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Mobbing and its Effects on Turkish Nurses: A National Literature Review

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ABSTRACT

This review aims to methodically analyze studies regarding mobbing behavior prevalence, individuals performing this behavior and the effects of mobbing on Turkish nurses. Five databases were searched thoroughly on November 2014 with no time limitation to identify the studies in English and Turkish that evaluated mobbing and its effects on nurses in Turkey. Of 71 records found by initial search, only 38 studies met the inclusion criteria. The findings were obtained using the results of 38 studies carried out in the past 13 years in Turkey. Analysis of the incidences of mobbing behavior revealed a broad spectrum, ranging from rarely experiences to 100% experiences. Victims mostly experienced mobbing from their managers, the most common consequence of these actions related to the psychological effects. The high frequency of exposure of nurses to mobbing behavior in such a large sample highlights the importance of considering this issue in terms of individual and institutional consequences that adversely affect the performance of nurses.

Mobbing is a global multidimensional workplace problem which has increasingly drawn attention in the past years, and a similar trend is also observable in Turkey. The long-term antagonistic behavior experienced by individuals in their workplace have been expressed by notions such as psycho-terror, threatening, accusation, terrorizing and harassment. The Ministry of Labor and Social Security has defined mobbing in accordance with literature (Johnson, 2009; Yildirim & Yildirim, 2007) in the Psychological Harassment (Mobbing) Information Guide (The Ministry of Labor and Social Security, 2014) as "any kind of

antagonistic, intentional and negative attitude and behavior of one or more employee against others, systematically persisting for a specific period of time aimed to terrorize, passivate or lay off the victims, harming their health, personal values, professional statuses or social relations". According to this guide, mobbing can be comparable with negative behavior such as conflicts and rudeness in workplace, while physical violence, sexual harassment and/or insulting behavior are not considered mobbing due to the legal issues and their consequences. Similarly, negative attitude, behavior, argument or conflict which is not continuous and can be attributed to stress and workload is not evaluated as mobbing behavior. Any behavior outside the workplace is also excluded from this category (The Ministry of Labor and Social Security, 2014).

The presence of mobbing in workplace has been accepted in Turkey using the above description. The Prime Minister Circular (2011) has been published as a means of mobbing prevention, and Labor and Social Security Communication Center helpline, ALO170, provides professional help and support to victims.

Theoretical Framework

Studies regarding intimidation in the workplace have been conducted in many other countries in addition to Turkey, including Australia, England, the United States of America (USA), Iraq and Spain. The constant increase in the number of studies conducted in this area is clearly apparent (Johnson, 2009; Fornès, Cardoso, Castello, & Gili, 2011).

It was reported that 44% of nurses in England (Quine, 2001), 50% of nurses in Australia (Johnson, 2009), 31% of nurses in the United States of America (Simon, 2008), and 18.9% of nurses in Spain (Fornès et al. 2011) were exposed to mobbing, bullying or harassment behaviors and 91% of nurses in Iraq (AbuAlRub, Khalifa, & Habbib, 2007) were exposed to workplace violence (including mobbing). According to literature, analysis of the profile of individuals expressing mobbing behavior reveals managers at the top of the list, followed by colleagues, physicians, other healthcare workers, patients and their relatives (Hutchinson, Wilkes, Jackson, &Vickers, 2010; Yildirim & Yildirim, 2007).

Since the early 2000s, studies on nurses were among the first studies performed on this topic, and there has been a striking increase in the number of studies performed since 2007. According to the study by Efe and Ayaz (2010), the prevalence of mobbing in Turkish nurses is higher than the worldwide value and according to some studies, nurses experience the highest rate of mobbing among healthcare workers (Özen-Çöl, 2008; Şahin & Dündar, 2011).

Method

Aim and Type of Research

This review aims to methodically analyze studies regarding (1) mobbing behavior prevalence, (2) individuals performing this behavior and (3) the effects of mobbing behavior on Turkish nurses.

Questions of the study were determined as follows: Nationally,

1. What is the rate of mobbing behavior incidents experienced by nurses at their workplace?
2. What are the most common mobbing behavior?

3. What are the profiles of individuals performing these behavior?
4. What are the effects of mobbing behavior on nurses?
5. What are the reactions of nurses to mobbing behavior?

Study Selection

Studies are selected according to a search performed in November 2014, using the Turkish and English keywords "mobbing (OR) bullying, psychological terror/violence, emotional violence"; (AND) "nurses, (OR) healthcare workers"; (AND) "Turkey" in PubMed, Science Direct, Ebscohost, National Thesis Centre database and Google search engine by the first author. The studies reached upon literature review were evaluated by both researchers. They were included in the study with joint decision by considering inclusion/exclusion criteria.

Inclusion/Exclusion Criteria

The inclusion and exclusion criteria are identified in Table 1. The results of the *study selection process* are *depicted* in *Figure 1.* A total of 38 studies that met the inclusion criteria were used in this analysis.

Table 1
Inclusion and Exclusion Criteria

	Inclusion criteria	**Exclusion criteria**
Country	Studies performed in Turkey	
Year	No limits on publication year	
Study design	All study designs	
Participants	Studies performed on nurses or healthcare workers including nurses	Studies on healthcare workers which do not explicitly include nurses Studies performed on head nurses, nurse academicians or nurse students
Scope	Studies with the topic "mobbing", including at least one of the following information or results: mobbing prevalence, profile of individuals exhibiting mobbing behavior, effects of mobbing on nurses and escape behavior of victims	Studies including aggression Studies without any of the information mentioned in the criteria in summary or full text
Language	Publications in English or Turkish	Systematic compilations or reports
Publication type	Published articles or unpublished master's or doctorate theses Access to summary or full text of article	Repetitive studies (thesis studies also published as articles) Verbal or poster reports

