

Analysis of the Influence of Mobbing and Violence Acts on the Safety of Workers

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ABSTRACT The aim of this study is to identify the factors responsible for the safety and violence problems faced by doctors and healthcare workers at private and state institutions. This study, which is a practical research, was conducted with the subjects selected from Istanbul, Diyarbakir, Urfa, Ankara, Izmir, Bursa, Trabzon, Samsun, Tekirdağ and Van within the borders of Turkey. A total of 1792 healthcare workers participated in this study. The study lasted for almost 11 months. All of the participants were chosen randomly. Following the reliability analysis, the Cronbach alpha coefficient was found to be 0.821. In this study, the hypothesis tests were applied, and reliability analysis, frequency tables, descriptive statistics, independent sample t-test and one-way variance analysis were used as part of the analysis. It has been detected in the study that the participating healthcare workers have concerns over occupational safety and legal rights and that the current laws do not protect them, and that they experience traumatic problems due to the violence perpetrated by the patients and patient relatives who do not respect their profession and professional responsibilities accordingly.

INTRODUCTION

The term mobbing has been recently used both, in business life and in academic life, and also in media. Considered as a type of violence and harassment, mobbing differs from other types of violence and harassment at the very beginning since it is limited within the borders of the working place. The term mobbing could not signified by one word in Turkish, and the common use of the word is accepted as mobbing; however, it is observed that the term has been used in various different ways such as workplace bullying, emotional assault in the working place, psychological pressure in working place or psychological terror in working place (Erdem 2014).

Mobbing is a series of multi-dimensional social and psychological actions, which is frequently encountered in business environments. People, who become the targets of mobbing, are exposed to work in a sentimentally unhappy workplace environment. Mobbing affects the health of victims and decreases their concentration. Additionally, the existence of unpleasant relations including communication and teamwork among employees generally affects labor

productivity negatively. Since it creates significant negative results on the individual and organizational level, even on the social level, it is important to be aware of the notions of mobbing, to define the reasons of it, and to develop precautions against it (Atman 2012).

Psychological harassment in the working place is a process that has negative consequences on employees, and it negatively affects the physical and mental health of employees (Turhan 2013).

Different descriptions of mobbing are available in literature. "Mobbing is referred to as deterrence, intimidation, destruction of the individuality of the victim, isolating the person from the social processes" (Lewis 2003: 67). The World Health Organisation (WHO) defines mobbing as the "attitudes and behaviors that inflict damage on the physical, mental, moral and social development of the individuals or groups by using force against them" (Akgeyik et al. 2009: 96). Mobbing encompasses harassment, disturbing and malevolent behaviors intentionally displayed with the aim of isolating the individual from the workplace (Di Martino 2002). "Another definition describes mobbing as psychological violence, pressure, blockade, harassment, dis-

turbance or distressing, and long-lasting systematic pressure applied by an individual or group in power in hierarchically structured groups or hard-to-control groups through psychological means" (BILKA 2009: 1). Intimidation (mobbing) behaviors have emerged in parallel with the toughening competition between employees in business life and with the increased interaction level among people. Such behaviors affect employees, organizations, and the society in general and cause various negative results (Avci and Kaya 2010).

In addition to state-private institutions, psychological harassment is prevalent at schools, educational institutions, courses, and healthcare centres. In short, it is seen almost everywhere where people gather together for certain reasons. That is to say that it is seen everywhere (Taskin 2012). The studies conducted demonstrate that this problem is more intensely experienced in the service sector. It is stated that workers are subjected to occupational violence at a higher level in places where a public service is produced, provided to the public and where interpersonal relationships are at the forefront (Özen 2007: 17).

Psychological harassment is an organizational neurosis. The aim of psychological harassment is to make the victim quit their job by creating an unpleasant environment within the organization by means of making the victim dependent on the will of the assaulter and making the victim accept the personality of the assaulter without questioning. Individual and organizational motives play a significant role in the occurrence of psychological harassment. Psychological harassment is a neurosis situation that is frequently encountered in many sectors all around the world, affects the victim both physically and psychologically, and damages organizations through reasons such as decreased productivity and disemployment (Özyer and Orhan 2012). Psychological harassment is experienced in all sectors but it is mainly seen in the service sector and public sector. In addition to social services, education, sale-services, banking and insurance and accommodation sectors, it is commonly seen in the health sector (Özkazanç 2012). The research conducted revealed that more than fifty percent of the healthcare workers are subjected to such phenomenon (Dilman 2007). Mobbing poses a serious professional and safety risk, which is commonly the case at

the hospitals, and which necessitates taking security measures for the healthcare workers. Ensuring awareness about this problem is of great importance with regards to the measures to be taken and arrangements that will be made at the workplace (Özen Çöl 2008). In addition, intense workload is an important burnout factor in institutions such as hospitals. Both, in conflicts between people and in conflicts between groups, direct inclusion of the administration into the conflict or its denial of such situation can be a factor for intimidation (Dikmetas et al. 2011). Psychological burnout of the employees, working at different organizations, mostly stems from psychological or emotional abuse, verbal attack, intimidation, threat, and direct physical attack (Davis 2006: 2). Violence at a healthcare centre is in the form of verbal or behavioral threats, physical or sexual abuse perpetrated by patient, patient relatives or other individuals, and it puts the healthcare worker at risk (Annagür 2010: 162). Psychological intimidation can be considered as an abstract way of violence and is more dangerous than physical violence (Paksoy 2007: 10).

Mobbing (psychological violence), which emerges from the disturbing behaviors directed at the employees and results in negative outcomes in cases left unsolved, is being experienced at an higher frequency day by day. Therefore, the number of studies on mobbing is on the increase and, mobbing constitutes the subject of a great number of studies (Aydin et al. 2007: 61).

Both, the rapid changes in healthcare service and deficiencies in the legal practices, create a barrier in preventing the violence and ensuring the safety of the healthcare force (Annagür 2010).

Especially the extent of mobbing faced by the health administrators in charge of planning, organizing and conducting the services in health organizations with high level of stress and complex structure is a significant factor that can influence the success of both executives and the company. The fact that the workers in health services, where errors are not tolerated, are managed by the people who faced mobbing might negatively contribute to the quality of the service (Karsavuran 2014).

Mobbing is an occupational health subject that has reached an alarming level across the world in all business lines without discriminat-

ing against gender, age, experience, education, and hierarchy. Mobbing is a dynamic process that progresses from simple to complex. Mobbing is most commonly observed in public and health sectors; it causes psychological, physiological, and social problems in health of employees, which are hard to heal (Özdemir et al. 2013). Hospitals are becoming increasingly dangerous places for healthcare workers. Healthcare workers do not feel themselves to be safe. Both, the rapid changes in healthcare service and deficiencies in legal practices, create barriers in preventing the violence and ensuring the security of the health human force (Annagür 2010: 162).

