

THE EFFECT OF MOBBING ON MEDICAL STAFF PERFORMANCE

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SUMMARY – Mobbing is a specific type of psychological violence and abnormal behavior that is becoming ever more common in business environment. This type of hostile behavior has adverse psychological, psychosomatic and social consequences. Mobbing can be vertical when a superior abuses a person working at an inferior position, or horizontal when the abuse occurs between individuals at the same level of business hierarchy. Mobbing develops through several phases starting with an initial unsolved conflict between business partners, through constant psychological abuse of the victim, who starts to fight desperately for survival in response to it, and may with time develop psychosomatic discomforts and depression. After years of abuse, these problems may progress into real chronic diseases and disturbances. The individuals working at health institutions have a specific position and are at a high risk of professional conflict and stress situations. Consequently, mobbing may have considerable effect on the psychological and social well-being of both medical professionals and patients. The problems of mobbing victims at health institutions manifest at the social and emotional level as the lack of interest in patients and in improvement of working conditions or productivity, and at physical level, as the victims of mobbing frequently have an increased rate of sick-leave. The problems caused by mobbing can be classified as physical, emotional and behavioral. Mobbing has an adverse effect on the health, performance and life of the individual, as well as on the quality of employees in health care institutions in general. Prevention, education and appropriate access to information can help in proper education and protection of health professionals who are victims of mobbing.

Key words: Civil rights; Occupational health – legislation and jurisprudence; Social behavior disorders – diagnosis

The Definition of Mobbing

The term “mobbing” was for the first time used in literature by H. Leyman, a Swedish psychologist, at the end of the 1970s, when he employed it trying to describe a special kind of psychological violence and distorted form of behavior that had ever more commonly occurred in business environment. “In the modern world, working place is the only remaining “battlefield” where people can kill each other without a risk to be judged for that”, says Leyman¹.

The notion of mobbing was originally used by Konrad Lorenz to describe the behavior of some animal spe-

cies which would, acting together against one of their members, attack it and expell it from the community, which may sometimes lead to its death.

Psychological terror or mobbing in the world of business includes mental cruelty, hostile and unethical communication by which one or more persons terrorize the victim of mobbing with the final aim to destroy and remove the person from her/his work. A characteristic feature of mobbing is the fact that such a behavior appears very often (at least once a week) and lasts for a long period of time (for at least 6 months)¹. Because of the frequent occurrence and (long) duration of this hostile behavior, it results in significant adverse psychological, psychosomatic and social consequences. The key question and the main difference between mobbing and work conflict is not focused on what has been done and in which way but on the frequency and duration of such a

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behavior. The main question is: how intensive mobbing must be to have psychological and physical illness as a consequence?

In 2000, the European Foundation for the Improvement of Living and Working Conditions conducted a survey among 21,500 employees in the European Union (EU) member countries and concluded that according to the activity performed, mobbing was most common in state administration and defense (14%) followed by education and health (12%) institutions. The studies carried out in the USA report that one of four workers is subjected to mobbing. According to studies, vertical mobbing (i.e. mobbing “from above” and “from below”) accounts for 55% and horizontal mobbing for 45% of cases. Vertical mobbing occurs when a superior abuses an inferior employee, or destroys a whole group one by one (therefore it is also called “bossing”), or when a group of employees abuse a superior one (which happens in 5% of cases). Horizontal mobbing occurs among employees who are at the same position in business hierarchy².

Companies with poor, undefined and vague organizational structure often make an ideal environment for the development and escalation of mobbing. Medical institutions are at a special risk of mobbing because they are rather frequently being managed by a personnel with inadequate professional knowledge and skills. In addition, medical professionals work in very stressful and conflict-burdened situations, especially in acute and emergency care, where even a minor and trivial professional conflict may produce an atmosphere characterized by tensions, stress and lack of understanding. Because of the specific nature of their job, medical professionals are more than others prone to the risk of stress and “burnout” syndrome.

Mobbing is a social and medical phenomenon in working environment, where mobbers demonstrate their power and aggressiveness very often, just because they themselves are rather unstable personalities.

The Phases of Mobbing

Mobbing develops through five basic phases²:

Phase 1 – Conflict

A conflict may occur as a potential basis for the development of the mobbing process. In case of an unsolved conflict among coworkers, there are strains and tensions that may result in abuse of the “stronger” side in the conflict.