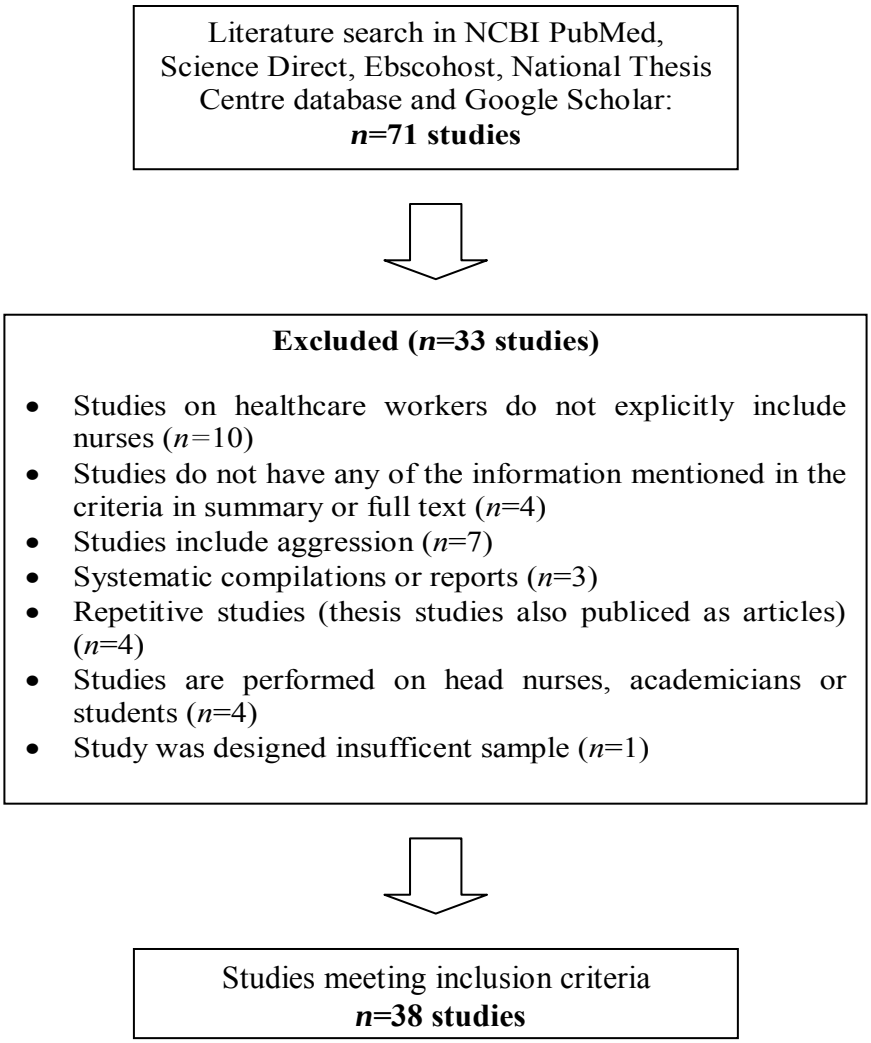

Figure 1. Selection process flowchart

Study Quality

The quality of the studies was evaluated in accordance with the following criteria specified based on the suggestions of Polit and Beck (2009).

1. Have the study's objective and the research questions been specified clearly?
2. Have the concepts mentioned in the study been defined clearly?
3. Have the characteristics of the sample been explained sufficiently?
4. Has the number of the sample been sufficient?
5. Have the instruments and methods been used convenient for the issue?
6. Have the data been analyzed by using convenient methods?
7. Has the confidence interval been provided?
8. Have the results clearly and conveniently been organized?
9. Have the results conveniently been discussed?
10. Have the discussions been compatible with results?
11. Have the limitations been specified?

Each criterion was evaluated separately and while the studies that met the criterion were evaluated as "1 point", the studies that did not meet the criterion were evaluated as "0 point". We decided to exclude studies from the review if they have score below 7. As a result of the evaluation, it was obtained that the lowest score was 9 and the highest score was 11.

Data Extraction and Synthesis

The researchers created a standard format to summarize and evaluate data pertaining to the findings (Table 3). The data evaluation format includes information such as name of authors and year of publication, publication status of the research (published article, unpublished master's or doctorate theses, etc.), city or the region where the study was carried out, type of research, research sample, data collection tool, rate of exposure to mobbing behavior, the most frequent types of mobbing behavior (top three), profile of individuals who exhibit them, effects of mobbing behavior on victims and behavior adopted to avoid mobbing.

Results

Study Characteristics

This review considers a total of 38 mobbing studies carried out on nurses or healthcare workers including nurses in Turkey, without specifying a date range (Table 3).

A review of the distribution of studies according to the date of publication reveals an increase in the number of studies performed on this topic from 2007 till 2014. The studies consist of 21 published articles in English or Turkish, 15 unpublished master's theses and 2 unpublished doctorate theses. Studies have been performed in 20 cities (24.7% of Turkey's 81 provinces), apart from those which do not provide location details. Ankara has the highest number of studies (Efe & Ayaz, 2010; Köse, 2010; Seyrek, 2013; Turaç & Şahin, 2014; Ünlüsoy-Dinçer, 2010; Yıldırım, 2009), followed by Istanbul (Dilman, 2007; Fışkın, 2011; Üye, 2009; Yildirim & Yildirim, 2007; Zonp, 2012) and Izmir (Akın-Korhan, Kocacal-Guler, Khorshid, & Eser, 2014; Aksu & Akyol, 2009; Ayhan, 2012; Bahçeci-Geçici & Sağkal, 2011; Bardakçı & Partlak-Günüşen, 2014). The majority of studies are descriptive, followed by correlative studies.

Evaluation of research samples indicates a total of 11070 individuals, 8850 of which are nurses (79.9%). In three of the studies (*Atasoy, 2010; Güven, Özcan & Kartal, 2012; Yurdakul, Türkleş, Vefikuluçay-Yılmaz, Çelik, Şahin & Dündar, 2011*), the target group is midwifes and nurses, while the rest of the studies concentrate on nurses from various departments. Departments are mentioned in some of the studies, these being psychiatry, intensive care units. However the majority of studies do not provide this detail. Fifteen of the studies specify the organizations where the study was carried out, performed in a total of 55 hospitals (16 private hospitals, 21 hospitals under the administration of Ministry of Health and 18 university hospitals).

