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# **Mobbing Syndrome during COVID-19**

# Bakalis Nick<sup>1</sup>, Andreou Aikaterini<sup>2</sup>, Varzelioti Niki<sup>3</sup>, Michalopoulou Antigone<sup>4</sup>, Albani Eleni<sup>5</sup>, Filiotis Nikolaos<sup>7</sup>

- <sup>1</sup>Associate Professor, Department of Nursing, University of Patras, Patra, Greece. BSc, MSc, PhD. Koukouli Campus, Patra, Greece,
- <sup>2</sup>Nurse, Department of Nursing, University of Patras, Patra, Greece. Koukouli Campus, Patra, Greece,
- <sup>3</sup>Nurse, Department of Nursing, University of Patras, Patra, Greece. Koukouli Campus, Patra, Greece,
- <sup>4</sup>Laboratory Teaching Staff Member, Department of Nursing, University of Patras, Patra, Greece. BSc, MSc, PhD. Koukouli Campus, Patra, Greece,
- <sup>5</sup>Assistant Professor, Department of Nursing, University of Patras, Patra, Greece. BSc, MSc, PhD. Koukouli Campus, Patra, Greece, <sup>6</sup>Professor of Surgery, Department of Medicine and Surgical Sciences, University of Magna Graecia, Catanzaro, Italy. MD, BSc, PhD. Campus Universitario S.Venuta, 88100 Catanzaro, Italy.

#### **ABSTRACT**

**Introduction:** Mobbing syndrome is frequently observed in health care settings. Inadequate management has a profound effect on victims since they demonstrate difficulties in defending themselves while causing them physical, psychological, social and work-related consequences.

**Aim:** To measure the occurrence of this phenomenon among nursing staff in the midst of a covid-19 pandemic.

**Methodology:** The Negative Acts Questionnaire- Revised (NAQ-R), an instrument designed to measure exposure to bullying in the workplace was used. It consisted of a total of 31 questions. Chrobanch alpha reliability coefficient was ( $\alpha$ )= .898. Questionnaires were distributed via Google Forms online platform due to the Covid- 19 pandemic. A total of 216 nurses participated in the study. SPSS v.25 was used for the statistical analysis.

**Results:** The vast majority of the sample (76.9%) were victims of mobbing. The score ranged from 27-90 with a mean of 54.44. The results showed that younger nurses (p<0.05), who resided in rural areas (p<0.05), were single (p<0.05), did not hold an administrative position (p<0.05), had less professional experience (p<0.05) and an annual income of  $10,001-20,000 \in (p<0.05)$  scored higher.

**Conclusions:** The percentage of nurses who suffered moral harassment is particularly alarming and therefore it is necessary to inform and take preventive and safety measures for employees that are victims of mobbing.

KEYWORDS: mobbing syndrome, nursing staff, covid-19

# ARTICLE DETAILS

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### INTRODUCTION

The term "mobbing" comes from the English verb "to mob". Bullying, workplace harassment, moral harassment, aggressive harassment, psychological violence in the workplace and even bullying are terms that were introduced in the 1990s and are used interchangeably. The term 'mobbing' was first used by Leymann in 1984

There seems to be no universally recognised definition of mobbing. The definitions of workplace bullying that are used vary due to the difficulty in defining bullying based on the behaviour by which it is expressed (Campo and Klijn, 2018). Also, people's perception of what constitutes harassment varies, depending on their temperament, character, and subjective views (Steele et al., 2020)

However, despite the differences in the above definitions at a funamental level, workplace bullying is common when irrational negative actions towards an individual or group of people are both persistent and repetitive to the extent that they pose a risk to the health and safety of the individuals (Molero et al., 2021).

