
Research Article

Mobbing Syndrome amongst Nursing Staff in Pediatric Departments of a Hospital in Thessaloniki

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Abstract:

Introduction: Mobbing is defined as the use of a systematic and sustained attack (bullying) against a predetermined victim among colleagues or between a top-tier employee and a bottom-tier one in the hierarchy in order to induce him to quit his job.

Purpose: The purpose of this study is to delve into mobbing in the workplace against the nursing staff in the pediatric departments of one of the largest hospitals in Thessaloniki.

Methodology: This study is addressed to nurses working in one of the major hospitals in Thessaloniki; indeed, they work at the pediatric departments of the hospital. It will examine carefully any possible exposure to mobbing. The data have been collected through questionnaires containing 51 questions identifying 6 factors that determine mobbing in the workplace.

Results: It is obvious that while studying the demographic characteristics of the individuals in the survey sample, most of them are women, while men are fewer. Regarding the marital status of the respondents, a high percentage of the sample is married, a small percentage is single, divorced and not one of them is a widow or a widower. In addition, a small percentage of respondents are between 26-35 years old, the highest percentage of respondents are between 36-45 years old, a slightly lower percentage is found between 46-55 years old and only a few of the respondents are between 56-65 years old. Last but not least, a small percentage of the respondents are Registered Nurses (University Education), the majority of the sample are Registered Nurses (Technological Institution Education) while Licensed Practical Nurses are slightly fewer than the latter ones.

Conclusions: Moral harassment (Moral Mobbing) in the workplace is not a static phenomenon affecting only weak and vulnerable people. Antithetically, it is a multidimensional and complex phenomenon and it should be seen both as an interaction of the individual and social characteristics amongst the victim, the victimiser and the organizational culture of the workplace.

Keywords: mobbing syndrome, nursing staff, pediatric departments, hospital.

Introduction

The term mobbing derives from the English verb "mob" that means attack, encircle, bother. [1] As a term, "mobbing" was first used by Leymann in his study of human behavior. He documented a kind of 'horror at work' in Sweden in 1984. He described this 'horror' as the presence of systematic, directed, unmoral communication and competitive behavior by one or more individuals towards a receiver. [2]

Conceptually, such harassment (mobbing) is defined as psychological and emotional abuse, psychological violence, pressure, intimidation, harassment at work. [3] Davenport described 'mobbing' as a form of organizational pathology in which colleagues are essentially "rallied" and, they start engaging in persistent and repetitive acts of humiliation,

exclusion, unjustified accusations, emotional abuse and harassment during their attempt to force the worker they have been aiming at to put himself out of the workplace. [4]

Recently, mobbing has been listed as one of the most important issues faced by a business or an organization in developed countries. In fact, it is a concept that causes the person to be sad, annoyed or injured by his colleagues, his superiors or younger employees in his workplace. [5]

Mobbing results in humiliation, devaluation, defamation, degradation, loss of professional standing. Usually, mobbing leads to the removal of the person having been 'mobbed' from the organization / business with all the inevitable consequences of his prolonged experience of abuse. The consequences could be financial, career- professional, health

and psychosocial ones. [6]

According to Walker and Avant (2005), content analysis involves careful examination and description of a word. Globally, there is no accepted definition of mobbing in the workplace (intimidation at work). However, it refers to an important part of the literature while substitute terms are used to describe the same phenomenon. [7] For example, some authors use terms such as workplace aggression [8], relative aggression [9], horizontal violence [10], indirect violence [11], workplace violence [12], and harassment in the workplace. In this study, the term ‘‘mobbing in the workplace’’ was chosen, since it is understood by the general public.