The most commonly used data collection tool developed by Dilek and Aytolan (2008) (Ançel, Yuva & Gökmen-Öztuna, 2012; Ayhan, 2012; Bardakçı & Partlak-Günüşen, 2014; Ekici & Beder, 2014; Köse, 2010; Yildirim & Yildirim, 2007; Seyrek, 2013; Üye, 2009; Yıldırım, 2009; Yurdakul et al. 2011), followed by the Leymann Inventory of Psychological Terror (LIPT) developed by Leymann (1990) (Çakıl, 2011; Çınar & Dursun, 2012; Gül &

Ağıröz, 2011; Kılıç, 2013; Özen-Çöl, 2008; Şahin & Dündar, 2011; Turaç & Şahin, 2014) (Table 3). The scales were similar when compared in light of sub categories, with negative behavior towards reputation of personality, communication in workplace, social relations and professional life chosen as basic categories. In some scales (see for example LIPT scale) behaviors affecting physical health were considered a category, while in others (see for example Öztürk, Yılmaz and Hindistan's scale) they were evaluated as effects of mobbing. While verbal violence is examined under the communication subcategory, physical and sexual violence are directly examined among negative behavior. In a scale (Ünlüsoy-Dinçer, 2010), bullying is approached under a subcategory of psychological violence in the workplace with verbal and sexual violence.

Exposure to Mobbing Behavior

Using the scales, classification of the prevalence of exposure to mobbing behavior (at least once) results in values ranging from 0% to 100%, as summarized in Table 2.

Table 2
Prevalence of Exposure to Mobbing Behavior Classified According to Scales

Scale used	Minimum and maximum percentage
Dilek and Aytolan's scale (2008) (n=10)	Minimum 21.0%, maximum 100%
LIPT scale (n=7)	Minimum "very low", maximum 68.5%
Öztürk, Yılmaz and Hindistan's scale (2007) (n=5)	Minimum 9.7%, maximum 53.2%
Other scales and surveys (n=16)	Minimum average score "rarely", maximum 92.2%

Most Common Mobbing Behavior

The most common types of mobbing behavior are analyzed according to each scale. In the studies where Dilek and Aytolan (2008) scale was used (Ançel et al. 2012; Ayhan, 2012; Bardakçı & Partlak-Günüşen, 2014; Ekici & Beder, 2014; Köse, 2010; Seyrek, 2013; Üye, 2009; Yildirim & Yildirim, 2007; Yıldırım, 2009; Yurdakul et al. 2011), attacking personality and professional status had the highest percentage. Considering the most common mobbing behavior in this scale, the first and second rank was humiliation in front of others (attacking personality) and controlling the victims or their jobs without being noticeable. The third rank was mostly blaming victims for issues outside their responsibilities (attacking professional status). Among other top three behavior were underestimating and belittling victim's performance, holding victims responsible for jobs exceeding their capacity (attacking professional status), exhibiting humiliating behavior or body language in front of others (attacking personality). However, in Üye's study (2009) 64% of the victims experienced physical violence as the most common mobbing behavior. The rate of physical violence is 12.7% in the study by Yurdakul et al. (2011) (midwives and nurses), and 7.3% in the study by Yildirim and Yildirim (2007) (Table 3).

Regarding studies using the LIPT scale (Çakıl, 2011; Çınar & Dursun, 2012; Gül & Ağıröz, 2011; Kılıç, 2013; Özen-Çöl, 2008; Turaç & Şahin, 2014; Şahin & Dündar, 2011), victims were most frequently exposed to behavior preventing self-expression and communication, attacking social reputation and attacking professional status and quality of life. The most frequently observed mobbing behavior were continuous interrupting and silencing, constant criticism and refusing communication with victim (preventing communication), assigning

responsibilities that are below the victim's abilities and requesting victim to perform meaningless works (attacking quality of life and professional status) (Table 3).

Considering the studies using Öztürk, Yılmaz and Hindistan's scale (2007) (Akın-Korhan et al. 2014; Asi-Karakaş, 2011; Bahçeci-Geçici & Sağkal, 2011; Demir, Bulucu, Özcan, Yılmaz & Şen, 2014; Efe & Ayaz, 2010), only one study indicates attack to self-esteem as the category with the highest frequency of occurrence. In the rest of the studies, apart from the above-mentioned behavior (attacking personality, reputation and professional status), the most frequently experienced behavior were negative conversations among colleagues, forcing victim to quit, depriving victim of legal rights, understating victim's success, questioning professional decisions made by victim, requesting inconsistent tasks and giving groundless penalties, negatively evaluating victim's performance and criticizing victim's uniform (Table 3).

Profile of Individuals Exhibiting Mobbing Behavior on Nurses

Profile of the individuals who exhibit mobbing behavior has been specified in 20 studies. According to these studies, nurses experience the highest rate of mobbing behavior from their managers, ranging from 12.7% to 78.5%, followed by physicians, ranging from 10.7% to 67.0%, colleagues, ranging from 17.1% to 48.0% and patients' relatives, ranging from 28.5% to 42.0%, respectively (Table 3).

Effect of Mobbing Behavior on Nurses

According to the findings of the studies, the most prominent effects of exposure to mobbing behavior are negative psychological effects. Nurses feel the negative effects on their personal lives (18.4%- 85.2) (Aksu & Akyol, 2009; Efe & Ayaz, 2010; Üye, 2009), experience head-aches (14.50%-69.5%) (Yildirim & Yildirim, 2007; Atasoy, 2010; Yurdakul et al. 2011; Üye, 2013), feel stressful and tired (62.4%-72.4%) (Yildirim & Yildirim, 2007; Yurdakul et al. 2011; Üye, 2009) and insomnia (14.1%-37.5%) (Arısoy, 2011; Atasoy, 2010), continuously remember their negative experiences (25.6%-58.5%) (Ünlüsoy-Dinçer, 2010; Yildirim & Yildirim, 2007), and experience changes in their motivation and dedication (38.1%) (Arısoy, 2011). The study performed by Yıldırım (2009) indicates moderate depression in 45% of the nurses, and while the study of Yıldız and Eliş-Yıldız (2009) reports evidence of extreme depression, the depression rate is 33% in the article by Ekici and Beder (2014), 16.9% in the article by Arısoy (2011) and 5.8% in the article by Ançel et al. (2012).