Phase 2 – Aggressive attacks

The behindhand aggressive aspirations from the conflict phase are openly expressed towards the victim. The victim suffers humiliation, threats and psychological abuse.

Phase 3 – Involvement of the management

The management who estimates the situation in a wrong way is included in the process of mobbing in this phase. Instead of giving support in solving the problem, the management starts the isolation and further development of deviant behavior.

Phase 4 – Fight for survival

This phase is characterized by desperate “fight for survival” of the victim who then experiences the syndrome of burning out at work, i.e. a chronic syndrome of fatigue, and psychosomatic or depressive disorders.

Phase 5 – Explosion of mobbing

Generally, after longstanding terrorizing the victims develop chronic diseases and disorders, leave their job, or find a suicidal way-out. According to studies performed in Sweden, 10% to 20% of suicides have a direct or indirect cause in problems at work, whereas in Italy 13% of suicides are the consequence of abuse at work.

The Profile of a Mobber

The characteristics and features of the mobber can be a frequent cause of mobbing. Psychologists and psychiatrists consider that the abusers-mobbers are people with personality disorder who have problems in interpersonal communication, in productivity; they suffer from a feeling of inferiority, have undefined relationships and unsolved conflicts in their private life, and generally they have undefined personal attitudes and opinions. Mobbers usually intimidate and frustrate everybody around them with their arrogant and aggressive attitude by which they cover their own incapacity and insecurity (“behind each overbearing behavior there is some kind of impotence”). Weak people with weak personalities usually join mobbers, all this in fear from not becoming victims themselves.

In situations when the institutions operate in conditions of risks and uncertainty, which happens very often in Croatian health institutions, an atmosphere is being created in which the features of a mobber are emphasized, so that they can practice their terror and despotism.

The Typology of Mobbing

Leyman identified 45 different types of behavior characteristic of mobbing and classified them into 5 groups according to the nature of behavior³:

- 1) the influence on self-expressing and the way of communication
- 2) the attack on social relationships of an individual
- 3) the attack on the respect and reputation of an individual
- 4) the attack on the quality of private and business life of an individual
- 5) direct attacks on the health of an individual

In the majority of cases the characteristic behavior of mobbing includes the following:

- In the working environment, the victim cannot say anything because he/she is frequently interrupted in his/her speech.
- The victim is ignored and people behave as if he/she does not exist.
- The victim is excluded from social life at work ("he/she is forgotten" to be invited to celebrations, parties, is being ignored at breaks ...).
- The conversation is interrupted at the moment the victim enters the room.
- He/she is controlled for being at work more or less than normal in the respective environment.
- The victim is transferred to an office distant from the working premises of other colleagues.
- The victim gets only senseless tasks and working duties below his/her professional and qualification level, or is given tasks that he/she cannot solve, or he/she is always given new tasks.
- The victim is always exposed to criticism.
- The victim is being accused of failures that have not actually happened.
- The results of work of the "chosen" victim are devaluated without any reason.
- The victim is denied important information.
- The victim is being ridiculed for his/her way of speaking, posture, walking, clothes, look, private life, nationality, sex, etc.
- Unchecked rumors, slanders are being spread; there is a try to disgrace the victim systematically.
- The victim is sexually harassed in various ways.
- The victim is denied the possibility of excuse.

It is important to point out that not all of these forms of behavior need to be present in order to talk about mobbing. Any kind of such a behavior can be characterized as uncivilized and unacceptable, yet it may be tolerated for a short period of time. If, however, this kind of behavior repeats over a prolonged period of time, and when it occurs with different intensity and in combina-

tions, it can be referred to as harassment and systematic abuse.

The Effect of Mobbing on Medical Staff Performance

In medical institutions, it is necessary to recognize the first signs of the process of mobbing and to take preventive measures. Inadequately qualified managers (and management) cannot tell the difference between objective and unreasonable doubts and accusations.

The manager often misuses his power by threatening and sometimes by repressive measures, he endangers the employee who is on the very edge of endurance and psychological stability. Managers can be divided into managers-dictators and managers-leaders. The former want "dictatorship" and "autocracy", whereas the latter are democratic, they encourage self-initiative and creativity at work. It is logical that the medical group of managers-leaders are more efficient at work.

