Organizational Circumstances for the Occurrence of Mobbing in Health Care Organizations

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Abstract

The health care sector, an important segment of society, is perhaps one of the most vulnerable sectors to the creation of conditions that lead to mobbing. Mobbing is an expression of negative energy that results from deliberate failure to deal with everyday conflicts and deliberate creation of a climate of misunderstanding and hostile communications. It should be viewed as a result of interaction of five elements: psychology of the mobber, psychology of the victim, organizational culture and structure, initial occurrences and conflicts, and extra-organizational factors. In addition, health care organizations with a bad organizational climate show some characteristics that may create a fertile soil for the development of mobbing. The paper provides an overview of recent research in health care organizations in Croatia and Bosnia and Herzegovina. If a health care organization where mobbing is at issue decides to solve this problem without intervention of legal authorities, it should adopt a multidisciplinary approach. The present paper addresses several aspects of mobbing at workplace: circumstances leading to the development of mobbing, mobbing in health care organizations, overview of research conducted in the region, and ways of improving the organizational climate.

Introduction

The phenomenon of mobbing is on a constant rise in Europe. The most commonly used definition states that “psychological terror or mobbing in working life involves hostile and unethical communication which is directed in a systematic manner by one or more individuals, mainly toward one individual, who, due to mobbing, is pushed into a helpless and defenseless position and held there by means of continuing mobbing activities. These actions occur on a very frequent basis (statistical definition: at least once a week) and over a long period of time (statistical definition: at least six months’ duration). Because of the high frequency and long duration of hostile behaviour, this maltreatment results in considerable mental, psychosomatic and social misery.” (1)

Mobbing adversely affects the individual, the organization, and indirectly the entire community. The health care sector, encompassing general practitioners, physicians, dentists, nurses and other paramedical groups, an important segment of society, is perhaps more vulnerable than any other to the creation of conditions that lead to mobbing (2-4). The question is what causes mobbing in this environment: are poor interpersonal relations in medical organisations to be blamed; or unavoidable conflicts; is the mobber the sole culprit or is the victim partly to blame?

The highly intensive daily interactions of health care professionals, the work under pressure of responsibility and urgency of tasks performed, long working hours, often unclear definition of competence, etc., all this leads to numerous tensions that
can lead to conflict. The organizational climate in health care organizations, due to the nature of work, ignores or suppresses conflicts thus creating an initial cause for mobbing. What medical professionals should be aware of is that conflicts are expectable but can be prevented. Whether a conflict will have a negative or positive outcome depends on how it is perceived, as well as on the decision how (and whether) it should be resolved.

The present paper deals with several aspects of harassment at workplace: circumstances leading to mobbing, mobbing in health care organizations, an overview of research conducted in the region and ways of improving the organizational climate.

**Circumstances Leading to Development of Mobbing in Health Care Organizations**

The contemporary organizational structure causes numerous forms of inappropriate behaviour and organizational conflicts. The latter, if recognized on time and adequately managed, can be a constructive element. However, conflicts essentially have negative impacts on the organization and become a destabilising factor (5). Mobbing, being an extreme form of conflict, is the result of a hostile climate generated through deliberate failure to resolve everyday conflicts, misunderstandings, and unsound communication inside any group. The causes of conflict, and consequently also mobbing, in any organization, including the health care ones, can be classified into several groups: interdependence of tasks, diversity of goals, perception, values, individual style and education, poor communication, unequal division and insufficient resources (6). The work environment that supports mobbing forces the individual to adapt to existing norms with the ultimate goal of his elimination. In such a climate, a hostile employee wants to succeed at any cost, even on account of other colleagues.

Organizational climate is defined as the recurring patterns of behaviour, attitudes and feelings that characterize life in the organization (7). Some characteristics of the organizational climate can create a basis for the development of mobbing. These are: competitiveness, success and status centeredness, pronounced individualism, efficiency, hard work, innovativeness, direct interaction and superficial interpersonal relations (8).

1. **Competitiveness** – this characteristic of temporary business environment is in its essence a positive component of work which aim is to induce workers to attain higher goals, but can also be contra productive because it stimulates certain individuals to be ruthless and unscrupulous in achieving goals. In such an environment harassment is very likely to occur;

2. **Success centeredness** – success is often measured in money and status and can allow individuals to climb the hierarchy ladder through mobbing;

3. **Individualism** – focusing on the attainment of personal goals only, while disregarding the team and organizational goals;

4. **Efficiency** – some highly efficient organizational structures and procedures are highly compliant with participation and open communication;

5. **Workaholism** – being too dedicated to work can be perceived as threat by fellow workers;

6. **Innovativeness** – frequent reforms in the health care sector and introduction of new management rules can destabilize the working environment;

7. **Direct interactions** – uncontrolled and/or excessively direct communication can be interpreted as personal attack;

8. **Not knowing one’s colleagues too well** – frequent changes of team members result in superficial relationships leading to fellow workers being perceived as competition or threat.

It is noticeable that some of these characteristics are highly positive, while others, such as superficial interpersonal relationships, can be harmful for the working community. This goes to show that the issue of mobbing is a complex one and that its solving requires an interdisciplinary approach.