Responses to Mobbing Behavior

The responses to mobbing behavior are out of scope (N/A) in the majority of studies (Table 3). Examination of the behavior on the top list in the remaining of the studies (n = 17) reveals the following responses: sharing of incident with friends and family (10.2%- 83.5%) (Aksu & Akyol, 2009; Arısoy, 2011; Bahçeci-Geçici & Sağkal, 2011; Bardakçı & Partlak-Günüşen, 2014; Dilman, 2007; Efe & Ayaz, 2010; Kılıç, 2013), working harder and with more discipline (72.1%- 81.6%) (Yildirim & Yildirim, 2007; Köse, 2010; Üye, 2009), remaining silent and passive (11.6%-60.9%) (Aksu & Akyol, 2009; Ançel et al. 2012; Arısoy, 2011; Bahçeci-Geçici & Sağkal, 2011; Bardakçı & Partlak-Günüşen, 2014; Çevik-Akyil, Tan, Sarıtaş & Altuntaş, 2012; Demir et al. 2014; Dilman, 2007; Efe & Ayaz, 2010; Gürkan, 2010; Kılıç, 2013;

Somunoğlu, Gedik, Erol-Kurt, Eygi, Gebedek, İlhan, & Sağ, 2013; Ünlüsoy-Dinçer, 2010), attempting to solve the problem by directly speaking with the individual exhibiting mobbing behavior (19.3%-91.1%) (Dilman, 2007; Kılıç, 2013; Üye, 2009; Yildirim & Yildirim, 2007). Other responses in the second and third place are moving to another department (20.4%-32.6%) (Atasoy, 2010, Ünlüsoy-Dinçer, 2010), reporting to senior management (25.8%-64.9%) (Dilman, 2007; Gürkan, 2010; Yildirim & Yildirim, 2007) and protecting themselves physically (8.8%) (Demir et al. 2014) (Table 3). Three of the studies involved victims seriously thinking about quitting their jobs (13.9%-61.4%) (Somunoğlu et al. 2013; Üye, 2009; Yurdakul et al. 2011) and in three other studies victims thought about completely leaving their profession (7.3%-56.5%) (Aksu & Akyol, 2009; Arısoy, 2011; Dilman, 2007). The results of three other studies indicate a portion of victims occasionally considering suicide (7%-10.0%) (Üye, 2009; Yildirim & Yildirim, 2007; Yurdakul et al. 2011). Finally, the results of three studies state that 32 victims applied for legal charges (Atasoy, 2010; Bahçeci-Geçici & Sağkal, 2011; Bardakçı & Partlak-Günüşen, 2014).

Discussion

Information regarding the health institutions was not specified in all of the studies. Nevertheless, it is prominent that the studies have been carried out in primary, secondary and tertiary public and private health institutions. According to Ministry of Health Statistics of 2013 (2014), Turkey's total nurse population is 139,544. The studies cover 24.7% of Turkey's cities and 6.3% of total nurse population. The results of these, 38 studies in the past 13 years are collected from a large sample of 8,850 nurses. Three studies (Atasoy, 2010; Güven et al., 2012; Yurdakul et al., 2011) conducted with midwives and nurses working at hospitals gave the general results which were not peculiar to nurses. The results of these studies were also included as some of the midwives at hospitals were in the nursing staff and most of them worked as nurses.

Despite similarity among subcategories of different scales used in the studies, some scales question violence (with verbal, physical and sexual violence as subcategories), while others evaluate the effects of negative behavior on victim's health and private/professional life. According to the Ministry of Labor and Social Security (2014), behaviors which involve physical violence, sexual abuse and/or insult are not considered mobbing due to different legal issues and consequences associated with these actions, suggesting that terrorization and violence should be distinguished from one another.

Analysis of the incidences of mobbing behavior revealed a broad spectrum, ranging from rarely experiences to 100% experiences. In some scales the categories are formed according to the scores, in other scales the rates of exposure pertaining to at least one behavior is given and in some studies the general rate is not mentioned. Nevertheless, the percentage rates obtained from the scales generally have a broad range. On the other hand, 18%-37% of healthcare workers have been exposed to deliberate mobbing, and 71%-94% of victims have experienced one or more mobbing behavior (Davenport, Schwartz & Elliott, 2003). In order to include a behavior in the scale as mobbing, the action must be continuous and systematic, occurring frequently and for a long period of time (The Ministry of Labor and Social Security, 2014). In this respect, the general results obtained in this study are evaluated as (at least one) exposure to mobbing behavior.

Studies conducted on healthcare workers indicate nurses as the group experiencing the highest rate of intimidation (one of these studies involves midwives and nurses). Only one study indicates physicians as the group experiencing the highest rate of mobbing behavior (Kılıç, 2013). A compilation study carried out by Lee, Bernstein, Lee and Nokes (2014) using studies published internationally also concludes that nurses experience the most mobbing behavior among healthcare workers. These studies indicate that research on healthcare workers must be conducted with a larger sample range.

The most frequently observed mobbing behaviors in this review include attacking personality, blocking communication, attacking professional, and social reputation. Examples of these behaviors are interrupting speech, humiliating victim in front of others, continuously criticizing or controlling the victims' actions, blaming victim for redundant issues, etc. In their study, Cleary, Hunt and Hosfall (2010) ranked the most frequently encountered mobbing behavior according to the literature in the following order: giving tasks which exceed victim's workload or managing capacity, ignoring or isolating the victim, spreading rumors, assigning inferior tasks, ignoring victim's professional opinions, withholding information about tasks directly related to victim, requesting unachievable tasks or demanding unrealistic deadlines and humiliating or mocking the victim's achievements. Similarly, a systematic review by Lee et al. (2014) indicates the most frequent mobbing behavior as giving tasks which exceed victim's workload and managing capacity. Kısa (2008) declares 80% - 97% prevalence of verbal violence on nurses in the international literature. In the study conducted in Turkey by the same author, the rate of verbal violence was 79.4%, and categorized as 66.2% criticism and 43.5% accusation and blaming. In this study the individuals exhibiting this behavior are 72.9% patient relatives, 63.9% patients and 49.1% physicians. The similarity between the type of verbal violence (criticism and accusation) and mobbing behavior is noteworthy. However, these are not considered mobbing due to lack of persistency or deliberate intimidation.