Mobbing poses a great obstacle against the health, welfare and development of the workers and organizations. Mobbing results in loss of time, decrease in the performance of the quality and quantity work done, employees quitting the job, education and adaptation costs of the new employees who replace those who quit working, increase in the insurance and health costs and sickness leaves, absenteeism from work, decrease in the efficiency in the organization, tarnishing the image of the organization, and breaking down the interpersonal relationship among the employees. For these reasons, it is an act that should be prevented (Ergun-Özler and Mercan 2009).

Various studies conducted indicate that the probability of healthcare workers to face mobbing is higher than in other sectors. It has been asserted that the probability of health workers facing violence is 16 times higher than that of other service sectors due to the unique psychological conditions of the hospitals (Kingma 2001: 129). The main reasons that increase the probability of the workers to be subject to psychological violence include intense work load, irregular and uncertain working conditions in healthcare settings where public services are commonly provided (Eurofound 2007).

Intimidation is an issue, which has drawn attention recently outside Europe and has begun to be investigated. Till date, the studies conducted by Leymann (1996), Einarsen and Skogstad (1996), Zapf (1999), Hubert and Veldhoven (2001), Dick and Wagner (2001), and Hoel et al. (2004) in Northern European countries such as Sweden, Norway and Germany aimed to shed light on the negative impacts of intimidation on the workers and work life by investigating the intimidation comprehensively (Quoted in: Gökçe

Toker 2012). This study aimed to determine the factors regarding safety that is “violence” problems experienced by the doctors and healthcare workers working at state and private health institutions.

Another significant point about the mobbing that doctors and healthcare workers who work at public and private health institutions are subject to is the safety issue.

In developed countries, mobbing is considered as a legal crime. Also, moral and material losses of those who are subject to harassment are compensated for. Although Turkey has made considerable progress on this issue, more needs to be done. Individuals, institutions and especially lawmakers should display the necessary sensitivity in order to create awareness and consciousness in relation to the mobbing phenomenon in the society (Mercanlıoğlu 2010).

As per Article 17/I and 17/III of the Constitution, everyone’s right to live and for protection of mental health is guaranteed by the Constitution. While sexual harassment was specified as a new concept in the Code of Labor No 4857, psychological harassment has not been specified yet. As per the “general provisions of the employees” titled article 4 of Code of Occupational Health and Safety No. 6331 that was put into force on June 30, 2012, the employer is held liable for ensuring the health and safety of the employees and taking the necessary precautions. Even though the Code of Occupational Health and Safety do not specify psychological harassment, this issue can be evaluated within the scope of occupational health and safety. The “psychological harassment” concept is included in Article 417 of the Code of Obligations No. 6098 by which the only legal arrangement concerning psychological harassment was made, and the employer is held liable for the losses that might arise thereof. Additionally, some legal arrangements that require imposing sanctions on those who perpetrate these acts are available in the relevant domestic legislation (İnciroğlu 2013).

Also, as per the Presidency Circular No. 2011/2 that was put into force upon publication in the Official Gazette No. 27879 on the date of 19.03.2011, new measures were introduced concerning “Preventing Psychological Harassment (Mobbing) at Work Places”. These measurements are as follows (The Circular on Preventing Psychological Harassment (Mobbing) at Work Places, Official Gazette No. 27879, 2011):

1. The fight against psychological violence is primarily the responsibility of the employer, and all the necessary measures shall be taken by the employer in order to prevent employees from facing harassment.
2. All the workers shall abstain from all deeds and behaviors that can be considered as psychological harassment.
3. Care must be taken to implement preventive provisions within collective labor agreements in order to prevent psychological harassment cases at work places.
4. The Labor and Social Security Communication Centre shall provide help and support through psychologists via ALO 170 with the aim of strengthening the fight against psychological violence.
5. The Board of Fight Against Psychological Harassment shall be established under the body of the Ministry of Labor and Social Security together with the involvement of State Personnel Directorate, non-governmental organizations and relevant parties with a view to monitor and assess psychological violence, and produce preventive policies for the psychological violence that workers are subjected to.
6. The supervisors shall conclude psychological violence complaints as soon as possible upon examining in a detailed manner.
7. Utmost importance shall be placed on protecting the privacy of the individuals in their acts and procedures conducted within the scope of psychological violence allegations.
8. The Ministry of Labor and Social Security, State Personnel Directorate and social partners shall organize training and information meetings and seminars in order to create awareness about psychological violence at workplaces.

The presence of psychological violence at the workplaces points out to the fact that these institutions are poorly managed. Although it is aimed to keep psychological violence under control through legislations, penal code, labor code and non-governmental organizations (trade unions, trade associations) at workplaces, the policies and procedures aimed at controlling and preventing the psychological violence in the healthcare sector have not been totally defined yet (Quoted in: Aksoy 2008).

The researchers believe that it is of importance to make necessary legal arrangements by broadening the legal framework in order to make it possible to fight psychological violence efficiently and help the employees feel safer in legal issues.

MATERIAL AND METHODS

The aim of this study is to identify the factors with regard to the safety and violence problems that the doctors and healthcare workers working at state and private healthcare institutions face. This study, which is a practical research, was conducted with samples selected from cities such as Istanbul, Diyarbakir, Urfa, Ankara, Izmir, Bursa, Trabzon, Samsun, Tekirdag and Van within the borders of Turkey. A total of 1792 healthcare workers participated in this study. The data acquired from these participants was analyzed using the SPSS Statistics 18 program.

Data Analysis

Different statistical analysis techniques were applied in the analysis. Initially, a preliminary test was performed on the data obtained. It was aimed to ascertain the reliability of the questionnaire, the measurement tool employed in the study, through the analysis of the data obtained from 150 participants in the preliminary test. A value of 0.798 was obtained as the Cronbach's Alpha reliability and validity coefficient from the analysis performed at the end of the preliminary test. This value indicated that the measurement tool employed in the study was quite reliable. Before the actual research, academicians assessed the questions in the measurement tool questionnaire. Some of the questions were changed. Within the framework of the study, experts from different fields such as measurement and assessment specialists, occupational safety specialists, orthopaedists, social service specialists, psychologists, pedagogues, legal experts and statisticians were included. The study lasted for almost 11 months. The questionnaire forms were given to the healthcare workers who constituted the sample in the cities via email or postal service. The participants were chosen randomly. No institution or identity information of the participants was included in the study. A total of 7500 questionnaires were sent. The number of surveys returned was 2654.

1792 (N) of these surveys were found suitable to be applied. In the actual study, the Cronbach's Alpha coefficient was found as 0.821. The anova model was applied in the study. Also, hypothesis tests were applied, and the study was supported with different analysis techniques.

RESULTS

When the demographic characteristics of the participants are examined, it is seen that sixty-one percent of the participants are male and thirty-nine percent are female. The majority (37%) is between the age interval of 31-40, and eighty-two percent are married. The speciality areas of the participants are surgery (50%), internal medicine (36%) and others (14%). Majority of the participants work full-time (66%) and eighty-seven percent of them have social insurance. Among them, eighty-two percent who have social insurance have Social Security Agency insurance. The average working time of fifty-four percent of the participants is 7-9 hours, and of thirty-one percent of them is 10-11 hours. Majority of the participants work overtime (81%) (Table 1).

