



Mobbing among healthcare workers: A review of research findings and methods of struggling

Aylin Aydın Sayılan¹
Aykut Aydın²

Abstract

Healthcare institutions are organizations with a complex structure where there is a high work stress and it is of utmost importance that services are provided without errors in this complexity.

Nowadays, when the hospital management becomes increasingly complex, hospital managers are in a position that influences the success of the hospitals the most. While this situation necessitates the managers to use their time in a more rational and efficient manner, giving a senseless workload to the managers would surely negatively affect the individual and organizational productivity (Karsavuran, 2014).

In other words, exposure of the healthcare professionals to mobbing in the professional life causes depressive symptoms to arise, this situation leading to the individual negatively evaluating the quality of his life. As a result, decrease in the job satisfaction of the individual, low performance and reluctance towards the job occur (Yavuzer and Civilidag, 2014).

Therefore, it is proposed to clarify the arrangements that prevent managers from applying psychological abuse to their subordinates when determining the superior-subordinate relationships (Yıldız et al., 2013).

In this study the titles will include background of mobbing in healthcare institutions, related researches and findings in the literature, struggling with mobbing.

Keywords: Mobbing; bullying; healthcare sector; occupational health and safety.

Mobbing Among Healthcare Workers

The healthcare sector is a service sector where there are professions that require sacrifice and physical endurance, are intense and need patience, are social fields where communication is especially important. In addition to all professional difficulties, the healthcare professionals must be healthy, both physically and mentally, in order to be particularly useful to the patients. Employees in the healthcare sector usually work in the shift pattern, with heavy workload and inadequate resting facilities, standing for long periods of time with irregular sleeping hours (Saglık Aktuel, 2016).

¹ Assistant Professor, Kırklareli University, School of Health, Nursing Department, aylin.sayilan@klu.edu.tr

² Research Assistant, Kırklareli University, Faculty of Economics and Administrative Sciences, Labour Economics and Industrial Relations Department, aykutaydn@hotmail.com



Healthcare institutions are organizations with a complex structure where there is a high work stress and it is of utmost importance that services are provided without errors in this complexity. Besides the service provided being very important, a great responsibility falls on the healthcare professionals as well, in order for the healthcare institutions that have a complex structure to provide services effectively, efficiently and with zero error (Karsavuran, 2014).

Hospitals where healthcare is intensively provided are institutions that work for the benefit of the society. In hospitals where many healthcare professionals work, interdependence and level of interpersonal relationships are high. Disagreements and conflicts experienced between different professional groups and occasionally between the subordinate and the superior can be transformed into mobbing and can affect both the working life and the private life of the individuals in a negative way. Mobbing leads to unhappiness of the employees in the organization and eventually results in the organization being damaged in terms of both pecuniary and non-pecuniary damages by causing a drop in the service quality provided to the patients and the patient satisfaction (Sahin and Dundar, 2011a).

Healthcare services are team services. It is evident that services in the above-mentioned qualities cannot be managed well without the participation of the employees or with enforcement or oppression (Genel Saglik-İs, 2015). Creating employees who are mobbing victims especially while the hospitals are providing healthcare services and trying to maintain services in this environment will cause great losses in terms of employees, organizations and patients receiving services (Karsavuran, 2014). Therefore, examination of the healthcare professionals' exposure to mobbing and their levels of depression and life satisfaction is important for both the quality of life of the employees and also the quality of the healthcare services offered (Yavuzer and Civilidag, 2014).

Background

In an international study, it was concluded that healthcare professionals were 16 times more likely to suffer from mobbing than other service sector employees due to the specific psychological conditions of the hospitals (Kingma, 2001). According to Cobanoglu, some of the reasons for this are (Cobanoglu, 2005):

- High work tempo due to the high number of patients,
- Inadequacy of salaries, especially in state institutions,
- Having difficulty in maintaining family life due to high work tempo and shifts,
- Inability to fully fulfil occupational requirements due to the patient population,
- Discrimination among patients depending on their status and economic situation,
- Discrimination due to intimacy with the management and personal approach to the manager.

For example, in Turkey, the statement of the President of the Association for the Struggle against Mobbing says that they have received 42 thousand mobbing complaints so far and that the complaint is mostly in the healthcare sector (Gun, 2013). Thus it is clear that any mobbing behaviour would threaten the patient safety, just as it is clear that it wouldn't be easy for a healthcare professional who does not feel safe to offer a safe healthcare service to his patient (Sahin and Dundar, 2011b).

Related Researches and Findings in the Literature

There are many studies in the literature that combine the subjects of healthcare sector and mobbing and where field research is done. The common aspects of these studies are that the relationships between the rate of exposure to mobbing and factors such as gender, age, occupational status, education status, duration of work (seniority), marital status, depression, job satisfaction and organizational commitment etc. have been examined. The common feature of

the findings revealed as a result of the studies in question is that mobbing in the healthcare sector is quite common.

