

# Mobbing and its impact on health of nurses – a pilot study

Mobbing i jego wpływ na zdrowie pielęgniarek – badanie pilotażowe

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## STRESZCZENIE

### MOBBING I JEGO WPŁYW NA ZDROWIE PIELĘGNIAREK – BADANIE PILOTAŻOWE

**Cel pracy.** Celem pracy było określenie częstości występowania mobbingu pielęgniarek i jego skutków dla zdrowia w wybranej placówce medycznej.

**Metody.** Badanie pilotażowe przeprowadzono w sierpniu 2020 r. W grupie tej było 84 pielęgniarek (zwrotność 56,0%), pracujących na oddziale doraźnym w wybranej placówce medycznej. Zastosowano zaktualizowany Kwestionariusz działań negatywnych (NAQ-R) i Kwestionariusz ogólnego stanu zdrowia-28 (GHQ-28).

**Wyniki.** 10,50% pielęgniarek zetknęło się z mobbingiem. Mobbing był ukierunkowany na obszary zorientowane na pracę i pielęgniarki. Najczęstszym opisowym zjawiskiem mobbingu jest przydzielanie zadań poniżej poziomu kompetencji. Pielęgniarki opisujące występowanie mobbingu w miejscu pracy częściej zgłaszały uczucie ciągłego napięcia, nerwowości i presji.

**Wnioski.** Występowanie mobbingu w miejscu pracy może mieć wpływ na zdrowie oraz powodować problemy psychiczne i społeczne pielęgniarek.

**Słowa kluczowe:** mobbing, pielęgniarki, skutki zdrowotne, NAQ-R, GHQ-28

## ABSTRACT

### MOBBING AND ITS IMPACT ON HEALTH OF NURSES – A PILOT STUDY

**Aim.** The aim of this study was to determine the occurrence of mobbing and its health impacts on nurses in the selected hospital.

**Method.** The pilot study was performed from August to September 2020. The group consisted of 84 nurses (return was 56.0%), working in the acute care department in a selected medical facility. NAQ-R (*Negative Acts Questionnaire-Revised*) and GHQ-28 (*General Health Questionnaire-28*) tools were used.

**Results.** In total 10.50% of nurses experienced mobbing. Mobbing was targeted at the work-oriented and nurse-related areas. The most common descriptive phenomenon of mobbing is the assignment of tasks below the level of competencies. Nurses describing the occurrence of mobbing in the workplace more often reported feelings of constant tension, nervousness and pressure.

**Conclusions.** The occurrence of mobbing in the workplace can affect the health and cause mental and social problems of nurses.

**Key words:** mobbing, nurses, impacts on health, NAQ-R, GHQ-28

## INTRODUCTION

Mobbing is a negative phenomenon occurring in all occupational sectors. It is most often defined as a situation, when a person is exposed to negative behaviour of one or more people, at least once a week for six months [1]. In the area of healthcare, nurses are the highest-risk group endangered by mobbing. Nurses are more likely to experience mobbing, than other healthcare professionals, the probability is up to 7 times higher [2]. Graduates, nurses with work experience of less than five years are more at risk of mobbing [3]. The same applies to nurses with work experience, but changing workplace [4]. The most common causes of mobbing are considered an inefficient communication in a workplace, problems in the work team and high workload [5]. The psychological form of mobbing prevails among health professionals [6]. Victims are subjected to defamation, humiliation, unjustified and long-term criticism, assigning competencies below their level of qualification, exclusion from the team and ignoring [7,8]. Workers exposed to mobbing experience increased level of work stress [9], they suffer from the burnout syndrome more often [10,11], and they show more health complications. The most common health problems are stress, headache, palpitation [6,12,13], backache, joint ache, gastrointestinal problems and other psychosomatic disorders [14]. Increased fatigue, insomnia, anxiety and depression were also reported [2]. The connection between post-traumatic stress disorder and the occurrence of mobbing in a workplace was demonstrated [15]. The presence of mobbing in a workplace negatively affects all the people present there, not only those on whom the negative behaviour is aimed. Those who witness mobbing, may suffer from the same health disorders as the victims [7]. The presence of mobbing in a workplace and its effects on health can have further negative effects on the quality of care provided, it increases the absence and job changing of health professionals. On the other hand, it reduces job satisfaction and motivation [10].

