

Mobbing experienced by nurses in health care facilities

E. Zacharová, I. Bartošovič

Original Articles

St. Elizabeth University of Health and Social Work in Bratislava, Slovak Republic

Correspondence to:

St. Elizabeth University of Health and Social Work, Department of Social Work in Skalica, Nám. slobody 3, P. O. Box 104, 810 00, Bratislava, Slovak Republic; eva.zacharova@seznam.cz

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Reviewers:

V. Kozon

Vienna General Hospital – Medical University Campus, Vienna, Austria

Urbanus M. Ndolo

Catholic university of Eastern Africa, Nairobi, Kenya

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Abstract:

This article deals with the issues of mobbing in health care facilities. The general nurse is one of the professions excessively exposed to the mobbing behaviour. Compared to other sectors, the risk of occurrence of this negative phenomenon in the health care sector is up to seven times higher. The empirical part of the paper includes an analysis and a comparison of the results of the research carried out as a descriptive study with the aim to determine the extent to which mobbing is experienced by nurses, its emotional and physiological effects on the respondents and the steps taken by the individual persons to escape from the mobbing. It focuses also on the possible links between the nurses' personal traits and their vulnerability to mobbing. In order to get the necessary data, a quantitative method - through a questionnaire survey - has been used. The research results point out problems that might occur in the health care facilities, drawing the attention of the facilities' management to emerging problems concerning the staff. It is necessary to define clear rules and procedures in order to prevent the negative behaviour practices from developing among the health care staff and to help establish well-being in the workplace.

Introduction

The term mobbing is derived from the English word “to mob” which means to bully, to offend, to attack or to assail somebody. Professional literature offers various definitions of the term, examples being the following: “Mobbing is a range of negative communicative behaviour of one or more individuals targeted towards a person for a longer period (for six months minimum and at least once a week).” [2: p. 15]; “Mobbing is a systematic, intentional and above all repetitive attack towards a person, using a degrading approach, excessive criticism, mocking, minor or more serious attacks. It might also very well use a material influence.” [3: p. 13].

Hans-Jürgen Kratz [2: pp. 18-20] divided the most common causes leading to mobbing to 9 points:

1. Mobbing can cause a low moral level or negative human qualities such as antipathy, jealousy, excessive ambition, and others.
2. The work, which is monotonous and boring, leads employees to diversify their working hours, for example by defamation, gossip or intrigue leading ultimately to mobbing.
3. Authoritarian management can create cohesion among employees or, on the contrary, hard competition. A working climate that does not allow open communication is the ideal breeding ground for intrigue and power struggles that often result in mobbing.
4. The ever-increasing willingness to engage in violence, inspired by films, computer games, and television news, is becoming one of the possible causes of mobbing behaviour in workplaces.
5. Mobbing is triggered by previous conflicts that have not been resolved. There is a lack of rational dispute resolution in our company.
6. Mobbing can also break out in a situation of labour tension that results, for example, from an unfair personal decision. The victim of mobbing can for example be a colleague serving as a substitute object of aggression, which was originally directed against a superior, but which, because of the hierarchical position of the creator of mobbing, feared.
7. The fear of unemployment increases the fear of losing work. For many employees, there is nothing easier than to retreat to others, to relax their internal pressure and secure themselves at their own expense for their own professional survival.
8. In parallel with how companies undergo restructuring and reduce the cost of their organization, rivalries and intrigue are growing. People who pursue a career with sophisticated and unclean methods expel serious competitors.
9. “Outplacement” also seems immoral. If the company wants to save on pay or severance payments, it will use “official mobbing” for redundant employees, a company strategy that decides to dismiss its employee without an objective reason. Mobbing is also a way to get rid of someone without having to pay compensation.

