 % of midwives ( $\bar{X} = 84.93$ ) and nurses ( $\bar{X} = 67.42$ ) stated that they wanted to change the institution they work in. In the Study conducted by Güven et al. (2012), while the level of the participants stating that they had been subjected to mobbing within the previous six months was found to be 12.7 %, 41.5 % of them stated that they wanted to work in another institution. Çelik and Çelik (2007) reported in their study that 5 % of the participants of their study had wanted to work in another institution when they had been subjected to mobbing. Öztürk's study suggests that about half of nurses are not content with their institution and their profession, and would like to work in another job if they had the opportunity (Khorsid and Akin, 2006). According to another study, 46 % of 462 participating midwife reported that they had been subjected to violence and 55 % of them had thought to quit their job within the same year the violence took place (Stevens, 2002).

In the present study, it was found out that the group most subjected to mobbing are the midwives in the 26-32 age group and that the segment among the nurses who are most subjected to mobbing are the age group '48 years old and over' and that the rate nurses are subjected to mobbing increases depending on the increase in their age, while no statistically significant correlation was found between the age and having been subjected to one or more mobbing behaviors within the last six months ( $p>0.05$ ) (Table 4). Although the mobbing victims are generally the people from the 41-50 age group, it has been reported that the people from the 25-30 age group are more subjected to mobbing in Turkey (Davenport at al., 2003; Çobanoğlu, 2005). Işık (2007) suggested that the people from the 20-35 age group were more subjected to mobbing. Yavuz (2007) and Özdevecioğlu (2003) have reported that both the mobbing perception and the rate of being subjected to mobbing increase depending on increasing age. Öztürk at al. (2007), however, reported the average age of the nurses who are victims of mobbing to be 31.01. Dilman (2007) also stated that the nurses in the 25-30 age group were more subjected to mobbing comparing to those in other age groups. The studies by Dangaç (2007) and Işık (2007), by which the variable of age has been investigated have found a statistically significant difference between age and being subjected to mobbing. These results contradict with the results of the present study. However, the studies conducted by Ocak (2008), Mansur (2008) and Karyağdı (2007) have found no statistically significant differences in being subjected to mobbing depending on age. In this regard, the present study is consistent with the studies in literature. In addition to the fact that no differences were found depending on the variable of age in the present study, it seems difficult to suggest a correlation between the variable of age and the level of being subjected to mobbing since the age groups being subjected to highest level of mobbing differs among the other studies as well. However, the common suggestion of all studies is that all age groups can be subjected to mobbing.

In the present study, the correlation between the total period of service of midwives and nurses in the sector and having been subjected to mobbing at least once within the last 6 months was found to be statistically insignificant ( $p>0.05$ ) (Table 5). The level of the mobbing midwives and nurses are subjected to does not differ depending on their total period of serving in their profession. However, it has been found out in the present study that the level of being subjected to mobbing is highest among the midwives who have been serving for 11-20 years and among the nurses who have been serving for 6-10 years. The studies by Dilman (2007), Öztürk at al. (2007) and Yıldırım and Yıldırım (2007) suggest that there are no statistically significant correlation between the period of working in the profession and having been subjected to mobbing.

In the present study, the correlation between the educational status and having been subjected to mobbing at least once within the last six months has been found to be statistically insignificant ( $p>0.05$ ) (Table 7). However, the level of being subjected to mobbing has been found to be higher among the master's degree holders. The studies conducted by Yıldırım and Yıldırım (2007) and Dilman (2007) in order to determine the levels with which nurses are subjected to mobbing suggested no statistically significant correlation between the

educational level and having been subjected to mobbing. This finding is consistent with the results of the present study. In the study conducted by Dilman (2007), the level of emotional harassment the graduates of health vocational college were subjected to was found to be significantly high. The reason why high school graduates are more subjected to mobbing behaviors is considered to be the fact that their educational curriculum is limited in terms of the content to improve their communicational skills, that they are younger in age, and that they are inadequate in developing the required maturity in terms of professional knowledge and skills. In the studies carried out by Mansur (2008), Ocak (2008), Bulut (2007), Dangaç (2007), no significant differences have been found in the levels of mobbing depending on the variable of the level of education.

In the present study, the correlation between the department the participants work and having been subjected to mobbing at least once within the last 6 months has been found to be statistically insignificant ( $p>0.05$ ) (Table 8). However, it has also been determined in the present study that the midwives and nurses who are most subjected to mobbing are the ones serving in surgical units. Öztunç (2001) also reported that harassments are most experienced in the clinics of surgical units and that there was no statistically significant correlation between the clinic and the harassment experienced; and Levin et al. (1998) reported that nurses working in emergency services were subjected to more assaults comparing to the nurses working in other services. The study conducted by Dilman (2007) found out that 46.3 % of the nurses working in specialized units were subjected to mobbing and suggested a statistically significant correlation between having been subjected to mobbing and the department the individual works in (Dilman, 2007). The study conducted by Güven et al. (2012) found out the correlation between the unit the individual works and having been subjected to mobbing to be statistically significant ( $p<0.05$ ).

In the present study, no statistically significant difference has been found in having been subjected to mobbing depending on the marital status of midwives and nurses ( $p>0.05$ ) (Table 6). Being married or single results in no difference in terms of being subjected to mobbing. However, when the mean ranks are taken into consideration, it can be said that married midwives ( $\bar{X}=77.30$ ) have a stronger perception of mobbing comparing to the single ones ( $\bar{X}=73.47$ ). As for the nurses, single nurses ( $\bar{X}=68.54$ ) reported that they had a stronger perception of mobbing comparing to the married ones ( $\bar{X}=61.06$ ). The studies conducted by Ocak (2008), Bulut (2007) in order to investigate the variable of marital status have found no significant difference in having subjected to mobbing depending on the marital status. This finding is consistent with the results of the present study. According to research, single physicians are less sensitive towards their patients comparing to their divorced or separated counterparts (Kaçmaz, 2005; Kocabaşoğlu et al., 2001).

Based on the data obtained from the present study, the levels midwives and nurses are subjected to mobbing seem not to differ significantly depending on the variables of age, marital status, total period of service in the profession, the level of education, the department where the individual works and the average weekly working hours.

The data obtained from the results of the present study and from the results of previous studies does not decisively show a correlation between being subjected to mobbing and the variables of age, marital status, total period of service in the profession, the level of education, the department where the individual works and the average weekly working hours, which suggests that the effects of these variables can vary depending on the sociocultural conditions and on the basis of the sector.

Consequently, it can be said that the midwives and nurses working in hospitals are subjected to certain levels of mobbing. Minimizing such situations will be helpful both in terms of achieving a “healthy and happy” working life, which is a human right, and in terms of raising the quality of health services. Within this context, organizing events such as meetings and conferences by which awareness will be raised among midwives, nurses, administrators and the general public on mobbing is among the first steps that can be taken. On the other hand, developing the means for the staff serving in hospitals to establish a stronger and more positive communication can allow the components of hospital to get to know each other better and thus contribute to the minimization of mobbing cases that can result from prejudices and misunderstandings. However, it is clear that the most important initiative to be taken should be in the legal dimension of the issue. Legal assurance should be provided by means of legislative regulations for the protection of the victims of mobbing.

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