

## **MOBBING IN A GREEK PUBLIC HOSPITAL AND THE VIEWS EXPERIENCES AND BELIEFS AMONG HEALTH PROFESSIONALS: A QUALITATIVE STUDY**

**Aristotelis Koinis <sup>1\*</sup>, Emmanouil Velonakis <sup>2</sup>, Maria Kalafati <sup>2</sup>, Styliani Tziaferi <sup>1</sup>**

<sup>1</sup> University of Peloponnese, Department of Nursing, Laboratory of Integrated Health Care – Tripoli, Greece

<sup>2</sup> Faculty of Health Sciences, Faculty of Nursing, National and Kapodistrian University of Athens, Athens, Greece

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**ABSTRACT:** *In the last 18 years, a significant increase of incidents of mobbing in occupational health professionals mainly in nursing, medical, and administrative staff. The phenomenon of mobbing and its effects on mental, physical health in health professionals, and consequently on the quality of life, in a workplace is a significant limitation in the psycho-spiritual balance of employees as well as for the proper functioning of the organization. The purpose of the study is to investigate the views, experiences and beliefs of health professionals about the phenomenon of Mobbing. In particular, it was researched on: (a) the understanding of the definition, (b) the adequate information (updating), and (c) the sensitization of health professionals. A qualitative study was carried out using the phenomenological approach. The sample consisted of 12 health professionals (nurses, physicians, and administrative staff) who work in a Greek public hospital. 12 semi-structured interviews were conducted. The semi-structured interview was consisted of 3 main axes with 9 questions in total. The problem of mobbing is a reality and exist in public hospital. Hospital professionals recognize that workplace mobbing is a form of psychological abuse and its forms of expressions are mainly verbal and behavioural. They point out that it can be manifested both by colleagues and superiors, but also by the patients' relatives/helpers. To avoid such incidents in the health department, the Hospitals Administration, should have an anthropocentric character. The Heads of department, should to be educated and made aware, to know how to address any job harassment, as well as to organize information and awareness seminars for employees and self-help groups, through specific programs support, rehabilitation and reintegration for people who have suffered mobbing.*

**KEYWORDS:** mobbing, health professionals, hospital, analysis the term, updating, sensitization

## **INTRODUCTION**

The phenomenon of mobbing in the workplace is a subject that has been studied by the scientific community and has largely concerned the public opinion. A Book (Hirigoyen, 2002) research (Scialpi, 1999; Meschkutat et al. 2002) and publications (Karakioulafi, 2003) abroad and in Greece, (Spiridakis, 2009; Drivas, 2002) demonstrate not only on the high percentage of the mobbing existence, but also the increasing interest of the scientific community. In work psychology, the German psychologist Heinz Leymann, in 1990, used the term to describe the various types of mobbing in workplace. Leymann (1996) defines mobbing as: ‘an aggressive and immoral behaviour directed in a systematic way from one or more people towards one person in particular who is forced to be in a helpless and defenceless position in which they remain due to their continuing exposure to «mobbing». These acts happen on a regular basis (at least once a week) and over a long period of time (at least six months). Due to the high frequency and long

duration of the aggressive behaviour, this abuse leads to significant mental, psychosomatic and social misery'. Since then, the word «mobbing» specifies a state of psychological abuse that causes psychological, social and psychosomatic problems to a large extent. The actual magnitude of the phenomenon is yet unknown, nevertheless it constitutes a serious problem for the health and safety of the employees. All employees should feel safe in their workplace in which justice and respect must be prevalent. Quite often there are demeaning and aggressive behaviours, personnel exploitation, threats, criticism and physical abuse in the workplace. This is reality to many employees in public and private institutes as well (Einarsen, 2000). An aggravating factor regarding the quality of work conditions is the existence of moral/psychological harassment. It is considered one of the most serious types of harassment in the workplace (Zapf, 1999) and its effect in the workplace is particularly toxic and corroding (Lutgen-Sandvik, Tracy & Alberts, 2007). It constitutes a phenomenon that has serious effects on their health, the quality of their work and family life, their safety and the competitiveness of institutes and productive results (Papalexandris, Galanaki, 2011). According to Iftikhar and Qureshi (2014) study in nurses reported that the form of this mobbing behavior had a negative impact on the work performance of nurses, their motivation for work, their productivity, their relationships with patients, and symptoms of depression. Zhang et al. (2017) conducted a study in 28 provinces in China in 14 cities to investigate the prevalence of the phenomenon of moral harassment and the factors that affect it. 4,125 questionnaires were distributed and 3004 nurses of all grades were finally involved in the survey.