Heinz Leymann, a German professor, dedicated a large part of his career to this subject and he considered the time aspect to be the most important factor to distinguish between mobbing and other conflicts [7]. In order to consider these undesirable behaviours as mobbing, they must take place regularly, at least once a week and for a longer period of time, for at least six months. Long-term and systematic mobbing has very serious consequences for a bullied person. It is a whole set of psychological, emotional

and cognitive problems that tend to grow over time. Changes in behaviour appear. The more frequent occurrence of psychosomatic diseases is proven. Last but not least, this behaviour has a negative impact on the workplace atmosphere. Psychological consequences include, in particular, a permanently bad mood and a loss of optimism and taste for life. Dexterity, anxiety, sadness, depression, and pessimism become part of their permanent personality, which further aggravates their prospects regarding social relationships. This is also associated with disturbances in concentration, attention and self-esteem. Other emotional reactions include tension, anger, and irritability. Long-term inconvenience and depression associated with it often lead to suicidal thoughts. In many bullied people behavioural changes are emerging including smoking, alcohol consumption, and medication. Restriction of social relations and relaxation activities as well as the deterioration of relations with family and friends is also prevalent. It is clear that the performance and motivation of bullied workers will fall sharply and their morbidity and disability will increase. Frequent inadequacies are both manifestations of real psychological and physical problems, and in the case of bullied workers, it is an escape to sickness and thus a break from an unbearable environment. Permanent congestion and eventual exhaustion of adaptation mechanisms also leads to severe psychosomatic disease in terms of physical and physiological responses.

One of the professions which is more vulnerable to mobbing behaviour than other professions is the profession of a nurse. An important characteristic of this profession is the continuous formal and informal contact with people whether they are co-workers in the same role, superior, subordinates, patients or relatives. Nurses often work in larger collectives, they are dependent on collaboration

and therefore communicate more together. Like other professions, this profession has its expertise, a set of the necessary knowledge and skills that you need to acquire for the job. Unlike other professions, however, another element plays a very important role and that is the human relationship, not only among employees, but also the relationship between the assisting professional and his client which is no less important. The patient needs to believe the nurse who nurses them and perceives their human interest in this person. It is therefore clear that one of the important tools of this profession is their work personality. Increased attention to the quality of the worker's moral qualities, their self-control, the acceptance of others, empathy, participation, and understanding all make the personality of every worker very demanding. Different opinions stemming from understandable differences between individuals may lead to disagreements, may contribute to conflicts, and thus affects the atmosphere of working relationships. It is difficult to prevent conflicts from occurring at all but it is a mistake to search for conflicts or to deliberately create conflicts. The resulting conflict needs to be effectively addressed, as recurring and unresolved inconsistencies among team members has a detrimental effect on workers' psyche. Solving and resolving conflicts is one of the basic prerequisites for human coexistence and it must be remembered that finding and eliminating the causes of conflicts is a source of maintaining a safe workplace environment that is necessary for every employee to feel satisfied and well. The creation and existence of healthy working relationships between colleagues, supervisors and employees, employers and employees is just as important as good and effective communication between them.

When it comes to conflicts, breaches, or loud exchanges of opinion among people who are necessarily working colleagues, we

do not call these mobbing. These conflicts can be solved in a healthy work environment. We call it mobbing when they become targeted, it becomes systematic and, most of all, a lack of long-term form of negotiation that avoids spontaneous resolution of problems and conflicts. Mobbing and any other form of bullying is very dangerous for people. It's a form of psychological violence. This is generally perceived as much more serious than physical violence. According to the International Labour Organization, psychological abuse is the most significant problem in the workplace at the beginning of the new millennium. Psychological maltreatment in the workplace means any disparaging behaviour that occurs in actions, words, acts, gestures or texts that damage personality, dignity, integrity and endangers their position in the workplace and the working climate of the workplace. The problem of psychological terror in the workplace is getting worse and it is mostly not widely spoken of in public.

The risk of mobbing is up to seven times higher in health care than in other fields. The nurse performs her professional duties in several professional roles, including the following: the role of nurse, assistant, communicator, teacher, counsellor, patient advocate, and manager. Individual professional roles blend and complement each other. Relationships between nurses and doctors are one of the important aspects of the overall workplace atmosphere, and nurses place great importance to workplace relationships when assessing their satisfaction. In the workplace where relationships are tense and conflicting, dissatisfaction increases, work quality decreases, conflicts occur, labour errors occur, and there is a higher rate of fluctuation of nurses.