Medical disorders and symptoms in the victims of mobbing at medical institutions manifest at three levels⁴:

- 1) *Disorders at the social and emotional level*, which manifest through emotional dullness to events at the institution, the lack of interest in patients and in improving the working conditions and performance.
- 2) *Disorders at the physical and medical level*, which increase the rate of sick-leave and cause frequent absenteeism from work.
- 3) *Behavioral disorders*, including aggressiveness, passive attitude, frequent use of alcohol, cigarette smoking, medicines (which causes conflicts at work and diminishes working effectiveness).

A conflict situation at work, which arises as the result of all these listed above, entails then family problems, disorders in sexual behavior, and feeding disorders (appetite disorder). The work place of a medical professional is associated with a higher rate of specific conflict situations than any other socially structured activity. The performance of medical professionals has a great social, psychological, medical and ethical significance, thus it may entail numerous adverse influences on the psychical, professional and social well-being of both the professional and the patient.

Disagreements among medical workers are sometimes caused by a conflict in the existing hierarchy. The structure hierarchy and relationships among various spe-

cialized professionals at medical institutions may not always be fully defined, therefore conflicts considering responsibilities and competence in particular situations may arise.

The Consequences of Mobbing

The persons exposed to mobbing may exhibit different psychical and psychosomatic disorders that can be classified as follows:

- **Physical disorders** – chronic fatigue, gastrointestinal disorders, overweight or losing weight, insomnia, various painful syndromes, impaired immunity, increased use of alcohol, sedatives, cigarette smoking.
- **Emotional disorders** – depression, burnout syndrome, emotional emptiness, feeling of the meaningless of life, anxiety, loss of motivation and enthusiasm, apathy or hypomania, adjustment disorder.
- **Behavioral disorders** – irritability, projectiveness, uncritical risky behavior, loss of concentration, forgetfulness, explosiveness, roughness, exaggerated sensibility to outer stimuli, lack of emotions, rigidity, permanent commitment to work, family problems, divorce, suicide of the victim.

According to Koić *et al.*, who were the first to conduct a survey of the presence of mobbing in 2002, in order to assess its frequency and features in business environment and its effects on the mental and physical health of the population tested, "... the consequences of inhuman mobbing behavior can be destructive and disastrous for the person himself/herself, his/her health and family but also for the social system, and they can be seen in all fields of the victim's life".

Thus, considering the direct consequences of mobbing on the mental and physical health of the victim, his/her whole family suffer directly from it, and so does the institution where the victim of mobbing works. It reflects in the victim's reduced productivity, enthusiasm and motivation for work, changes of his/her attitude to work, patients, his/her energy and justification of work. It occurs in case of simple fatigue. Such disorders are characteristic of the people exposed to mobbing.

The consequences of mobbing may rather frequently cause permanent change of the victim's personality. According to clinical picture, it may present as a post-traumatic stress disorder, various depressive conditions, paranoid ideas of relationships, and suicidal behavior as the final manifestation. For example, in Sweden 10%

20%, and in Italy 13% of suicides are directly or indirectly related to problems at work place⁴.

To illustrate how seriously the mobbing is treated abroad, we point to the fact that since January 1, 2003, German insurance has recognized stress at work as an obligatory risk and pays the costs related to it. In Germany, the first hospital for the victims of mobbing has been established¹. In Austria, a manager employing more than 50 employees is legally obliged to engage a psychologist in case of any problems at work connected to interpersonal relationships.

Mobbing in Croatia

In Croatia, mobbing has not yet been defined by either the Act on Safety at Work or Act on Criminal Justice, yet articles 2 and 22 of the Act on Labor try to protect workers from harassment at work. Mobbing should be defined by the working-social legislation as a criminal behavior, a mobber should be properly punished, and victims of mobbing should be offered full legal protection. Our legislation should also be adjusted to legal provisions of the acts on the prevention of mobbing that is in force, e.g., in France (punishment for a mobber is a fine of 15,250 • to up to 1 year or more of imprisonment). Moral harassment is legally punishable in many European countries, the best examples being France, Switzerland and Scandinavian countries. Mobbing as a social pathologic phenomenon influences significantly the working environment and quality of work in the respective organization. There is the need of a strategic approach to protection from mobbing and organized actions that will improve the situation at work.

During the last year, the Croatian Center for Human Rights joined the endeavors directed to solving the issue of mobbing. Tin Gazivoda, head of the Center, says: "We think that the waking up to reality and education about this kind of harassment at work is necessary in order to recognize, to act on prevention and punish the behavior of mobbers of this kind, and to give protection and help to every victim of mobbing. Yet, since the Center for Human Rights does not deal with individual cases of breaking human rights, we have limited our activities so far in this area to the support of the Mobbing at Work project – problems and possible solutions implemented by the Association for Help and Education of Victims of Mobbing from Zagreb" (president, Jadranka Apostolovski).

