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MOBBING AND ITS ASSOCIATION WITH QUALITY OF LIFE IN HEALTH PROFESSIONALS

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ABSTRACT: *Background and objectives: The impact of mobbing on the quality of life of Health Professionals (HP) has been studied to a limited extent in Greece. The purpose of this study is the effect of mobbing and the effect of demographic characteristics on the quality of life of health professionals. Materials and Methods: In the present cross-sectional study HP from 11 public Greek hospitals are involved. The sample was (N = 1536) HP, (A = 528) and (C = 1008), average age 39.2 years (SD = 10.3 years). A demographic data form and two tools were used anonymously, self-fulfilling. The World Health Organization questionnaire (WHOQOL-BREF) that measure the quality of life and the WPVB that measures violent psychological behaviour in workplaces. The two-sided level of statistical significance was set at 0.05, while the data analysis was performed with the Statistical Package for Social Sciences (SPSS), version 22.0. Results: Women had lower scores in the Mental Health Scale and the quality life level of independence compared to men (p = 0.003). The tendency of individuals to declare that they had no health problem was associated with higher scores in the four domains of life quality (p <0.001). The tendency of individuals to declare that they have been subjected to mobbing in all domains (p <0.001) was associated with poor quality of life in all its factors (p <0.001). Married suffering mobbing reported better QOL (p = 0.003) and a healthier environment (p = 0.012) than married with children with poor QOL (p = 0.001), poor physical (p <0.001) and mental health (p = 0.009) and reduced social relationships (p = 0.001). The HP (doctors and nurses) with overall mobbing score, p = 0.001, had a better mental health and better social relations than those HP, who worked as Administrative and Technical Staff. Support by friends, relatives, family showed that they are associated with a better quality of life in all its factors. Health Professionals suffering any form of mobbing (p<0,001) have a poor quality of life (p<0,001), poor physical (p<0,001) and mental health (p<0,001) and poor social contacts (p<0,001). Conclusions: Taking into account the results of statistical controls on the effect of mobbing, demographic and other factors (sex, age, job, working years, etc.), it was found that mobbing negatively affects the QOL in general as the working environment is affected, their socio-demographic profile of both genders and their physical, mental and social well-being. Further studies are needed to show the universality of these results.*

KEYWORDS: health professionals, working environment, quality of life, mobbing, health, occupational health

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INTRODUCTION

The phenomenon of mobbing has been studied especially in specific professional groups, but also generally in health professionals (nurses and physicians). In the literature, individuals exposed to long-term and persistent intimidation / harassment at workplace have been reported to have low self-esteem and self-confidence (Cleary, Hunt & Horsfall, 2010; Einarsen, Hoel & Notelaers, 2009; Hoosen & Callaghan, 2004) and suffer from social isolation, stigmatization and poor adaptation (Hutchinson, Wilkes, Jackson & Vickers, 2010; Johnson, 2009), showing also aggression, stress, depression or depression-related symptoms. A lot of mobbing and intimidation victims, as widely-known, present symptoms of post-traumatic stress disorder (MacIntosh, Wuest, Gray & Cronkhite, 2010; Yıldırım, 2009) and some of them have turned to suicide attempts (Yıldırım, 2009; Yildirim & Yildirim, 2007). The highly increased incidence of mobbing in the health sector is due to the presence of many stressors, whereas health professionals themselves are competitive, resulting in frequent phenomena of mobbing and emotional harassment, particularly against young health professionals (Abdellah & Salama, 2017). There is a lot of evidence indicating that nurses, medicine students, paramedics and doctors often face mobbing and intimidation at the workplace (Malik Sattar, Shahzad & Faiz, 2017), while women professionals being victims of sexual harassment (Malik & Farooqi, 2014) is common, too. Individuals experiencing intimidation or bullying at work have low levels of work satisfaction, work performance, motivation and efficiency, and their social relationships become “toxic”, both at work and in their friendly and family environment (Hutchinson, Jackson, Wilkes & Vickers, 2008; Johnston, Phanhtharath & Jackson, 2010; MacIntosh, Wuest, Gray & Cronkhite, 2010; Yıldırım, 2009). Several studies (Duddle & Boughton, 2007; Johnson, 2009) indicate that the incidence of harassment experienced by health professionals and, in particular, nurses in their workplace leads them to a lack of concentration, reduced willingness to work, frequent absences from work, and thus, low levels of productivity and quality of medical and nursing care provided. According to the study by Hutchinson and his collaborators (Hutchinson,Vickers, Jackson & Wilkes, 2006), health professionals often result to resign from work, since mobbing "eliminates" their self-confidence and self-esteem. Health professionals, and in particular the nursing sector, take long-term sick leave to cope with the trauma of mobbing leading hospitals to big economic deadlocks (Cleary, Hunt & Horsfall, 2010). According to research findings, 18-38% of doctors and 27-51% of nurses reported having been intimidated at their workplace (Hutchinson, Jackson, Wilkes & Vickers, 2008; Johnston, Phanhtharath & Jackson, 2010; Hoosen & Callaghan, 2004; Yıldırım & Yıldırım, 2010). In addition, 60% -84% had at least one or more mobbing and intimidation behaviours at their workplaces, and 69% mentioned that they had seen their colleagues experience such behaviours (Paice, Aitken, Houghton & Firth-Cozens, 2004; Quine, 2002; Stebbing et al., 2004; Yildirim & Yildirim, 2007). The highest rates have been reported by doctors from South East Europe who practice the profession in Western countries where intimidation is less likely to be dealt by the country (Hoosen & Callaghan, 2004; Mistry & Latoo, 2009).

