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## *Mobbing at the Contemporary Labour Market – the Case of the Nurses Working in the City of Bydgoszcz*

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Zjawisko mobbingu na współczesnym rynku pracy – na przykładzie pielęgniarek pracujących na terenie Bydgoszczy

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### ABSTRACT

The article presents the results of pilot empirical research concerning the workplace mobbing experienced by nurses. The study aimed at identifying the data which would allow formulating the hypotheses contributing to solving the main research problem: How often does mobbing occur in the nurses' work environment? The research was conducted using the literature analysis method and a diagnostic survey. The obtained results seem alarming, because the respondents were not only victims of mobbing, the source of which were various entities co-creating the everyday life of hospitals and healthcare centres, but also reported a number of other significant dysfunctions of work process.

**Keywords:** mobbing; nurses; dysfunctions of work process; work environment; hospitals; healthcare centres

### INTRODUCTION

The word “mobbing” was used for the first time in the middle years of the previous century by Austrian ethologist Konrad Lorenz. He described the situation in which one individual was attacked by a group of animals of a given species. The ethological origins of the concept of mobbing are to be found in English, where the verb “to mob” means “to surround, to assault, to attack, to mock” (Marciniak,

2015). In the context of organizations and workers' relations, the word was used for the first time in 1984 by German psychiatrist Heinz Leymann, who defined mobbing as mental terror directed at selected, specific workers of economic organizations. However, it is worth emphasizing that this phenomenon does not only take place in the context of work environment, but can be observed in other life domains (see Kuriata, Felińczak, Grzebieluch, Szachniewicz, 2011). Long-lasting, frequent violence can occur as early as in kindergartens or schools, as well as in families, marriages and prisons. Not every one of these kinds of violence can be called mobbing, though. As Małgorzata Gamian-Wilk remarks, mobbing means that some undesirable actions happen often and last across time. She notices that it is the persistence of the bully's negative actions, as well as the imbalance of power which are the key criteria that define mobbing, which may take place in various circumstances and contexts. In the definitions of mobbing, particular attention is drawn to the dominance of the bully over their victim. It is important that there are two dimensions of pathological behaviours: organizational vs interpersonal actions, and "benign" vs "serious" actions (see Bechowska-Gebhardt, Stalewski, 2004). With the organizational actions, one may talk about leaving work earlier or doing one's tasks slowly, for example. Theft is an example of organizational behaviour. Interpersonal behaviours of the "benign" kind mean gossiping or favouring one worker over the other ones. The "serious" actions belonging to this group, directed at employees, encompass verbal and sexual abuse (Gamian-Wilk, 2018). Krystyna Kmiecik-Baran and Jacek Rybicki show a different outlook on the definition of mobbing. To them, mobbing is vindictive, mean behaviour, aimed at humiliating a person. This kind of behaviour is unpredictable, irrational and unfair. The authors elaborate upon this definition by adding some examples of problems that accompany the phenomenon of mobbing. They also point out that mobbing is systematic and lasts at least a few months (Kmiecik-Baran, Rybicki, 2004). In turn, Piotr Chomczyński believes that mobbing is mental terror brought at work; it engages hostile attitude and "unethical communication", and is systematically upkept by one or more people towards another person, which consequently puts the victim in the position where they are unable to defend themselves in an effective way. Such a situation arises very frequently (at least once a week) and lasts over a long period of time (at last for half a year) (Chomczyński, 2008).

## MOBBING IN THE NURSES' WORK ENVIRONMENT

This paper deals with the issue of mobbing that nurses experience at their workplace. The author attempts at drawing the conclusions which result from the empirical study, the aim of which was to diagnose and describe mobbing in the contemporary labour market, with the Bydgoszcz's nurses' work environment serving as an example. The scientific project was based on identifying the data which could

contribute to formulating the theses allowing to solve the main research problem, namely: How often do nurses experience mobbing in their work environment? The independent variables were such categories as: the type of institution in which one worked, the respondents' age, their education level and years of service. In turn, the set of dependent variables included the indices which allow characterizing mobbing, by defining the frequency of its occurrence, its forms, and the preventive measures present in the environment, as well as the mitigation measures undertaken in case mobbing happens. The study concerned 62 nurses who have been members of the Regional Council of Nurses and Midwives in Bydgoszcz. The surveyed group was selected in a randomized, multi-step selection process.

When it comes to the characteristics of the surveyed group, one must notice that the vast majority of the surveyed nurses had higher (tertiary) education (87.1%), and merely 12.9% of the respondents had secondary (high school) education. Undoubtedly, this tendency is the result of the demands imposed by the legislation in power. It is significant that in the group of the surveyed nurses, most respondents were older than 46 years of age (59.7%). The second biggest group included the people aged 31–45 years (30.6%). The smallest group was the one including the nurses younger than 30 years (9.7%). These results reflect the regularity that is to be observed in other cities as well. According to the data presented in the “Occupational Barometer”, in 2019 the average age of a nurse was 52 years, and of a midwife – 49.9 years. As far as the characteristics of the research group are concerned, it is worth mentioning that the author's research shows that: 79% of respondents have worked for at least 21 years; 9.7% of respondents declared they had worked for less than 5 years; 6.5% of respondents said they had worked for 11–20 years; 4.8% of respondents have had 6–10 years of service. Most (77.4%) of respondents have worked in hospitals, whilst 22.6% were employed in outpatient clinics and health centers.