It is worth noting, of course, that a significant part of the occurrences of mobbing in the workplace in the literature regards the public sector. Most of these studies show that the extent of mobbing and its impact on workers is particularly serious. [13-14] One of the main features of mobbing is the time period during which the victim receives the negative actions from the offender. [15]

Given that workers in the public sector have more difficulty in changing workplace, mobbing of public sector employees may last for longer time periods and cause dramatic consequences regarding victims’ health and personality. In addition, public sector institutions are strongly affected by a wider governance framework in which they operate. In addition, bureaucracy and culture that typically characterize public sector organizations that facilitate mobbing offenders purposely use inappropriate legitimate organizational procedures. [16]

Mobbing is not uncommon in health care organizations. The most common and clear types of mobbing in the hospital environment are not only verbal ones, but also in the form of physical abuse by patients and their relatives. Nevertheless, many studies have also shown that nurses can potentially be the violent perpetrators in the workplace against their own colleagues, known as ‘‘workplace mobbing’’. [17]

It is therefore a tragic irony that despite the fact that nursing is the profession found on the practice of palliative care, and indeed, it is supposed to act as a springboard, with a strong code of conduct, it is not entrenched against this particular aspect of violence in the workplace.

Mobbing in the workplace can reach high rates, resulting in lack of staff. However, this phenomenon is of primary importance due to the growing need for health care in connection with the continual shortage of nurses. In fact, it is a cause for concern regarding healthcare managers and organizations. [18]

Purpose

The purpose of this study is to delve into mobbing in the workplace against the nursing staff in the pediatric departments of one of the largest hospitals in Thessaloniki. As a consequence, it will help us develop a plan to improve safety, nurses’ self-respect and prevention of anxiety and depression. As a result, this will be reflected in the high quality patient-centered care.

Methodology

This study is addressed to nurses working in one of the major

hospitals in Thessaloniki; indeed, they work at the pediatric departments of the hospital. It will examine carefully any possible exposure to mobbing. The data have been collected through questionnaires including socio-demographic characteristics containing. The weighted psychometric tool LIPT (Leymann Inventory of Psychological Terror) has been used and has been translated into Greek while it measures the moral harassment (mobbing) in the workplace. It includes 51 questions identifying 6 factors that determine mobbing in the workplace.

The identification of the research problem was possible after the second half of October 2017; so, the literature review followed. The questionnaire was adapted to the needs of the research early in November. Then, its distribution was completed in the middle of the same month. At the end of the month, the questionnaires were studied, and at the beginning of December, the conclusions were drawn.

A pilot study was conducted after careful research and processing of the questionnaire. It was then printed and shared within the hospital staff. It was distributed by random selection of nurses in various pediatric departments of the same hospital. The questionnaires were studied and processed after they had been filled in. Quantitative research methods are effective for identifying various factors, such as social norms, socio-economic status, gender roles, nationality and religion, whose role in the research issue may not be immediately obvious.

Results

The assessment process of Cronbach alpha credibility factor reflects a satisfactory degree of internal relevance of the respondents’ answers for both the research tools as a whole and the individual factors that result from it while the values of the total Alpha rates found exceed 0, 6. (Table 1)

Table 1: Cronbach's alpha reliability test

Factor	Cronbach's Alpha
Mobbing against self-presentation and communication	0.868
Mobbing against social relationships	0.690
Mobbing against dignity	0.792
Mobbing against life quality	0,784
Mobbing against health quality	0.905
Emotional mobbing	0.866

It is obvious that while studying the demographic characteristics of the individuals in the survey sample, it is found that most of them are women, while men are fewer. Regarding the marital status of the respondents, a high percentage of the sample is married, a small percentage is single, divorced and not one of them is a widow or a widower. In addition, a small percentage of respondents are between 26-35 years old, the highest percentage of respondents are between 36-45 years old, a slightly lower percentage is found

between 46-55 years old and only a few of the respondents are between 56-65 years old. Last but not least, a small percentage of the respondents are Registered Nurses (University Education), the majority of the sample are Registered Nurses (Technological Institution Education) while Licensed Practical Nurses are slightly fewer than the latter ones. (Table 2)