When the question, "Does the institution you work for have an occupational health and safety board?" was asked, ninety-five percent of the participants answered "No". Also, majority of the participants expressed that they are under the impression that institutions do not take measures although it has information concerning the professional diseases and risks. A total of seventy-eight percent of the participants stated that they are subjected to "violence, insult, injury, or sexual harassment" perpetrated by the patients and their relatives. Besides, majority of the participants did not launch legal actions in relation to the violence they were subjected to.

From the study, 7 factors were identified as a result of the factor analysis performed with 68 items. These factors are as follows (Table 2):

1. Mobbing is practised in my workplace.
2. I am subject to cases that damage my self-confidence.
3. My privacy is the subject of criticism.
4. I am assigned with duties that are beyond my capacity.
5. I am subjected to continuous violence and pressure from patient relatives.
6. I am subjected to continuous violence and pressure from the patients.

7. In general, I don't feel myself comfortable in terms of both legal issues and violence.

Advance Analysis

H0: Gender is not effective on the factors

The independent sampling t-test results indicate that while gender does not have an impact on the following factors, they are more common amongst women (Table 3):

- ♦ Mobbing is practised in my workplace.
- ♦ I am assigned with duties that are beyond my capacity.
- ♦ I am subject to continuous violence and pressure from patient relatives.
- ♦ In general, I don't feel myself comfortable in terms of legal issues and violence. It has an impact on the following ones:
- ♦ I am subject to cases that damage my self-confidence.
- ♦ My private life is a subject of criticism.
- ♦ I am subject to continuous violence and pressure from the patients.

H0: Age is not a variable effective on the factors

The ANOVA test results indicate that age might cause a difference in all factors. Those who are below 40 years old agree more, compared to those who are over 40 years (Table 4).

H0: Speciality is not a variable effective on the factors

ANOVA test results indicate that while speciality does not create differences in the "mobbing is practised at my workplace" factor, it can cause a difference in other factors (Table 5).

H0: Mode of working is not a variable effective on the factors

The ANOVA test results indicate that the mode of working creates a difference in factors like "I am subject to cases that damage my self-confidence", "My private life is a subject of criticism", and "I am subject to continuous violence and pressure from the patients". In general, I don't feel myself comfortable in terms of legal issues and violence factors (Table 6).

Table 1: Demographic crosstab analysis

	F	%
<i>1. Gender</i>		
Male	1095	61
Female	697	39
<i>2. Age</i>		
20-30	191	11
31-40	666	37
41-50	542	30
51-60	215	12
61+	178	10
<i>3. Marital Status</i>		
Single	145	8
Married	1464	82
Other	183	10
<i>4. What is Your Speciality?</i>		
Internal medicine	644	36
Surgery	900	50
Other	248	14
<i>5. What Is Your Mode Of Working?</i>		
Whole day	1180	66
Whole day and 1 partial	536	30
Whole day and 2 partial days	76	4
<i>6. Do You Have Health Insurance? "If Your Answer Is Yes, Answer Question 7. If No, Leave Question 7 Blank".</i>		
Yes	1554	87
No	196	11
No response	42	2
<i>7. What Type Of Social Security Do You Have?</i>		
SSA (Social Security Agency)	1466	82
Private health insurance Outpatient-hospitalization	231	13
Private health insurance hospitalization	95	5
<i>8. What Is Your Average Working Time?</i>		
4-6	40	2
7-9	976	54
10-11	547	31
12+	229	13
<i>9. Do You Work On Saturdays And Sundays? "If Your Answer Is Yes Answer Question 10. If No, Leave Question 10 Blank".</i>		
Yes	687	38
No	891	50
No answer	214	12
<i>10. How Long Do You Work Every Week Except For Saturday And Sunday?</i>		
4-6	711	40
7-9	761	42
10-11	222	12
12+	98	5
<i>11. Does Your Institution Ask You To Work On Official Holidays?</i>		
Yes	743	41
No	628	35
Sometimes	316	18
No answer	105	6
<i>12. Do You Work Overtime? "If Yes, Answer Question 13. If No, Leave Question 13 Blank".</i>		
Yes	1447	81
No	345	19
<i>13. If You Work Overtime, How Many Hours Of Overtime Do You Work?</i>		
4-6	1142	64
7-9	481	27
10-11	87	5
12+	82	5
<i>14. Do You Have Regular Lunch Break Within Your Daily Routine Working Order?</i>		
Yes	136	8
No	1530	85
No answer	126	7

Table 1: Contd...

	F	%
15. Are Your Working Conditions And Professional Application Areas Ergonomic?		
Yes	314	18
No	1163	65
Partially	259	14
No answer	56	3
16. Does Your Work Place Receive Sunlight?		
Yes	343	19
No	1213	68
Insufficient	174	10
No answer	62	3
17. Are You Exposed To Radiation In Your Work Environment? "If Your Answer Is Yes, Answer Question 18. If No, Leave Question 18 Blank".		
Yes	239	13
No	1203	67
No answer	350	20
18. If You Are Exposed To Radiation At Your Workplace, How Many Hours Are You Exposed?		
4-6	988	55
7-9	561	31
10-11	120	7
12+	123	7
19. If You Think That You Are Exposed To Radiation, Do You Take Annual Leave In Line With This?		
Yes	1133	63
No	659	37
20. How Many People Work At Your Work Place?		
10-30	57	3
31-50	982	55
51-70	380	21
71-100	167	9
101+	206	11
21. Is There An Occupational Health Doctor At Your Work Place?		
Yes	406	23
No	1197	67
I have no idea	189	11
22. Is There An Occupational Health And Safety Board At Your Work Place?		
Yes	98	5
No	1694	95
23. As A Health Care Worker, Do You Have Information About The Occupational Diseases And Risks?		
Yes	1550	86
No	168	9
No answer	74	4
24. Does Your Work Place Take Measures Against The Occupational Diseases And Risks?		
Yes	57	3
No	1524	85
No answer	211	12
25. Personally, Do You Take Measures Against Professional Diseases And Risks?		
Yes	582	32
No	1166	65
No answer	44	2
26. Have You Experienced Any Occupational Diseases? "If Your Answer Is Yes, Answer Question 27. If No, Leave Question 27 Blank".		
Yes	1422	79
No	334	19
No answer	36	2
27. If You Have Experienced A Professional Disease, Which One?		
Infection and contagious	1188	66
Orthopaedic disorders	365	20
Injury and cut	61	3
Psychiatric	123	7
Other	55	3

Table 1: Contd...