## AIM

The aim of the pilot study was to determine the incidence of mobbing and its effects on health of nurses in selected health care facilities in the Czech Republic.

## MATERIALS AND METHOD

To determine the incidence of mobbing in a workplace, the standardized evaluation tool NAQ-R (Negative Acts Questionnaire – Revised) was used. It is available in Czech. In 22 items, it describes undesirable situations in a workplace, and the respondents record on the Likert scale how often they found themselves in a given situation in the last 6 months. They chose from never (0) to every day (5). The last item of the NAQ-R assessment tool provides the respondents with the opportunity to assess whether they were being the subjects of mobbing themselves. GHQ-28 (General Health Questionnaire-28) was used to demonstrate negative effects on respondents'

health. The standardized assessment tool includes four areas – physical health, mental health, social dysfunctions, and insomnia and depression. The respondents monitor whether they experienced any changes in these areas in recent weeks. Prior to the use of the questionnaire, its linguistic validation from English into Czech was performed using the back-translation method. The standardized tools were supplemented with basic demographic data, such as gender, age, the length of nursing practice, and the length of nursing practice in the current workplace. The study design was approved by the Ethics Committee of Faculty of Medicine, University of Ostrava (25/2020). Written approvals of the managements of medical facilities with the conducted pilot study were obtained. All respondents were acquainted with their voluntary participation in the survey and the anonymity of the survey. By submitting the questionnaire to the pre-prepared boxes, they expressed their consent to be included in the study.

A total of 150 questionnaires were distributed to selected acute care inpatient wards. The rate of return of the questionnaires was 56.0%. The resulting group consisted of 84 nurses working in the acute care units, 76 (90.48%) of them were women and 8 (9.62%) were men. The average age of the included respondents was 33.25 years (SD=8.87). The youngest respondent was 21 years old, the oldest was 59 years old. The average length of nursing practice was 13.5 years (SD=9.66), with the shortest length of nursing practice being 2 months and the longest 40 years. The average length of nursing practice in the current workplace was 6.8 years (SD=7.60). The respondent with the shortest length of practice had been employed at the current workplace for 2 months and the respondent with the longest time spent in the current workplace stated 40 years.

The results of the questionnaire survey were processed in MS Office Excel and Statistica. After verifying the distribution curve of the obtained data, nonparametric statistical methods were chosen, namely Spearman's correlations.

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## RESULTS

A total of 10.50% of nurses involved in the pilot study have personal experience with some form of mobbing. In the area of job-oriented mobbing, most respondents (53.57%) stated that they are assigned to activities below their qualification level and 50% of respondents are exposed to unmanageable workloads. Almost half (46.43%) of respondents is ignored. On the contrary, the respondents reported the least experience (20.24%) with the pressure not to demand their legal claims, such as sick leave, holiday, or travel costs. Of all the mobbing demonstrations on an employee, almost half of the respondents (47.62%) encountered slander and the spread of rumours about themselves. More than one third (33.33%) of respondents experienced repeated reminders of their mistakes. Almost the same number of respondents (32.14%) encountered

■ Tab. 1. NAQ-R

Questionnaire area	Never n/%	Sometimes n/%	Once a month n/%	Several times a month n/%	Once a week n/%	Every day n/%
Job oriented mobbing	49/57.82%	23/27.21%	5/5.44%	4/4.42%	2/2.04%	1/1.19%
Mobbing of person employ	59/70.73%	15/18.15%	4/4.37%	3/3.27%	2/2.28%	1/0.89%
Physical violence	70/83.33%	10/12.30%	2/1.19%	1/0.79%	1/0.79%	0/>0.50%
Consider themselves to be mobbed	73/86.90%	5/5.95%	0/>0.50%	3/3.57%	1/1.19%	2/2.38%