The Association for Help and Education of Victims of Mobbing was founded by Mrs. Apostolovski, a victim

of mobbing herself, to prevent and educate the individuals and the society as a whole. Only in the first three months of work (September – December 2004), the Association received 480 phone calls and many e-mails, reflecting the high rate of mobbing in our work organizations.

Conclusion

Mobbing has detrimental effects on the health, work and life of the individual, especially on the work of medical professionals who are exposed to an increased level of stress because of the nature of their job. Beyond any doubt, mobbing influences the quality of services offered by medical workers.

In order to solve the problem of mobbing in medical institutions effectively, the preventive measures of appropriate informing, education and protection of medical workers who are victims of mobbing should be encouraged. Medical institutions should tend to reach excellent results through team work, trust, true effects, proper communication and professional education.

The managers of medical institutions and their affiliations should more than others develop skills and abilities in recognizing conflicts in their working environment even before they reach a dangerous level, thus to be able to cope with them timely and successfully. They should develop interpersonal skills, communication skills, listening and empathy, which will not only prove useful in the relationship with patients for whom the medical institution is primarily intended, but also in the relationship with their employees who provide overall medical care for the community as a whole. Medical professionals can successfully perform their tasks and duties of providing health care for the society only if they have appropriate conditions for undisturbed work, while their mental, physical or social health and integrity should not be endangered in any way. The role and responsibility that medical institutions have in a country impose an even stronger need of solving the problem of mobbing which, unfortunately, has long been neglected and tolerated in our society.

We close this reflection with excerpts from the Prayer for an Intellectual by the French author L.J. Lebreau:

“I feel sorry for all the intellectuals who look with one eye, who receive honors, and act as if they didn't care about them.

I feel sorry for all those who blindly stick to one place because they aren't for some other place.

I feel sorry for people with lust for power, I feel sorry for all the careerists, all materialists.

I feel sorry for all those who want to succeed hurting interests of other people”.

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Sažetak

UTJECAJ *MOBBINGA* NA RAD MEDICINSKOG OSOBLJA

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Mobbing je osobita vrst psihološkog nasilja i nenormalnog ponašanja koji je sve češći u poslovnim sredinama. Ova vrst neprijateljskog ophođenja ima negativne psihološke, psihosomatske i društvene posljedice. *Mobbing* može biti vertikalni, kad nadređena osoba zlostavlja osobu koja radi na nižem položaju, ili horizontalni, kad se zlostavljanje događa među osobama na istoj razini poslovne hijerarhije. *Mobbing* se razvija kroz nekoliko faza, počevši od prvotnog neriješenog sukoba među poslovnim partnerima, kroz neprekidno psihološko zlostavljanje žrtve koja se reagirajući na to počne očajnički boriti za preživljenje te mogu nastati psihosomatski problemi i depresija. Nakon godina zlostavljanja ovi problemi mogu napredovati do stvarnih kroničnih bolesti i poremećaja. Radnici zaposleni u zdravstvenim ustanovama u osobitom su položaju i imaju visok rizik od profesionalnih sukoba i stresnih situacija. Slijedom toga, *mobbing* može imati velik utjecaj na psihološku i društvenu dobrobit ovih osoba, kao i bolesnika. Problemi žrtava *mobbinga* u zdravstvenim ustanovama očituju se na društvenoj i emocionalnoj razini (nedostatak zanimanja za bolesnike, poboljšanje radnih uvjeta ili poboljšanje produktivnosti), te na fizičkoj razini (žrtve *mobbinga* vrlo često imaju povećanu stopu bolovanja). Problemi uzrokovani *mobbingom* mogu se podijeliti na fizičke, emocionalne i ponašajne. *Mobbing* ima negativan učinak na zdravlje, rad i život pojedinca, kao i na kvalitetu zaposlenika u zdravstvenim ustanovama. Prevencija, izobrazba i primjerena dostupnost informacija mogu pomoći u obrazovanju i zaštiti zdravstvenih djelatnika koji su žrtve *mobbinga*.

Ključne riječi: *Civilna prava; Zaštita zdravlja na radu – zakonodavstvo i pravosuđe; Poremećaji ponašanja u društvu – dijagnostika*