

# Perception of Mobbing During the Study: Results of a National Quantitative Research among Slovenian Midwifery Students

Anita Jug Došler, Metka Skubic and Ana Polona Mivšek

University of Ljubljana, Faculty of Health Sciences, Midwifery Department, Ljubljana, Slovenia

## ABSTRACT

*Mobbing, defined as sustained harassment among workers, in particular towards subordinates, merits investigation. This study aims to investigate Slovenian midwifery students' (2<sup>nd</sup> and 3<sup>rd</sup> year students of midwifery at the Faculty for Health Studies Ljubljana; the single educational institution for midwives in Slovenia) perception of mobbing, since management of acceptable behavioural interrelationships in midwifery profession forms already during the study, through professional socialization. Descriptive and causal-nonexperimental method with questionnaire was used. Basic descriptive statistics and measures for calculating statistical significance were carried out with SPSS 20.0 software version. All necessary ethical measures were taken into the consideration during the study to protect participants. The results revealed that several participants experienced mobbing during the study (82.3%); 58.8% of them during their practical training and 23.5% from midwifery teachers. Students are often anxious and nervous in face of clinical settings (60.8%) or before faculty commitments (exams, presentations etc.) (41.2%). A lot of them (40.4%) estimate that mobbing affected their health. They did not show effective strategies to solve relationship problems. According to the findings, everyone involved in midwifery education, but above all students, should be provided with more knowledge and skills on successful management of conflict situations.*

**Key words:** midwifery students, perception of mobbing, professional socialization

## Introduction

Mobbing, described also as bullying or psychological harassment<sup>1</sup>, stalking<sup>2</sup>, workplace violence or relational aggression<sup>3</sup> is a brutal violation of human rights; it affects individual's sense of security and presents direct attack on human dignity. Its effects are, above all, obvious on the individual level, but are reflected also at institutional level. Specifically in the case of caring professions, the effects are even more profound, since bad relationships in a professional team may affect also clients, as impairment of quality of services<sup>4-6</sup>.

### *Definition of mobbing behaviour, reasons for it and its incidence*

There is a lack of consensus about the definition of mobbing<sup>7</sup>. In the following study, Heinz Leymann's<sup>8</sup> definition of mobbing was adopted. He defines mobbing as hostile, unethical communication and systematical acts that cause feelings of powerlessness in victims.

Rayner and Hoel<sup>9</sup> further divided mobbing into five categories of behaviour:

- threat to professional status – belittling opinion, public professional humiliation, accusation regarding lack of effort;
- threat to personal standing – name-calling, insults, intimidation, devaluing with reference to age;
- isolation – preventing access to professional opportunities, physical or social isolation, withholding information;
- overburdening with work – undue pressure, impossible deadlines, unnecessary disruptions;
- destabilization – failure to give credit when due, meaningless tasks, removal of responsibility, repeated reminders of blunders, setting up to fail.

Mobbing may be openly aggressive or subtle and covert behaviour<sup>10</sup>. Saunders et al.<sup>11</sup> allow even wider di-

mensions of the phenomenon; they suggest that mobbing are all acts with the characteristics of negative intentions and harm. There are differences also in the definition of duration of mobbing by different authors<sup>3</sup>. Leymann<sup>8</sup> defines it as hostility, expressed on a regular basis, once or twice weekly for at least six months.

Comparative international studies<sup>12</sup> suggest that the lowest incidence rates of mobbing tend to come from the Scandinavian countries (2–25%). Studies in Britain showed a prevalence of between 11% and 38%. This may be partially explained by the fact that the researchers apply different criteria – according to the definition of mobbing, when measuring the nature and extent of mobbing<sup>13</sup>.

Reasons for mobbing are synergistic and cumulative. They can be divided into five categories: moral level and other characteristics of the victim, organization of the institution, social norms and values and type of the conflict that serves like motive<sup>8,14</sup>.

### *Phases of mobbing and its consequences*

Mobbing develops through certain phases, but usually the trigger is a conflict situation. There follows stigmatization of the victim, that can result in aggravation of individual's health problems, which eventually may lead to elimination of the person from the working environment; initiative for this is usually given by the mobbed individual<sup>1</sup>.