Table 2: Demographic characteristics

		N	%
Gender	Male	3	8.8%
	Female	31	91.2%
Age	18-25	0	0.0%
	26-35	6	17.6%
	36-45	14	41.2%
	46-55	13	38.2%
	56-65	1	2,9%
	Unmarried	5	14.7%
	Married	25	73,5%

Marital status	Divorced	4	11,8%
	Widower or widow	0	0.0%
Occupation level	Registered Nurses (University education)	4	11,8%
	Registered Nurses (Technological Institution Education)	16	47,1%
	Licensed Practical Nurses	14	41,2%

The frequencies and relative frequencies as well as the mean and standard deviation of the total scores of the research tool LIPT are cited in order the extent to which nurses receive mobbing in the workplace to be assessed.

Parallely, the mean and standard deviation of the six dimensions of mobbing in the workplace are presented. (Tables 3-8)

Table 3: Mobbing degree against self-presentation and communication

	Never		Hardly ever		Sometimes		Often		Very often		Mean	Standard deviation
	N	%	N	%	N	%	N	%	N	%		
1.You feel that you restrict yourself from showing skills / knowledge	0	0.0%	15	44.1%	11	32.4%	7	20.6%	1	2.9%	2.82	0.869
2.You are interrupted in meetings	0	0.0%	13	38.2%	19	55.9%	2	5.9%	0	0.0%	2.68	0.589
3.Some are ignorant about your success or exaggerate your failures	0	0.0%	18	52.9%	14	41.2%	2	5.9%	0	0.0%	2.53	0.615
4.You are reprimanded and shouted at	8	23,5 %	12	35,3%	12	35,3%	2	5,9%	0	0,0%	2,24	0,890
5.You are unfairly criticised	8	23,5 %	15	44,1%	11	32,4%	0	0,0%	0	0,0%	2,09	0,753
6>Your private life is criticised	13	38,2 %	11	32,4%	10	29,4%	0	0,0%	0	0,0%	1,91	0,830
7.You are terrorized through nasty telephone calls	34	100.0 %	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1.00	0.000
8.You are verbally threatened	34	100.0 %	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1.00	0.000
9.You receive written threats	34	100.0 %	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1.00	0.000
10.You are exposed to offensive gestures and disturbing look	12	35,3 %	17	50,0%	5	14,7%	0	0,0%	0	0,0%	1,79	0,687
Mobbing degree against self-presentation and communication											1,91	0,402

Table 4: Mobbing against social relationships

	Never	Hardly ever	Sometimes	Often	Very often		

	N	%	N	%	N	%	N	%	N	%	Mean	Standard deviation
11. Your colleagues do not talk to you in the workplace	8	23,5%	15	44,1%	11	32,4%	0	0,0%	0	0,0%	2,09	0,753
12. You are criticized due to conversations with some people	11	32,4%	13	38,2%	10	29,4%	0	0,0%	0	0,0%	1,97	0,797
13. You are considered as someone's minion	12	35,3%	11	32,4%	11	32,4%	0	0,0%	0	0,0%	1,97	0,834
14. You are forbidden to chat with your colleagues	13	38,2%	12	35,3%	9	26,5%	0	0,0%	0	0,0%	1,88	0,808
15. Your presence amongst other people is ignored	6	17,6%	17	50,0%	11	32,4%	0	0,0%	0	0,0%	2,15	0,702
Mobbing against social relationships											2,01	0,682