# **Differences Mobbing - Bullying**

The term 'mobbing' is used to describe situations in which a group of people exhibit negative behaviour towards an individual, while the term 'bullying' is used to describe situations that are characterised by a negative psychological environment caused by a single purpotrator (Christensen and Evans-Murray, 2021). 'Bullying' in particular refers to the repeated physical and psychological abuse or belittlement of vulnerable individuals. Its purpose is to enforce and to inflict physical and psychological pain on the person or group of people who suffer the abuse (Leach et al., 2020). Mobbing syndrome is physical harassment at work and is not related to a single causative factor but is considered a multi-factorial phenomenon (Ruíz-González et al., 2020). Therefore, it is concluded that while bullying and mobbing carry the same consequences, they do not have the same characteristics.

# Signs and Symptoms of Mobbing

Mobbing is classified as a syndrome with specific clinical signs and symptoms, which can be psychosomatic (tremor, chest pain), psycho-emotional (anxiety, phobias, uncontrolled hostlility, suicidal tendencies) and behavioural (anorexia, bulimia, alcoholism, drug dependence, abuse, increased cooperation difficulties) (Arnetz et al., 2019).

# **Causes of Mobbing**

The results of several studies confirm the association of some personality traits of people and the occurrence of mobbing (Bernardes et al., 2021). According to the individual approach to the phenomenon, some employees, compared to others, are more prone to being potential victims of mobbing and this depends on their personality traits in relation to their gender and their age (da Silva João and Saldanha, 2019). In addition, group dynamics (sociological approach) inevitably influence the occurrence of the mobbing phenomenon (Park, Lee and Park, 2017). The work environment that is characterized by employee autonomy, lack of control, team spirit or interest, where there is role confusion, constant tension and excessive demands, is susceptible to the occurrence of the phenomenon (Özkan, Akbaş and Sözbir, 2021). Moreover, factors such as work culture and overall company policy, leadership and management style of senior managers, flow of information-communication, the structure of work in order to adapt working conditions to the individual, possibility of interpersonal contacts and peer support are decisive in the occurrence of mobbing, according to the ergonomic approach (Zhang et al., 2021)

# Effects of mobbing syndrome

Mobbing syndrome is considered a significant social stressor with serious long-term consequences for the individual as well as for the organizations concerned, since the phenomenon is capable of reducing efficiency by up to 80% (Rompolas & Brenta, 2019). More specifically, for the individual, the effects may be physical, psychological, social and work-related. Some physical effects may include

headaches, tachycardia, gastrointestinal disorders, and sleep disturbances (Çam and Ustuner, 2021). As for the effects of harassment on the employee's psychological well-being, they are mainly manifested on a behavioural level such as irritability, increased likelihood of mistakes/accidents, absence from work, reluctance to take on tasks and hostility. On an emotional level a person may exhibit emotional transitions, low self-esteem, apathy, indifference or anxiety. Moreover, the effects of harassment may be manifested on a cognitive level such as concentration disorders, thoughts of failure, job dissatisfaction or lack of trust in their abilities (Pinar et al., 2017).

A significant impact on society is the high cost of unemployment and disability. Those who are unemployed due to Mobbing Syndrome experience serious health problems as well as other socioeconomic issues that burden state budgets, such as unemployment or disability benefits (Rasool et al, 2020). Ultimately, mobbing does not only affect the individual who is targeted, but the entire working environment, as there is reduced commitment, increased level of absens, as well as loss of motivation, enthusiasm and creativity (Koinis et al, 2019). The financial impact for companies is significant as the performance level of an employee who suffers mobbing may be significantly reduced, especially in terms of their skills, their ability to focus, and their resilience to work-related stress often resulting in mental or physical illness.

# **Dealing with Mobbing Syndrome**

In order to deal with the phenomenon of mobbing in the workplace it is necessary to take action to ensure the victim's physical and mental health. These steps should involve the victim, the perpetrator, and the workplace. Psychological support for the harassment victim can be achieved through vocational rehabilitation, psychotherapy, self-help groups and therapeutic treatment (Kiprillis, Gray and McKenna, 2022). The employer's involvement in the process lies in providing adequate information as well as continuous monitoring of the work environment where mobbing was detected, especially when the perpetrator and the victim need to continue to coexist in the particular environment (Ares and Ortega, 2018). Still, good working conditions and establishing a positive working environment reduces the manifestation of stress. Lastly, the organizations' managers should be informed and trained to deal with the signs and symptoms of emotional violence (Ahumada, Ansoleaga and Castillo-Carniglia, 2021).

