



Mobbing among care workers in nursing homes: A cross-sectional secondary analysis of the Swiss Nursing Homes Human Resources Project



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ABSTRACT

Background: As a category of bullying, mobbing is a form of violence in the workplace that damages the employing organization as well as the targeted employee. In Europe, the overall prevalence of mobbing in healthcare is estimated at 4%. However, few studies have explored mobbing among long-term care workers.

Objectives: This study aims to examine the frequency of mobbing in Swiss nursing homes and its relationships with care workers' (i.e. registered nurse, licensed practical nurse, assistant nurse, nurse aide) health status, job satisfaction, and intention to leave, and to explore the work environment as a contributing factor to mobbing.

Design: A cross-sectional, multi-center sub-study of the Swiss Nursing Homes Human Resource Project (SHURP).

Setting: Nursing homes in Switzerland's three language regions.

Participants: A total of 162 randomly selected nursing homes with 20 or more beds, including 5311 care workers with various educational levels.

Method: Controlling for facility and care worker characteristics, generalized estimation equations were used to assess the relationships between mobbing and care workers' health status, job satisfaction, and intention to leave as well as the association of work environment factors with mobbing.

Results: In Swiss nursing homes, 4.6% of surveyed care workers (n = 242) reported mobbing experiences in the last 6 months. Compared to untargeted persons, those directly affected by mobbing had higher odds of health complaints (Odds Ratios (OR): 7.81, 95% CI 5.56–10.96) and intention to leave (OR: 5.12, 95% CI 3.81–6.88), and lower odds of high job satisfaction (OR: 0.19, 95% CI 0.14–0.26). Odds of mobbing occurrences increased with declining teamwork and safety climate (OR: 0.41, 95% CI 0.30–0.58), less supportive leadership (OR: 0.42, 95% CI 0.30–0.58), and higher perceived inadequacy of staffing resources (OR: 0.66, 95% CI 0.48–0.92).

Conclusions: Mobbing experiences in Swiss nursing homes are relatively rare. Alongside teamwork and safety climate, risk factors are strongly associated with superiors' leadership skills. Targeted training is necessary to sensitize managers to mobbing's indicators, effects and potential influencing factors.

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What is known about this topic?

- In addition to individual factors, workplace mobbing is fostered by characteristics of the work environment including leadership

style, job characteristics, interpersonal relationships and organizational culture.

- In addition, the consequences of workplace mobbing are health problems, lower job satisfaction, and damages to the employing organization (e.g., by diminishing personnel performance and/or weakening employee dedication). Mobbing actions are initiated both by teammates and by supervisors.

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What does this paper add

- Mobbing is relatively rare among care workers in Swiss nursing homes.
- This study confirms direct correlations between mobbing experiences and health issues, increased intention to leave and decreased levels of job satisfaction. It also adds presenteeism as an outcome related to mobbing.
- By relating lower mobbing experiences not only to supportive leadership and good teamwork, but also to safety climate, this study adds safety climate to the work environment aspects linked to mobbing.

1. Background

Mobbing is an internationally acknowledged workforce issue (Eurofound, 2012). The Workplace Bullying Institute in U.S. found a 20% prevalence of workplace mobbing (Namie et al., 2014). In Australia 38% of employees experienced bullying activities for over six months (Gregor, 2004), while the Fifth European Working Conditions Survey indicated a 4% prevalence of mobbing across all employment sectors (Eurofound, 2012). In Europe the highest mobbing prevalence is reported in Austria (22%) and Finland (21%) (Eurofound, 2012); in Switzerland, 7.6% of employees across a range of different work sectors were victims of mobbing in 2012 (SECO-Staatssekretariat für Wirtschaft, 2002). According to a EU survey, workers in the health care sector have the highest exposure to adverse social behavior, which includes bullying, irrespective of the country (Eurofound, 2012). So far, few studies assessed mobbing among healthcare professionals (Hogh et al., 2011; Johnson, 2009; Spector et al., 2014; Wright and Khatri, 2015). Among affected persons, mobbing leads not only to severe social limitations, but also to health issues. For employers, mobbing incurs considerable costs, due not only to lost productivity, but also to damage to the company image and increased turnover (European Agency for Safety and Health at Work, 2002; SECO-Staatssekretariat für Wirtschaft, 2002). Moreover, mobbing can impact patient safety, as affected care workers (i.e. registered nurses and nursing aides) are more likely to make mistakes (Hogh et al., 2011; Johnson, 2009; Wright and Khatri, 2015). Still, in spite of its detrimental effects for personnel and organizations, the antecedents and consequences of mobbing in nursing home settings have seldom been explored (Spector et al., 2014).

