

Mobbing and its effects on the health of a selected sample of nurses in the Czech Republic

Mobbing i jego wpływ na zdrowie wybranej próby pielęgniarek w Republice Czeskiej

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STRESZCZENIE

MOBBING I JEGO WPŁYW NA ZDROWIE WYBRANEJ PRÓBY PIELĘGNIAREK W REPUBLICIE CZESKIEJ

Wprowadzenie. Mobbing to problem systemowy, który dotyka wszystkie sektory zawodowe, w tym sektor ochrony zdrowia. Pracownicy służby zdrowia to grupa narażona na wysoki poziom stresu, a tym samym na ryzyko wystąpienia negatywnych sytuacji w miejscu pracy. Częstość występowania mobbingu wśród pielęgniarek jest wysoka. Mobbingowane pielęgniarki częściej cierpią na stresujące bóle głowy, bezsenność, niepokój i zgłaszają objawy depresji.

Cel pracy. Celem badania było określenie wskaźnika mobbingu w wybranej próbie pielęgniarek oraz opisanie postrzegania zdrowia przez pielęgniarki. Ustalenie, czy istnieje statystycznie istotny związek między częstością występowania mobbingu, postrzeganym stanem zdrowia, wiekiem pielęgniarek i stażem pracy.

Materiał i metody. Przeprowadzono opisowe badanie przekrojowe. Wykorzystano standaryzowane narzędzia Negative Acts Questionnaire-Revised oraz General Health Questionnaire-28. Grupę badawczą stanowiły pielęgniarki pracujące na oddziale intensywnej opieki medycznej wybranych placówek medycznych.

Wyniki. W badaniu wzięło udział 715 pielęgniarek ze wszystkich regionów Republiki Czeskiej. Wskaźnik doświadczenia pielęgniarek z negatywnymi czynnikami w miejscu pracy wynosi 79.30%. Narażone na mobbing pielęgniarki częściej zgłaszają zaburzenia zdrowia, zwłaszcza w zakresie objawów somatycznych, lęku i bezsenności. Większą liczbę negatywnych czynników zgłaszają młodsze pielęgniarki z krótszym stażem ogólnej praktyki pielęgniarskiej.

Wnioski. Potwierdzono występowanie mobbingu w wyselekcjonowanej próbie pielęgniarek w Republice Czeskiej. Mobbingowane pielęgniarki dostrzegają i zgłaszają pogarszający się stan zdrowia.

Słowa kluczowe:

mobbing, zdrowie pielęgniarek, NAQ-R, GHQ-28

ABSTRACT

MOBBING AND ITS EFFECTS ON THE HEALTH OF A SELECTED SAMPLE OF NURSES IN THE CZECH REPUBLIC

Introduction. Mobbing is a systemic problem that affects all work sectors, including the healthcare sector. Healthcare professionals are a group that is exposed to a high level of stress and thus, to the risk of negative situations in the workplace. The prevalence of mobbing in nurses is high. Mobbied nurses more often suffer from stressful headaches, insomnia, anxiety and describe depressive symptoms.

Aim. The aim of this study is to determine the rate of mobbing in a selected sample of nurses and to describe how nurses perceive their state of health. To determine whether there is a statistically significant connection among the incidence of mobbing, perceived state of health, age of nurses and the length of their practice.

Material and methods. A descriptive, cross-sectional study was performed. The standardized tools Negative Acts Questionnaire-Revised and General Health Questionnaire-28 were used. The research group consisted of nurses working in the acute care departments of selected medical facilities.

Results. A total number of 715 nurses from all the regions of the Czech Republic participated in the study. The rate of nurses' experience with negative acts in the workplace is 79.3%. Mobbied nurses report health disorders more often, especially in the area of somatic symptoms, anxiety, and insomnia. A higher number of negative acts are reported by younger nurses with a shorter period of overall nursing practice.

Conclusions. The occurrence of mobbing in the selected sample of nurses in the Czech Republic was confirmed. Mobbied nurses perceive and report deteriorating of their health condition.