Specification of the research problem

This research has been carried out as a descriptive study with the aim to determine the extent to which mobbing is experienced by nurses, its emotional and physiological effects on the respondents and the steps taken by the individual persons to escape from the mobbing. Another subject of the research is the relation between personal traits and the vulnerability to mobbing.

General objective

To determine the occurrence of the mobbing experienced by nurses and the relation between mobbing and personal traits.

Specific objectives

1. To determine the occurrence of the mobbing experienced by nurses and the most frequent types of behaviour showing signs of mobbing.
2. To identify the most frequently reported physiological and emotional reactions of the nurses facing mobbing.
3. To determine the most frequent ways of dealing with the mobbing incidents experienced by nurses.
4. To find out if there is a link between the number of years of employment in nursing and the extent of the reported mobbing.
5. To find out if there is a link between the age of the nurse and the extent of the reported mobbing.

Hypotheses

H1: Within the monitored group of nurses there is a statistically significant positive link between the extent of the reported mobbing and the height of scores in the scale of neuroticism in the questionnaire NEO Big five.

H2: Within the group of nurses there is a statistically significant positive link between the extent of the reported mobbing and the height of score of extraversion in the questionnaire NEO Big five.

Research sample

For the purposes of the research, the questionnaire was distributed to 3 hospitals in the Moravian-Silesian, Olomouc and Zlín regions. 195 questionnaires were distributed, with a return of 125 questionnaires which is 64% of the returned questionnaires. After processing, 12 questionnaires had to be excluded for their incomplete completion. Therefore, 113 questionnaires (58%) were processed which is considered 100% in this research.

Table 1 Absolute frequency of nurses, their average age and average length of time employed in nursing.

	Absolute frequency	Average age	Average length of time employed
Nurses	113	35.5	13.9

Methods

To obtain the necessary data a quantitative research method through a questionnaire survey was conducted. The questionnaires were distributed personally with the reassurance of anonymity. Although the research was carried out with the consent of the managers of the individual hospitals and hospital departments, due to the sensitivity of the issue and the difficulty of collecting the data, the names of all medical facilities where the survey took place were not stated.

The creation of the first questionnaire drew inspiration from the research carried out by the Nursing Administration Department, Florence Nightingale School of Nursing, Istanbul University in 2005. The respondents being nurses working in health care facilities in Turkey [1]. This questionnaire had four sections. In the first section the participants' demographic information was requested. In part A questions about mobbing behaviours were asked. In part B there were questions focused on the physiological and emotional reactions to mobbing incidents and the questions in part C focused on the actions taken in order to escape from the mobbing. The research participants were asked to indicate the frequency of mobbing behaviours they had faced in the last six months. In the determination of frequency a six-choice type of scale from 0 = have never faced, 1 = have faced only once, 2 = have faced several times, 3 = I face sometimes, 4 = I frequently face, 5 = I constantly face was used.

The second part of the survey consisted of the NEO Five-Factor Inventory by M. Hřebíčková and T. Urbánek based on the NEO Five-Factor Inventory developed by P. T. Costa and R. R. McCrae. The inventory identifies the level of individual differences. It determines the level of neuroticism, extraversion, openness to experience, agreeableness and conscientiousness. In each of the sixty questions a respondent decided on a five-point scale from 0 "not described" to 4 "well described". The level of each personal trait expresses the sum of gross score. Each of the characteristics is measured by 12 items; the maximum score in each range is 48. The inventory asks about five personality dimensions. A dimension of neuroticism – emotional stability – examines a scale of adaptation or emotional instability. A dimension of extraversion – introversion examines quality and quantity of interpersonal reactions, the level of activation and a need

for stimulation. A dimension of openness to experience detects active search for new experiences, tolerance to the unknown and its discovery. A dimension of agreeableness detects interpersonal orientation. A dimension of conscientiousness affects that kind of self-control which applies to the organization, motivation and perseverance to the goal-oriented behaviour.