Nurses are most frequently affected by their managers, followed by physicians, colleagues and patients and their relatives. Managers are also on the top list in the systematic compilation of Lee et al. (2014). Even though the order varies in each study, nurses are mostly affected by these groups.

Patients are continuously accompanied by their relatives at hospital in Turkey and they are benefitted for treatment and care of their patients. Based on the results of Kısa's (2008) study, it can be asserted that determination of patients and their relatives as those displaying mobbing was associated with continuous togetherness and the presence of items indicating verbal violence in assessment instruments.

Mobbing behavior affects the victim's psychology, physiology and private and professional life (Cleary et al., 2010). Moreover, exposure to mobbing behavior leads to psychological problems, depression and the idea of suicide (Ekici & Beder, 2014). Evaluation of the effects of mobbing on nurses in this review leads to psychological effect as the most common effect of mobbing. Other studies also mention victims experiencing psychological and physical health problems and exhibiting psychosomatic and severe psychological symptoms (Hallberg & Strandmark, 2006). According to the study by Lee et al. (2014), the most common physical effects are cardiovascular symptoms such as hypertension, chest pain and palpitations and the most commonly encountered psychological effect is fear. In the studies that question

depression as an outcome of mobbing or those that analyze the relation between depression and mobbing, nurses exhibit signs of depression at a rate of 5.8%-45%, or to the extents which can be categorized as severe depression.

The results obtained from this review show that nurses generally keep silent against mobbing, and try to overcome the situation by working harder with the help and support of friends and family. A lower portion of victims complain, and an even lower portion (only 32 nurses) take legal actions. The reasons for keeping silent are stated as the action not being perceived as mobbing behavior, differences in reporting procedures, fear of being punished, believing there will be no change, fear of being labelled and the risk of negatively affecting their career goals (Cleary et al., 2010). Nurses who fail to deal with mobbing behavior feel less devoted, decide to quit or even leave their profession forever. In the systematic review by Lee et al. (2014), the result of mobbing has been stated as the victims' intention to quit, and the most common effect observed in this study is increased absenteeism.

According to three of the studies evaluated in this compilation, 7% - 10% of the victims consider suicide. Similarly, in the study performed by Hallberg and Strandmark (2006) some of the victims reported thinking about suicide once they thought changing the situation was not possible. The same study refers to an article by Leymann in 1990, which estimates that 100 to 300 of the individuals who committed suicide in that year had been exposed to mobbing behavior.

Rates of nurses' exposure to mobbing are high, they are exposed to these behaviors mostly by their managers and physicians, and they keep mostly quiet about these incidents; all of which can be evaluated also in terms of cultural characteristics. Hofstede (1980) defined Turkish culture as collectivist, hierarchical, and feminine. This result show that status and hierarchy are attached importance (Hofstede, 1980). Additionally, the fact that nurses are mostly female and there is much mental workload can lead them to be vulnerable (Sönmez, Oğuz, Kutlu, & Yıldırım, 2017). Bullying/mobbing which has been involved in Turkish as a foreign term was defined in 2011 with legal legislation, which is thought to increase understanding and definition of the concept.

Limitations

This review was limited to 38 studies. Assessment instruments used in the studies measured mobbing and also other violence types. The fact that unpublished dissertations and studies including limited number of nurses in sample of all healthcare professionals were included in the study in order to be at national level can be accepted as a limitation. The absence of a legal regulation on mobbing in Turkey until 2011 might have led to difference in comprehending the concept and failure of reporting the incidents.

Conclusions

The findings of review of 38 studies regarding mobbing behavior on nurses or healthcare workers including nurses in Turkey concludes that nurses working in many cities are exposed to high levels of mobbing behavior, this exposure is higher than both other healthcare workers in Turkey and nurses in other countries.

Results from studies carried out with different scales indicate that nurses are exposed to similar mobbing behaviors. Even though the frequency of exposure of nurses to mobbing

behavior is not mentioned in all studies, it can be understood from the findings that most of the behaviors have bullying nature.

Mobbing behaviors mostly lead to psychological effects in nurses, lack of motivation and feeling of exhaustion result in the decision to quit their profession and those unable to effectively cope with the issue experience high levels of depression. Only a small portion of nurses exposed to mobbing behavior have been found to react by complaining or taking legal actions.

Preventing exposure of healthcare workers to physical violence and mobbing behavior is an important global agenda. The findings of this article demonstrate that nurses are exposed to a variety of mobbing behaviors to a large amount, these being humiliation in front of others, blaming victims for irrelevant duties and others characterized by quantitative research methods.

Legal nature and preventive activities of mobbing behavior can be evaluated specifically for different countries. Even though these behaviors are not described as mobbing behavior from legal point of view, they must be considered in terms of individual and institutional consequences that adversely affect the performance of nurses. These findings will contribute to the studies that investigate the mobbing behaviors experienced by nurses on a global context or compare them between different cultures. Moreover, these studies will also be useful for international organizations that direct initiatives for the prevention of mobbing in the workplace.

In the future studies, mobbing should be examined by being distinguished from verbal, physical and sexual violence; systematic repetition of behaviors which are considered insignificant when individually examined as well as difficulties experienced by victims for proving should be clearly questioned. Additionally, it is recommended to conduct further studies for explaining the cause of mobbing. The relationship between workloads of nurses and their exposure to mobbing by their colleagues and the relationship between drug errors of nurses exposed to mobbing and negative care outcomes can be evaluated.