The results showed that 25.77% of the respondents had experienced physical violence, 63.65% verbal abuse and 2.76% sexual harassment. The study also showed that low-skilled nurses, part-time nurses and nurses working in China's emergency and pediatric departments have low levels of tolerance in stress and are more likely to experience any form of harassment and violence. The aim of the present qualitative study is to explore views, attitudes and beliefs of health professionals in relevance to the phenomenon of mobbing and specifically to study the definition and the 'building' of the meaning of the phenomenon, the adequate updating and the sensitization of health professionals in relevance to mobbing. Also in Greece the phenomenon of mobbing is not unknown (Serafeimidou, Dimou, 2016; Pantazis, Intas, 2016; Fountouki et al. 2011; Rodriguez-Carballeira et al. 2010; Koinis et al. 2017; Koinis & Tziaferi, 2018; Koinis et al. 2016; Koinis et al. 2015; Koinis & Tziaferi, 2014; Karatza et al. 2016; Karakioulafi, 2003; Konstantinidis, 2011). In the past years it seems to have spread quickly to all work environments and consequently to the one of health department (Spiridakis, 2009). There seems to be a convergence among research regarding the various factors that contribute to the creation of the problem. More frequent are the issues of management, the organizational factors and the dynamics of the work team (Leymann, 1996; Zapf, Knorz & Kulla, 1996). The effects of mobbing not only concern the person but also extend to its family and work environment (Chappel & Di Martino, 2001). The effects of mobbing, on an institutional level, affect its effectiveness and productivity (Papalexandris, Galanaki, 2011; Chappel & Di Martino, 2001; Ege, 2002; Ferrari, 2004). People who suffering from ethical and psychological violence / harassment at work have increased cooperative difficulties, have reduced stress resistance, and feel physical discomfort (Dikmetaş, Top & Ergin, 2011). The serious consequences of the mobbing at the workplace are not limited to the victim itself, but extend to the body / service where such phenomena occur. The organizational and team productivity and efficiency of public services are undermined (Serafeimidou & Dimou, 2016).

According to a review of international bibliography, the particularly increased existence of mobbing in the field of health is due to the existence of many stressful factors, while health professionals themselves are by nature competitive and as a result there are phenomena of moral and sentimental harassment particularly against younger health professionals (AbuAlRub, Khalifa & Habbib, 2007). There is confirming evidence showing that doctors, medical students, paramedics and nurses often face harassment and mobbing in the workplace (Farooq Malik, Sattar, Shahzad & Faiz, 2017). A research (Johnson, 2009), mentions that acts of mobbing, in which health professionals and mainly nurses deal in their workplace, lead them to a lack of concentration, a decreased drive for work, to frequent absence from work and by extent to a low level of productivity and quality of medical and nursing care. In a study conducted with nurses in Turkey, Yildirim (2009) found that reactions to mobbing behaviors tended to be physical disorders such as fatigue and stress, followed by over-eating or poor appetite and headaches. Silva Joao and Saldanha Portelada (Cinar, Kormaz, & Yilmaz, 2016), reported similar results, too. In their study, the nurses who were exposed to mobbing frequently experienced anxiety, insomnia, restlessness, failure, distrust feelings and impaired concentration. Therefore, it is consistently difficult for unhappy, sleepless, anxious and distracted member of nursing profession with low self-esteem and profoundly disturbed wellbeing state to carry out the nursing process successfully and to provide quality services (Cinar, Kormaz, & Yilmaz, 2016).