Key words:

mobbing, health of nurses, NAQ-R, GHQ-28

INTRODUCTION

The performance of the nursing profession brings along high demands on the physical and mental health of nurses. Nurses are often exposed to a great level of work stress, which can stimulate the occurrence of other negative phenomena in the workplace. One of the negative phenomena described here is mobbing [1]. Mobbing is most often defined as systematic aggression [2] with repeated manifestation of humiliation [3], slander [4], persistent criticism [5] and isolation from the work team [6]. In terms of time, mobbing is assessed as a phenomenon where one or more people are repeatedly exposed to negative situations in the workplace for at least six months [7]. Intentionality and disproportion of forces are important features for designating negative situations as mobbing [8]. Nurses, who are exposed to or witnessing mobbing, are more likely to have health problems [9]. Mobbed individuals report with increased intention headaches, loss of appetite, and high blood pressure [3, 6]. They also suffer from sleep disorders [10] and high levels of anxiety [11]. Long-term exposure to mobbing in the workplace encourages the development of depressive symptoms [8, 12]. Stress posttraumatic disorder is described [13]. Suicidal attempts of the mobbed people have been described. One in five suicide attempts of working-age adults in the Czech Republic is associated with work-related problems [14]. In the field of social interactions, the victims of mobbing lose their motivation, their level of work energy decreases [10], they lose their joy of life, and their personal relationships may be disrupted by the presence of permanent fear of another mobbing attack [15]. At the level of society-wide mobbing, the costs associated with a higher absence of mobbed people at work, which is more often associated with them being unfit for work, they fluctuate more often [16]. At the same time, an increased risk of error rate in their performance of the nursing profession is described [17].

AIM

The main aim of this study was to determine the incidence of mobbing rates in nurses working in acute inpatient care of selected medical facilities. Furthermore, it was to describe how nurses perceive their current state of health and to find out whether there was a statistically significant correlation between the occurrence of negative acts and the perceived status of health.

MATERIALS AND METHODS

A cross-sectional descriptive study was performed. In this study 42 healthcare facilities providing acute inpatient care in all the regions of the Czech Republic were selected by a random drawing lots and they were contacted. A total number of 715 nurses were involved in the study, working in acute inpatient care in 19 cooperating healthcare facilities in all the regions of the Czech Republic. The majority of respondents included in the survey were women (94.97%). The basic demographic and work

Tab. 1. Characteristic of nurses

Characteristics	M	SD	Me	Min	Max
Age	39.22	11.60	40	19	66
Duration of professional experience	17.51	12.11	17	0.3	48
Duration of professional experience in actual department	10.09	10.02	6	0.1	48

M – mean; SD – standard deviation; Me – median; min – minimum value; max – maximum value

characteristics of the respondents are given in Table 1. The distributed questionnaire consisted of three research tools. The first was the Negative Acts Questionnaire – Revised, in its Czech version, which describes the most common negative situations in the workplace in 22 items. The respondents indicated on a Likert scale from 0 – never to 5 – every day, how often they had encountered a negative situation in the last six months. The last item gives the respondents the opportunity to assess whether they feel mobbed. The second was the standardized tool General Health Questionnaire – 28, in its Czech version, which detects deviations from the normal state of health. Four areas assess the presence of physical health disorders, anxiousness and insomnia, social dysfunction and depressiveness. The evaluation was performed according to the authors' recommended GHQ scoring scale (0 – better than usual, 0 – as usual, 1 – worse than usual, 1 – much worse than usual). The last questionnaire was of a demographic and working feature. The obtained data were processed using MS Excel and Statistica 12. Descriptive statistics methods were used. To demonstrate the relations among variables, Spearman correlations were used. Only nurses who scored 1 or more points in NAQ-R were involved in this part of the evaluation. Data were evaluated at the level of statistical significance $p < 0.05$. Data collection took place from November 2020 to May 2021. The study was approved by the Ethics Committee of the Faculty of Medicine of the University of Ostrava under number 25/2020 and was carried out in accordance with the Declaration of Helsinki 1975 – amended 2013. Respondents were acquainted with the aim of the study, their voluntary participation and the anonymity of the survey. This publication was supported by the project of the Faculty of Medicine University of Ostrava No. SGS 10 / LF / 2019/2020.