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Table 3

Results of Mobbing Prevalence Researches Included in this Study

Author (Year of publication) Publication type	Study design	Location	Sample	Mobbing prevalence	Most common mobbing behavior	Individuals exhibiting mobbing behavior	Effects of mobbing behavior	Reactions to mobbing behavior	Quality assessment score
Data collection tool: Scale developed by Dilek & Aytolan (2008)									
Yildirim & Yildirim (2007) Article	Descriptive/ Cross-sectional	Istanbul	Nurses two public and four private hospitals (n=505)	86.5% of nurses (in the past 12 months)	%55.2 humiliating victim in front of others, 50.5% blaming victims for issues outside their responsibilities, 50.1% controlling victims or their jobs without being noticeable	Every mobbing behavior evaluated separately. Results for " humiliating victim in front of others": 78.5% supervisors, 17.1% colleagues, 4.1% physicians, 3.0% subordinates	Mostly physiological and emotional reactions (feeling tired and stressed) (72.9%), experiencing headaches (53.5%), continuously remember their negative experiences (58.5%)	72.1% work harder and with more discipline, 70.5% work more carefully to avoid criticism, 67.3% attempt to solve the problem by directly speaking with the individual, 54.9% report to superiors, 10.0% occasionally think about suicide	11
Yıldırım (2009) Article	Cross-sectional/ Descriptive	Ankara	Nurses in a training hospital (n=286)	21% of nurses (in the past 12 months)	56% humiliating victim in front of others, 49% controlling victims or their jobs without being noticeable, 48% blaming victims for issues outside their responsibilities	Every mobbing behavior evaluated separately. Results for " humiliating victim in front of others": 40.0% supervisors, 34.0% colleagues, 5.0% subordinates	45% of nurses exhibit moderate or severe depression symptoms	N/A	11
Köse (2010) Master's thesis	Descriptive/ Correlational	Ankara	Nurses and physicians in public and private hospitals (n=586), 47.3% nurses (n=277)	90% of nurses (at least once in the last year)	81% attacking professional status, 74% attacking personality, 60% isolating victim from workplace, 13% direct negative behavior	N/A	N/A	N/A	10
Yurdakul et al. (2011) Article	Descriptive	A city in Turkey's Mediterranean region	Nurses and midwives in public and private hospitals (n=442)	27.4% of midwives, 20.7% of nurses	65.4% humiliating victim in front of others, 49.5%understating victim's performance, 47.1% blaming victims for issues outside their responsibilities Rate of physical violence 12.7%	Every mobbing behavior evaluated separately. Results for " humiliating victim in front of others": 30.8% physicians, 28.5% patient relatives, 24.2% supervisors	Mostly psycho-physiological and emotional reactions (feeling tired and stressed) (62.4%), feeling extreme sadness while recalling negative behavior (62.2%), experiencing headaches (58.6%)	73.8% work harder and with more discipline, 72.4% work more carefully to avoid criticism, 36.4% seriously consider quitting, 7.5% occasionally think about suicide	11
Ançel et al. (2012) Article	Descriptive	Not mentioned	Nurses in a university hospital (n=199)	63% of nurses	N/A	N/A	Depression rate: 5.8%	Hiding out, not expressing oneself, being unable to express negative feelings and thoughts	9
Ayhan (2012) Master's thesis	Descriptive/ Correlational	Izmir	Nurses in Dokuz Eylul University Faculty of Medicine Hospital(n=472)	52.1% of nurses	73.7% indirectly controlling victims or their jobs without being noticeable, 60.6%blaming victims for issues outside their responsibilities, 60%holding victims responsible for jobs exceeding their capacity	N/A	N/A	N/A	11
Üye (2009) Master's thesis	Cross-sectional/ Descriptive	Istanbul	Nurses in three hospitals in the Asian region of Istanbul: one private, one public and one university hospital (n=272)	Every nurse participating in the study (in the last year)	64% physical violence, 63.6% humiliation in front of others, 62.1% blaming victims for issues outside their responsibilities, 57% negative conversations regarding victims, 56.6% holding victim responsible for negative results of whole team	Supervisors	72.4% feeling tired and stressed, 69.5% experiencing headaches 62.9% experiencing negative effects in private life 61% feeling extreme sadness while recalling negative behavior 59.9% losing trust in colleagues	81.6% work harder and more systematically, 79.4% work more carefully to avoid criticism, 74.3% attempt to solve the problem by directly speaking with the individual. 61.4% of nurses seriously consider quitting, 7% occasionally 10consider suicide	10
Seyrek (2013) Master's thesis	Descriptive	Ankara	Nurses in one university hospital and one private hospital (n=250)	28% of nurses have at least one experience	43% behavior attacking professional status, 28%behavior attacking personality, 23%behavior aimed to isolate victim	N/A	N/A	N/A	10
Bardakçı & Partlak-Günüşen (2014) Article	Descriptive	Izmir	Nurses in university hospital (n=284)	21.8% of nurses	N/A	33.5% supervising nurses, 26.8%physicians, 17.7% colleagues, 17.1% senior nurses, 4.9% assisting personnel	N/A	47.3% remain silent, 32.4% share incident with friends and family, 30.6% ignore the individual. 1.8% of nurses (n=5) applied for legal charges	10
Ekici&Beder (2014) Article	Cross-sectional / Descriptive	Not mentioned	Physicians (n=201) and nurses (n=309) in a university hospital	82% of nurses, 74% of physicians (in the last year)	Most frequent behavior include humiliation in front of others (attacking personality) and indirectly controlling victims or their jobs without being noticeable and blaming victims for issues outside their responsibilities (attacking professional status)	Both physicians and nurses experience mobbing from supervisors and colleagues	Negative effect on dedication and relationship with patients ($p<0.01$) According to regression analysis, influence of mobbing on depression symptoms is 33%, whereas influence of workload is 30%	N/A	10
Data collection tool: LIP developed by Leymann (1990)									
Özen-Çöl (2008) Article	Descriptive	Muğla	Health care workers in public and private sectors (n=272), 29.2% nurses (n=78)	34.9% of health care workers, 35.9% of nurses	39%criticizing victim's performance, 22.1%not caring about victim's personality or presence, 22.1%assigning responsibilities that are below the victim's competency	N/A	N/A	N/A	11
Çakıl (2011) Master's thesis	Descriptive/ Correlational	Zonguldak	Nurses and assistant physicians in Zonguldak Karaelmas University Hospital (n=264), 67% nurses (n=177)	40.8% of nurses	Depriving victim of any means of communication (x=2.01), preventing self-expression (x=1.90), continuous interrupting and silencing (x=1.85)	61.6% superiors, 28.8% colleagues, 9.6% subordinates	N/A	N/A	10
Şahin&Dündar (2011) Article	Descriptive	Bolu	Healthcare workers in public and private hospitals (n=514), 38.5%nurses (n=198)	70.4% of health care workers, 65% of nurses (at least one intimidation experience)	77.7% limiting means of communication and self-manifestation, 62.1% attacking social reputation, 53% attacking quality and life and professional status.	N/A	N/A	N/A	10
Gül&Ağıröz (2011) Article	Descriptive/ Correlational	Karaman	Nurses in Karaman Public Hospital (n=107)	No significant experience (2.1829±0.73142)	N/A	N/A	N/A	N/A	11