The qualitative study of Patsia, Polychronopoulou & Sakaretsanou (2017), researched the behaviour of male/female nurses from Public hospitals of Greece concerning the existence of bullying and harassment in the workplace. 17 nurses from public hospitals of the Achaia Prefecture participated in the study. The results of the study showed that most nurses had not been accused of mistakes they hadn't made, nor had any problem expressing their opinion freely without being interrupted. They haven't doubted the quality of their knowledge, even though they perceived that their contribution is downgraded. About half of them mentioned they were negatively criticized as far as their work issues were concerned, while others claimed that they had been yelled at. Most of them denied having been recipients of derogatory remarks or that they had been targeted to a superior. Moreover, participants mentioned they have perceived rumours and social remarks having been unrolled about themselves. Finally, almost all of them mentioned that they haven't thought about giving up their job and that they have the support of the hospital's Management when it comes to such behaviours, whereas they aren't acquainted with the procedure of registered complaints regarding such incidents (Patsia, Polychronopoulou & Sakaretsanou, 2017). The qualitative study of Gaffney and her colleagues (2012), refers to the experiences of nurses that deal with bullying and harassment in their workplace. A theoretical approach was used to analyse the data and to form a theory about how nurses act right, when they face bullying and harassment. The results showed that through a process of four steps, nurses report bullying, assess the situation, act and evaluate the results of their actions. Whereas many nurses deal with a series of effective but not tested strategies and as a result there are two extra concerns: 1) inadequate support among nurses and 2) avoidance and indifference by the Directors of the nursing department (Gaffney, DeMarco, Hofmeyer, Vessey & Budin, 2012). The qualitative study of Mastora (2013), aimed at researching the views of nursing students of the Technological Educational Institute of Epirus regarding bullying in their internship during the academic year 2012-2013. The sampling was purposeful and the participants were 8 nursing students. The results showed that according to the students' views bullying is related to the nurses' inadequate training, to power and competition relations prevalent in the nursing profession and to the assignment of non nursing tasks to the students during their internship in the two hospitals of the area (Mastora, 2013).

Najafi and his colleagues (2017), researched the perceptions and experiences of Iranian nurses regarding the past experiences of violence against themselves as well as the consequences of violence in the workplace by patients, their relatives and their directors/managers. The 22 nurses from 9 public hospitals that participated were chosen with purposeful sampling. 22 unstructured in-depth interviews were conducted. The results of the interviews analysis led to the specification of five categories as factors of predisposition: the vague expectations and demands of patients/relatives, the bad and non-effective organizational management of such bullying acts by the hospital's management, the bad professional communication, the factors related to nurses and factors related to patients, patients' relatives and colleagues. Apart from the negative consequences detected in the personal and family life of nurses, violence in the workplace can lead to poorer quality in patients' care and a negative attitude towards the nursing profession (Najafi, Fallahi-Khoshknab, Ahmadi, Dalvandi & Rahgozar, 2017).

### **The purpose of the research**

This qualitative research is part of a large body of research designed to study the phenomenon of mobbing among public health professionals in Greek hospitals. The purpose of qualitative research is to investigate the perceptions, behaviors, and beliefs of health professionals who have suffered or witnessed mobbing in their workplace, as well as to investigate the impact of the phenomenon of mobbing and its effects on mental and physical health of health professionals. Specifically, researchers have attempted to engage in research on issues that have not been addressed so far as to study the definition and the 'building' of the meaning of the phenomenon, the adequate updating and the sensitization of health professionals in relevance to mobbing.

### **The main research questions:**

1. What is the level of knowledge and awareness of health professionals in Greece about the effect of mobbing and the psychological effects it has on their mental and physical health?
2. Is the quality of life of health professionals affected by the practice of mobbing in their workplace?
3. What are the factors affecting the appearance of mobbing

### **METHODOLOGY**

The method chosen to in-depth reveal the views of health professionals is the qualitative methodological research approach (Patton, 1990; Pope & Mays, 2000). The research was conducted in a regional Greek hospital from 11/02/2018 to 15/03/2018. The semi-structured interviews were conducted in the Pathological, Psychiatric clinic and in the Emergency Department, where to, the researcher had better access.

### **Study sample**

Twelve (12) health professionals participated in the survey; among them there were 4 nurses, 4 physicians and 4 administrative officials. Out of the study population six (6) were men, aged 27 to 53 years old and six (6) were women aged 35 to 49 years old. The sample was predetermined. The participants' demographics are presented in table 1.

**Table 1. Sample of qualitative study: Demographic and personal data**

Health Professionals	Age	Sex	Professional status	Years of work experience	Family status
Nursing staff 1	47	Female	Ass. nurse	23	Married
Nursing staff 2	49	Female	Nurse	25	Married
Nursing staff 3	34	Male	Ass. nurse	8	Single
Nursing staff 4	53	Male	Nurse	8	Married
Physician 1	27	Male	Trainee	3	Single
Physician 2	43	Male	Curator	10	Single
Physician 3	40	Female	Curator	18	Married
Physician 4	35	Female	Trainee	3	Married
Administrative staff 1	48	Female	Administrator	25	Married
Administrative staff 2	33	Male	Administrator	10	Single
Administrative staff 3	45	Female	Administrator	21	Divorced
Administrative staff 4	37	Male	Administrator	9	Married