In order to obtain the statistical analysis of the data received, parametric tests were used - the student's two-tailed t-test with the equal dispersion and Pearson correlation. The data were processed by the STATISTICA version 10 CZ programme. All the data was also verified by the non-parametric tests.

This part was focused on the description of unwanted behaviour in the workplace, which the respondents could have encountered within the last twelve months. The respondents commented on the 33 statements. Each of the statements was evaluated on the scale from 0 to 5 (have never faced up to I constantly face). The average score of the examined samples of 113 nurses in the part A was 0.67. Within the monitored group of nurses there are 31 (27%) of them who evaluated one of the 33 items in part A by score 4 (I often face) or 5 (I constantly face). The average score of these nurses in part A was 1.24 in contrast with the nurses, who did not evaluate any items in part A by score 4 or 5 and whose average score was 0.43.

Table 2 Most frequent types of mobbing behaviours within the monitored group of nurses.

Statement	Absolute frequency N	Relative frequency %
Making me feel as if I and my work are being inspected.	16	14%
Holding me alone responsible for the negative results of work carried out by others.	11	10%
Having untrue things said about me.	11	10%
Blaming me for things that are not my responsibility.	10	9%
Not informing me about organized social meetings.	8	7%
Having my decisions and recommendations criticized and rejected.	8	7%
Being verbally threatened.	7	6%
Questioning my professional competency for every job I do.	7	6%

Results

The first specific objective was to detect the rate of occurrence of mobbing among the nurses and what were the most frequent types of mobbing behaviours. Such questions were answered in part A of the questionnaire "The occurrence of unwanted (unfriendly) behaviour in the workplace (mobbing)".

The second specific objective was the detection of the most frequent physiological and emotional reactions to mobbing incidents. This was monitored in part B of the questionnaire, in which the respondents were asked to evaluate their emotional and physiological reactions to mobbing behaviours they had experienced in the last 12 months. The

respondents evaluated the 34 statements. The average score within the monitored group of 113 nurses in part B was 0.74. Within this group of nurses there were 37 of them (33%) who evaluated one of the 34 statements in part B by score 4 (I experience most of the time) or 5 (I experience all the time).

The task of the fourth specific objective was the existence of relationship between the length of time employed and the rate of mobbing that the individual respondent showed. The resulting correlation values were compared with the tabulated value, in which the critical value for the monitored

Table 3 Most frequent reactions to mobbing within the monitored group of nurses.

Statement	Absolute frequency N	Relative frequency %
My sleep regularity is disturbed.	18	16%
I have headache.	16	14%
I feel tired and stressed.	14	12%
I think I am depressed.	13	11.5%
I have stomach and intestinal problems.	11	10%
My work life negatively affecting my life away from work (my marriage and family).	11	10%
I am afraid when I go to work, I do not want to be at work.	11	10%

Table 4 Most frequent types of solutions to mobbing situations within the monitored group of nurses

Statement	Absolute frequency N	Relative frequency %
I am working more carefully to avoid being criticized for my work	45	40%
I am working harder and more organized.	39	35%
I am seriously thinking about quitting work.	12	11%

The third specific objective tracked possible ways of solving mobbing problems which the nurses had encountered. In part C of the questionnaire, the nurses were asked to indicate what they had done in situations they had faced the mobbing. The average score within the monitored group of 113 nurses in part C was 0.99. Within this group of nurses there were 49 (43%) who evaluated one of the 8 statements in part C with a score of 4 (I experience most of the time) or 5 (I experience all the time).

group of nurses (N=113) of the Pearson's correlation coefficient at a significance level of 0.05 was 0.214.

The fifth specific objective was focused on the relationship between the age of each individual respondent and the level of indicated mobbing. The resulting correlations were compared with the tabulated value, in which the critical value for the monitored group of nurses (N=113) of the Pearson's correlation coefficient at a significance level of 0.05 was 0.214.