RESULTS

A total of 567 nurses (79.30%) have experience with some of the negative acts. The negative acts are most often directed to the area of work, where tasks are assigned below the level of their competencies (47.41%), respondents are exposed to excessive workload (39.02%), and pieces of information important for the performance of the profession are withheld (36.08%). In the area of personnel, respondents usually encounter slanders and spread of rumours about themselves (45.59%), repeated mentioning of their mistakes and faults (31.47%). Furthermore, they are humiliated and mocked in connection with their work (30.49%). In the area of physical intimidation and assaulting, respondents are most often exposed to screaming and uncontrolled anger (9.51%), 27 nurses were physically attacked (3.78%) and 61 respondents identified

■ Tab. 2. NAQ-R – Mobbing Behaviors Experienced by Nurses

	n ₁ /%	n ₂ /%	M ₁	SD	M ₂	SD	Min	Max
Attacks at work								
Someone withholding information which affects your performance.	457/63.92	258/36.08	0.51	0.88	1.42	0.92	0	5
Being ordered to do work below your level of competence.	376/52.59	339/47.41	0.85	1.25	1.79	1.27	0	5
Having your opinions and views ignored.	460/64.34	255/35.66	0.52	0.91	1.47	0.97	0	5
Being given tasks with unreasonable or impossible targets or deadlines.	577/80.70	138/19.30	0.26	0.68	1.39	0.92	0	5
Excessive monitoring of your work.	511/71.47	204/28.53	0.46	0.93	1.61	1.09	0	5
Pressure not to claim something which by right you are entitled to (e.g. sick leave, holiday entitlement, travel expenses).	552/77.20	163/22.80	0.35	0.80	1.54	0.99	0	5
Being exposed to an unmanageable workload.	436/60.98	279/39.02	0.67	1.10	1.72	1.15	0	5
Attacks on personality								
Being humiliated or ridiculed in connection with your work.	497/69.51	218/30.49	0.48	0.91	1.60	0.97	0	5
Having key areas of responsibility removed or replaced with more trivial or unpleasant tasks.	506/70.77	209/29.23	0.43	0.85	1.50	0.93	0	5
Spreading of gossip and rumours about you.	389/54.41	326/45.59	0.76	1.15	1.67	1.17	0	5
Being ignored or excluded (being 'sent to Coventry').	523/73.15	192/26.85	0.43	0.92	1.62	1.13	0	5
Having insulting or offensive remarks made about your person (i.e. habits and background), your attitudes or your private life.	521/72.87	193/26.99	0.43	0.91	1.62	1.06	0	5
Hints or signals from others that you should quit your job.	634/88.67	81/11.33	0.16	0.57	1.49	0.95	0	5
Repeated reminders of your errors or mistakes.	490/68.53	225/31.47	0.45	0.83	1.43	0.89	0	5
Being ignored or facing a hostile reaction when you approach.	584/81.68	131/18.32	0.29	0.78	1.63	1.10	0	5
Persistent criticism of your work and effort.	556/77.76	159/22.24	0.33	0.80	1.50	1.07	0	5
Practical jokes carried out by people you don't get on with.	637/89.09	78/10.91	0.14	0.48	1.33	0.75	0	4
Having allegations made against you.	573/80.14	142/19.86	0.29	0.74	1.50	0.97	0	5
Being the subject of excessive teasing and sarcasm.	607/84.90	108/15.10	0.22	0.65	1.50	0.97	0	5
Physical intimidation and threats								
Being shouted at or being the target of spontaneous anger (or rage).	646/90.35	69/9.65	0.38	0.80	1.73	1.09	0	5
Intimidating behaviour such as finger-pointing, invasion of personal space, shoving, blocking/barring the way.	647/90.49	68/9.51	0.14	0.55	1.51	1.09	0	5
Threats of violence or physical abuse or actual abuse.	688/96.22	27/3.78	0.05	0.33	1.55	0.84	0	3
I feel mobbed								
	654/91.47	61/8.53	0.15	0.61	1.85	1.12	0	5

NAQ-R – Negative Acts Questionnaire – Revised; n1 – not mobbed nurses; n2 – mobbed nurses; M – mean; SD – standard deviation; min – minimum value; max – maximum value

themselves as mobbed (8.53%). The average gross score of negative actions of nurses that indicated that they were mobbed was 35.68 (SD = 20.96). For nurses, who did not indicate themselves as mobbed, the gross score of negative actions was significantly lower, namely 8.73 (SD = 12.66). The frequency of negative actions was most often “occasionally” (n = 34; 4.76%) in nurses who felt they were mobbed, followed by “once a month” (n = 15; 2.10%). The same number of respondents indicated the options “several times a month” (n = 5; 0.70%) and “once a week” (n = 5; 0.70%). Two nurses (> 0.5%) reported being mobbed every day. The exact description of negative acts is given in Table 2.