**Ethical Approval**

The specific survey, which is a part of a PhD thesis in the University of Peloponnese, was conducted following the permission granted by the Ethics Committee of the Scientific Board of the General Regional Hospital numbered 15 Outgoing 29/05/2017. The participants took part in the study following their signed consent. They were informed about the aim of the study with a precise document and the researcher referred to ethical parameters: ensuring privacy and the discretion of data, the use of a false name during the processing to ensure anonymity, the right to refuse to comment on a question at any given time as well as the possibility to ask clarifying questions during the interview (Patton, 1990; Pope & Mays, 2000).

**Statistical analysis**

The data collection was conducted with individual semi-structured in-depth interviews with the health professionals who participated. The interviews were transcribed after each participant had been fully informed about the subject of the study and rules of ethics. Participation has been voluntary; there has been no reward or any negative consequences in the case of denial. An interview subject guide has been created which includes three basic theme units-criteria with three questions in total. The description of the interview criteria is presented in table 2.



**Table 2 .Semi-structured interviewing axes**

Axis	Questions
<b>I. Building the concept - Analysis of the term</b>	<ul style="list-style-type: none"> <li>○ What is mobbing in the workplace?</li> <li>○ How do you understand it?</li> <li>○ How is this phenomenon perceived?</li> <li>○ What forms does it usually take?</li> </ul>
<b>II. The update of Health professionals about the phenomenon of Mobbing?</b>	<ul style="list-style-type: none"> <li>○ Have you ever heard of the term 'mobbing'? If so, by whom?</li> <li>○ Do you feel sufficiently informed about the term 'mobbing'?</li> <li>○ What to do about the issue of information?</li> </ul>
<b>III. Sensitization of Health professionals</b>	<ul style="list-style-type: none"> <li>○ Do you think the issue of mobbing is a problem for workers in Greece?</li> <li>○ Do you have personal experiences of incidents of mobbing in your workplace? If so, what was your experience?</li> <li>○ Have you been witnesses of incidents of mobbing with recipients / victims your colleagues? If so, what was your experience?</li> <li>○ What needs to be done in the workplace to deal effectively with this phenomenon?</li> </ul>

The methodological content analysis used was content analysis (Patton, 1990), a process of identification, codification and categorization of the original form of data collected (Bowling, 2002). The qualitative content analysis aims at the comprehension of data messages, a process that includes multiple readings of the text and detection of important meanings for the purpose of the study (Silverman, 2001). The qualitative content analysis which as a technique allows the valid extraction of results from the content of the participants' speech was chosen as an analytical method to show the complex and different views of participants (Silverman, 2001).

More analytically all interviews were recorded by (1) researcher , using codes for each participant, e.g. *M.S.1, N.S.2, A.S.3*, where (M) means medical, (N) means nursing and (A) administrative and (S) staff, and the number is the order of professionals taking part in the interview. Each interview lasted a total of 20 to 30 minutes

## RESULTS/FINDINGS

Seven (7) of the health professionals who participated in the study were married, four (4) single and (1) divorced. Also seven (7) of the health professionals have more than 10 years of experience and five of them (5) less than 10 years.

The majority of the themes derived from either:

Building the concept - Analysis of the term, Update and Sensitization

### Analysis - Main Findings-Observations

#### Building the concept - Analysis of the term

Quotations from the health professionals below have been translated from Greek into English.

The overwhelming majority of respondents reported that mobbing in the workplace is mainly a form of psychological violence, with the main features being: hostile attitude, Insults/vituperations, indifference and exclusion, irony, deceptive mood, violation of individual freedoms, Infringement of dignity, enforcement, effort compulsion, unfair categories of misconduct.

A nurse responds to the definition of mobbing: "*As I understand it, it is the psychological violence that is being practiced in the workplace.*"(Female, 47 years of age, Nurse)

A nurse said: *“From my own experience, I think it takes moreover verbal forms. I understand that it is a form of aggressive behavior, threats, a hostile attitude, and so on ... it can be used implied and sometimes insults, insults could be and generally aiming at reducing the employee and his efficiency. I think is included in mobbing.”* (Female, 40 years of age, Physician)

*“the violation of my dignity ... without any reason...”* (Male, 34 years of age, Ass. Nurse)

Typically, it includes verbal aggression.