Mobbing has been identified as one the main causes for long term sickness and trauma. It has more devastating effect than all other forms of work related stress<sup>15</sup>. The most common symptoms of bad health, due to psychological harassment at work, are: lack of concentration, memory loss, fear and anxiety, loss of professional self-confidence, difficulties in social performance, neurotic behavior, exhaustion, depressive symptoms, deprivation of immune system and also suicidal thoughts<sup>1</sup>.

It is crucial that victim is proactive; for example: reports the violence, discusses the problem with associates, etc<sup>16,17</sup>. On the organizational level, institutions need to have guidelines for prompt actions in order to protect victims. It is also necessary that employees are educated and informed about characteristics of mobbing<sup>1</sup>.

### *Existence of mobbing in altruistic and empathic professions like midwifery*

It is claimed that mobbing is even more common in the field of caring professions, because of stress, due to the emotional work, experienced by the carers<sup>18–21</sup>. Important factor that increases the incidence of mobbing in health service is also the hierarchical structure and unequal distribution of power in the working environment. Frustrations of individuals, due to lack of autonomy, can burst out as mobbing, that is an extroverted sign, or burn-out as introverted sign<sup>22–26</sup>. Studies show that mobbing is common also among midwives and already midwifery students are affected<sup>13</sup>. In a study by Royal College of Midwives – RCM<sup>27</sup> a list of mobbing behaviors was

identified. Participants most often quoted the following acts: intimidation (67%, N=132); undervaluing of skills (67%, N=131); humiliation (66%, N=130); belittling of work (60%, N=119); undervaluing effort (57%, N=114); questioning of professional competence (51%, N=101) and excessive criticism (51%, N=101). Case studies by Hadikin and O'Driscoll<sup>16</sup> further illustrate the culture of mobbing with midwives recalling occasions when they had been undermined, belittled, controlled, victimised, sent to Coventry, had work devalued and been passed over for promotion. Prior to the last ten years, the nursing and midwifery literature did not debate mobbing<sup>3</sup>. In the past decade, studies has been made and foreign researchers confirmed existence of mobbing in working place environment in the field of midwifery<sup>7,13</sup>, however in Slovenia no study has been performed yet.

Hadikin and O'Driscoll<sup>16</sup> claim that bad intra-professional relationships in midwifery are mainly derived from inter-generational gap of 30-years' education-practice cycle (those educated in the 30-thies, taught midwives in 60-ies; those educated in 60-ies, taught midwifery students in 90-ies...), that produces an unbridgeable theory-practice gap. This could be the case also in Slovenia, where there was no midwifery education from 1982 till 1996, when started on the higher level. So the midwives with secondary midwifery school are still the predominantly clinical mentors for BSc midwifery students.

It seems that midwives developed an authoritative professional image during their process of professionalization, to protect themselves in the hierarchical working environment of medical institutions where they work. This professional identity became a part of the professional subculture that underlies professional socialization. Psychological harassment perpetuates and resumes among midwives; as obvious oppression breeds suppression of subordinates<sup>28</sup>. Students often have feeling that their previous experiences and knowledge are not acknowledged and that theory-practice gap can be one of the causes for misunderstandings that can outgrow into a conflict that consequently causes mobbing. Students who participated in the study by Gillen, Sinclair and Kernohan<sup>29</sup> perceived mobbing as intended act; intentional behavior which is intricately woven into the culture of midwifery. They perceived their survival to be similar to an initiation test or a professional rite of passage. If the student is socialized into a culture that accepts mobbing as a routine practice, the results can be deleterious<sup>30</sup>.

Violence creates unpleasant working environment that can be a reason for person to leave the profession<sup>31</sup>. Within caring professions, it is therefore questionable whether a victimized midwife is capable of empowerment of women as clients if she suffered from constant and long-term harassment, since it was proven that violence can affect individual's ability for empathy<sup>32</sup>. Mobbing can be even more harmful, when practiced on students that are still developing their professional identity. This can affect their future professional posture. The follow-

ing study therefore aims to address issues surrounding mobbing, experienced by Slovenian midwifery students.