When assessing the state of health, nurses most often reported the presence of symptoms in the area focused on anxiety and insomnia, as well as in the area of physical health. More than half of the respondents (51.61%) reported exhaustion and fatigue, and more than one third of the nurses (38.04%) experienced headaches more than usual. The need for a strong encouragement was described by 39.44% of nurses. When it comes to 38.06% of nurses, they felt under constant pressure. In the area of sleep, 36.64% of nurses reported a disorder and 31.30% woke up during

■ Tab. 3. GHQ 28 – Perception on health by nurses

	n ₁ /%	M ₁	SD ₁	n ₂ /%	M ₂	SD ₂	n ₃ /%	M ₃	SD ₃
GHQ – 28		3.05	4.46		6.72	6.15		5.96	6.00
Somatic symptoms		1.24	1.76		2.46	2.09		2.21	2.09
Anxiety/insomnia	148/20.70	1.11	1.93	567/79.30	2.38	2.36	715/100	2.12	2.33
Social dysfunction		0.52	1.13		1.14	1.69		1.01	1.61
Depression		0.16	0.55		0.74	1.44		0.62	1.33

GHQ – 28 – General Health Questionnaire -28; n1- not mobbed nurses; n2 – mobbed nurses; n3 – the whole group of nurses; M – mean; SD – standard deviation

the night. In the area of social dysfunctions, 23.92% of nurses described that it took them longer to do their usual activities and 20% of nurses lost the pleasure for the work done. The same percentage of nurses had trouble entertaining themselves and occupying themselves. Almost 90% of nurses were satisfied with the way they had fulfilled their tasks. Of the depressive symptoms, 19.08 % of nurses described that sometimes they felt so mentally ill that they were unable to do anything. A serious finding is that 27 nurses (3.78%) think about the possibility of taking

their own lives, 18 nurses out of 27 (2.52%) think about this possibility repeatedly. The evaluation of all areas of GHQ-28 with the division of nurses according to the experience with mobbing into mobbed and unmobbed is shown in Table 3.

A statistically significant association was found between a higher gross mobbing score and a worsened perception of nurses' health. The higher number of negative acts significantly correlated with the younger age of nurses and their overall length of nursing practice. There was no statistically significant relationship between the incidence of mobbing and the length of nursing practice of nurses in the current workplace (Table 4.).

■ Tab. 4. The relationship between mobbed nurses and their perception of their health ($p < 0.05$)

	NAQ-R	GHQ-28	GHQ-28 A	GHQ-28 B	GHQ-28 C	GHQ-28 D	Age	Length A	Length B
NAQ-R	1.00	0.39	0.34	0.37	0.28	0.28	-0.13	-0.12	-0.06
GHQ-28		1.00	0.87	0.88	0.73	0.28	-0.11	-0.12	-0.07
GHQ-28 A			1.00	0.69	0.51	0.45	-0.11	-0.08	-0.06
GHQ-28 B				1.00	0.51	0.49	-0.08	-0.08	-0.06
GHQ-28 C					1.00	0.53	-0.04	-0.04	-0.01
GHQ-28 D						1.00	-0.16	-0.14	-0.14
Age							1.00	0.93	0.65
Length A								1.00	0.69
Length B									1.00

NAQ-R – Negative Acts Questionnaire-Revised; GHQ-28 – General Health Questionnaire- 28; A – somatic symptoms; B – anxiety/insomnia; C – social dysfunction; D – depression; Length A – Length of professional experience; Length B – Length of professional experience in actual department