Table 5 Relationship between the length of time employed and the indicated level of mobbing within the monitored group of nurses, N=113

	A	B	C
The length of time employed	0.1356	0.1723	0.1855
	p=.353	p=.236	p=.202

A hypothesis was formulated based on the information from the study [8] that being exposed to the mobbing behaviours relates with individual personal traits such as neuroticism, that victims of mobbing at working place appear to be submissive, anxious and neurotic, lacking the social skills and self-confidence [9], that victims of bullying reach higher results on the scales of anxiety, worry and sensitivity on average [9] and that victims show symptoms of anxiety and depression even before the beginning of mobbing [10].

Table 6 Relationship between the age and the level of indicated mobbing within the monitored group of nurses, N=113

	A	B	C
Age	0.0703	0.145	0.1423
	p=.631	p=.320	p=.329

Hypothesis 1: Within the monitored group of nurses a statistically significant positive link exists between the level of indicated mobbing and the height of the score of neuroticism in the questionnaire NEO Big five. With the help of Pearson's correlation at the significance level $p < .05000$ the following facts were found:

There was no statistically significant correlation of monitored parameters. The hypothesis 1 was not confirmed.

Conducted researches [11] resulted in the resulting information about lower levels of independence and extraversion of the victims of mobbing. In accordance with this idea a lot of the victims said that their problems had been supported by the lack of skills for managing conflict situations and the low level of self-confidence or shyness. On the basis of these statements a hypothesis was formulated.

Table 7 Correlation between the scale of neuroticism and individual parts of the questionnaire Mobbing within the monitored group of nurses (N=113)

	A	B	C
Neuroticism	0.0331	0.2342	0.0495
	p=.822	p=.105	p=.735

Hypothesis 2: Within the monitored group of nurses there was a statistically significant positive correlation between the level of the indicated mobbing and the height range of scores in extraversion in the NEO Big Five questionnaire. With the help of the Pearson's correlation at a significance level $p < .05000$ the following facts were found:

There was no statistically significant correlation of the monitored parameters. The hypothesis 2 was not confirmed.

Table 8 Correlation between Extraversion and individual parts of the questionnaire Mobbing within the monitored group of nurses (N = 113)

	A	B	C
Extraversion	-0.0754	-0.183	-0.0763
	p=.606	p=.208	p=.602

Discussion and verification of hypotheses

This research has been carried out as a descriptive study with the aim to determine the extent to which mobbing is experienced by nurses, its emotional and physiological effects on the respondents and the steps taken by the individual persons to escape from the mobbing. Another subject of the research is the relation between personal traits and the vulnerability to mobbing.

From the results obtained and from the analysis of the individual statements collected from the nurses it showed that the most frequent types of mobbing behaviour belong to the statements of “making me feel as if my work and I are being inspected”, “holding me alone responsible for the negative results of work carried out by others”, “having untrue things said about me” and “blaming me for things that are not my responsibility”. The nurses revealed in their answers that they consider the personal aspect of communication as the most demanding. This fact might be influenced by one of the essential traits in the nurses’ job which is cooperation in the team. The nurse has to often rely on help of other nurses therefore it is necessary for them to trust each other to be able to take care of their patients effectively. It might be the reason why the nurses are more susceptible to the personal attacks.

Nurses also often pointed out that the level of personal communication is the most problematic. This can be influenced by workplace interactions, the constant need for co-operation, support and assistance and, last but not least, trust and reliance on other members of the medical team. The research carried out by Istanbul University in 2005 among nurses working in health care facilities in Turkey shows similar results [1].

It was found out that the most common mobbing behaviour experienced by the participants was determined to be “having

someone speak about me in a belittling manner in the presence of others” (55.2%). The second most common mobbing behaviour experienced by the nurses was “being blamed for things I am not responsible for” (50.5%) and the third was “having me feel like my work and I were being controlled” (50.1%). A larger percentage of these results is caused by using the participants’ answers of one (I have faced once) and above which were taken for evaluation.