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METHODOLOGY

Study sample

The sample of the study consisted of 1536 health professionals from 11 public Greek hospitals in the 1st and 6th district, with an average age of 39.2 years. From the set of 2000 questionnaires distributed in 11 hospitals, 1536 returned fully completed (response rate: 76.8%). The study included health professionals of all specialties and levels [university educated nurses, Technological Educated [TE], two-year educated nursing assistants, (specialized doctors, A, B registrars and directors) interns, students and administrators)] who are in daily contact with patients or relatives of patients /attendants. The study was conducted during the morning and afternoon daily working hours. The units of all domains (Pathology, Surgery, Units and Departments of Administration) were included. The health professionals who were on sick leave were excluded from the study during its conduction. A written informative consent form was completed by all the participants. In order the study to be conducted, requests drafted, which were approved by each Scientific Council of the Hospitals. Then, the directors of all hospital units, who were involved in the sample, and the process of distributing the questionnaires together with written instructions started, then. It is obvious that not all Health Professionals of the 11 hospitals were included in the study.

Study Tools

The questionnaires selected for the study concerning the effect of mobbing on the quality of life of the HP in Greek Hospitals, constitute the World Health Organization (WHO) questionnaire (WHOQOL_BREF), (Ginieri-Coccossis et al., 2009) which has been standardized in Greek by Maria Jenieri- Kokkosis and her collaborators (Ginieri-Coccossis et al., 2009) and in this version consists of 30 questions. Four domains of life quality are studied: (a) physical health and level of independence (9 questions), (b) psychological health and spirituality (6 questions), (c) social relations (5 questions) and (d) environment (8 questions). Scores in each factor range from 4-20 degrees. The higher the score in each factor, the better the person's life quality is on that factor. There is no overall score of the factors, but there is an overall assessment of QOL resulting from two additional questions (overall QOL and health condition) (Ginieri-Coccossis et al., 2009). The writer of the questionnaire was asked for his permission, which was given, for the questionnaire to be used depending on the needs of the present study. Additionally, for the needs of this study questions were added concerning the record of the demographic characteristics of the participants in the study. In particular, these questions concern the sex, age, and marital status, educational level of the participants, their place of residence and their specialization, as well as the working years in the hospital. The Workplace Psychologically Violent Behavior (WPVB) questionnaire, which also, includes 33 questions, has been standardized in Greek by the researcher and his collaborators, where it was published (Koinis, Velonakis, Tzavara, Tzavella & Tziaferi, 2019). A WPVB (Dilek & Aytolan, 2008) questionnaire scale was translated from English to Greek, reverse translation and testing by a team of experts on content validity. Specifically, with regard to the overall reliability of the questionnaire, according to Cronbach's a analysis, 0.93 was found. On the four domains of the questionnaire, the reliability ranges from 0.70 to 0.88. The validity of the four factors varies:

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a) for the 1st factor consisting of 11 questions, having internal coherence (Cronbach's a = 0.91); b) for the 2nd factor consisting of 9 questions the degree of internal coherence was (Cronbach's a= 0.90), c) for the 3rd consisting of 9 questions equally, having internal coherence (Cronbach's a = 0.87) and d) 4th , consisting of 4 questions having a degree of internal coherence (Cronbach's a = 0.72) (Dilek & Aytolan, 2008). The WPVB (Workplace Psychologically Violent Behavior) questionnaire (Koinis, Velonakis, Tzavara, Tzavella & Tziaferi, 2019; Dilek & Aytolan, 2008), comprises 33 questions. Four domains are studied: a. Individual's isolation of the workplace (11 questions), b. Attack at the workplace (9 questions), c. Aggressive behavior towards him/her (9 questions), d. Direct negative behavior (4 questions). The purpose is to investigate the behaviors of those referring to a group of workers, who harass a particular individual-target and subject him to mobbing. Through the four domains, behaviors such as negative comments about that person, critical behavior, and isolation of the individual are detected, excluding him/her from social contacts, gossip, spreading false information about the individual or ridicule the individual. Each question is scored on a 6-point scale of Likert ranging from 0 (I have never detected that) to 5 (I continually detect it). The overall score of each examinee is divided by the set of questions (overall score/ 33) (Koinis, Velonakis, Tzavara, Tzavella & Tziaferi, 2019; Dilek & Aytolan, 2008).

Ethical Approval

There are no potential risks in the present study. The questionnaires used as well as the demographics were anonymous and did not include any questions that could possibly lead to the identification of the respondent. Measures to ensure confidentiality and other rights were taken according to the Helsinki Declaration as amended in Tokyo (WHA, 2004). Prior to the completion of the questionnaires, the Directors and Heads of Units as well as health professionals were informed and their written consent was requested. The participant had the possibility not to answer any question and for any reason. The primary resulting material (completed questionnaires) will remain strictly in the use of researchers and will not be granted for any purpose to any third party.

Study Restrictions

This study was limited to the possible impact of mobbing and demographic data on the Health Professionals quality of life of Greek Public Hospitals in the 1st and 6th District. The sample excluded individuals who, during the distribution of the questionnaires, were not working or were in sick or regular leave during the days when the sample was collected. This study has the following limitations:

- The sample consisted of workers only from hospitals of 1st and 6th Health District resulting that the sample was satisfactory and adequate, but it cannot represent the whole territory.
- The sincerity of the examinees' responses could be a possible threat. In order to avoid this problem, fixed instructions were provided before and during the completion of the questionnaires. The questionnaires were not filled by the members

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of the research team, but by the workers themselves in order to answer more freely to the questions.

Statistical analysis

Quantitative variables are presented with mean and standard deviation (SD). Qualitative variables are presented with absolute and relative frequencies. Pearson correlation coefficients were used to examine the association of two continuous variables. Multiple linear regression analysis was used in order to examine the association of QOL and WPVB dimensions after adjusting for sex, age, educational level, family status, having children, living with others, occupation, working status, residence, having health problems and social support. Each WPVB dimension was studied separately in the linear regression models, because model diagnostics with two or more dimensions together in the models indicated that the regression estimates were highly collinear. Adjusted regression coefficients (b) with standard errors (SE) were computed from the results of the linear regression analyses. All p values reported are two-tailed. Statistical significance was set at 0.05 and analyses were conducted using SPSS statistical software (version 22.0).