Çınar&Durs un (2012) Article	Correlational	Erzurum	Nurses in Ataturk University Hospital (n=198)	Very low levels (1.34±0.330)	N/A	N/A	N/A	N/A	10
Kılıç (2013) Master's thesis	Descriptive	Kars	Health professionals in various health institutions in city center (n=390), 33.6% nurses (n=116)	62.4% of physicians, 53.4% of nurses, 49.4% of midwives	Limiting means of communication and self-manifestation (19.86±7.31), attacking social reputation (15.70±5.66), attacking quality and life and professional status(12.53±5.79)	N/A	N/A	33.8% share incident with friends, 19.3% attempt to solve the problem by directly speaking with the individual, 19.3% do nothing	10
Turaç&Şahi n (2014) Article	Cross-sectional / Descriptive	Ankara	Nurses in five hospitals (n=689)	68.5% of nurses (at least one experience in the last 6 months)	43% constantly criticizing victim's performance, 40.6% limiting means of self-manifestation, 40.3% continuously interrupting speech	68.5% supervisors	N/A	N/A	10
Data collection tool: Scale developed by Öztürk, Yılmaz and Hindistan (2007)									
Efe&Ayaz (2010) Article	Mix study Descriptive /Phenomenolo gical	Ankara	Nurses in a training hospital (n=206)	9.7% according to scale results, 33% according to personal interview results	Creating stress by assigning multiple tasks or exhibiting humiliating behavior (according to focus group feedbacks)	25.2% head nurses, 19.4% physicians, 9.7% clinic chiefs	18.4% feel unhappy in private life, 15.05% experience psychological problems 15.05% have lower work performance	11.6% do nothing, 11.2% do not reply, 10.2% share the experience with a friend	10
Bahçeci-Geçici&Sağk al (2011) Article	Cross-sectional / Descriptive	Izmir/ Ödemiş	Nurses in public and private hospitals (n=128)	43% experienced mobbing throughout professional career, 34.5% still experience mobbing	N/A	32.8% superiors, 35.2%other healthcare members (physicians, dietitians, etc.)	N/A	26.6% share with family and friends, 25.7% remain silent. 5.5% of nurses (n=7) applied for legal charges	10
Asi-Karakaş (2011) Doctoral thesis	One Group Pretest-Posttest Study	Erzurum	Nurses in Ataturk University Yakutiye Research Hospital and training and research hospitals in the region Out of 218 nurses, nurses with 204 points or higher experienced mobbing (n=38)	17.4% of nurses (Total scale score of 204 and higher)	N/A	N/A	N/A	N/A	11
Akın-Korhan et al. (2014) Article	Descriptive	Izmir	Nurses in 5 public and 2 university hospitals with bed capacity > 500 (n=282)	Total scale point of 161.98±45.04 (moderate level) 53.2% of nurses experience mobbing and 46.7% have experienced mobbing in the first year of career	N/A	48%colleagues, 36% supervisors, 16%subordinates	N/A	N/A	10
Demir et al. (2014) Article	Descriptive	Düzce	Nurses in a university hospital (n=126)	Average scale point: 154.60±48.66, 11.9% experienced mobbing	N/A	12.7% supervisors, 7.1% nurses from the same department	N/A	14.3% do nothing, 8.8% try to protect themselves physically, 7.1% speak directly with the individual	10
Data collection tool: Other scales									
Gürkan (2010) Master's thesis	Cross-sectional	Şanlıurfa	Nurses, midwives and health officers in provincial and district hospitals and health centers(n=275), 60%nurses (n=165)	Average of scale values of healthcare workers, midwives and nurses: 1.89 Mobbing rarely experienced	Preventing means of communication and self-manifestation(1.962±0.728), attacking social relations (1.712±0.718), attacking reputation and quality of life (1.635± .536),attacking professional status(1.643±0.692) (according to subscales in nurses)	42% patient relatives 29.5% direct supervisors 11.6% patients	N/A	25.8%complain, 14.2% remain silent, 12.7% reciprocate the same behavior	10
Arısoy (2011) Master's thesis	Descriptive	Isparta, Antalya and Burdur	Nurses in primary, secondary and tertiary public and private health institutions (n=382)	N/A	51.2% unjustified criticism, 46.5%giving important tasks to other employees less qualified than victim,42.3%negative conversations among colleagues	43.1% colleagues, 40.2% physicians, 16.7% head nurses	38.1% feel demoralized in workplace, 37.5% have sleeping disorders, 35.1% experience nervous breakdown, 16.9% experience depression	83.5% share experience with friends, 60.9 % remain silent and passive, 56.5 % consider quitting profession	9
ÇevikAkyil et al. (2012) Article	Descriptive	A city in west Anatolian region	Nurses in a university hospital (n=180)	Average point of mobbing perception: 155.51 ± 14.956 (min: 36, max= 180), signifying regular and frequent experiences	N/A	58.9%supervisors	N/A	31.7% accept the situation and do not complain	11
Dilman (2007) Master's thesis	Descriptive	Istanbul	Nurses in three private hospitals (n=253)	70% experience emotional abuse, distributed as 19.8% low level, 37.9% medium level and 42.4% high level abuse	2.8% spreading rumors regarding victim, %2.8 trying to make victim quit, 2.8% indirectly controlling victims or their jobs, 2.8%demanding unrealistic deadlines	52.5% physicians 37.9% patients and their relatives 36.7%nurse supervisors	Mostly affected psychologically (2.14±0.93), physically (2.11±0.94), and socially (1.99±0.82)	45.2% share with friends, 42.9% inform supervisor, 33.3%remain silent and passive, and attempt to solve the problem by directly speaking with the individual, 7.3%consider quitting profession	10
Aksu&Akyol (2009) Article	Descriptive	Izmir	Nurses in Intensive Care Units of public and private hospitals (n=162)	71% have experienced mobbing throughout their career (n=115)	Effect on psychology: extreme level (33.2±7.6), average of total score: moderate level (78.9±20.3)	N/A	93.9%silently weep without no reason, 88.7%feel loss of personal integrity, 85.2%negatively affected in private lives	83.5% share with friends, 60.9% remain silent, 56.5% consider quitting profession	9