In this study a more exacting criterion had been chosen and only the participants’ answers of four (I frequently face) and five (I constantly face) were taken for evaluation.

The second specific objective aims to identify the most frequently reported physiological and emotional reactions of the nurses facing mobbing. The most frequent reactions included disturbance of sleeping regularity, feeling tired and stressed, and having headaches. It can be said that physiological reactions were the most frequent reactions of the nurses to mobbing behaviours. These results stand in line with *Yildirim A. and Yildirim D. (2007)* who indicated as the two most common reactions also feeling tired and stressed and having headaches. According to the Istanbul University research other frequent reactions were very similar - eating excessively or not having an appetite (in the Turkish research 53.5%) and having gastrointestinal complaints (in the Turkish research 52.9%). Among the interesting findings are the resulting numbers of respondents who describe depression as a reaction to the working atmosphere. In the emotional area, feelings of concern were already on the way to work and the negative impact of social life outside the working environment.

The third specific objective identified the most common ways of dealing with mobbing situations of interviewed nurses. Of the eight options available, the “Most Careful Work to Avoid Criticism for Your Job” and

“I Work Stronger and More Systematically” appeared mostly. Here we again see consistency with Turkish research. When comparing the results of both surveys, it is possible to state that respondents in the Czech Republic also have the opportunity to leave the job. The research carried out in Turkey does not mention this option, which may be due to the different sociocultural position of women in the labour market.

The task of the fourth specific objective was to find out whether there is a correlation between the employment time of individual respondents and the degree of mobbing that these individuals have reported. There was no statistically significant correlation between the time of employment and the reported mobbing rate in the nurses.

The fifth specific objective followed the link between the respondents' age and the reported mobbing rate. There was no statistically significant correlation between the age and the reported mobbing rate in the nurse population. This conclusion is also in line with the conclusions of the Turkish study, which did not show the link between age and the level of mobbing reported. It has been confirmed that every worker, regardless of age, may be subjected to behavioural signs at the workplace showing signs of mobbing. The emergence of mobbing behaviour is influenced by various factors, such as the personality of the victim, the perpetrator's personality, the quality of leadership or the workplace atmosphere, or the stress of overload and the negative working environment. Most of the time is a combination of several factors at the time. It cannot be said that the basic indicator would be the age or length of work at the workplace. An important role is played by the quality of working relationships and the willingness to cooperate.

Hypotheses H1 and H2 dealt with a statistically significant relation between the extent to which mobbing is experienced

and the total score on the scale Neuroticism and Extraversion measured by the NEO Big Five Test. Statistically significant relation between the monitored parameters was not proved in this study although lots of previous researches had been confirmed it. This relation was confirmed for example in *Coyne I. and Seigne E. study* which examined the extent that workplace victim status can be predicted from personality traits. Victims tended to be less independent and less extroverted, less stable, and more conscientious than non-victims. Significance of mobbing at the workplace is mentioned by *Niedl [1]* who observed 368 employees working in Austrian public hospitals. He found out that the victims of mobbing suffered more from anxiety, depression, irritation and psychosomatic problems than people who were not exposed to mobbing behaviours. In Ireland *O'Moore, Seigne, McGuire and Smith [9]* found out that the victims of mobbing achieved in average lower results than the reference group at Catell's 16PF related to emotional stability and dominance as well as higher results at the scale of anxiety, fears and sensitivity. Although the findings in this study, which might be influenced by a lower number of the participants, have not confirmed similar results mentioned above, it can be said – according to results based on the previous research, that the victims of mobbing at the workplace show signs of submissiveness, anxiety, neuroticism, lack of social skills and self-confidence but on the other hand they are characterized by the behaviour focused on effort to succeed. The presence and frequency of mobbing behaviours faced in the facilities can be an indicator of the awareness that the most valuable presence in the facility is human resources. Present development of the society, individual's entering the labour market and a pressure on his/her career growth as well as incorrectly solved interpersonal conflicts among the co-workers might be the reason of occurrence of the attitudes