RESULTS

The sample consists of 1536 individuals with an average age of 39.2 years (SD = 10.3 years). The majority of participants were women 65.6% (n = 1008), while men were 34.4% (n = 528). Technological Education graduates 35.1% (n = 536). Master degrees and Doctorate degrees holders were 22.0% (n = 336), while Secondary Education graduates were 22.3% (n = 341). The percentage 47.3% (n = 725) of the participants were married, 56.5% (n = 851) had children, and 49.8% (n = 410) had 2 children. Most of the participants live with others with a percentage up to 77.0% (n = 1137) and over half up to 51.2% (n = 786) live in Athens. Nurses of all grades had a percentage of 48.4% (n = 726), 23.2% (n = 348) were interns and specialized doctors, and 27.7% (n = 426) of the participants were administrative and technical staff. The majority of participants worked full-time, with the percentage being 95% (n = 1446). Regarding their health condition, 45.4% (n = 697) of the participants were in good health and 22.7% (n = 349) were in very good health condition. Still, 23.7% (n = 364) of participants experienced a health problem (Table 1).

Table 1. Sample characteristics

	N (%)
Sex	
Men	528 (34.4)
Women	1008 (65.6)
Age, mean (SD)	39.2 (10.3)
Educational status	
At most High school/ College	341 (22.3)
Technical university	536 (35.1)
University	316 (20.7)
MSc/ PhD	336 (22.0)

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Married	725 (47.3)
Having children	851 (56.5)
Living	
Alone	339 (23.0)
With others	1137 (77.0)
Occupation	
In administration/ Technicians/ Other	426 (27.7)
Doctors	348 (23.2)
Nurses	726 (48.4)
Working	
No	76 (5.0)
Yes	1446 (95.0)
Residence	
Athens	786 (51.2)
Out of Athens	750 (48.8)
Health condition	
Very bad	53 (3.5)
Bad	71 (4.6)
Neither bad nor good	366 (23.8)
Good	697 (45.4)
Very good	349 (22.7)
Having health problem	364 (23.7)
Total support score, mean (SD)	5.36 (1.14)

Higher scores of participants in the scale of violent psychological behavior indicate more mobbing. Score in "Attack on personality" dimension ranged in average value to 8.8 points (SD = 8.8 credits), in "Attack on professional status" dimension ranged to 6.6 points (SD = 8.2 credits) in "Individual's isolation from work" dimension ranged to an average value of 7.2 points (SD = 9.9 credits) and "Direct attack" dimension ranged to an average value of 1.3 points (SD = 2.7 credits). The overall score varied to an average of 23.9 points (SD = 27.33 credits). The average for the scale dimensions of QOL ranges as follows: the score of "Overall Quality of Life and Health Assessment" ranged to an average of 14.4 points (SD = 2.6 credits). Score in “Physical Health” ranged to an average of 14.3 points (SD = 2.4 credits) and in "Psychological Health" dimension ranged to an average of 14.1 points (SD = 2.2 credits). Moreover, the score in "Social Relations" dimension ranged to an average value of 14.0 points (SD = 2.6 credits) and in "Environment" dimension to 12.7 points (SD = 2.0 credits) (Table 2).

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Table 2. Descriptive statistics for the WPVB and QOL dimensions

	Minimum	Maximum	Mean	SD
Attack on personality	0.0	38.0	8.8	8.8
Attack on professional status	0.0	45.0	6.6	8.2
Individual's isolation from work	0.0	50.0	7.2	9.9
Direct attack	0.0	19.0	1.3	2.7
Total mobbing score	0.0	143.0	23.9	27.3
Overall QoL	6.0	20.0	14.4	2.6
Physical health	7.1	19.6	14.3	2.4
Psychological health	6.0	19.3	14.1	2.2
Social Relationships	4.8	20.0	14.0	2.6
Environment	6.5	18.5	12.7	2.0

In Table 3, Spearman correlation coefficients between the dimensions of the QOL scale and the mobbing scale are presented. There were significant negative correlations between the dimensions of the two scales, confirming that the more the HP are exposed to mobbing and violent psychological behaviors in general ($p < 0.001$), the worse their overall quality of life and health ($p < 0.001$), physical ($p < 0.001$), psychological ($p < 0.001$), social level ($p < 0.001$), and in relation to the environmental conditions ($p < 0.001$), they live in.