Table 5: Mobbing against dignity

	Never		Hardly ever		Sometimes		Often		Very often		Mean	Standard deviation
	N	%	N	%	N	%	N	%	N	%		
16. You hear bad things about yourself	15	44.1%	19	55.9%	0	0.0%	0	0.0%	0	0.0%	1.56	0.504
17. You are the target of hurtful gossip	6	17,6%	17	50,0%	11	32,4%	0	0,0%	0	0,0%	2,15	0,702
18. You have become an object of ridicule	13	38,2%	21	61,8%	0	0,0%	0	0,0%	0	0,0%	1,62	0,493
19. You are told that you suffer from a mental illness	10	29,4%	24	70,6%	0	0,0%	0	0,0%	0	0,0%	1,71	0,462
20. You are forced to undergo psychological screening	34	100.0 %	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1.00	0.000
21. You are deprecated regarding your mistakes	5	14.7%	15	44.1%	14	41.2%	0	0.0%	0	0.0%	2.26	0.710
22. They imitate your gestures so as to tease or deride you	2	5.9%	16	47.1%	16	47.1%	0	0.0%	0	0.0%	2.41	0.609
23. They imitate the way you move so as to tease or deride you	2	5.9%	15	44.1%	17	50.0%	0	0.0%	0	0.0%	2.44	0.613
24. They imitate your voice so as to tease or deride you	8	23,5%	10	29,4%	16	47,1%	0	0,0%	0	0,0%	2,24	0,819
25. You receive verbal attacks as regards your political and religious beliefs	34	100.0 %	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1.00	0.000
26. You are teased due to your country of origin	34	100.0 %	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1.00	0.000
27. You are forced to do degrading chores	7	20,6%	15	44,1%	12	35,3%	0	0,0%	0	0,0%	2,15	0,744
28. You are called using humiliating sobriquets	12	35,3%	17	50,0%	5	14,7%	0	0,0%	0	0,0%	1,79	0,687
Mobbing against dignity											1,79	0,369

Table 6: Mobbing degree against life quality

	Never		Hardly ever		Sometimes		Often		Very often		Mean	Standard deviation
	N	%	N	%	N	%	N	%	N	%		

29. Your efforts are contemptuously confronted by other people	6	17,6%	15	44,1%	13	38,2%	0	0,0%	0	0,0%	2,21	0,729
30. Your behaviour is challenged by other people	0	0,0%	23	67,6%	11	32,4%	0	0,0%	0	0,0%	2,32	0,475
31. You have never been entrusted any special duty	1	2,9%	19	55,9%	11	32,4%	3	8,8%	0	0,0%	2,47	0,706
32. You are forced to lose your job	9	26,5%	19	55,9%	6	17,6%			0	0,0%	1,91	0,668
33. You are assigned trivial work tasks that are nonsense	0	0,0%	17	50,0%	16	47,1%	1	2,9%	0	0,0%	2,53	0,563
34. You are assigned inferior work tasks	4	11,8%	14	41,2%	13	38,2%	3	8,8%	0	0,0%	2,44	0,824
35. You are assigned humiliating work tasks	7	20,6%	13	38,2%	14	41,2%	0	0,0%	0	0,0%	2,21	0,770
36. Your working surroundings or hour house have been damaged by others	34	100,0%	0	0,0%	0	0,0%	0	0,0%	0	0,0%	1,00	0,000
Mobbing against life quality											2,14	0,433

Table 7: Mobbing degree against health quality

	Never		Hardly ever		Sometimes		Often		Very often		Mean	Standard deviation
	N	%	N	%	N	%	N	%	N	%		
37. Your bodily integrity is threatened	34	100,0%	0	0,0%	0	0,0%	0	0,0%	0	0,0%	1,00	0,000
38. You have been physically assaulted	34	100,0%	0	0,0%	0	0,0%	0	0,0%	0	0,0%	1,00	0,000
39. You have been suffered physical injury	23	67,6%	11	32,4%	0	0,0%	0	0,0%	0	0,0%	1,32	0,475
40. You have been sexually assaulted	33	97,1%	1	2,9%	0	0,0%	0	0,0%	0	0,0%	1,03	0,171
Mobbing against health quality											1,09	0,136