	F	%
28. Do You Get Periodical Health Care Controls?		
Yes	1052	59
No	580	32
No answer	160	9
29. Do You Ever Feel That You Have Burnout Syndrome?		
Yes	1156	65
No	508	28
No answer	128	7
30. Have You Been Subject To "Violence, Insult, Injury, Sexual Harassment, Etc." By The Patient Relatives And Patients?		
Yes	1399	78
No	336	19
No answer	57	3
31. Do You Think They Your Managers Practised Psychological Pressure "Mobbing"?		
Yes	501	28
No	936	52
No answer	355	20
32. Does Your Institution Have Worker's Safety Committee For Ensuring The Patient And Worker Safety?		
Yes	167	9
No	1347	75
No answer	278	16
33. If You Think That You Are A Violence Victim, Did This Situation Make You Experience Problems Concerning Your Family, Environment And Work?		
Yes	1475	82
No	262	15
No answer	55	3
34. If You Have Experienced Any Violence By Patient And Patient Relatives, Did It Affect Your Work Or Professional Performance Negatively?		
Yes	1212	68
No	477	27
No answer	103	6
35. If You Have Experienced Violence, Did You Start Legal Proceedings?		
Yes	75	4
No	1471	82
No answer	246	14
36. Did You Get Positive Outcome When You Brought A Case Before The Court Or Police Department In Relation To The Violence You Experienced And Did You Get Any Result In The Restitution Of The Rights?		
Yes	137	8
No	1369	76
No answer	286	16
37. What Kinds Of Measures Should Be Taken And Negative Situations Should Be Eliminated For Preventing The Physical And Psychological Violence That Doctors Are Subject To And That Is Caused By Patient Relatives And Patients		
Legal sanctions must be aggravated	448	25
Those who perpetrate violence should be incarcerated	794	44
Monetary punishment should be imposed	187	10
The safety of health care workers should be enhanced	277	15
Health care workers should be educated against the negative situations that they might face	86	5
38. Have You Ever Or Has Any Health Care Worker You Know Who Experienced Violence Decided To Quit Your/Their Profession Or Switch To Another Sector Or Do You Or Do They Think About Quitting Your/Their Profession Or Switching To Another Sector?		
Yes	174	10
No	1200	67
No answer	418	23
39. Your Education Status?		
High school	24	1
Associate degree	55	3
Graduate and speciality	1582	88
Academic Title Assoc. Prof.,... and Prof	131	7

Table 1: Contd...

	F	%
<i>40. How Long Have You Been In Work Life?</i>		
1	36	2
4	72	4
5	506	28
6	236	13
7	96	5
8	376	21
10	374	21
12	36	2
15	60	3
<i>41. Your Institution</i>		
Private hospital	395	22
State hospital	1285	72
Personal clinic	112	6
<i>42. Who Perpetrated Mobbing Directed At You?</i>		
My manager	1429	80
A subordinate	147	8
A senior	146	8
Colleagues	50	3
Patients	20	1
<i>43. Did Mobbing Affect Your Work Or Performance Level Negatively?</i>		
Yes	1110	62
No	451	25
No answer	231	13
<i>44. Have You Experienced A Problem With Your Friends Circle Or Family Due To Mobbing?</i>		
Yes	639	36
No	831	46
No answer	322	18

H0: Daily average working time is not a variable effective on the factors

The ANOVA test results indicate that the daily average working time can create difference in all factors (Table 7).

H0: Mobbing status is not a factor effective on the factors

ANOVA test results indicate that mobbing status can create difference in all factors (Table 8).

H0: Mobbing severity is not a factor effective on the factors

ANOVA test results indicate that the severity of mobbing can create difference in all factors (Table 9).

DISCUSSION

As a result of the analysis performed, 7 factors were determined:

1. Mobbing is practised in my workplace.
2. I am subject to cases that damage my-self-confidence.

3. My private life is a subject of criticism.
4. I am assigned with duties that are beyond my capacity.
5. I am subjected to continuous violence and pressure from patient relatives.
6. I am subjected to continuous violence and pressure from the patients.
7. In general, I don't feel comfortable in terms of both legal issues and violence.

Increasing technological and pharmacological developments in healthcare services, continuous interaction among healthcare workers and with patients, increasing number of unethical behaviors during the service provision and increasing number of news covering this issue in both printed press and visual media (Hart 2002) render understanding of ethics and ethical behaviors considerably important for the hospitals (Sahin and Dünder 2011).

The "mobbing is practised in my workplace" factor in the scale varies in line with the age, mode of working, daily average working time, mobbing status and mobbing severity."

Mobbing is most commonly seen in public and health sectors, among people between the age of 30 to 40 years old, and results in traumas which are psychologically, physiologically and socially hard to cure (Özdemir et al. 2013). Cur-

Table 2: Factor loads regarding the scale

	<i>Component</i>						
	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>
Mobbing is practised in my workplace	.798						
Mobbing is practised in my workplace	.768						
Mobbing is practised in my workplace	.739						
Mobbing is practised in my workplace	.719						
Mobbing is practised in my workplace	.712						
Mobbing is practised in my workplace	.702						
Mobbing is practised in my workplace	.683						
Mobbing is practised in my workplace	.682						
Mobbing is practised in my workplace	.653						
Mobbing is practised in my workplace	.651						
Mobbing is practised in my workplace	.625						
Mobbing is practised in my workplace	.553						
Mobbing is practised in my workplace	-.552						
Mobbing is practised in my workplace	.542						
Mobbing is practised in my workplace	.498						
Mobbing is practised in my workplace	.488						
Mobbing is practised in my workplace	.399						
I am subject to cases that damage my self-confidence		.747					
I am subject to cases that damage my self-confidence		.747					
I am subject to cases that damage my self-confidence		-.619					
I am subject to cases that damage my self-confidence		-.619					
I am subject to cases that damage my self-confidence		-.588					
I am subject to cases that damage my self-confidence		.387					
I am subject to cases that damage my self-confidence		.371					
I am subject to cases that damage my self-confidence		.359					
I am subject to cases that damage my self-confidence		.352					
I am subject to cases that damage my self-confidence		.344					
I am subject to cases that damage my self-confidence		.338					
I am subject to cases that damage my self-confidence		.338					
I am subject to cases that damage my self-confidence		.303					
I am subject to cases that damage my self-confidence		.281					
I am subject to cases that damage my self-confidence		.212					
My private life is a subject of criticism			.710				
My private life is a subject of criticism			.710				
My private life is a subject of criticism			.560				
My private life is a subject of criticism			.491				
My private life is a subject of criticism			.481				
My private life is a subject of criticism			.439				
My private life is a subject of criticism			.421				
My private life is a subject of criticism			.383				
My private life is a subject of criticism			.315				
My private life is a subject of criticism			.247				
I am assigned with duties that are beyond my capacity				.714			
I am assigned with duties that are beyond my capacity				.714			
I am assigned with duties that are beyond my capacity				.623			
I am assigned with duties that are beyond my capacity				.606			
I am assigned with duties that are beyond my capacity				.606			
I am assigned with duties that are beyond my capacity				.316			
I am assigned with duties that are beyond my capacity				.291			
I am subject to continuous violence and pressure from patient relatives					.718		
I am subject to continuous violence and pressure from patient relatives					.718		
I am subject to continuous violence and pressure from patient relatives					.510		
I am subject to continuous violence and pressure from patient relatives					.505		
I am subject to continuous violence and pressure from patient relatives					.483		
I am subject to continuous violence and pressure from patient relatives					.400		
I am subject to continuous violence and pressure from patient relatives					.360		
I am subject to continuous violence and pressure from the patients						.736	
I am subject to continuous violence and pressure from the patients						.710	
I am subject to continuous violence and pressure from the patients						-.470	
I am subject to continuous violence and pressure from the patients						-.436	

Table 2: Contd...