Table 3. Correlation coefficients between WPVB and QOL dimensions

	Overall QoL	Physical health	Psychological health	Social Relationships	Environment
Attack on personality	-.14	-.20	-.17	-.19	-.19
Attack on professional status	-.18	-.23	-.14	-.23	-.21
Individual's isolation from work	-.22	-.13	-.24	-.15	-.22
Direct attack	-.17	-.27	-.14	-.27	-.16
Total mobbing score	-.20	-.25	-.15	-.16	-.23

Note: All coefficients were significant ($p<.001$)

Women had a lower mental health score ($p = 0.003$) and level of QOL independence ($p = 0.001$) compared to men. The tendency of HP to declare that they had no health problem is associated with a higher score in the four dimensions of QOL ($p < 0.001$). (Table 4).

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Table 4. Results from multiple linear regression analyses with dependent variables the QOL dimensions

	Overall QoL			Physical health			Psychological health		
	β+	SE++	P	β+	SE++	P	β+	SE++	P
Sex									
Men (reference)									
Women	-0.52	0.16	0.001	-0.14	0.15	0.337	-0.41	0.14	0.003
Age, mean (SD)	0.00	0.01	0.700	0.00	0.01	0.800	0.00	0.01	0.560
Educational status									
At most High school (reference)									
Technical university	-0.29	0.21	0.166	0.52	0.19	0.008	0.27	0.19	0.149
University	-0.56	0.30	0.146	0.07	0.26	0.796	-0.34	0.25	0.165
MSc/ PhD	-0.05	0.24	0.850	0.68	0.22	0.002	0.17	0.21	0.435
Married									
No (reference)									
Yes	0.58	0.19	0.003	-0.18	0.18	0.314	-0.26	0.17	0.131
Having children									
No (reference)									
Yes	-0.67	0.20	0.001	-0.67	0.18	<0.001	-0.45	0.17	0.009
Living									
Alone (reference)									
With others	0.01	0.19	0.961	0.08	0.18	0.660	-0.10	0.17	0.552
Occupation									
In administration/ Technicians/ Other (reference)									
Doctors	-0.01	0.25	0.956	0.26	0.23	0.254	0.50	0.22	0.024
Nurses	-0.01	0.18	0.946	0.29	0.17	0.092	0.33	0.16	0.038
Working									
No (reference)									
Yes	1.39	0.39	<0.001	-0.01	0.38	0.981	0.81	0.34	0.017
Residence									
Athens (reference)									
Out of Athens	-0.12	0.14	0.383	-0.17	0.13	0.191	-0.10	0.12	0.409
Having health problem									
No (reference)									
Yes	-1.59	0.18	<0.001	-0.86	0.17	<0.001	-0.21	0.16	0.194
Total support score	0.37	0.06	<0.001	0.49	0.06	<0.001	0.48	0.06	<0.001
Total mobbing score	-0.007	0.003	0.011	-0.013	0.003	<0.001	-0.011	0.002	<0.001
Attack on personality	-0.026	0.009	0.003	-0.051	0.008	<0.001	-0.037	0.008	<0.001
Attack on professional status	-0.014	0.009	0.127	-0.033	0.009	<0.001	-0.035	0.008	<0.001
Individual's isolation from work	-0.018	0.007	0.013	-0.026	0.007	<0.001	-0.025	0.007	<0.001
Direct attack	-0.065	0.027	0.018	-0.096	0.025	<0.001	-0.076	0.024	0.002