### *Midwifery education in Slovenia – description of the context circumstances*

Slovenian midwives were educated on a secondary school level till 1982, when the school was closed. Due to lack of midwives, the midwifery education was re-established in 1996 on a high school level, under the umbrella of University of Ljubljana. From 2004 the education is implemented by EU regulations (36/2005/EG). Professional Higher Education Study Programme Midwifery lasts 3 years. It consists 5400 hours; half of these hours are practical training that is performed on 15 different clinical settings (delivery room, postpartum ward, gynaecological ward etc.). The students begin their practical training on the simulators in the laboratories, than university teacher spends one week with them in a clinical ward, after that they stay for one or two weeks with clinical mentors. For each field of practice each student cooperates with different mentors, which are assigned to him/her.

## **Subjects and Methods**

We used a descriptive and causal-nonexperimental empirical method<sup>33</sup>. The research instrument was a structured questionnaire. Two separate groups (all the second and third-year midwifery students, N=51) were interviewed to confide their perceptions on mobbing during the study.

### *Study aim and purpose*

This was a first Slovenian study about mobbing in midwifery, investigating the perception of students. The study aim was to find out whether midwifery students feel psychologically harassed, whether those situations affect their health and what are their methods of confrontation with such situations. The research questions were:

- (1) Did midwifery students perceive certain situations during the study as mobbing?
- (2) Were students under stress because of these situations?
- (3) Did they feel that mobbing affected their health?
- (4) What were their protective mechanisms?
- (5) Were there differences between the participants of 2<sup>nd</sup> and 3<sup>rd</sup> year of study?

### *Design and participants*

Non-random purposive sample was used. We included in the study all midwifery students of second and third study year of undergraduate study programme of midwifery at the Faculty of Health Sciences (51 participants), University of Ljubljana, which is the only faculty that educates midwives in Slovenia. Proportionally the sample consisted of 26 participants of 2<sup>nd</sup> grade (51.0%) and 25 participants of 3<sup>rd</sup> grade (49.0%).

### *Ethical consideration*

The research was performed in accordance with principles of research ethics. All the participants were assured that the gathered data would be used exclusively for the research purposes, with the protection of their confidentiality. The contribution in the research was anonymous and voluntary. On the basis of this information, respondents signed the »Statement of informed consent for the participation in the study«. Questionnaire was approved by the departmental ethics committee.

### *Instrument*

Research instrument was questionnaire, originally used in study by Quine<sup>7</sup> with author's permission, translated, transformed and adapted to Slovenian circumstances. It was composed of descriptive and numerical scales to rate participants' opinions and of some open-ended questions with variety of answers. Cronbach's coefficient alpha showed sufficient reliability ( $\alpha \geq 0.72$ ) and validity of the questionnaire. Reliability explained 36.09% of variance. In order to establish the effectiveness of the questions as an investigative tool, the questionnaire, on completion of the first draft, was sent to ten randomly selected undergraduate midwifery students (N=10) to elicit their response. Based on their observations, the final questions were drawn up.

### *Data collection and data analysis*

Data were gathered in January 2012. The statistical analysis was carried out with SPSS 20.0 software version. Basic descriptive measures were calculated for all attributive and numeric variables; frequencies, percentages and mean values. Differences in answers of 2<sup>nd</sup> and 3<sup>rd</sup> grade students were determined by using statistical tests; the statistically significant differences between the two samples were determined by  $\chi^2$ -test and Kullback 2 $\hat{I}$  test. P value for statistical significance was  $p < 0.05$ .

## **Results and Discussion**

Gillen et al.<sup>29</sup> in their study among 400 midwifery students found, that approximately half of them experienced mobbing during their study; 30% of them reported to be a witness of mobbing. Similarly is reported also in the RCM study from 1996, performed on 1000 midwives (46% response rate)<sup>27</sup>. Results of Slovenian study show that incidence of mobbing among midwifery students in Slovenia is even greater. The results revealed that several students experienced mobbing during the study (82.3%). Almost three quarters of these students (58.8% of all) reported mobbing that occurred during practical training by clinical mentors and chiefs of clinical department. 23.5% students felt mobbing by midwifery teachers (Table 1). High share of students experiencing mobbing during practical training can be explained by the fact that students usually do not have permanent mentor.