DISCUSSION

The aim of the study was to describe the rate of mobbing in a selected sample of nurses. Mobbing is a negative phenomenon that occurs among healthcare professionals. The prevalence of mobbing in nurses is wide. The average prevalence of mobbing among nurses in the included studies is around 47% [1, 3-6, 9, 11-13]. The level of experience with negative acts is higher in this study. The reason could be the difficult situation of nurses at the time of data collection, which was affected by the progress of the COVID-19 pandemic. A study focusing on nurses' experiences with work violence during the COVID-19 pandemic was conducted in Turkey. It was proved that the exposure of nurses to mobbing increased during the COVID-19 pandemic, in contrast to all other forms of work violence, where the incidence during this time decreased [18]. However, the high incidence of mobbing was already demonstrated in another Turkish study published in 2017, where it reached up to 90% [19]. Nurses most often encounter mobbing aimed at the work area. In this area, the most frequent acts are the withholding of important information, excessive control of work, exposure to excessive workload and assigning tasks below the level of their competencies [9, 11]. Among the most common demonstrations of mobbing encountered by nurses in the field of personality are slander and rumours, disrespectful treatment, insults [5], being excluded from the team [6], repeated reminders of mistakes and faults [21]. Nurses are the least often exposed to physical violence [3, 13, 15]. This is in agreement with our findings. The frequency of negative behaviour and the length of its exposure significantly affects the perception of nurses' health. Most nurses agree on the frequency of negative actions to which they are exposed. The most often rated frequency is "occasionally" or "sporadically" in 45.3% [11]. On average, less than 5% of respondents are mobbed every day [11, 20, 21, 22]. Self-labelling as mobbed is lower in all studies than the proven rate of mobbing exposure. Respondents who frequently experience a wide range of negative situations

were identified as mobbed. Differences in evaluation are described not only in self-determination as mobbed, but the difference is noted in the case of a different type of methodology. The rate of mobbing tends to be significantly higher if the study focuses on several different phenomena [22].

Even minimal exposure to mobbing negatively affects the health of nurses [3-6, 18-20]. Nurses, who were exposed to negative acts, report significantly higher score when assessing their state of health, especially in the mental state. They are increasingly anxious and they describe sleep disorders [6, 15, 20]. Long-term problems in this area significantly affect not only the individual, who may experience other related difficulties such as fatigue and concentration disorders, but it also has a negative impact on the organizations. Patient safety may also be endangered. Related difficulties can lead to undesirable incidents, such as medication errors [17]. It has been repeatedly shown across a wide range of studies that mobbed nurses are more likely to report worsening of their state of health. Feelings of exhaustion, headaches, hot and cold flushes are described, and the mobbed do not feel well and in good health [3, 6, 9, 18, 21]. The mobbed respondents report headaches and feelings of exhaustion much more than usual in this study. In the area of social dysfunctions, nurses report a loss of zest for life as problematic. This can limit a nurse in working life, when job satisfaction is declining, nurses are more likely to be incapacitated for work and leave their workplaces [22], but also in personal life, where they are apathetic, and passive and they reduce their time spent with their family [15]. Nurses who report experience with mobbing often show depressive symptoms. If they showed depressive symptoms, mobbing had an effect on the degree of depressiveness – nurses exposed to a greater number of negative acts showed symptoms of moderate depression, in contrast to nurses who were not exposed to mobbing or only at a minimal frequency [12]. The presence of depressive symptoms can provoke suicidal thoughts in respondents [3, 6, 20].

It was found that the level of mobbing among respondents negatively correlates with their age and the overall length of their nursing practice. Young nurses and fresh nurses tend to be more vulnerable to mobbing [22]. This may be due to a lack of professional and personal experience. Some studies use a specific term „eating of their young” for this phenomenon [6]. These results are supported by the fact that the connection of a higher incidence of negative actions in nurses with a sufficient length of overall nursing practice has not been proved, which, however, indicates a low number of months worked in their current workplace.



LIMITS OF THE STUDY

Limits of this study may be adverse epidemiological situation caused by ongoing COVID-19 pandemic during the data collection period.

CONCLUSION

The high incidence of mobbing in a selected sample of nurses in the Czech Republic was confirmed. The mobbed nurses perceive and describe the deterioration of their state of health in all monitored areas, especially in the field of their physical health. Mobbed respondents have demonstrated higher levels of anxiety and sleep disorders.

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