+regression coefficient ++Standard Error

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The HP suffered mobbing, holders of Master/Doctorate degrees (p = 0,002) had better physical health compared to HP graduates of Higher Education Institutions (p = 0.798), Technical Vocational Schools / Institute of Vocational Training (p = 0.008) (Table 4). Furthermore, holders of Master/Doctorate degrees (p <0.001) have significantly better social relationships in comparison with Technological Educational Institute graduates (p = 0.001). The factor of marital status seemed to affect the health professionals, who took part in the study. Married, who had experienced some form of mobbing in general (p = 0.011) reported better QOL (p = 0.003) and better living conditions - environment (p = 0.012) than married with children with poor QOL (p = 0.001), poor physical (p <0.001), mental health (p = 0.009) and limited social relationships (p = 0.001) (Table 4-5). Regarding the professional role, HP (doctors and nurses), (p<0,001) (p=0,002) who were subject to mobbing (total mobbing score, p = 0.001), p = 0.001 (p = 0.002), had better mental health and social relationships than HP who worked as administrative and technical staff. Health Professionals who worked had very good QOL (p <0.001), mental health (p = 0.017) and very good social relationships (p <0.001) (Table 4-5). Participants subjected to mobbing and suffered from health problems lately, had poor physical health (p <0.001) and poor QOL (p <0.001) in general (Table 4). Support from friends, relatives, family showed that they are associated with a better quality of life to all its factors. Health Professional subjected to any form of mobbing (p<0,001), have a poor QOL (p <0.001), poor mental (p <0.001) and physical health (p <0.001) and poor social interactions (p <0.001) (Table 4-5). The more social support was provided by friends, relatives for HP, who had been subjected to mobbing, the better quality of life and health (p <0.001) they have in all four dimensions of QOL (p <0.001) (Table 4-5).

Table 5. Results from multiple linear regression analyses with dependent variables the QOL dimensions (continued)

	Social Relationships			Environment		
	β^{+}	SE^{++}	P	β^{+}	SE^{++}	P
Sex						
Men (reference)						
Women	-0.06	0.16	0.719	-0.11	0.13	0.394
Age, mean (SD)	-0.01	0.01	0.162	0.00	0.01	0.651
Educational status						
At most High school (reference)						
Technical university	0.16	0.21	0.452	0.23	0.17	0.188
University	-0.15	0.28	0.596	0.10	0.23	0.674
MSc/ PhD	0.22	0.24	0.363	0.29	0.20	0.147
Married						
No (reference)						
Yes	0.29	0.19	0.137	-0.40	0.16	0.012
Having children						
No (reference)						
Yes	-0.67	0.20	0.001	0.16	0.16	0.311
Living						
Alone (reference)						

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With others	0.31	0.19	0.111	-0.25	0.16	0.112
Occupation						
In administration/ Technicians/ Other (reference)						
Doctors	0.55	0.25	0.028	-0.19	0.20	0.362
Nurses	0.41	0.18	0.024	-0.25	0.15	0.097
Working						
No (reference)						
Yes	1.36	0.38	<0.001	-0.25	0.31	0.427
Residence						
Athens (reference)						
Out of Athens	-0.12	0.14	0.399	-0.08	0.11	0.468
Having health problem						
No (reference)						
Yes	-0.29	0.18	0.116	-0.14	0.15	0.358
Total support score	0.70	0.06	<0.001	0.41	0.05	<0.001
Total mobbing score	-0.015	0.003	<0.001	-0.009	0.002	<0.001
Attack on personality	-0.050	0.009	<0.001	-0.033	0.007	<0.001
Attack on professional status	-0.045	0.009	<0.001	-0.024	0.008	0.002
Individual's isolation from work	-0.033	0.007	<0.001	-0.020	0.006	0.001
Direct attack	-0.103	0.027	<0.001	-0.055	0.022	0.015