**TABLE 1**  
STUDENTS' ANSWERS ON THE QUESTION:  
»WHO MOBBED YOU«

Students' answers	Frequency	Percentage
Clinical mentors	23	45.1
Chief of clinical department	7	13.7
Faculty teachers	12	23.5
Nobody	9	17.7
Together	51	100.0

The possible reason can be also differences in philosophy (due to theory-practice gap) or differences in perceptions due to different educational level of students and clinical mentors<sup>16</sup>. The perception of mobbing from the teachers can be explained from the aspect of lack of time or too high expectations.

Manifestations of mobbing in the midwifery workplace have emerged also from research by Begley<sup>33</sup> and Ball et al.<sup>31</sup>. Begley<sup>33</sup> reported the feelings and views of student midwives. They often indicated their feeling that mobbing in midwifery is occurring due to the hierarchical environment and specific subculture of nursing/midwifery subordination. In schools of nursing and in settings, where students practice, a hierarchy exists that reflects the dynamics of other workplace environments. Clinical mentors and teachers represent supervisory positions. Students embody the status of subservient workers. If teacher/mentor-learner relationships are not positive, the student's needs for support and respect can go unmet, disempowering the student<sup>30</sup>. The students in our research estimated that most frequently midwives in the practical settings performed mobbing. On the second place were faculty teachers. Comparison of the results between the groups showed statistically significant differences ( $2I=1.009$ ,  $g=1$ ,  $p=0.016$ ); students of 2<sup>nd</sup> class (29.4%) more frequently reported mobbing in clinical settings than senior students (15.6%). The possible explanation is that students become more independent and therefore less dependent and affected by the mood of the supervisors. However, another possible reason can also be that mentors recognize them as competent and equal co-workers. Most students claimed that they were victims of mobbing as individuals, rather than members of a group, as presented in Table 2. This is somehow logical, because there is quite strong sense of loyalty among students and as a group they are more powerful. There were

**TABLE 2**  
STUDENTS' ANSWERS ON THE QUESTION: »WERE YOU AN  
INDIVIDUAL VICTIM OF MOBbing OR AS A MEMBER OF A  
GROUP«

Students' answers	Frequency	Percentage
As individual	31	60.8
As a member of a group	20	39.2
Together	51	100.0

no statistically significant differences in the answers between cohorts groups ( $\chi^2=1.959$ ,  $g=1$ ,  $p=0.179$ ).

Literature suggests that mobbing can have serious impact on victim's health. Hollins Martin and Martin<sup>17</sup> state that students in their study reported feelings of low professional confidence (26%) and anxiety (18%), some of them even had suicidal thoughts (0.6%), due to the physical harassment they were facing during the study. A lot of them quoted that mobbing affected also their physical health and that stress lowered their abilities for study. Similar results were reported by other researchers<sup>7,27</sup>. Student midwives describe a range of behavior including: loss of confidence, loss of self-esteem and anxiety that are effect of mobbing. Other influences on their mental health were also indicated, such as: disturbed sleeping patterns and taking time off work and generally feeling unwell<sup>29</sup>. Also in this item we can find parallels with Slovenian study. Table 3 presents opinions of students regarding their physical and mental health during the study. Half (47%) of students estimated their health as good or very good, while 51% thought their health was very bad or bad. Authors find this a very big proportion. Comparing the answers between the group of 2<sup>nd</sup> and 3<sup>rd</sup> year students', we found that the differences were statistically significant ( $2I=13.003$ ,  $g=4$ ,  $p=0.012$ ); students of 2<sup>nd</sup> year of midwifery study showed better state of health. Almost half of the participants (40.4%) estimated that mobbing affected their health (Table 4). This can be explained by the usual symptoms of mobbed people<sup>1</sup> – lack of sleep, stress, etc. that can affect individuals immune system and predispose them to illness.