	<i>Component</i>						
	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>
I am subject to continuous violence and pressure from the patients							- .409
I am subject to continuous violence and pressure from the patients							-.322
In general, I don't feel myself comfortable in terms of both legal issues and violence							.787
In general, I don't feel myself comfortable in terms of both legal issues and violence							.787
In general, I don't feel myself comfortable in terms of both legal issues and violence							-.697
In general, I don't feel myself comfortable in terms of both legal issues and violence							-.697
In general, I don't feel myself comfortable in terms of both legal issues and violence							.513
In general, I don't feel myself comfortable in terms of both legal issues and violence							.512

rent studies illustrated that participants below 40 years are subject to mobbing more than those over 40 years.

In the research conducted by Ayranci et al. (2002), it was revealed that the most common age groups exposed to violence are 29 and under, and 30-39 (Ayranci et al. 2002). It would not be wrong to say that one of the main reasons that the age range is between 25 and 40 is because of the fact employees of this age group more actively take part in occupational activities. Likewise, it is possible to say that this age group is the most productive and active age group.

Besides, it is seen that the probability of the full-time workers, managers, other healthcare members who work day shifts to be subjected to emotional harassment is higher since they have more contact with the patients and especially patient relatives (Igitbas and Deveci 2011). It is seen that majority of the participants (66%) are full-time day shift workers.

The "*I am subject to cases that damage my self-confidence*" factor in the scale varies in line with the gender, age, speciality, daily average working time, mobbing status and mobbing severity.

The "*My private life is a subject of critic*" factor varies with the gender, age, speciality, daily average working time, mobbing status and mobbing severity.

Mentioning private life of employees in job environment and evaluating the job performance via this situation or making various judgements represents ones of the keystones of intimidat-

ion factor. It is evaluated as a condition frequently observed particularly in public institutions. In a study conducted among healthcare staff by Kaya (2012), 86.7 percent of the participants stated that from time to time that they hear baseless rumours about themselves.

It will not be wrong to say that women in the service sector are subject to attitudes regarding intimidation in the workplace. According to the analyses made, it is clear that the sex factor is a determining factor concerning mobbing. The fact that women take more places in today's business life signals this situation.

In a study conducted by Aytaç and Dursun (2013) among women who work in the health sector, women employees are mostly (68.6%) exposed to emotional pressure and intimidation behaviors. The rate of the ones who state that they are continuously exposed to such kind of violent events is 21.5 percent. On the other hand, emotional pressure and intimidation behaviors are mostly (81.6%) performed by their colleagues. When the gender distribution of the ones who apply emotional pressure is considered, it is observed that 38.6 percent are female, 26.1 percent are male, and thirty-five percent are from both genders. The interesting thing is that other women attack women healthcare staffs that are exposed to emotional violence again.

The notion of self-confidence can be evaluated as the positive reflection of multi-dimensional factors towards the other person. One of these factors is to assert oneself within the in-

Table 3: t-test regarding the sub-dimensions of the scale according to the gender variable

	Levene's Test for Equality of Variances			t-test for Equality of Means			95% interval of confidence the difference		
	F	Sig.	t	df (2-tailed)	Sig.2 difference	Mean difference	Std. error	Lower	Upper
1. Mobbing is practised in my work place.	282.593	.000	-7.77	1784	.437	-.03770479	.04851305	-.13285317	.05744359
2. I am subject to cases that damage my self-confidence.	187.753	.000	-17.512	1784	.000	-.78489651	.04482172	-.87280510	-.69698791
3 My private life is a subject of criticism.	7.995	.005	-3.844	1784	.000	-.18573436	.04832159	-.28050723	-.09096149
4. I am assigned with duties that are beyond my capacity.	.146	.702	.287	1784	.774	.01392178	.04852014	-.08124052	.10908407
5 I am subject to continuous violence and pressure by patient relatives.	1.346	.246	1.413	1784	.158	.06853569	.04849412	-.02657557	.16364695
6 I am subject to continuous violence and pressure from the patients.	25.358	.000	20.632	1784	.000	.89952342	.04359768	.81401553	.98503132
7. In general, I don't feel myself comfortable in terms of both legal issues and violence.	4.243	.040	1.051	1784	.293	.05097611	.04850625	-.04415893	.14611116
			1.077	1601.471	.282	.05097611	.04732157	-.04184261	.14379483

Table 4: Anova test regarding the sub-dimensions of the scale according to the age variable

		<i>Sum of squares</i>	<i>df</i>	<i>Mean square</i>	<i>F</i>	<i>Sig.</i>
1. Mobbing is practised in my work place.	Between groups	32.248	4	8.062	8.192	.000
	Within groups	1752.752	1781	.984		
	Total	1785.000	1785			
2. I am subject to cases that damage my self-confidence.	Between groups	50.991	4	12.748	13.093	.000
	Within groups	1734.009	1781	.974		
	Total	1785.000	1785			
3. My private life is a subject of criticism.	Between groups	9.107	4	2.277	2.283	.008
	Within groups	1775.893	1781	.997		
	Total	1785.000	1785			
4. I am assigned with duties that are beyond my capacity.	Between groups	35.409	4	8.852	9.011	.000
	Within groups	1749.591	1781	.982		
	Total	1785.000	1785			
5. I am subject to continuous violence and pressure by patient relatives.	Between groups	26.090	4	6.522	6.604	.000
	Within groups	1758.910	1781	.988		
	Total	1785.000	1785			
6. I am subject to continuous violence and pressure from the patients.	Between groups	14.639	4	3.660	3.682	.005
	Within groups	1770.361	1781	.994		
	Total	1785.000	1785			
7. In general, I don't feel myself comfortable in terms of both legal issues and violence.	Between groups	39.328	4	9.832	10.031	.000
	Within groups	1745.672	1781	.980		
	Total	1785.000	1785			

stitution by comfortably expressing oneself. This condition is negatively affected due to mobbing experienced and can go to strike action if behaviors directed to intimidation gain continuity.

In the study conducted by Kök et al. (2014), it was identified that for the employed institution, the average value with regard to the aspects of Distinguishing Oneself and of Attacks to Communication is at five percent significance level; and with regard to the factors of age, professional experience, and working year in the institution is at a one percent significance level, which is statistically meaningful. Despite this it is observed that the statistical meaningfulness level of the same intimidation aspect within the context of educational status factor is not between the acceptable intervals (F test statistic: 1.60; p value: 19% > 0.05).

Mobbing behaviors, which can be defined as assaults on professional life and the quality of life, include assigning routine, meaningless,

purposeless tasks that can be performed by any one or tasks that can damage the self-confidence of the employee and that are not compatible with the personal qualities of the employee. Mobbing also includes taking the duties back before they are completed instead of the assigning the employee with duties compatible with the characteristics of the employee with the aim of depriving the employee of the professional saturation and sense of accomplishment (Quoted in: Özdemir et al. 2013).