The presented data, which contributes to the characterizing the researched group, seem to be worrying to some extent – the ever-increasing average age of the people working as nurses or midwives, and the too low numbers of candidates for learning the jobs result in the shortage of employees becoming a more and more burning issue of the healthcare system in Poland. It must be emphasized here that in 2019, there were 230,327 nurses and 27,883 midwives working in Poland. According to Organisation for Economic Cooperation and Development, there are 5.2 nurses for every 1,000 citizens, which is one of the poorest results in the European Union (the EU average is 9.4).

When presenting the results of the empirical study, it is worth beginning with pointing out that every two in three of the studied nurses have been a victim of mobbing themselves. Thus, it may be assumed that mobbing has become a common occurrence in the analysed work environment. It is also worth emphasizing here that the nurses who took part in the study defined mobbing in a variety of

manners; some of the ways of defining were not in accordance with the scientific canon. The vast majority of the respondents put the interpretational emphasis on the question of bullying. Part of the respondents, when defining mobbing, emphasized its adverse outcomes, such as affecting one's mood in a negative way, or lowering one's self-esteem. It is also worth mentioning that some of the answers were truly unsettling, as they indicated verbal and non-verbal abuse, threats, bullying or even violence. For the author, it seemed particularly interesting that when speaking of mobbing, the respondents indicated that it "comes from the top" – from their superiors or the people holding higher posts. This was expressed in such statements, as: "assigning an employee tasks which are below their capabilities, inadequate assessment to reality"<sup>1</sup> or "using one's managerial post for carrying out physical and mental violence". A substantial part of the respondents, when asked to define mobbing, pointed out the situations which, according to its definition, are elements of mobbing. However, they also indicated its consequences – they saw the lack of desire to take up a job or mental breakdowns as mobbing, too. The data gathered in the study shows that 17.7% of the respondents claimed that nurses are very likely to experience mobbing at their workplace. According to 48.4% of respondents, the degree to which nurses are at risk of mobbing at their workplace is moderate, whilst 8.7% believed there is a low possibility of nurses being mobbed at their workplace. Then, the nurses were asked to give reasons for such beliefs. They answered that they work in the environment, where the representatives for various industry sectors meet, and they do not always understand one another. The respondents also often noticed that in a large group of co-workers, where there are representatives for various occupational sub-groups, accomplishing employees' tasks is often related to competition. Another significant issue that the respondents mentioned was the need to communicate with patients and their families, who may not always be happy with the results of the treatment. As some of the respondents said: "Nurses can experience mobbing from both their patients and their families, and their superiors and co-workers"; "The matrons have not been prepared to working with people, they often do not have families, are lonely, segregate people into good and bad ones, they make assessments based on the rumours they'd heard from their peers from other wards". The respondents also noticed that there are disproportions as far as the age category is concerned; consequently, there are significant differences in attitudes towards life and work among individual nurses. The following statements seem to confirm that: "Professional ambitions of co-workers cause cut-throat competition, which is often encouraged by the managerial staff"; "It seems to me that owing to their job, nurses have high levels of anxiety, frustration and they vent on their co-workers and subordinates". One of the respondents highlighted that:

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<sup>1</sup> The statements of the respondents quoted in this paper have been given as is, keeping the original spelling and punctuation.

“Nurses are part of the therapeutic team. In addition, they are aware of their own competences, as well as their responsibilities, and the properly understood autonomy of the job. However, this does not go hand in hand with practice, as they are still treated as objects and used not strictly according to their competences. Their role is being belittled. As it is convenient, and it is often the paradigm of behaviour in the environment. It fosters mobbing”. Unfortunately, it is hard to disagree with this statement – stereotypically, nurses are perceived as mere “helpers” for doctors, and not as a basic element of the healthcare staff. The inequalities get deepened by a number of other factors as well. One of the respondents indicated that: “It is still a very weak professional group. Nurses have been divided based on the kind of job contract they have, which results in different earnings. There happen worrisome incidents, when nurses, instead of uniting, prefer to blame and accuse one another. Such a situation is a field day for employers. Managing by threatening. It is possible for the employers to do so, when the workers are divided. And such is the community of nurses”. It seems that it is the faulty system that leads to the occurrence of substantial disproportions in remunerating individual nurses, which may be a significant factor contributing to additional conflicts and pathological behaviours – mobbing included.