NAQ-R – Negative Acts Questionnaire-Revised

■ Tab. 2. GHQ-28

Questionnaire area	Not at all n/%	No more than usual n/%	Worse than usual n/%	Much worse than usual n/%
Physical health	22/26.90%	37/43.74%	20/23.66%	5/5.43%
Mental health and insomnia	25/29.06%	32/39.61%	21/25.00%	6/6.33%
Social dysfunction	16/18.55%	63/74.62%	2/2.16%	4/4.67%
Depression	56/66.44%	15/17.80%	10/12.35%	3/3.41%

GHQ-28 – General Health Questionnaire-28

offensive or insulting remarks about their person or personal life and faced humiliation and mockery in connection with their work. Nearly one third (28.57%) of nurses met with constant criticism of their work and 20.24% of them were the target of mocking and excessive sarcasm. In the area of physical intimidation and threatening, respondents were most often exposed to screaming and unprovoked anger (28.57%). Of all nurses asked, 11.90% experienced personal space violations, pushing, entry prevention, and 5.95% of respondents encountered threats of physical violence or actual physical violence. Table 1. shows an overview of how often respondents encountered negative actions in individual areas. In the area of physical health, 76.19% of respondents mentioned that they did not feel any physical inconveniences and that they felt utterly fine, or they did not feel any significant change in recent weeks. At the same time, 41.67% of respondents stated that they

felt exhausted and were unwell. Nearly 40% (38.10%) of nurses reported headache, 28.57% of respondents reported tightening and pressure in head, 17.86% reported hot and cold rushes. In the area of mental health, most respondents (42.86%) mentioned a feeling of constant pressure and 40.48% of respondents reported an excessive strain. Persistent anxiety and nervousness were described by 29.76% of respondents. The increase in nervousness and irritability at work were perceived by 35.71%. When it comes to 19.05% of respondents, they felt unreasonably scared and frightened. In the area of sleep, 30.95% of respondents lost a lot of sleep because of worries and 15.48% could not sleep after they had finally managed to fall asleep. The area of social dysfunctions evinced fewest problems in connection with the effects of mobbing. More than three quarters (76.19%) of respondents enjoyed their routine activities and 85.71% felt they did a good job and were satisfied with their finished tasks. Respondents felt useful in their roles in 88.10%. Nurses in 22.62% needed recently more time to complete the assigned task and the same percentage had troubles to entertain themselves and to find something to do. Difficulties in decision-making were reported by 11.90% of respondents. In the area of depression incidence, almost 20% of respondents felt mentally so badly that they were unable to do anything and they thought of themselves as useless people and 14.29% of respondents had a feeling that life was completely hopeless. Four respondents (4.76%) were

■ Tab. 3. The relationships between mobbing and its impacts on health

Spearman's correlation coefficient n = 84	HSD NAQ-R	HSD Physical health	HSD Mental health	HSD Social dysfunction and insomnia	HSD Depression	HSD GHQ-28
HSD NAQ-R	1.00	0.43	0.40	0.35	0.32	0.45
HSD Physical health	---	1.00	0.82	0.57	0.54	0.91
HSD Mental health	---	---	1.00	0.59	0.52	0.91
HSD Social dysfunction and insomnia	---	---	---	1.00	0.62	0.75
HSD Depression	---	---	---	---	1.00	0.68
HSD GHQ-28	---	---	---	---	---	1.00

HSD – honest significant difference; NAQ-R – Negative Acts Questionnaire-Revised; GHQ-28 – General Health Questionnaire-28

■ Tab. 4. Cronbach α GHQ-28

GHQ-28	Physical health	Mental health and insomnia	Social dysfunction	Depression
0.92	0.79	0.85	0.86	0.85

■ Tab. 5. Relationships between mobbing and age, lengths of nursing practice

	Spearman's correlation coefficient	t (N-2)	p value
HSD Mobbing and age	-0.10	-0.93	0.35
HSD Mobbing and the length of nursing practice	-0.01	-0.09	0.92
HSD Mobbing and the length of nursing practice in the current workplace	-0.08	-0.75	0.45

thinking about the possibility of taking their own lives and they lately felt that life was not worth living and they would like to be dead and away from everything. Table 2. shows the percentage of responses in each area of health. The effect of mobbing on health of the selected sample of respondents was demonstrated at the level of low significance (Tab. 3.). In the present study, GHQ-28 revealed good internal consistency, with a Cronbach's alpha of 0.92 on total scale and between 0.79 and 0.86 on the subscales (Tab. 4.). A negative correlation was found between the age, the length of nursing practice and the length of nursing practice in the current workplace (Tab. 5.).