*“Verbal violence in the form of irony, devaluation...”* (Female, 48 years of age, Administrative Officer),

*“Psychological violence, degradation, does not allow the employee to evolve. Psychological stress.. The employee feels trapped, he feels injustice...”* (Female, 48 years of age, Administrative Officer),

*“....Usually verbal forms and pressures, not as physical....”* (Male, 37 years of age, Administrative Officer)

All physicians and half-nurses of the sample reported that mobbing is a form of violence and intense complaints from patients and / or relatives of patients. A trainee had mentioned that: *“It is a form of violence, verbal which is practiced by many, either by bosses, directors, or by hospitalized patients we serve, or by relatives. It has a wide range of issues...”* (Female, 35 years of age, Trainee Doctor)

Mobbing can be exercised either intentionally or unintentionally.

It can be exercised by both colleagues and officers. A participant from administrative staff responds that: *“It’s a bad psychological state, because of frictions, because of the work we are forced to do, but through verbal pressure and force from superiors, we do. The experience of manipulative behaviors by both superiors and colleagues, where we either do not react or react in a bad way....”* (Female, 48 years of age, Administrative Officer), *“.... a bad behavior from colleagues.”* (Female, 47 years of age, Ass. Nurse)

A physician mentioned: *“Often at the emergency department we are faced with the relatives of patients or the patient who used verbal violence, less physical, and we can not properly and individually provide our therapeutical approach to the patient. It disrupts us. It is very intense, as i perceive it. The sad thing is that we are also faced by our superiors..”* (Female, 35 years of age, Trainee Doctor)

It has severe negative effects on both the professional and the personal level. They point out that physical forms of aggression are rarer than verbal / psychological.

## Update

Everybody is aware of the issue, but they point out that their information was not official, but it was mainly a product of individual initiative. A trainee said that: *“Mainly from the internet and from various campaigns abroad, mainly against harassment of people working in health care facilities. A typical example to mention, I have read,, that in Australia, if you attack a doctor, or a nurse condemns you directly in 7 years of imprisonment without asking why you attacked and have a typical slogan “you attacked a nurse, or a doctor you have 7 years to think again. Therefore, from campaigns conducted abroad to defend human rights in people working in health care facilities...”* (Male, 27 age of years, Trainee Doctor)

The most frequent sources of information are the following: internet, Social media (facebook), television, professional psychologists.

*“Yes, in recent years, quite often, because of this harassment at work. In the last 5 years, perhaps because of the crisis, perhaps because of financial, personal and family problems, there is no willingness for every employee to function as it used to be. His bad mood is transferred to work.”*

*The phenomenon of mobbing is often. I have been informed by the internet.*" (Female, 48 years of age, Administrative Officer),

Although everyone says they are aware (except for one doctor), they do not feel they are well informed.

*"...No, I would not say that I have covered it adequately ... no..."*(Female, 49 years of age, Nurse)

*"..No, I do not know a lot of things. I would like to know, to understand what science means on this."*(Male, 34 years of age, Ass. Nurse)

*"...No, there could be several seminars, several lectures on the subject, so that we are also more informed and more ready to answer correctly and whenever this thing happens in our workplace."* (Male, 53 years of age, Nurse)

*"Clearly not. There is no information in Greece or health professionals about this. I personally have not been informed from somewhere but mainly from the internet. An information effort is being made at our Hospital which is very good and we are trying to help everyone in it."* (Male, 27 years of age, Trainee Doctor)

*"...Not particularly, not at all aware of what one could do to deal with it."*(Female, 40 years of age, Physician)

*"To tell the truth, not until I was looking at the internet, on the occasion of a workplace incident, to see how to deal with it, I had not been adequately informed. And I was not informed with the correct terminology. I think I'm now better informed than before, doing this search on the internet."*(Female, 35 years of age, Trainee Doctor)

*"I am personally up-to-date from the internet, and I know quite a lot of printed material. However, there have not been any seminars, lectures, health programs. However, I think I have a good idea of the term..."*(Female, 48 years of age, Administrative Officer)

*"A little bit informed about the term..."*(Male, 33 years of age, Administrative Officer)

*"No, I would like something to be done to let all employees know, to express their views on the subject."*(Female, 45 years of age, Administrative Officer)

The majority of respondents say they would like their information to include ways to effectively deal with incidents.