As far as the main topic of this paper is concerned, i.e., nurses being victims of mobbing, it must be said that as many as 66.7% of respondents experienced mobbing-related actions which influenced their personal and professional lives. As many as 42.9% of the studied nurses indicated that the mobbing which concerned them was related to the actions aimed at making it harder to communicate. At the same time, slightly less than 40% of respondents said that being a victim of mobbing disrupts social relations, whilst 42.9% of the nurses believe that mobbing-related behaviours directly influence the victim’ health. It is noteworthy that the studied nurses suffered from depression as a result of being mobbed; they also experienced difficulties in communicating, did not receive bonus payments for performing additional tasks. Some of them had to change jobs or were downgraded; some of them were dismissed, effective immediately, or lost a post which was important to them and/or were relegated to another ward. The respondents reported they had experienced the feeling of anxiety before their every shift, and the aversion towards going to work. Their plight was also made more desperate by the fear of the pathological phenomena occurring again. In the respondents’ opinions, the frequency of the mobbing occurring in their environment is significant. According to 9.7% of respondents, mobbing happens very often, to 45.2% of them it happens often; 32.3% believe it occurs from time to time, whilst 12.9% believe that mobbing in the healthcare environment does not take place often. As the respondents say, the main factor which induces the phenomenon of mobbing to occur, are the features constituting the mobbing character. The respondents believe that, in this environment, the nurses who are in some way different or distinct become the victims of mobbing. Due to the character of their

work, they are directly at risk of being offended or mocked by their patients, as well as their superiors and even their co-workers. Furthermore, the integration difficulties, as well as nursing staff shortages at hospital wards, may also contribute to the occurrence of mobbing. It is worth emphasizing, that the respondent made proposals of specific solutions, the implementation of which could possibly result in effective prevention of mobbing. According to 80.6% of respondents, it is necessary to train the staff, whereas 75.8% believed it is vital to conduct anonymous surveys and talks about mobbing with employees. More than half of the respondents (56.5%) indicated that it would be valuable for the victims of mobbing to receive therapy. At the same time, part (38.7%) of the respondents claimed it could be helpful to carry out awareness-raising actions, such as distributing leaflets or posters. The studied nurses also believed that in order to prevent mobbing at the workplace, it is crucial to react as soon as it occurs, and that in everyday work it is necessary to build positive relations within the team, and observe oneself carefully, in order to control one's own proper behaviours. It must also be mentioned that the respondents possessed knowledge about the functioning of the mobbing-related legal regulations; however, they were unable to indicate their specific source. It is the knowledge of the formal-legal regulations which may be of key importance in case one experiences mobbing, though. According to the legal regulations which are in power in Poland today, specifically Article 94<sup>3</sup> of the Labour Code, the law in a straightforward manner expects the employers to prevent mobbing, and oblige them to take specific actions in order to counteract this phenomenon (Roguska-Kikoła, Piwowarska-Reszka, 2014; see also Suwała, 2008; Zdziebło, Kozłowska, 2010; Nerka, 2013; Ostrowska, 2014; Nadolska, Pawłowska, Szewc, 2016). They should also introduce anti-mobbing policies and implement preventive measures.

## CONCLUSIONS

When attempting to summarize the data resulting from the author's own study, one may formulate the following theses:

1. The studied nurses possess the knowledge about mobbing, but only to a moderate degree – they were able to define what mobbing is, but at the same time were unable to distinguish the specific behaviours characteristic of this phenomenon.
2. The nurses who took part in the study were at risk of being mobbed at their workplace to a high degree, which is related to both the specificity of this kind of workplace and the low socio-economic position of the job of a nurse/midwife against other healthcare jobs.
3. The studied nurses have experienced the specific forms of mobbing, such as the behaviours which have adverse influence over one's health, and the actions aimed at making it more difficult to communicate.

4. The nurses knew the means of preventing mobbing in the work environment, such as conducting surveys among employees, and awareness-raising actions.
5. The level of responders' knowledge concerning the legal regulations related to mobbing was average – they had known that there exist the regulations concerning this pathological phenomenon, but did not possess the knowledge about where they could search for them.

Initially, the described research project was to be a space for the short message from the research to be reported. However, the obtained research results lead to making the subject a broader research project.

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### LEGAL ACTS

Act of 26 June 1997 – Labour Code (Journal of Laws 1998, no. 21, item 94, as amended).

## ABSTRAKT

W artykule zaprezentowane zostały wyniki pilotażowych badań empirycznych dotyczących doświadczenia przez pielęgniarki zjawiska mobbingu w ich środowisku pracy. Oś projektu badawczego stanowiła identyfikacja danych umożliwiających sformułowanie tez przybliżających do rozwiązania głównego problemu badawczego: Jak często zjawisko mobbingu występuje w środowisku pielęgniarek? Badania zrealizowane zostały z wykorzystaniem metod analizy literatury przedmiotu i sondażu diagnostycznego. Uzyskane rezultaty wydają się alarmujące, ponieważ respondentki nie tylko były ofiarami mobbingu, którego źródło stanowiły zróżnicowane podmioty współtworzące codzienność szpitali i przychodni medycznych, lecz także zgłosiły szereg innych znaczących dysfunkcji procesu pracy.

**Słowa kluczowe:** mobbing; pielęgniarki; dysfunkcje procesu pracy; środowisko pracy; szpitale; przychodnie medyczne