As anxiety, fear and nervousness can be indicators of mobbing, so we asked students, whether they feel under stress before their study commitments at faculty (Table 5) or in clinical environment (Table 6). Obviously stu-

**TABLE 3**  
STUDENTS' ESTIMATION OF THEIR PHYSICAL  
AND MENTAL HEALTH

Students' estimation	Frequency	Percentage
Very bad	23	45.1
Bad	3	5.9
Not bad, not good	1	2.0
Good	16	31.3
Very good	8	15.7
Together	51	100.0

**TABLE 4**  
STUDENTS' ANSWERS ON THE QUESTION: »DO YOU  
ESTIMATE THAT MOBbing AFFECTED YOUR HEALTH«

Students' answers	Frequency	Percentage
Yes	19	40.4
No	16	34.0
I don't know	12	25.5
Together	47	100.0

**TABLE 5**  
STUDENTS' AGREEMENT WITH THE STATEMENT: »I AM NERVOUS BEFORE STUDY COMMITMENTS AT THE FACULTY«

Students' agreement	Frequency	Percentage
I strongly disagree	1	2.0
I disagree	6	11.7
I cannot decide	13	25.5
I agree	17	33.3
I strongly agree	16	27.5
Together	51	100.0

**TABLE 6**  
STUDENTS' AGREEMENT WITH THE STATEMENT: »I AM NERVOUS BEFORE CLINICAL TRAINING«

Students' agreement	Frequency	Percentage
I strongly disagree	4	7.8
I disagree	9	17.6
I cannot decide	17	33.3
I agree	11	21.6
I strongly agree	10	19.6
Together	51	100.0

dents are more nervous before practical training, probably because there is where they feel mobbed more often. In comparison of answers of 2<sup>nd</sup> and 3<sup>rd</sup> year students, there were no statistically significant differences between groups, regarding the statement »I am nervous before study commitments at the faculty« ( $2\hat{I}=2.026$ ,  $g=4$ ,  $p=0.731$ ), however there were statistically significant differences in the answers on the statement »I am nervous before clinical training« ( $2\hat{I}=11.018$ ,  $g=4$ ,  $p=0.047$ ); more anxious were students of the 2<sup>nd</sup> year of midwifery study. Again the possible reason can be that they depend more on the clinical mentors than the third year's students.

In majority of studies about mobbing, participants often reported as having left their jobs as a way to escape the mobbing<sup>16</sup>. Hollins Martin and Martin<sup>17</sup> state that 54% midwifery students in their research seriously considered giving up midwifery study during first few months; in 27% of cases this was due to bad relationships with certain people that participated in the educational process. However in our study, majority of students (91.2%) were not absent from study. Probably the wish to become a midwife was strong enough to motivate them to stay. There were no statistically significant differences noticed in comparison of answers of both groups ( $2\hat{I}=3.574$ ,  $g=2$ ,  $p=0.167$ ). Majority of students in our study tried to find solution for their situation of psychological harassment (Table 7).

There were no statistically significant differences in answers of 2<sup>nd</sup> and 3<sup>rd</sup> year midwifery students ( $\chi^2=1.309$ ,  $g=1$ ,  $p=0.136$ ). We gathered the quotes of their actions (listed from most frequently used to at least com-

**TABLE 7**  
STUDENTS' ANSWERS ON THE QUESTION: »DID YOU TRY TO FIND SOLUTION FOR MOBBIING«

Students' answers	Frequency	Percentage
Yes	32	62.7
No	19	37.3
Together	51	100.0

mon): I discussed my problem with friends and colleagues (25%) or my family (18.7%), I changed the group for clinical training (15.6%), I asked for the advice about the mobbing in the clinical training from the teachers in midwifery department at the faculty – head of the department (9.4%), teacher-tutor (3.1%) or from my supervisor in the clinical setting (6.3%), I confronted with the person who mobbed me and asked him/her to stop (6.3%), I threatened the person who mobbed me to report the violent behavior (6.3%), I formally complained about mobbing (0%), other actions (9.4%). They were proactive, as the literature suggest,<sup>16,17</sup> however their actions were rarely direct confrontation with the person who mobbed them and none of them made a written/formal complaint. Majority of them discussed their problem with other people. Researchers that studied perceptions of mobbing among students, state similar results. Strategies of mobbed persons in health care often reflect strategies that range from passiveness and defenselessness to the withdrawal – they ignore the situation or leave<sup>30,34,35</sup>.

However when not solving the problem of mobbing directly, bad relationship in a team can persist. The improvements are hard to implement in hierarchical environment<sup>33</sup>. Mobbing can be a sign of lack of control that presents itself as a need to hold the power within the midwife/student relationship. Power imbalance can affect the victim's capacity to defend herself/himself. Student midwives are usually in a subordinate position towards teachers and clinical mentors. When experiencing mobbing they try to defend themselves from the emotional trauma and use different strategies<sup>16</sup> as confirmed by the above results. However they usually lack knowledge and skills how to deal with conflict situations and how to be assertive in relationships, despite subordinate position.