Fışkın (2011) Master's thesis	Descriptive	Istanbul	All healthcare workers in Maternal and Child Health and Family Planning Centers (n=62), 27.4% nurses (n=17)	58% of all healthcare workers, 64.7% of nurses (n=11), 57.1% of head nurses (n=4) have experienced mobbing at least once	According to the scale dimensions: Communication barriers (1.75 ± 0.84) Discrimination (1.60 ± 0.88) Humiliation (1.53 ± 0.72) Sexual harassment (1.10 ± 0.28)	N/A	N/A	N/A	11
Yılmaz (2013) Master's thesis	Descriptive	Balıkesir-Bandırma	All health personnel and their assistants in public hospitals (n=729), 25.7% nurses (n=187)	General mobbing rate:84%, 81.8%of nurses (n=153)	N/A	N/A	N/A	N/A	11
Yıldız&Yıldız (2009) Article	Descriptive	Kars	Healthcare workers in public, maternity and university hospitals as well as health centers (n=167), 27.5% nurses (n=46)	35.3% of healthcare workers experienced intimidating behavior (n=59)	N/A	67% of nurses experience from physicians	N/A	N/A	10
Ünlüsoy-Dinçer (2010) Doctoral thesis	Descriptive/Correlational	Ankara	Nurses in 9 hospitals in Ankara, including 2 ministry of health, 4 university and 3 private hospitals chosen using stratified random sampling (n=407)	35% experience intimidation, 57.7%verbal abuse, 13.6% physical violence and 10.7% sexual violence	14.9% holding victim responsible for mistakes, 14.1% understating victim's success, 12.9%yelling at victim	38.3% physicians 32.0%nurses 12.8%nurse supervisors	Nurses experiencing intimidation: 34.1% constantly on alert and defensive mode, 25.6% constantly recall negative thoughts, images and memories, 25.4% try to forget abuse and all associated thoughts	30.2% do nothing, 20.4% changed workplace or requested such change	11
Güven et al. (2012) Article	Descriptive	Nevşehir	Nurses and midwives in organizations affiliated to the Provincial Health Directorate (n=173), 70.4% nurses (n=100)	12.7% of nurses and midwives experience mobbing (at least once per week within the last 6 months)	Most common subscale: attacking reputation (37.30 ± 14.85).	N/A	N/A	N/A	11
Zonp (2012) Master's thesis	Descriptive and Correlational	Istanbul	Nurses in psychiatric clinics of 6 hospitals willing to participate in the study (n=296)	53% of psychiatric nurses (throughout their career)	25.5%monitoring every detail of victim's performance, 6.4% questioning professional decisions made by victim, 4.9% assigning responsibilities that are below the victim's abilities or hurt their self-respect	N/A	N/A	N/A	11
Yılmazel (2013) Article	Descriptive	Çorum	Nurses in a public hospital (n=129)	92.2% of nurses(within the last 6 months)	N/A	N/A	N/A	N/A	10
Data collection tool: Survey form developed by researchers									
Solakoğlu (2007) Master's thesis	Descriptive/ Correlational	Eskişehir	Healthcare workers in a public hospital (n=210), 45.3% nurses(n=95)	38.6% mobbing victims (within the last 6 months) 44.4% of victims are nurses (n=36)	N/A	N/A	N/A	N/A	10
Kaya (2010) Master's thesis	Descriptive	Sivas	Nurses in Cumhuriyet University Hospital (n=126)	N/A	67.5%insulting victim, 65% giving tasks that exceed their capacity, 59.5%spreading rumors about victim	Every mobbing behavior evaluated separately: generally head nurses, physician and patients and their relatives	N/A	N/A	10
Atasoy (2010) Master's thesis	Descriptive	Sakarya	Nurses and midwives in 5 public and 4 private hospitals (n=364), 82.1%nurses (n=299)	General mobbing experience rate: 17.9%	Most common behavior: controlling victim without being noticeable, 17.3% in private hospitals and 16.3% in public hospitals. Second most common behavior in public hospitals: 10% criticizing victim's uniform and 10%constantly searching for mistakes in victim's performance	Every mobbing behavior evaluated separately. Results for "controlling victim without being noticeable": 13% head nurses, colleagues and hospital directors, 10.7%physicians, 8% chief physician	Private hospital: 14.7%experience head aches 14.1%suffer from insomnia Public hospital: 14.3% experience head aches 15.1% suffer from insomnia	79.2% in private hospital and 91.1% in public hospital attempt to solve the problem by directly speaking with the individual. 5.5%in public hospital (n=15) and 6.6%in private hospital (n=5) applied for legal charges	10
Somunoğlu et al. (2013) Article	Descriptive	Zonguldak	Nurses in a university hospital (n=187)	N/A	57.8% negative and insulting communication, 26.2% verbal violence, 5.9%physical violence, 8% sexual violence, 17.6%preventing means of self-improvement	N/A	15.5% experience psychological problems,2.7% experience physiological problems	No reaction, 32.6% request to change workplace,13.9% consider quitting	11

N/A: Not Applicable