[+]regression coefficient [++]Standard Error

DISCUSSION

Mobbing at the workplace is the constant tough attack aimed at the loss of self-esteem and self-confidence of the worker. The present study concludes that health professionals of general public hospitals of various specialties have been subjected to mobbing at times by colleagues, supervisors during the conduction of the study, but also in the past and that mobbing and aggressive behavior at workplace, negatively affect their life and health. This finding seems to be in correspondence with the study (Roche, Diers, Duffield & Catling-Paull, 2010), conducted in 21 hospitals in two Australian states where approximately one-third of nurses participating in the study (38%) (N = 2.487, rr = 80.3%), had experienced emotional abuse, 14% had experienced threats, and 20% physical abuse. The data concerned nurses' experience during the last working week. Corresponding to our results, with regard to the effect of mobbing on the quality of life of health professionals, the findings of the study (Li & Zhang, 2010) showed that harassment at the workplace can lead to professional exhaustion, work dissatisfaction, as well as to health risks. It has also been found that victims have a reduced quality of life, their work performance is negatively affected and their health both mental and physical faltered (Cowie, Naylor, Rivers, Smith & Pereira, 2002). The results of the study on the effects of mobbing concerning the quality of life of health professionals correspond to the study (Hutchinson, Vickers, Jackson & Wilkes, 2006), which showed that bullying destroys confidence and self-esteem of individuals to whom it addresses and forces them in many cases to give up their work. Other studies (Porto & Lauve, 1997; Wilson, Burke & Salas, 2005) indicate that bullying is a risk to patient

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safety since it interferes negatively with the main work of nurses and doctors, such as patient care, teamwork and communication. Similarly, the results of a pilot study (Koinis, Velonakis, Tzavella & Tziaferi, 2017) on the phenomenon of Mobbing in Health Sector in Greece in a public hospital where they showed that health professionals have been harassed in their workplace by colleagues ($p = 0.02$), directors ($p = 0.04$) and had a negative impact on their quality of life and health ($p = 0.015$) (anxiety, depression, decreased social function and physical symptoms) (Koinis, Velonakis, Tzavella & Tziaferi, 2017).The above finding is also confirmed from the present study, regarding HP with health problems having generally poor QOL. Concerning the gender, our findings have shown that men have been subjected to mobbing at a higher percentage than women and that they did not have a good mental health and level of independence compared to women. These findings are in contrast to a research (Maglara & Liodaki, 2018) carried out to HP – nursing staff, at a public hospital where women have been subjected to psychological violent behavior in a higher percentage than men (Maglara & Liodaki, 2018). The fact that in the present study the holders of Master and Doctorate present a better quality of life, and in particular better physical health and better social relations, is consistent with the surveys (Karatza et al., 2016; Cevik et al., 2012), presenting the HP nurses with the lowest level of education (Technological Education, Institute of Vocational Training) are more likely to subject to mobbing behaviors and have a poor quality of life. This finding is in contrast with a recent survey (Katsounaki, Kiaourtzi & Manousaki, 2018) on investigating mobbing in medical staff at a university hospital where it presented that HP with university education show higher rates of violent behavior and therefore have poor quality of life with respect to HP with Technological Education or Secondary Education, as well as with the survey (Picakciefe et al., 2015) on HP working in Primary Health Care, where 70.3% of HP workers, who have been subjected to mobbing were qualified and university graduates. Support by friends, relatives, family has shown that they are associated with a better quality of life on its factors (Picakciefe et al., 2015). This finding corresponds to the results of the survey (Cevik et al., 2012) on nurses, where HP who had been subjected to mobbing and were supported by their family and friends had better health indicators and thus, a better quality of life as opposed to HP who did not have any support (Cevik et al., 2012).

CONCLUSION

"Mobbing" or "workplace harassment syndrome" is a reality for most workers. Documented studies (Efe & Avaz, 2011; Leymann, 1990; Leymann, 1996; Sahin, Cetin, Cimen & Yildiran, 2012) show that this phenomenon causes devastating effects on the physical and mental health of workers and, thereby on their families (Efe & Avaz, 2011; Leymann, 1990; Leymann, 1996; Sahin, Cetin, Cimen & Yildiran, 2012). It has a significant impact on the mental and physical health of workers and at the same time affects their family, professional and social life (Bakella et al., 2013; Einarsen, 2000).

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