Table 8: Degree of emotional mobbing

	Never		Hardly ever		Sometimes		Often		Very often		Mean	Standard deviation
	N	%	N	%	N	%	N	%	N	%		
41. You feel alone in your workplace	0	0,0%	19	55,9%	9	26,5%	6	17,6%	0	0,0%	2,62	0,79
42. You struggle to concentrate on your work	4	11,8%	16	47,1%	13	38,2%	1	2,9%	0	0,0%	2,32	0,727
43. You feel useless in your workplace	4	11,8%	15	44,1%	15	44,1%	0	0,0%	0	0,0%	2,32	0,684
44. You do not want to go to work in the morning	5	14,7%	11	32,4%	17	50,0%	1	2,9%	0	0,0%	2,41	0,783
45. You feel awkwardly in your workplace	6	17,6%	13	38,2%	14	41,2%	1	2,9%	0	0,0%	2,29	0,799
46. You suffer from sleep disorders and problems	1	2,9%	15	44,1%	10	29,4%	4	11,8%	4	11,8%	2,85	10,077
47. You feel a decrease in your job efficiency and strength	3	8,8%	14	41,2%	12	35,3%	5	14,7%	0	0,0%	2,56	0,860
48. You feel inadequate in	7	20,6%	14	41,2%	13	38,2%	0	0,0%	0	0,0%	2,18	0,758

your workplace												
49.You feel intense anxiety in your workplace	7	20,6%	14	41,2%	11	32,4%	2	5,9%	0	0,0%	2,24	0,855
50.You suffer from headaches or stomachaches in the workplace	2	5,9%	13	38,2%	15	44,1%	4	11,8%	0	0,0%	2,62	0,779
51.You are willing to change jobs if possible	4	11,8%	13	38,2%	13	38,2%	4	11,8%	0	0,0%	2,50	0,862
Emotional mobbing											2,45	0,694

It is observed through proceeding to the correlation of the individual factors of mobbing in the workplace, using the Pearson's correlation coefficient for parametric linear correlation that the relationship between them is consistently positive and statistically significant (p-value <0.01 in all cases). An exception is the correlation of the mobbing factor against health with the other five factors determining mobbing in the workplace as the observed significance level in the pairs of correlations exceeds $\alpha = 0.05$. (Table 9)

Table 9: Correlations of mobbing determining factors

		1	2	3	4	5	6
Mobbing against self-presentation and communication(1)	r	1	0,726 **	0,712 **	0,656 **	0,087	0,616 **
	p		0.000	0.000	0.000	0.624	0.000
Mobbing against social relationships(2)	r	0,726 **	1	0,743 **	0,640 **	-0,093	0,490 **
	p	0.000		0.000	0.000	0.600	0.000
Mobbing against dignity(3)	r	0,712 **	0,743 **	1	0,862 **	0,176	0,684 **
	p	0.000	0.000		0.000	0.321	0.000
Mobbing against life quality(4)	r	0,656 **	0,640 **	0,862 **	1	0,176	0,762 **
	p	0.000	0.000	0.000		0.320	0.000
Mobbing against health quality(5)	r	0,087	-0,093	0,176	0,176	1	0,146
	p	0,624	0,600	0,321	0,320		0,409
Emotional mobbing(6)	r	0,616 **	0,490 **	0,684 **	0,762 **	0,146	1
	p	0.000	0.003	0.000	0.000		0.409

**statistically significant correlation for $\alpha=0,05$

Afterwards, the role of demographic characteristics based on the gender of the sample individuals experiencing mobbing is studied. Initially, the results of the corresponding independent samples t-tests show that the average scores of mobbing factors in the workplace are based on the gender of the respondents (p> 0.05 in all cases). (Table 10)

Table 10: Check of Differences regarding mean scores of mobbing factors based on gender

	Gender				p
	Man		Woman		
	Mean	Standard Deviation	Mean	Standard Deviation	
Mobbing against self-presentation and communication	2,07	0,21	1,89	0,42	0,477
Mobbing against social relationships	1,80	0,35	2,03	0,71	0,581
Mobbing against dignity	1,82	0,25	1,79	0,38	0,899
Mobbing against life quality	2,08	0,19	2,14	0,45	0,829
Mobbing against health quality	1,17	0,14	1,08	0,14	0,303