## DISCUSSION

The rate of experience with mobbing (10.50%), which respondents reported in this study, is lower than the rate reported in most studies selected for discussion. The incidence of mobbing is around 40% on average there. The highest values are 60.9% [6], 61% [11], 62.2% [12], 63% [13], 53.4% [16], 53.6% [17]. Those who witnessed mobbing in their workplace form a problematic group. In these cases, the experience with mobbing increases in percentage. Observance of mobbing is described by more than 80% of respondents in the included studies [12]. Mobbing exposure is high among nurses, but most respondents encounter mobbing during longer time intervals and respondents are rarely exposed to physical violence. On average, 2.85% of respondents is exposed to mobbing daily, 4.15% weekly, 19.3% monthly, and 24.8% occasionally [3,16,17]. Most of the negative deeds is directed at the area focused on an employee, but it should be taken into account that the selected tool in this area contains the most items. Most respondents across the selected studies agree that slander, ignoring, taking away key competencies, shouting, and constant reminding of mistakes predominate among negative deeds [1,3]. An interesting area is exposure to excessive workload. There is a proof about a significant connection and reciprocal influencing of excessive workload and mobbing. In this case, the negativity of mobbing can be seen in its entirety. Excessive workload is mentioned as one of the main causes of mobbing and at the same time, it is included in the research tools as one of its forms. People who are subject of mobbing may perceive the increased workload more intensely due to their exposure to mobbing [3].

The occurrence of mobbing in the workplace has an impact on the health of those being the subject of mobbing, as well as witnesses to mobbing [17]. Nurses have most of problems in the area of mental health, where they face a higher incidence of stress, which, in long-term, negatively affects social aspects of nurses' lives [11]. The increased level of stress experienced by the mobbing victims can lead to increased error rates and it negatively affects the quality of nursing care provided [3]. In the area of physical health, nurses most often suffer from headache and other psychosomatic problems [8,13,18,19]. Employees who are being mobbed are more likely to be unfit for work [18], and healthcare facilities experience higher percentage of absenteeism and job changing more often [6,17].


These phenomena influence each other and they are based on the social area of the effects of mobbing on health. Decreased ability to experience joy may interfere with the area of depression and it significantly affects it.

All the included studies showed a connection between the incidence of mobbing and the occurrence of depressive symptoms at mobbed people. The rate of mobbing occurrence usually correlates significantly with the rate of depression of those who are the subject of mobbing [2,18]. During the subjective assessment, only 11 respondents stated that they felt they were being mobbed at work. It is very difficult for the people who are the subject of mobbing to openly identify themselves as victims. They often tend to subconsciously displace mobbing and to downplay the whole situation. When using different research tools that focus on other phenomena in addition to mobbing, a higher rate of mobbing is revealed than if a research tool is only focused on mobbing [17]. The period of data collection (August – September 2020) could be considered as the limit of the study. Some reported changes in the health status might be affected by higher workload caused by changes in the composition of patients in connection with the unfavourable epidemiological situation in the Czech Republic, or the impossibility to verify the respondent's state of health in connection with the occurrence of mobbing.

## CONCLUSIONS

The occurrence of mobbing in the workplace is a long-term undesirable phenomenon. Even a small percentage of incidence can negatively affect physical and mental health of nurses. Nurses who are being mobbed are exposed to unbearable workload, high levels of stress, headache, and insomnia. Not only those who are the subject of mobbing, but also mobbing spectators are affected. A connection between the occurrence of mobbing and its negative effects on health have been demonstrated. Furthermore, the connection and mutual conditioning of the occurrence of negative impacts in individual areas of health were proved.

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