They suggest that updates be made by qualified, skilled personnel at work (e.g., doctors, health professionals, psychologists, etc.). Their suggestions on the issue of information include: seminars, conferences, oral and written presentations, talks, educational actions in the context of work, experiential workshops to deal with incidents.

*"...Meetings with experts on this topic, usually psychologists, psychiatrists, occupational doctors and all those who are involved in the subject of mental health."*(Male, 53 years of age, Nurse)

*"Perhaps more speeches, educational actions at work, perhaps some experiential workshops would be appropriate to enable workers to cope with such phenomena."*(Female, 40 years of age, Physician)

*"There should be an information program in the hospital area for all employees and learn about rights, how to deal with mobbing.."* (Female, 48 years of age, Administrative Officer),

*"Conferences, updates, and meaningful dialogues are held at regular intervals."*(Male, 33 years of age, Administrative Officer)

*"I would like the administration to call all employees, to be informed about mobbing, to hear opinions and to find ways to deal with the phenomenon. Seminars in the workplace that will help employees to gain insight into the subject and deal with such problems..."*(Female, 45 years of age, Administrative Officer)

*"Updates, seminars to be informed."* (Male, 37 years of age, Administrative Officer)



### Sensitization

They point out that mobbing in the workplace is a real and significant problem in that local public hospital. Three out of four respondents report that having personal experiences of incidents of mobbing in their workplace.

A doctor said he had to give up his work because of the mobbing. He had suffered from colleagues, but also from patient escorts:

*"I had some problems with my colleagues ... I was burdening everyday and psychologically. I have come to a point of general anorexia, I have come to the point that I did not want to eat, in the week once with difficulty. I could not sleep, I generally had a discomfort and after three months of troubles I had, I had to leave the job"* (Male, 43 years old, Physician).

A doctor has reached the point of requesting a departmental change:

*"I did not give up working, but conjunctively, I changed position, in order to avoid all this. I do not know what would happen if I were in the same position if I could handle it any more. It was a difficult time because I was going home and I did not care for all of"* (Female, 40 years old, Physician).

In addition to the negative impact it has on the working efficiency of the individual, it is noted that it has a negative impact on all areas of their lives.

All reported that there had been witnesses of mobbing of another worker.

The way to deal with the incidents of mobbing that had come to their attention differed widely among individuals:

→ Do nothing or do little:

*"Unfortunately, I could not do anything, because it was not my responsibility to intervene ... I just said my advice to my colleague"* (Male, 34 years of age, Nurse).

*"I was witness in rebuff of an employee by a boss. I was surprised but did not get involved. I was afraid and moved away, because I did not bear any voices, bangs, conflicts. My colleague came in a very difficult position"* (Female, 48 years old, Administrative Officer).

→ To take a particularly active action:

*"I have done, not many times, but the times that I have come to my senses, I immediately took act and I vigorously defended my colleague and I felt great moral satisfaction and very happy on this issue because I was associated in similar cases catalytic to this issue"* (Male, 53 years old, Nurse).

### DISCUSSION

According to the responses of hospital staff, the problem of mobbing is a reality for Greece, as has been shown by similar studies (Fafliora, Bampalis, Zarlas, Sturaitis, Liana & Mantzouranis, 2016; Koukia, Mangoulia, Gonis & Katostaras, 2013; Mantzouranis, Fafliora, Bampalis & Christopoulou, 2015), that makes further investigation and in-depth understanding of the phenomenon imperative. Their responses are not very varied depending on the sector they are serving (doctors, nurses, administrators). Hospital professionals recognize that workplace mobbing is a form of psychological violence and its forms of expression are mainly verbal and behavioral (Wilson, 2016). They point out that it can be manifested both by colleagues and superiors, but also by the patients' relatives/helpers. A recent research by Courtney et al. (2018) in 29 students exploring their prevalence and experiences about harassment and violence behaviors that have undergone the academic and clinical environment over the period confirms this result. The results of the study showed that students had experienced many bullying and bullying behaviors during their studies, both in practice hospitals and in the university they were attending.

They report as perpetrators doctors, nurses, academic teachers, as well as their fellow students (Courtney-Pratt, Pich, Levett-Jones & Moxey, 2018).