It is evident that a bad organizational climate can hinder production, reduce effectiveness and generate unexpected costs in the near future. Therefore, it has been concluded that five elements create a motivating working climate (9):

1. fundamental care of the employee as an asset - when employees are cared for, and the right environment is created where there are no barriers to performance, their true value to the organization can be fully realized;

2. respect for the dignity of the employee and the sensitivities of human beings – the higher the needs such as safety, acceptance, self-actualization, etc. are fulfilled, the higher levels of commitment, initiative and performance are;
3. full understanding of the realities of business - employers and employees have to be aware of the realities of business, and not set an unrealistic utopian view of an idealized work environment;

4. embracing optimization and improvement - an irrefutable trend in business today, continuous improvement and increasing levels of efficiency are a way of life;

5. keys to motivation and commitment - rather than only identifying potential problem areas to be avoided, areas where human behaviour can be leveraged more positively to create employees with higher levels of motivation and commitment should be always considered.

Mobbing in Health Care Organization – Overview of Research Conducted in the Region

Over the past 15 years some positive changes have occurred in the region in employee rights, status and treatment. At the same time, organizational changes, growing demands for providing more health care services due to a lack of budget resources, restructuring and modernisation of health care facilities, and the constant pressure on professional, ethical and legal responsibility of medical professionals have all contributed to increasing conflicts that often result in mobbing (10).

Following is an overview of three researches on the phenomenon of mobbing that have been conducted in Croatia and Bosnia and Herzegovina.

The results of the 2005 research “Negative Forms of Behaviour as Possible Sources of Stress at Workplace” conducted by the Croatian Nurses Association have shown that over fifty percent of nurses are regularly exposed to different forms of harassment at their place of work (11). More than fifty percent of nurses have complained of being degraded (39%), yelled at (38%), insulted (31%), their opinions being ignored (28%), about individual team members being privileged (28%), and about people commenting on their private life (23%). In most cases mobbers are the direct superiors (40%), and colleagues from the immediate work environment (24%).

According to respondents, reasons for mobbing include poor organization of work and work overload. A highly indicative statistic is that almost 50% or respondents have already voiced complaints about harassment, however their complains were not addressed to competent authorities, but mostly to colleagues and family members.

Research conducted among public health care providers in Bosnia and Herzegovina in 2005 has shown that 76% of physicians have experienced mobbing in the work environment, while 26% were exposed to continual mobbing (12). More than 50% have received a threat of losing their professional status, while almost 50% felt isolated. The analysis of research results has revealed that lack of motivation (reported by 61% of respondents), loss of self-confidence (51%), loss of trust, fatigue (49%), and depression (19%) among employees exposed to mobbing are strongly correlated to the lack of support from colleagues and superiors. An interesting fact is that 39% of mobbing victims have reported feeling anger. In conclusion, permanent mobbing was an important predictor of sick leave. Physicians who felt they were victims of mobbing were 3.5 times more frequently absent from work on sick leave than their colleagues who were not exposed to harassment at their place of work. The authors have pointed out that exposure to permanent threats of loss of professional standing, isolation and exclusion are associated with health problems, loss of self-esteem and trust. It is therefore important to set up a system of support and help for persons subjected to mobbing.

As emphasized by the authors, the number of harassed persons in the health care sector in Bosnia and Herzegovina is significantly higher than the figure obtained by researches of mobbing in the public health care system in England in the late 1990s: 38% employees reported they were victims of mobbing in the year before. Furthermore, the results of research conducted in Finland in 2000 have shown that as little as 5% of employees are exposed to harassment at their place of work.

In 2006 and 2007, a research was conducted at the Osijek Clinical Hospital with the following aim: to determine the extent to which nurses are familiar with the term mobbing, to investigate the presence of mobbing in individual clinics, and to explore the readiness of harassed persons to stand up against harassment (13). Research has shown that 94.8% of respondents know, albeit superficially, what is mobbing. As many as 70% of respondents have received unreasonable and unjustified criticism for their work, only 1% less have been given assignments that are not part of their job description, 64% were overloaded by work they were not able to complete within the
given time, 61% have been subject to ridicule, insult, and humiliation at the hands of their colleagues and superiors, and 56% on the hands of patients, while 31% were exposed to physical threats and attacks. An alarming finding is that only 8% of respondents who were victims of mobbing decided to seek help. Authors suggest that this wide-spread form of harassment can be fought against in a number of different ways: systematic education, public awareness, and promotion of the working culture that gives priority to the respect of human dignity.

According to the data obtained from the Croatian Mobbing Association up until the end of 2007 there have been around 100 charges filed against mobbing actions and none non-appealable judgment. But the data given by the Labour Union branch of the Zadar County are much more promising: there have been 70 reports of mobbing in 2009 only and 50 found their way to the court (14). There have been 400 reports last year and more than 100 cases were resolved by a court settlement.

Why is Mobbing So Easy to Develop and So Difficult to Eliminate?