A working place where psychological harassment occurs is like a battlefield. The weapons in use are limitless psychological violence. Like in a real war, the aim in the psychological war is also to make the opponent vulnerable and weak. At this point, the victim is struggling with severe psychosomatic disorders. Consequently, situations such as coming to work late, unwillingness to come to work, decreasing productivity, and at the last stage, quitting the job emerge (Göktürk and Bulut 2012).

Table 5: Anova test regarding the sub-dimensions of the scale according to speciality area

		<i>Sum of squares</i>	<i>df</i>	<i>Mean square</i>	<i>F</i>	<i>Sig.</i>
1. Mobbing is practised in my work place.	Between groups	.488	2	.244	.244	.784
	Within groups	1784.512	1783	1.001		
	Total	1785.000	1785			
2. I am subject to cases that damage my self-confidence.	Between groups	18.799	2	9.400	9.489	.000
	Within groups	1766.201	1783	.991		
	Total	1785.000	1785			
3. My private life is a subject of criticism.	Between groups	11.735	2	5.867	5.900	.003
	Within groups	1773.265	1783	.995		
	Total	1785.000	1785			
4. I am assigned with duties that are beyond my capacity.	Between groups	8.067	2	4.034	4.047	.018
	Within groups	1776.933	1783	.997		
	Total	1785.000	1785			
5. I am subject to continuous violence and pressure by patient relatives.	Between groups	37.552	2	18.776	19.158	.000
	Within groups	1747.448	1783	.980		
	Total	1785.000	1785			
6. I am subject to continuous violence and pressure from the patients.	Between groups	69.233	2	34.616	35.973	.000
	Within groups	1715.767	1783	.962		
	Total	1785.000	1785			
7. In general, I don't feel myself comfortable in terms of both legal aspect and violence.	Between groups	20.404	2	10.202	10.308	.000
	Within groups	1764.596	1783	.990		
	Total	1785.000	1785			

The “*I am assigned with duties that are beyond my capacity*” factor in the scale varies in line with the age, speciality, mode of working, daily average working time, mobbing status and mobbing severity.

Violence at a health institution can be in the form of a verbal or behavioral threat, physical or sexual assault that come from the patient, patient relatives or from someone else and which constitute risk for the healthcare worker (Anagür 2010). The studies conducted in Turkey show that mostly patient relatives perpetrate both verbal and physical violence types but international publications indicate that patients perpetrate assaults more than patient relatives (Özcan and Bilgin 2011).

The possibility of being subject to violence or intimidation for healthcare staff can arise from not only within the institution, but also from outside that is, the relatives of patient. This condition can negatively affect the labor productivity at the workplace.

From the viewpoint of healthcare staff, it is found out that through their business life, 15.8

percent of them are exposed to physical violence, 98.5 percent are exposed to verbal violence, twenty-four percent are exposed to bullying or mobbing, and 6.1 percent are exposed to sexual harassment (Çamci and Kutlu 2011).

“In another study with regard to the exposure of healthcare staff to violence, 60.9 percent of the participants state that they have been exposed to violence in their working places throughout their lives. Exposure to violence through the business life is 65.6 percent among intern doctors, and 59.5 percent among research assistant doctors. With regard to exposure to violence, there is no statistically significant difference between intern doctors and research assistant doctors ($p>0.05$). It is stated that 95.7 percent of the intern doctors, are exposed to violence, emotional/verbal violence, and 4.3 percent of them are exposed to physical violence. On the other hand, 95.7 percent of the research assistant doctors have been exposed to violence such as emotional/verbal violence, and 3.2 percent of them have been exposed to physical vio-

Table 6: Anova test regarding the sub-dimensions of the scale according to mode of working

		<i>Sum of squares</i>	<i>df</i>	<i>Mean square</i>	<i>F</i>	<i>Sig.</i>
1. Mobbing is practised in my work place.	Between groups	19.832	2	9.916	10.016	.000
	Within groups	1765.168	1783	.990		
	Total	1785.000	1785			
2. I am subject to cases that damage my self-confidence.	Between groups	3.405	2	1.702	1.704	.182
	Within groups	1781.595	1783	.999		
	Total	1785.000	1785			
3. My private life is a subject of criticism.	Between groups	5.523	2	2.762	2.767	.063
	Within groups	1779.477	1783	.998		
	Total	1785.000	1785			
4. I am assigned with duties that are beyond my capacity.	Between groups	12.267	2	6.134	6.169	.002
	Within groups	1772.733	1783	.994		
	Total	1785.000	1785			
5. I am subject to continuous violence and pressure by patient relatives.	Between groups	12.390	2	6.195	6.231	.002
	Within groups	1772.610	1783	.994		
	Total	1785.000	1785			
6. I am subject to continuous violence and pressure from the patients.	Between groups	5.386	2	2.693	2.698	.068
	Within groups	1779.614	1783	.998		
	Total	1785.000	1785			
7. In general, I don't feel myself comfortable in terms of both legal aspect and violence.	Between groups	4.519	2	2.260	2.263	.104
	Within groups	1780.481	1783	.999		
	Total	1785.000	1785			

lence. When the participants were asked about who is the last person that used violence against them, it is determined that 50.5 percent of the intern doctors are harassed by high-level persons, and 16.1 percent of them are harassed by patients and patient relatives. On the other hand, 49.3 percent of the research assistant doctors are harassed by high-level persons, and 35.5 percent of them are harassed by patients and patient relatives" (Ilhan et al. 2009).

In a study conducted by Sahin et al. (2011), when the type of violence that the healthcare staff participants exposed to is analyzed, it is observed that there are 44 people (50.57%) who are exposed to verbal violence, 40 people (45.98%) who have been exposed to physical violence, and 3 people (3.45%) who have been exposed to sexual harassment.

In the study conducted by Ilhan et al. in Ankara city, similar results have been acquired and 19.5 percent of the participants state that they have witnessed or been exposed to physical violence against healthcare staff, and 33.7 percent

of them state that they have witnessed or been exposed to verbal violence against healthcare staff. 56.3 percent of the participants state that they think healthcare staff are mostly exposed to violence in an emergency service, and 55.5 percent of the participants state that they think violent acts mostly occur in public hospitals (Ilhan et al. 2013).

From the point of the healthcare staff, every type of violence directly affects working productivity such that this situation can bring about negative results with regard to public health. Negative reflections of intimidation and verbal violence in the health sector can cause a problematic process in the long run. It is also a challenging situation when violence comes from outside of the institution, from patients and patient relatives. The fact that patient relatives cannot control their sensitive situation, and the exposed psychological pressure reflects on the healthcare staff, and such a situation occasionally decreases the service quality in the health sector.