### Research on mobbing syndrome

In the past few years in Greece there has been a rapid increase in the incidence of the phenomenon in all work settings, particularly in the health sector. Conflicts between colleagues that cause workplace mobbing amount to 24% in Emergency and Accident Departments (Sakoula, Belali and Statharou, 2013). A survey showed that 71% of nurses were victims of

mobbing and experienced psychosomatic symptoms such as anxiety (54.3%), headaches (52%), refusal to work (28%) and depression (16.3%) (Bakella, Yagou and Brachantini, 2016). Additionally, a recent study found that health professionals experienced moral harassment behavior in their workplace, at least once a week for 6 months with the main causes being related to problems in management (20.9%), poor work organization (17.2%), competitiveness (17%), poor working environment (15.4%) and jealousy (9.2%) (Zachariadou et al, 2018).

On a global level, research regarding mobbing has been conducted in several countries with the results demonstrating that healthcare staff are subjected to mobbing however, the rates are much lower than those identified in Greece. More specifically, a European survey of working conditions conducted in 2010 (Eurofound Fifth European Working Conditions Survey, 2012) showed that 10-12% of respondents working in healthcare mentioned being exposed to harassment or bullying behaviours at work. Incidents were more frequent in France, Belgium and the Netherlands.

Further related research by Kowalczuk & Krajewska-Kulak (2017) in Poland showed that nurses are subjected more often to verbal abuse in the form of raised voices by patients, while a study in Portugal observed that on average each nurse experienced 11 aggressive behaviours (Joao and Portelada, 2019). Finally, it is interesting to note the results of a recent study in Australia in 2020 which showed that current and past workplace bullying experiences were associated with an increased risk of suicide (Leach et al., 2020).

In Greece, no similar study has been conducted to measure the incidence of this phenomenon among nursing staff during the covid-19 pandemic. The purpose of this study was to investigate the occurrence of mobbing in hospital nursing staff during the covid-19 pandemic.

# **METHOD**

The present research was a cross sectional study. The reliable Negative Acts Questionnaire-Revised (NAQ-R) was used. The reliability (Cronbach's alpha) of the original questionnaire ranges from 0.88 to 0.90. This tool consists of 22 items in which participants are asked to state how often they have been exposed to negative behaviors. A 5-point

scale (from never to every day) was used to document participant responses. The final scores were devided into three categories: people who have not experienced mobbing (score <32), people who have experienced mobbing occasionally (score 33 to 44) and people who are victims of mobbing (score> 45). The questionnaire has been used and weighted in Greek (Kakoulakis et al 2015-teachers in schools-, Karatza et al 2016-nurses-). Questions regarding participants' demographic characteristics were included at the end of the questionnaire.

#### RESEARCH PROCESS

Due to the pandemic caused by the SARS-CoV-2 virus and the restrictive measures that followed to protect public health and eradicate the virus, the questionnaire was distributed through an online platform, Google Form. A letter was sent to Hellenic Regulatory Body of Nurses. Once permission was granted, the questionnaire was uploaded to the Forum. The first page included information regarding anonymity, confidentiality and voluntary participation. Participants, who agreed to participate in the research, completed the questionnaire.

#### **Ethics**

All procedures were performed in compliance with relevant laws and institutional guidelines. This study received ethical approval by the institutional review board of the University of Patras (Greek registration number: 2673).

# Sample

The sample consisted of 216 nurses working in 13 public hospitals in Greece. The survey was conducted from May to July 2020.