1.1. Definition, prevalence, and perpetrators of mobbing

The European Agency for Safety and Health at Work (EU-OSHA) defines mobbing at the workplace as “repeated, unreasonable behavior towards an employee, or group of employees, that creates a risk to health and safety” (European Agency for Safety and Health at Work, 2002; Johnson, 2009). According to Leymann (1996), for actions to be called mobbing, they should occur very frequently, i.e., at least weekly over a period of at least six months. Mobbing is often used interchangeably with bullying (Branch et al., 2013), although some authors differentiate mobbing from bullying in that the former is a collective form of bullying (Professional Issues Panel on Incivility, 2015), or that mobbing refers to the workplace, while bullying describes physical aggression and threats in the school setting (Leymann, 1996). In this paper, we use mobbing and workplace bullying interchangeably and include horizontal/lateral violence at the workplace (employee against employee), top down mobbing (employers against employees) as well as bottom up mobbing (employees against employer) (Branch et al., 2013). Mobbing needs to be differentiated from other forms of violence that involve clients or persons outside the workplace (Spector et al., 2014). Mobbing behavior can be categorized into personal

attacks (e.g., isolation, intimidation, humiliation), erosion of professional competence and reputation (e.g., damage to professional identity, limiting career opportunities), and attacks through work roles and tasks (e.g., obstructing work, economic sanctions) (Hutchinson et al., 2010).

Mobbing is not limited to any one group of countries or cultures. In a literature survey, Spector et al. (2014) found a worldwide mobbing prevalence of 37.1% among acute care nurses (range: 4.5%–86.5%). Mobbing experiences in Anglo-American vs. European regions differed widely, with respective averages of 39.5% and 8.8% (Spector et al., 2014). In Switzerland, mobbing is somewhat more prevalent (10.4%) among healthcare personnel than in other sectors (mean: 7.6%) (SECO-Staatssekretariat für Wirtschaft, 2002).

According to international studies, in acute care settings registered nurses notice team members (26%–68%), superiors (16%–55%), and, to a lesser extent (6%–8%), physicians as perpetrators of workplace mobbing (Park et al., 2015; Vessey et al., 2009). Ortega et al., 2011 reported a workplace mobbing prevalence of 11.9% for long term care setting with RNs identifying work colleagues (72.4%) and manager/supervisor (16.2%) as perpetrators of workplace mobbing. According to a general Swiss survey, 51% of all acts of mobbing are committed by superiors, 16% by team members, and 13% by lower-ranking colleagues (SECO-Staatssekretariat für Wirtschaft, 2002).

1.2. Consequences of mobbing in the workplace

In all working sectors, the consequences of mobbing are evident in employees' health and satisfaction with the workplace (SECO-Staatssekretariat für Wirtschaft, 2002; WHO-World Health Organization, ILO-International Labour Organization, ICN-International Council of Nurses, PSI-Public Services International, 2002). In Switzerland, mobbed employees report significantly more health issues than their non-mobbed counterparts (SECO-Staatssekretariat für Wirtschaft, 2002). Moreover, across all working sectors, employees with mobbing experiences show more dissatisfaction with the workplace and an increased likelihood of leaving the job (Cassitto et al., 2003; SECO-Staatssekretariat für Wirtschaft, 2002).

A similar situation can be seen in healthcare institutions. Care personnel in hospitals who experience mobbing have a higher probability of showing behavioral disturbances, e.g., eating disorders, psychological conditions including depression, anxiety, burnout and chronic fatigue syndrome, or gastrointestinal ailments (Reknes et al., 2014; Trépanier et al., 2015; Vessey et al., 2009). They feel helpless (Efe and Ayaz, 2010) and have fewer friends both in the workplace and privately (Johnson, 2009).

From an organizational standpoint, mobbing experiences can lead to diminished motivation regarding work, productivity deficiencies (Vessey et al., 2009; Yıldırım, 2009), and a greater likelihood of absenteeism (Kivimäki et al., 2000). Mobbed personnel are also more likely either to leave their current position (Hogh et al., 2011; Simons, 2008) or to abandon healthcare entirely (Huntington et al., 2011).

In studies including long-term care personnel, mobbing is related to increased health issues (Camerino et al., 2008), increased illness-related absences (Ortega et al., 2011), decreased productivity (Berry et al., 2012) and increased dropout from the eldercare sector (Hogh et al., 2012). Our literature search detected no studies that also approached presenteeism, i.e., the practice of showing up at work when ill, as a possible mobbing outcome among healthcare personnel. However, in environments with workloads and time pressure similar to those in the eldercare sector, increased prevalence of presenteeism have been shown (Elstad and Vabø, 2008); and Conway et al.'s recent study in Denmark's general workforce showed a significant relationship between bullying and presenteeism (2016). Although causality could not be inferred

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