Also, they recognized that mobbing adversely affects all areas of victim functioning, both at personal and professional level. A qualitative study by Ebrahimi et al. (2017) to 18 new nurses working in public hospitals in the northwestern part of Iran, they find themselves harassed by experienced nurses using horizontal harassment against them, and the results have shown that have experienced negative attitudes towards violence and mobbing in their working environment (Ebrahimi, Hassankhani, Negarandeh, Jeffrey & Azizi, 2017). Also, our result regarding the impact of mobbing on the personal and professional lives of health professionals agrees with the results of a qualitative study by Hayward et al. (2016) to nurses with several years of service to examine personal and environmental factors that influenced their decision to quit their work. In particular, the participants reported the aggressive attitude of patients, the increased demands of work, the difficult and often ineffective working relationships between nurses and doctors, the lack of support from the Directors / Chiefs and the negative impact of all these on their health and well-being. Insufficient working relationships with other nurses and the lack of leadership support have led nurses to feel unhappy and have difficulty performing their work. The impact of high anxiety was evident in the health and emotional well-being of nurses (Hayward, Bungay, Wolff & MacDonald, 2016).

Similar recent studies confirmed the negative impact of mobbing behaviors on the personal and professional life of health professionals (Blackwood, 2015; Najafi, Fallahi-Khoshknab, Ahmadi, Dalvandi & Rahgozar, 2018). These findings are consistent with previous empirical findings, demonstrating that individuals, experiencing workplace bullying face serious psychological consequences (Nielsen & Einarsen, 2012; Nielsen, Hetland, Matthiessen & Einarsen, 2012; Trepanier, Fernet & Austin, 2016). Their information was almost exclusively the result of a personal initiative and their desire for further training is emphasized. Communication, collective support, and teamwork were perceived as essential to create environments that lead to the delivery of safe, optimum patient care (Skarbek, Johnson & Dawson, 2015) and to make the workplace environment more positive from both an individual and an organizational perspective (Randle, 2011).

This study has some limitations, even though the number of the 12 health professionals participated in the research was appropriate for a qualitative study, as saturation of information was achieved, the results cannot be assumed to be representative across Greece, as the health professionals participants in the study had all delivered in one public hospital in southern Greece. The single location of the study, the maternity ward of a public regional hospital in South Greece, reduces generalizability of the results across Greece. Further studies are required from different hospitals in Greece in order more generalizable results to be obtained.

### **Research Implications**

This study will first and foremost help in identifying the psychological and social effects of mobbing. By exploring the definition and concept of mobbing, health professionals will be able to recognize immediately when a colleague or supervisor's behavior causes mobbing and thus seek to manage situations in an effective way so that do not affect his/hers mental health. The findings of the study contribute positively because they give us new insights into how health professionals define and perceive the phenomenon of mobbing and its forms. The study will also serve as a small step for further exploration on similar research and pursuit. Information-Update about the

phenomenon and its dimensions in the workplace will trigger more updates either through seminars, through links or through television broadcasts so that health professionals can deal with potential ethical issues harassment as ways or techniques of dealing with these updates will be suggested. This will, in turn, unearth the “mobbers” in the areas of our health, social and psychological beings. The findings of the study will strengthen the care and support systems- by relevant counselling for the professionals of the public hospital to boost their emotional stress and most especially, to inculcate in them a sense of worth and positive self-image. The study will also serve as a supporting literature to the benefits of anti-bullying at health sectors It will also be of a great benefit to the authorities of the National Institute of Labor and Human Resources, whose business is to provide treatment kits and trained personnel who will double as counsellors and facilitators of mobbing awareness programmes for health professionals.

## CONCLUSIONS AND RECOMMENDATIONS

Through the literature review, and the qualitative study, we tried to look at the phenomenon of mobbing, giving particular attention to the implications it has on the health sector. The impressive growth of mobbing in the workplace is a sign of individualism prevalent in modern society (Kelly, 2005).

Documented literature that mobbing hurts work relations and affects the dignity of the individual within the working space, threatening the safety of his professional life and sometimes the safety of mental and physical integrity.

To avoid such incidents in the health sector, should the Hospitals Administration, have anthropocentric character, placed Advisory Service within the hospital area, responsible for cases of harassment labor and industrial relations.

The heads of departments from the other side, is important to be educated and made aware, to know how to tackle any job harassment, as well as to organize information and awareness seminars for employees and self-help groups, through specific appropriate programs support, rehabilitation and reintegration for people who have suffered mobbing.

### Research Limitations

The sample consisted of a small number of employees from only one general public hospital in the region. Psychiatric hospitals as well as Health Centers were excluded.

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