# Statistical analysis

Descriptive statistical analysis was used regarding the sample's demographic characteristics (Table 1) and scores (Table 2). Normality test was performed based on Kolmogorov Smirnov statistical test and revealed normal distribution (p> 0.05). In addition, the reliability Chrobanch alpha ( $\alpha$ ) was .898. Furthermore, to determine whether there is a statistically significant difference between demographic characteristics and the scores obtained, parametric (paired samples t Test) analysis was used. The statistical program SPS25 was used for data analysis.

# **RESULTS**

**Table 1: Participants Demographic Characteristics** 

C 1	M-1- (22 20/)		E1- (77.90/)				
Gender	Male (22.2%)		Female (77.8%)				
Age	20-30 years old (18.5%)	31-50 years old (62%)	>50 years old (19.4%)				
Marital Status	Simgle (35.2%) Marie		ed (58.3%)	Divor	orced (6.5%		
Administrative	Holds an administrative po	sition	Does not hold an administrative position (80.6%)				
position	(19.4%)						

Place of	Urban area (90.7%)			l area (7.4%)	Island area (1.9%)			
permanent								
residence								
Professional	<20 years (61.1%)	)	20-30 years (36.1%)			31-40 years (2.8%)		
exprence								
Annual salary	<10.000€	10.001-20.000€	20.001-40.000€			>40.001€ (3.7%)		
	(13%)	(48.1%)	(35.2%)					
Post graduate	MSc (32.4%)	No post grad	duate studies (64.8%)		MSc and PhD (2.8%)			
studies								

The majority of the sample were women (77.8%), aged 31-50 years (62%), married (58.3%), did not hold an administrative position (80.6%), lived in an urban area

(90.7%), worked less than 20 years (61.1%), with an annual income between  $\in$  10,001-20,000 (48.1%) and did not have a postgraduate degree (64.8%).

**Table 2: Mobbing Score** 

Total score	27-90		x=54	4.44			
Score category	Have not experiences	Have	experienced		Are victims of mobbing (76.9%)		
	mobbing (3.7%)	mobbing	sometimes				
		(19.4%)					

The results showed that 3.7% of staff nurses have not experienced mobbing, 19.4% claim they have experienced mobbing sometimes, while 76.9% claim they are victims of mobbing.

Mobbind score ranged from 27-90 with an average value of 54.44. The vast majority (76.9%) of the nursing staff were victims of mobbing.

Table 3: Paired Samples t Test (demographic characteristics with the total score).

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Age	3,01	216	,618	,042
	TOTAL	54,44	216	13,405	,912
Pair 2	Permanent Residence	1,11	216	,369	,025
	TOTAL	54,44	216	13,405	,912
Pair 3	Marital Status	1,71	216	,580	,039
	TOTAL	54,44	216	13,405	,912
Pair 4	Administration Position	1,81	216	,397	,027
	TOTAL	54,44	216	13,405	,912
Pair 5	Professional Experience	1,42	216	,548	,037
	TOTAL	54,44	216	13,405	,912
Pair 6	Annual Income	2,30	216	,738	,050
	TOTAL	54,44	216	13,405	,912

# **Paired Samples Test**

Paired Differences									Sig. (2-tailed)
Std. 95% Confidence Interval									
			Std.	Error	of the Diffe	erence			
		Mean	Deviation	Mean	Lower	Upper			
Pair 1	Age - TOTAL	-51,426	13,524	,920	-53,240	-49,612	-55,888	215	,000
Pair 2	Permanent Resid - TOTAL	-53,324	13,441	,915	-55,127	-51,522	-58,309	215	,000
Pair 3	Marital Status - TOTAL	-52,722	13,611	,926	-54,548	-50,897	-56,928	215	,000
Pair 4	Adminstr Posit - TOTAL	-52,630	13,281	,904	-54,411	-50,848	-58,241	215	,000

Pair 5	Professio TOTAL	Exper	-	-53,019	13,652	,929	-54,849	-51,188	-57,076	215	,000
Pair 6	Annual TOTAL	Income		-52,139	13,641	,928	-53,968	-50,309	-56,175	215	,000

The results demonstrated that younger nursing staff (t = -55.888, df = 215, p <0.05), living in rural areas (t = -58.309, df = 215, p <0.05) how were single (t = -56.928, df = 215, p <0.05) had a higher score. In addition, staff nurses who did not hold an administrative position (t = -58.241, df = 215, p <0.05), had less professional experience (<20 years) (t = -51.188, df = 215, p <0.05) with an annual income of  $\in 10.001$ -=20.0000 (t = -56.175, df = 215, p <0.05) had a higher score.