## Conclusion

According to the foreign research, mobbing is frequent in midwifery education<sup>5,36–38</sup>. Results of the Slovenian study show similar situation; students perceive and report mobbing in high proportions. Their perceptions that faculty and clinical settings are a source of mobbing behavior is of concern, given the potential negative impact on student health and consequently to their academic performance and professional identity.

It is therefore of crucial meaning, how to stem spreading of negative interactions. All employees are responsible for fostering a moral work environment where ethical

values are explicit, shared, and guide action<sup>39</sup>, so in the case of education, teachers and mentors are people who should provide environment that supports students' ability and motivation to learn<sup>40</sup>. Those who are in a power position (in this case faculty teachers and clinical mentors) hold the keys to modifying the learning environment to facilitate respectful interactions. Main recommendation, arising out of this presumption, would therefore be to address mobbing during education, as a part of curricula, so that students would be able of identifying and responding appropriately to mobbing behavior. Setting this process forth, it is also of high importance to ameliorate communication skills of midwives, starting with midwifery students. The data of the presented survey lead to the thought that the prevention of mobbing

must be incorporated in the education. In order to improve coping strategies of individuals to mobbing, some suggest a method of mediation<sup>41</sup> also as a basic element of midwifery supervision<sup>42</sup>. Students should therefore benefit from learning what mobbing is (and what it isn't), what are the consequences of bad professional relationships and how to take their share of the responsibility for creating cooperative professional culture. Core curriculum skills should target at assertive behaviour and skills for successful solving of conflict situations.

In addition, recommendations can be derived also for further research. Findings indicate the need to follow mobbing in midwifery culture longitudinally (study among already employed midwives), besides observing continuously the phenomena among students.

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A. Jug Došler

University of Ljubljana, Faculty of Health Sciences, Midwifery department, Zdravstvena pot 5, 1000 Ljubljana, Slovenia

e-mail: [anita.jug@zf.uni-lj.si](mailto:anita.jug@zf.uni-lj.si)

## **PERCEPCIJA O MOBBINGU TIJEKOM STUDIJA: REZULTATI NACIONALNOG KVANTITATIVNOG ISTRAŽIVANJA MEĐU SLOVENSKIM STUDENTIMA PRIMALJSTVA**

### **S A Ž E T A K**

Zlostavljanje na radnom mjestu, mobing, definiran kao kontinuirano maltretiranje među radnicima, posebice među podređenima, zaslužuje istraživanje. Ova studija istražuje percepciju slovenskih studenata primaljstva (studenti 2. i 3. godine primaljstva kod Fakulteta za zdravstvene studije u Ljubljani – jedine obrazovne ustanove za primalje u Sloveniji) kod mobinga, pošto se upravljanje prihvatljivim bihevioralnim međuodnosima u profesiji primalje formira već tijekom studija, kroz profesionalnu socijalizaciju. Korištena je deskriptivna i kauzalna-neeksperimentalna metoda sa upitnicima. Izvršena je osnovna deskriptivna statistika, kao i mjere za izračunavanje statističke značajnosti programom SPSS verzije 20.0. Poduzete su sve potrebne etničke mjere kako bi zaštitili sudionike tijekom istraživanja. Rezultati su pokazali kako su neki sudionici iskusili mobing tijekom studija (82,3%); 58,8% ispitanika je iskusilo mobing tijekom praktične nastave dok je 23,5% studenata doživjelo mobing sa strane nastavnika. Studenti su često zabrinuti i nervozni prilikom pristupanja kliničkim uvjetima (60,8%) i fakultetskim obavezama (ispitima, prezentaciji itd.) (41,2%). Značajan dio ispitanika (40,4%) procjenjuje kako je mobing utjecao na njihovo zdravlje. Pritom nisu pokazali učinkovite strategije pri rješavanju problema. Prema nalazima, svima koji su uključeni u obrazovanje primalja, no prije svega studentima, trebalo bi pružiti više znanja i vještine za uspješno upravljanje konfliktnim situacijama.