Table 7: Anova test regarding the sub-dimensions of the scale according to the daily working time variable

		<i>Sum of squares</i>	<i>df</i>	<i>Mean square</i>	<i>F</i>	<i>Sig.</i>
1. Mobbing is practised in my work place.	Between groups	27.705	3	9.235	9.365	.000
	Within groups	1757.295	1782	.986		
	Total	1785.000	1785			
2. I am subject to cases that damage my self-confidence.	Between groups	13.818	3	4.606	4.634	.003
	Within groups	1771.182	1782	.994		
	Total	1785.000	1785			
3. My private life is a subject of criticism.	Between groups	11.531	3	3.844	3.862	.009
	Within groups	1773.469	1782	.995		
	Total	1785.000	1785			
4. I am assigned with duties that are beyond my capacity.	Between groups	9.851	3	3.284	3.296	.020
	Within groups	1775.149	1782	.996		
	Total	1785.000	1785			
5. I am subject to continuous violence and pressure by patient relatives.	Between groups	34.552	3	11.517	11.725	.000
	Within groups	1750.448	1782	.982		
	Total	1785.000	1785			
6. I am subject to continuous violence and pressure from the patients.	Between groups	29.230	3	9.743	9.889	.000
	Within groups	1755.770	1782	.985		
	Total	1785.000	1785			
7. In general, I don't feel myself comfortable in terms of both legal aspect and violence.	Between groups	8.388	3	2.796	2.804	.039

The “*I am subjected to continuous violence and pressure from patient relatives*” factor in the scale varies in line with the age, speciality, mode of working, the daily average working time, mobbing status and mobbing severity. Also, the “*I am subject to continuous violence and pressure from the patients*” factor varies with gender, age, speciality, mode of working, daily average time working time, mobbing status and mobbing severity.

“In a study conducted on the violence healthcare staff are exposed to in hospitals by patients and patient relatives, it is found out that thirty-five percent of the patients, and seventy-four percent of the healthcare staff witnessed violence against healthcare staff in hospitals, and both groups stated that violence occurred verbally. University graduate patients and patient relatives who consulted polyclinics think that doctors and medicine secretaries deserve violence ($p<0.05$) while patients and patient relatives who consulted emergency services think that nurses deserve violence ($p<0.01$). Also, fif-

ty-two percent of the patients and sixty-eight percent of the healthcare staff state that violence is caused by the healthcare system; thirty-six percent of the patients and fifty-eight percent of the healthcare staff state that violence is caused by patients or patient relatives; and thirty percent of the patients and fifteen percent of the healthcare staff state that violence is caused by the healthcare staff. Both groups think that system-based violence used by patients or patient relatives originates from long waiting periods in polyclinics and examinations; patients and patient relatives-based violence originates from their impatient and inconsiderate behaviors; and healthcare staff-based violence originates from careless or insensitive behavior of healthcare staff and from the idea that patients are not taken into consideration” (Öztürk and Babacan 2014).

The acquired results of this research are quite challenging. For whatever reason, it is a wrong attitude to state or declare that healthcare staffs

Table 8: Anova test regarding the sub-dimensions of the scale according to mobbing variable

		<i>Sum of squares</i>	<i>df</i>	<i>Mean square</i>	<i>F</i>	<i>Sig.</i>
1. Mobbing is practised in my work place.	Between groups	42.484	4	10.621	10.856	.000
	Within groups	1742.516	1781	.978		
	Total	1785.000	1785			
2. I am subject to cases that damage my self-confidence.	Between groups	42.210	4	10.553	10.784	.000
	Within groups	1742.790	1781	.979		
	Total	1785.000	1785			
3. My private life is a subject of criticism.	Between groups	12.407	4	3.102	3.117	.014
	Within groups	1772.593	1781	.995		
	Total	1785.000	1785			
4. I am assigned with duties that are beyond my capacity.	Between groups	18.880	4	4.720	4.760	.001
	Within groups	1766.120	1781	.992		
	Total	1785.000	1785			
5. I am subject to continuous violence and pressure by patient relatives.	Between groups	38.498	4	9.624	9.815	.000
	Within groups	1746.502	1781	.981		
	Total	1785.000	1785			
6. I am subject to continuous violence and pressure from the patients.	Between groups	30.228	4	7.557	7.670	.000
	Within groups	1754.772	1781	.985		
	Total	1785.000	1785			
7. In general, I don't feel myself comfortable in terms of both legal aspect and violence.	Between groups	18.520	4	4.630	4.668	.001
	Within groups	1766.480	1781	.992		
	Total	1785.000	1785			

deserve violence. Especially patient relatives should act consciously and sensitively, and within this context, they should avoid behaviors, attitudes and acts that can prevent healthcare staff from working. Otherwise, both themselves and their patients cannot get the required service.

The “*In general, I don't feel myself comfortable in terms of legal issues and violence*” factor in the scale varies with age, speciality, daily average time of daily work, mobbing status and mobbing severity.

Hospitals become more dangerous places for healthcare workers. Accordingly, doctors and healthcare workers don't feel safe. Both the rapid developments and the deficiencies in legal arrangements in the health sector create barriers in preventing violence and ensuring the safety of the healthcare force (Annagür 2010). Hospital administrations must take safety measures against mobbing by patients and patient relatives (Dilman 2007).

In this sense, it is a known fact that a healthy and secure environment in the health sector can

be provided by applying effective violence prevention programs, and learned behaviors such as aggression and violence can be changed and prevented by increasing the awareness of staff, by creating alternative behavioral ways, and by new knowledge (Büyükbayram and Okçay 2013).

CONCLUSION

The importance of health services existing in public services is crucial with regard to community healthcare. While many other services can be served through substitution, in health services such a situation is not possible. It is possible for healthcare staff in hospitals to work efficiently and effectively only if negative factors inside and outside of the institutions are minimized. Especially intimidation behaviors and attitudes that healthcare staff, whose depreciation is already high because of intensive work conditions, exposed negatively affect their occupational efficiency. Unit chiefs should be more sensitive in this subject; and, they should in-

Table 9: Anova test regarding the sub-dimensions of the scale according to mobbing severity variable

		<i>Sum of squares</i>	<i>df</i>	<i>Mean square</i>	<i>F</i>	<i>Sig.</i>
1 Mobbing is practised in my work place.	Between groups	2.449	2	1.225	1.225	.024
	Within groups	1782.551	1783	1.000		
	Total	1785.000	1785			
2 I am subject to cases that damage my self-confidence.	Between groups	13.588	2	6.794	6.838	.001
	Within groups	1771.412	1783	.994		
	Total	1785.000	1785			
3. My private life is a subject of criticism.	Between groups	15.553	2	7.777	7.836	.000
	Within groups	1769.447	1783	.992		
	Total	1785.000	1785			
4. I am assigned with duties that are beyond my capacity.	Between groups	7.808	2	3.904	3.917	.020
	Within groups	1777.192	1783	.997		
	Total	1785.000	1785			
5. I am subject to continuous violence and pressure by patient relatives.	Between groups	7.524	2	3.762	3.774	.023
	Within groups	1777.476	1783	.997		
	Total	1785.000	1785			
6. I am subject to continuous violence and pressure from the patients.	Between groups	46.059	2	23.029	23.613	.000
	Within groups	1738.941	1783	.975		
	Total	1785.000	1785			
7. In general, I don't feel myself comfortable in terms of both legal issues and violence.	Between groups	38.946	2	19.473	19.885	.000
	Within groups	1746.054	1783	.979		
	Total	1785.000	1785			

crease the performance of employees through the positive environment they will create. Mobbing has been gradually increasing in all service areas without discriminating on gender. Such a situation decreases service quality, and damages the satisfaction and commitment of employees. Most particularly, since health service is an irreparable service group, more attention should be paid. It is a matter of urgency to take necessary precautions, and to make necessary legal regulations to secure healthcare staff.