Emotional mobbing	2,73	0,31	2,42	0,72	0,472
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Additionally, it is notable that the age of the respondents does not statistically vary the degree of mobbing of the nurses ($p > 0.05$ in all cases) from the results of the respective tests -one way analysis of variance (ANOVA). The results of the investigation into the impact of the family situation and the occupational level of the respondents experiencing mobbing in their workplace are respective ($p > 0.05$ in all cases). (Table 11-13)

Table 11: Check of Differences regarding mean scores of mobbing factors based on Age

	Age										p
	18-25		26-35		36-45		46-55		56-65		
	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	
Mobbing against self-presentation and communication	-	-	1.83	0.34	1.93	0.43	1.96	0.40	1.30	-	0.447
Mobbing against social relationships	-	-	1.87.	0.68	1.91	0.73	2.18	0.68	2.00	-	0.726
Mobbing against dignity	-	-	1.69	0.35	1.81	0.40	1.84	0.36	1.54.	-	0.775
Mobbing against life quality	-	-	1,96.	0,50	2,19	0,39	2,18	0,46	1,88	-	0.652
Mobbing against health quality	-	-	1.08	0.13	1.05	0.11	1.13	0.17	1.00	--	0.431
Emotional mobbing	-	-	2.15.	0.56	2.68	0.72	2.38	0.71	1.91	-	0.355

Table 11: Check of Differences regarding mean scores of mobbing factors based on Marital Status

	Marital Status								P
	Unmarried		Married		Divorced		Widower or widow		
	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	
Mobbing against self-presentation and communication	1.84	0.13	1.92	0.44	1.88	0.46	-	-	0.906
Mobbing against social relationships	1.72	0.46	2.05	0.71	2.15	0.75	-	-	0.577
Mobbing against dignity	1,85	0,26	1,79	0,41	1,73	0,19	.	.	0,903
Mobbing against life quality	2,05	0,19	2,16	0,50	2,09	0,16	.	.	0,863
Mobbing against health quality	1,10	0,14	1,09	0,14	1,06	0,12	.	.	0,917
Emotional mobbing	2,53	0,55	2,42	0,76	2,50	0,50	.	.	0,944

Table 13: Check of Differences regarding mean scores of mobbing factors based on Occupational Level

	Occupational Level		
	Registered Nurses (University education)	Registered Nurses (Technological Institution Education)	Licensed Practical Nurses

	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	p
Mobbing against self-presentation and communication	1,75	0,33	1,80	0,42	2,07	0,36	0,129
Mobbing against social relationships	1,60	0,54	1,88	0,68	2,29	0,65	0,111
Mobbing against dignity	1,56	0,30	1,76	0,41	1,90	0,32	0,252
Mobbing against life quality	1,88	0,37	2,20	0,47	2,14	0,41	0,429
Mobbing against health quality	1,06	0,12	1,11	0,13	1,07	0,15	0,702
Emotional mobbing	2,32	0,62	2,55	0,83	2,36	0,56	0,717

Discussion

First and foremost, although the sample appears to be small, it is completely objective for the data of Thessaloniki and Northern Greece in general because it refers to the pediatric departments of the largest hospital in Thessaloniki whose capacity in nursing staff is considered sufficient due to the uniqueness of the patients hospitalized.