It is estimated that 65% of problems related to unsuccessfulness at work are not the result of lower work capabilities or motivation, but of strained interpersonal relationships (15). Such relationships are generated not only by persons directly involved in harassment, but also by non-harassed employees as witnesses. They may take sides with the mobber, pretend as if they did not notice anything or try to defend the mobbed person. At the end of the chain, the person suffering harassment has two options: to continue to suffer, which can lead to all sorts of different health disorders, or stand up, which is the right thing to do. As stated in its definition, mobbing occurs over a long period of time with varying intensities and combinations. Furthermore, there is no single moment in which mobbing becomes dangerous for the victim. Research has shown that victims are usually not prone to speak up at the very beginning. The reasons are many-fold: improper behaviour is not recognized as harassment; victims hope such behaviour is caused by a tense situation that will pass; victims are afraid to speak up, etc. When they do decide to stand up for themselves, the victims face the problem of how to prove that they are being harassed, since harassment mostly take place on a psychological level. For example, the Croatian draft Act on the Prevention of Harassment at Workplace has entered the parliamentary procedure (April 2008), and until this act is adopted, persons exposed to harassment have a difficult job proving and claiming damages through courts with a highly uncertain outcome.

If a health care organization faces the issue of mobbing and decided to deal with it without involving the judicial authorities, it should apply an interdisciplinary approach. Such approach implies joint activities of employees with proper consideration for interpersonal relationships, tasks and demands of the workplace. If an instance of mobbing is being dealt with within a health care organization, a multidisciplinary team should be set up consisting of medical professionals, a social worker, and possibly a sociologist and a legal expert (16). The social community should also take an active part in this process through mobbing victims associations in form of educative programmes aimed at victims, but also potential mobbers.

Since mobbing is a result of a number of different elements, it is important for each of these elements to be dealt with. Firstly, the mobber does not respect the victim on the personal and professional level, belittles his/her work and competence, ignores the victim and threatens him/her with the loss of work and status. It is therefore necessary to individually handle the mobber to make him/her realize that they cannot retain their position of power at the prejudice of other employees. It should be noted that perhaps the most difficult part of the process is to effect a change in the frame of mind. Secondly, even though persons with a specific personality profile remain unaffected by mobbing, sensitive, creative and successful persons are susceptible to mobbing (17). Such persons often think that they are not allowed to make mistakes or to show weakness and they are afraid to address conflicts openly. An interdisciplinary approach in handling such persons is therefore a necessity. Thirdly, organizations must change their organizational culture and structure and instead of treating their employees as a resource, they should perceive them as creative individuals. Also, a department head or director of a health care organization should be a manager (as explained by the etymology of the word), rather than a “boss” (18). Fourthly, mobbing is the consequence of a closed circle in which a professionally competent persons, because of its capabilities, provokes envy among fellow workers, and in case of a negative reaction to harassment reinforces the mobber in his/her actions (19). Finally, an extremely important role is played by
extra-organizational factors, i.e. the social values and norms and the economic setup. Pronounced competitiveness and profit orientedness encourage conflicts and a philosophy according to which “one has to succeed at any cost, even at the detriment of others”.

It is clear that none of the above stated elements of harassment at workplace is quick or easy to resolve. Just as mobbing takes long to develop, so does it require extra effort and time to eliminate.

**Conclusion**

In the process of modernisation of the countries which are in the process of accession to the European Union, one of the key elements is the adoption of new guidelines on the rights, status, and the general treatment of employees. However, the fierce economic battle for market predominance, globalisation and recession that we are currently witnessing (and thus uncertainty of jobs and requirements for employee flexibility) have all contributed to the creation of conditions for the increased occurrence of mobbing.

Mobbing is a negative organizational conflict that results from deliberate failure to resolve everyday problems and maintaining of a climate of misunderstanding and hostile communication. In organizations in which mobbing occurs, employees are concentrated on internal struggles and different strategies necessary for survival and elimination of physical, emotional and behavioral disorders caused by harassment, instead of focusing on the services that they are employed to render.

As already emphasized, health care organizations are a fertile soil for the development of mobbing. The reason for this is the continuous stress at work that medical professionals are exposed to. It is therefore extremely important how they perceive the working climate and overloading. Mobbing starts as a benevolent conflict, but, if the victim fails to react, it can develop into constant maltreatment, resulting in mental, psychosomatic and social problems. Mobbing is not infrequently generated by the dominating features of the modern operation in health care organizations: increased changeability, complexity and dynamism that are often not in line with the realistic financial and staffing capabilities, and existing facilities. Long-term unsatisfying working conditions result in a negative perception of one’s own health, working capability, and a complete loss of interest in the medical profession.

Mobbing is a problem of the contemporary society which, in the context of health care organizations, adversely affects the health of individuals, the quality of work and services provided by employees, and can consequently have negative effect on the health of the social community at large.

**References**

1. The Definition of Mobbing at Workplaces [displayed April 20 2009.]. Available at: http://www.leymann.se/English/12100E.


11. Više od polovice medicinskih sestara •ali se na mobbing. [pristup 10. o•ujka 2009.]. http://www.mobbing.hr/pressclippings2/ZaMirZINE/ZaMirZINE.htm