### DISCUSSION

Mobbing nowadays is, unfortunately, a common phenomenon in the workplace, which for the most part is difficult to recognize and consequently to deal with. Internationally, the phenomenon is spreading rapidly, as this present study demonstrated that the majority of nursing staff are victims of mobbing in the midst of the covid-19 pandemic. Similar results are reported in the literature (Machado et al 2021, Bakella, Yagou and Brachantini 2016, Tatar and Yüksel 2019). Participants reported being exposed to an excessive workload on a daily basis while many claimed they were assigned tasks below their level of ability.

Similar results are reported in other studies (Sisto et al 2021, Nikolić and Višnjić 2020). This is probably mainly due to the lack of nursing staff as the problem is exacerbated when a small number of nurses are forced to provide care unequally distributed on a daily basis. In addition, the increase in hospital cases due to Covid-19, which has shaken the global health system during the past two years. Although efforts were made to strengthen and empower nursing staff in such difficult times, unfortunately the number of nurses hired was limited and therefore the existing staff was called to deal with this difficult situation resulting in increased work load and consequently the negative effects of this pressure. Due to the above adverse working conditions, one in three nurses worldwide suffers from burnout (Czeglédi and Tandari-Kovács, 2019).

Research has shown that younger nurses are more likely to be victims of mobbing. Probably because younger to middle-aged people (25-40 years old) are more threatened, younger nurses are particularly vulnerable and with less professional experience. However, research has shown that mobbing gradually increases with age and this is due to increased fatigue and obligations depending on the position upheld (Camerino and Marlasca, 2018). It is noteworthy to mention that, staff that do not hold an administrative position and have fewer years of professional experience are more prone to experiencing mobbing. It seems that the nursing staff in the early stages of their career, and until they adapt to the hospital clinical environment, are sensitive, emotional, shy and

anxious to the point that they can not manage and cope with the intense criticism which in turn creates a fertile ground for harassment. After all, acts of mobbing usually come from senior executives (Sroka and Vveinhardt, 2020).

Mobbing in the workplace is not a static phenomenon that affects only the weak and vulnerable. On the contrary, it is multidimensional and complex and is characterised by interaction of the perpetrator and the victim, based on their personality and social characteristics, as well as the organizational culture of the occupational health setting itself. The relevant literature emphasizes that Mobbing Syndrome causes the manifestation of various symptoms that seriously affect the health as well as other aspects of a person's personality. Mobbing can cause serious psychosomatic illnesses and has a profound effect on an employee's social status, career and financial situation. There is an urgent need to take measures in order to prevent and deal with this phenomenon both at peer level as well as hierarchy level.

More specifically, the implementation of a consulting service for health professionals in health care settings would effectively help inform, educate and raise awareness regarding the symptoms of mobbing and other syndromes such as burnout. Finally, regular training seminars would provide training to hospital staff on behavioral management techniques focusing on the improvement of communication and conflict self-management skills.

# LIMITATIONS

A limitation of this research study was the use of a small sample. Although the research provided important data regarding mobbing of nursing staff in the midst of the covid-19 pandemic, future research is considered necessary using a larger sample.

# CONCLUSIONS

Research has shown that any nurse be a victim of mobbing, regardless of socio-economic conditions. The percentage of victims who have experienced mobbing is particularly worrying and this draws attention to the need to inform and take measures to prevent and protect workers in order to eliminate this phenomenon and promote a healthy working environment.

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