The results that show the extent to which respondents receive mobbing against self-presentation and communication is low ($M = 1.91$, $S.D. = 0.402$). The extent to which respondents receive mobbing against social relationships is slightly higher ($M = 2.01$, $S.D. = 0.682$). Moreover, the extent to which health professionals face mobbing against dignity ($M = 1.79$, $S.D. = 0.369$) and mobbing against life quality ($M.D. = 2.14$, $S.D = 0.433$) are most low, while even lower is the degree of mobbing against health quality ($M = 1.09$, $S.D. = 0.136$). Relatively low is the extent to which respondents receive emotional mobbing in the workplace ($M = 2.45$, $S.D. = 0.694$). According to Third European Survey about working conditions carried out by the World Health Organization in 2000 [198], almost one in ten workers (9%) report being bullied in the workplace. That is a slight increase in comparison with 1995 (+ 1%). There are a lot of differences regarding mobbing in the workplace amongst countries, ranging from 15% in Finland to 4% in Portugal, with an average of 9% in the European Union. Those differences probably reflect people's awareness of the subject rather than the real percentage. Major differences are also reported in the employment sector. The highest mobbing percentage refers to employees working in the public sector 14%, especially in the health care, education and public transport sector. Psychological stress is widespread with verbal abuse being the most common cause for it. [20]

It is notable that mobbing in the workplace in the examined dimensions of the questionnaire operates in the same direction and directly determines the overall level of mobbing that employees experience by proceeding with the correlation of the individual mobbing factors in the workplace. Also, the scores of the study factors fluctuate in a balanced direction lead to the conclusion of their co-influence and co-interaction. The degree of mobbing in the workplace experienced by the nurses in the pediatric departments of one of the largest Hospitals in Thessaloniki is not related to their demographic characteristics. The result agrees with a similar finding in the Kozak et al research study (2013) in which 517 people had participated, 289 of whom were women and 228 men. The

survey did not relate mobbing to gender. The participants were doctors, nurses and other health workers working in public hospitals, private hospitals, university hospitals and other healthcare centers. An important result that the survey showed was that levels of mobbing vary according to marital status, with unmarried people having higher mobbing rates. [21]

Nellas et al. 2004 had conducted a survey for nursing staff in Greek emergency departments. The survey describes that conflicts that constitute mobbing in the workplace among colleagues amount to a rate of 24%. [22] There appears to be a high rate of the incidence of mobbing phenomenon in both private and public hospitals in a comparative research. [23] Those studies are in contrast to the above-mentioned research study while in the pediatric departments, the incidence of mobbing in nurses is very small, probably due to the age of the patients and their relationship with the nurses.

In the aforementioned researches, the research that was carried out in the hospital of Komotini is added; it revealed the existence of "mobbing syndrome" among the nursing staff. The survey took place in January-February 2015 and nurses of all levels participated. In the sample surveyed, a considerable amount of the sample reported to have been subjected to moral mobbing. Nurses suffered moral mobbing reached 31,5%. The occurrence of psychological abuse against nursing staff is a phenomenon independent of gender, age, marital status, education, workplace, position, work experience in the current position, and total work experience of the respondents. [24]

It is manifested that the appearance of mobbing has some emerging factors and one of them is the nursing department where they work as well as daily friction with patients of different ages and co-workers; they both play a key role in the appearance of the mobbing phenomenon.

Conclusions

Moral harassment (Moral Mobbing) in the workplace is not a static phenomenon affecting only weak and vulnerable people. Antithetically, it is a multidimensional and complex phenomenon and it should be seen both as an interaction of the individual and social characteristics amongst the victim, the victimiser and the organizational culture of the workplace.

Specific conclusions are drawn based on the objectives of the research. It turns out that the degree mobbing experienced by nurses in the pediatric departments of one of the largest hospitals in Thessaloniki is particularly low. Simultaneously, it has emerged a positive affinity for the factors that determine the degree of mobbing in the workplace. On the other hand, in general terms, the degree of mobbing in the workplace

experienced by nursing workers is not related to their demographic characteristics.

It is a hopeful prerequisite that in the future each and every person find the courage to tackle the mobbing problem in order to avoid extreme conduct that had attracted my attention and led me to deal with the issue in order the quality of the time employees spend in the workplace to be improved.

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