and behaviours which first can cause tension at the workplace and finally lead to mobbing behaviours. In this study it was found that all nurses, regardless of their age, educational status and position, can be exposed to mobbing behaviours in the workplace. As can be seen in every workplace around the world, it is very important both for the employees and for the institutions to prevent hostile behaviours at the workplace. Solving long-term unresolved interpersonal conflicts with appropriate conflict resolution strategies can help decrease the development of workplace violence. In addition, mobbing behaviours at the work place need to be defined and appropriate rules and procedures need to be specified and shared with all employees to prevent the development of these mobbing behaviours. Managers are expected to adopt an open managerial approach to prevent the development of these behaviours.

Conclusion and recommendations to the clinical practice

The purpose of the research presented in this study was to determine the occurrence of mobbing experienced by nurses, its emotional and physiological effects on the respondents and the steps taken by the individual persons to escape from the mobbing. It dealt with the research focused on the relation between personal traits and the extent to which mobbing is experienced.

The sample involved a total of 113 participants. 31(27%) of the nurses who participated in the research had faced mobbing behaviours within the last six months and they marked these behaviours on a six-point scale of four (I frequently face) and five (I constantly face). The nurses stated attacks to personality as the most serious problem. The nurses' reactions to mobbing behaviours included feeling tired and stressed, having headaches and disturbance of sleeping regularity. The most common things the

nurses did to escape from mobbing were "to work more carefully to avoid criticism" and "to work harder and more organized". No statistically significant relationships were found with the nurses' age or the total years of service in the nursing profession and the extent of the reported mobbing. Moreover, no statistically significant relation was between the extents to which mobbing is experienced and the total score on the scale Neuroticism and Extraversion measured by the NEO Big Five Test.

Most research shows that mobbing occurs in many different social contexts and at different age levels. It turns out that about 5-10% of workers in Europe are exposed to some sort of mobbing behaviour in the workplace. Mobbing in the workplace must therefore be seen as a significant source of social stress at work. There are two main explanations for the emergence of mobbing situations in the workplace, namely the impact of the working environment and organizational elements on the one hand and the personality with its individual characteristics on the other. Support is given to the hypothesis of a greater influence on the working environment, as mobbing is more often associated with a challenging and competitive working atmosphere. Mobbing is related to dissatisfaction with leadership, conflict in relation to roles, and low levels of control over the person's own working situation, with dull and inconspicuous work and organizational environment, as well as with a small degree of encouragement for personal growth. However, no complex model of mobbing in the workplace would be satisfactory without including the personality and individual factors of both offenders and victims and their causal effects in relation to the origins, degrees and consequences of the mobbing process. The victims of mobbing tend to be less independent and less extrovert, less stable and more conscientious. Thus, personality traits can represent

information for the employer such as who is most likely to become mobbed in the organization. The likelihood of someone becoming the target of mobbing is increasing if the person is unable to defend themselves or is dependent on the mobber person in the given situation. Such a relationship of dependence is usually influenced by self-confidence, personality characteristics and also the cognitive abilities of the victim. All of the above-mentioned characteristics are greatly influenced on the assessment of the overall life satisfaction of each individual. A friendly and team-focused workplace atmosphere can positively influence self-evaluation of employees not only in the assessment of job satisfaction but also in the wider context of life satisfaction.

This article outlined a wide range of issues that may arise in connection with mobbing behaviour in the workplace. An important step in solving problems can be good social communication among employees, for example through supervising seminars. Supervision is currently an important form of work that can provide individuals, work teams and the entire workforce with the consolidation of professional competencies, support in complex work situations, reflection of their own work, analysis of expert topics, knowledge of their own work style and possible weaknesses. These recommendations appear to be very important for nurse teams with a higher level of mental and physical burden. These recommendations can be a way of preventing negative forms of communication and promoting the mental health of all involved.

Mobbing is becoming a part of medical practice, so it is necessary to:

- Capture behaviour with mobbing elements;
- Define procedures to prevent negative behavioural phenomena;
- Apply the elements of professional communication in clinical practices.

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