In the health sector, especially the negative attitudes and behaviors of patients and patient relatives, may even lead to violence, and decreased motivation of healthcare staff; and this has gradually become a threat risk. Within this context, establishing occupational safety has a great importance and it has become inevitable to take necessary precautions.

Consequently, it can be said that all preventive precautions should be taken to prevent violent acts towards healthcare staff that may occur both inside and outside of institutions. Addi-

tionally, to prevent any kind of deficiency or malfunction, satisfaction and commitment of employees should be strengthened.

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ANNEX TABLE

	<i>Always</i>	<i>Freq- uently</i>	<i>Some- times</i>	<i>Rarely</i>	<i>Never</i>
My opportunities to express myself are being limited.	0%	0%	0%	54%	46%
I am constantly interrupted when I speak.	0%	0%	0%	40%	59%
The people whom I meet as a part of my job limit my opportunities to express myself.	5%	29%	50%	13%	3%
I am yelled at and scolded harshly.	14%	3%	37%	31%	14%
The works I perform are always criticized.	0%	0%	0%	54%	45%
My private life is constantly criticized.	2%	29%	42%	18%	9%
I am disturbed through the phone.	0%	0%	2%	45%	53%
I am subject to threatening words.	4%	17%	35%	30%	14%
I receive threatening written messages.	8%	16%	39%	30%	7%
I am not allowed to communicate in any way.	5%	23%	30%	30%	12%
My presence is being ignored.	5%	22%	40%	28%	5%
The people around me do not speak to me.	10%	35%	29%	22%	4%
People do not communicate with me at the work place and I am hindered when I try to communicate with others.	2%	33%	46%	15%	4%
I have to work in an environment isolated from my colleagues.	2%	6%	36%	46%	9%
It is forbidden for my colleagues to speak with me.	1%	7%	37%	36%	19%
People act like I do not exist.	1%	18%	38%	33%	10%
People talk behind my back.	6%	25%	38%	20%	10%
People make up rumors about me.	6%	18%	36%	34%	6%
People laugh at and people make fun of me.	5%	20%	44%	26%	6%
People act like I have psychological problems.	5%	21%	34%	27%	13%
People put pressure on me to see a psychiatrist.	9%	18%	35%	31%	6%
People make fun of my disabilities/defects.	5%	19%	37%	26%	12%
People impersonate my walking, mimics or my voice in order to ridicule me.	7%	18%	31%	34%	10%
I am criticized for my religious or political views.	4%	22%	37%	25%	12%
People make fun of my private life.	5%	21%	37%	27%	10%
People make fun of my nationality.	5%	20%	32%	33%	10%
I am forced to perform works that damage my self-confidence.	5%	23%	31%	29%	12%
My efforts and success are evaluated wrongly.	10%	24%	37%	18%	11%
My decisions are constantly questioned.	8%	24%	31%	29%	8%
People call me pejorative names.	8%	20%	32%	28%	12%
People make sexuality implications or make sexual offers.	4%	20%	35%	31%	9%
I am never given a special/important task.	6%	15%	39%	28%	12%
My duties are limited.	4%	24%	35%	26%	11%
I am forced to perform meaningless duties.	4%	26%	38%	26%	6%
I am forced to perform meaningless duties.	4%	25%	37%	28%	6%
I am forced to perform works below my capacity.	9%	18%	35%	31%	6%
My duties are always changed upon being assigned with new ones.	5%	19%	37%	26%	12%
I am given duties that damage my self-confidence.	7%	18%	31%	34%	10%
I am intentionally given duties that are beyond my capacity.	19%	9%	12%	34%	26%
I am forced to cover monetary losses.	23%	5%	8%	31%	32%
My office or house is damaged.	7%	17%	21%	32%	22%
I am given the dangerous duties.	18%	7%	24%	33%	18%
I am physically threatened.	10%	2%	1%	49%	38%
I am exposed to mild physical violence with the aim of intimidating.	10%	18%	35%	11%	25%
I am exposed to physical violence to an extent that damages my well-being.	32%	5%	5%	18%	38%
I am subject to sexual harassment.	19%	16%	19%	23%	23%
My performance decreased due to mobbing.	16%	10%	27%	22%	25%
Mobbing affected my professional productivity in a negative manner.	28%	19%	19%	19%	14%
My professional life and career development are blocked because of mobbing.	14%	16%	28%	14%	28%
Legal enforcements must be imposed and penal sanctions must be put into force in relation to mobbing.	21%	12%	14%	28%	25%
I have suffered from serious psychological problems with my family, acquaintances and close friends.	24%	16%	21%	15%	24%
Mobbing affects my organizational performance and team spirit in an adverse way.	14%	12%	29%	23%	21%

Annex Table Contd...

	<i>Always</i>	<i>Freq- uently</i>	<i>Some- times</i>	<i>Rarely</i>	<i>Never</i>
The negative cases have experienced in relation to mobbing burned me out and my professional and social life have been affected negatively.	14%	5%	23%	23%	35%
Mobbing I am subject to affected my socio-cultural life in a negative manner and made my socio-cultural life unbearable.	11%	13%	18%	18%	39%
I sincerely believe that people who perpetrate mobbing should receive psychological and psychiatric help.	20%	17%	20%	15%	27%
I believe that people with ill mental health, fear of losing or who seek values that they are deprived of perpetrate mobbing.	17%	11%	25%	18%	29%
Mobbing is an act only perpetrated by the incapable and selfish people without character and self-esteem.	25%	7%	18%	24%	26%
I am the victim of violence committed by the patient and patient relatives.	17%	11%	24%	18%	31%
My working performance decreased due to the violence I faced.	6%	4%	7%	40%	43%
The violence I have faced caused psychological problems and traumas.	0%	0%	0%	40%	59%
My respect for my profession decreased due to the violence I faced.	5%	28%	50%	13%	3%
The victims of violence do not have legal protection.	14%	3%	37%	31%	14%
I do not have security of life and property at the institution I work.	0%	1%	0%	54%	45%
I cannot perform my job properly since I keep thinking that I will be a victim of violence.	2%	29%	42%	18%	9%
Legal actions should be taken towards enacting more aggravated penalties with more sanction power for the health care workers.	0%	0%	2%	45%	53%
It is essential to know that safety precautions at health care setting are insufficient.	4%	17%	35%	30%	14%
More violence deterrent precautions should be imposed.	17%	25%	30%	20%	8%
Legal precautions that protect doctors and health care workers should be taken.	0%	0%	0%	39%	61%