In a study conducted in our country, it was tried to measure the rates of healthcare workers' exposure to mobbing behaviour. In terms of findings, the highest level of mobbing was 33.62% with "continuous criticism of work done at work", 33% with "constant interruption at work" and 31% with "restriction of their ability to show themselves to their superiors". The mobbing pattern at the lowest level is "direct sexual abuse exposure" at 1.07%. In the same study, those who apply mobbing behaviours were primarily the managers with 50.5%, followed by colleagues with 20.1% and inferiors with 3.3%. In the related international studies done, managers being the primary ones among those who apply mobbing behaviours supports the study in question and its findings. The answers given by those who have been exposed to mobbing to the question of "what would you do if you encountered such a problem?" will also be guides in terms of struggling. As a result of the questionnaire where more than one option was marked, while the rate of those who tried to solve the injustices they faced by talking face to face was found to be 55.2%, the rate of those who reported the negative behaviours they faced to the top-level was 48.1%; the rate of those who tried not to receive criticism by working more and in a more planned way was % 51,7; the rate of those who received medical support to cope with the mobbing they were exposed to was 10.6% (Palaz et al., 2008).

According to the results of a questionnaire carried out in another descriptive study conducted to determine the frequency of mobbing practices experienced in the healthcare sector and their effects on the job satisfaction of the employees, a significant inverse correlation was observed between the state of exposure to mobbing and job satisfaction. According to this, it is seen that the healthcare professionals with a doctoral education level are more exposed to mobbing than those who have a post-graduate, university, undergraduate or a high school degree (Karcioglu and Akbas, 2010).

In another study, it was observed that 70.4% of 514 healthcare professionals were exposed to at least one of the 45 possible mobbing behaviours and among the five mobbing dimensions, they faced the "mobbing behaviours for targeting the possibility of achieving communication" the most at a rate of 66.3%. Furthermore, it was determined that one of every two participants (52.9%) stated that they were exposed to "mobbing behaviours for targeting reputation" and 44.2% stated that they were exposed to "mobbing behaviours for targeting occupational status" (Sahin and Dundar, 2011a).

Another study was conducted for hospital managers. When the level of exposure to mobbing of the hospital managers participating in the research was evaluated, it was seen that the mobbing dimension encountered most frequently by managers was "the dimension of behaviours for targeting the possibility of communication". Among the 45 expressions that constitute mobbing behaviours, it was observed that the most common behaviour was "giving senseless jobs", followed by "continuous interruption" and thirdly, "continuous criticism of the work done". Nowadays, when the hospital management becomes increasingly complex, hospital managers are in a position that influences the success of the hospitals the most. While this situation necessitates the managers to use their time in a more rational and efficient manner, giving a senseless workload to the managers would surely negatively affect the individual and organizational productivity (Karsavuran, 2014).

Another research attempted to measure the mobbing perception and job satisfaction of the healthcare professionals. There was a statistically significant negative relationship between the mobbing perception and job satisfaction in physicians and nurses. In the same study, it was found that more than half of the healthcare personnel were exposed to mobbing (Kilic and Tel, 2017).

In another study, it was desired to investigate from whom the healthcare professionals experienced the mobbing behaviours. According to the findings, 39.2% of the employees (participating in the survey) stated that they were exposed to mobbing by their managers; 32.5%

of them stated that they were exposed to mobbing by their colleagues and 5.1% of them stated that they were exposed to mobbing by their subordinates. An interesting finding is that 21.1% of them stated that they were exposed to mobbing by all parties. One of the important determinations is that the nurses (42.5%) and the other healthcare professionals (39.2%) are exposed to mobbing behaviours more by their managers and that the physicians (42.4%) are exposed to them by their colleagues. Another important finding is that the occupational groups most exposed to mobbing are nurses with 77.3%, followed by physicians with 68.4% (Sahin and Dundar, 2011b).

In another study that examined the relationship between the mobbing exposure and organizational commitment of the healthcare professionals working in a hospital, a statistically significant inverse correlation was found between mobbing and organizational commitment. Another finding in the same study is that mobbing is mostly done in a descending order. Therefore, it is proposed to clarify the arrangements that prevent managers from applying psychological abuse to their subordinates when determining the superior-subordinate relationships (Yıldız et al., 2013).

In a different study, it was observed that nurses and other healthcare professionals were more exposed to mobbing, experienced more depression and had a lower life satisfaction than doctors (Yavuzer and Civilidag, 2014). On the other hand, one common aspect of the researches on mobbing in healthcare is that, while mostly they cannot determine a significant difference between the age of the employees (some researches detect a significant and negative relationship), their marital statuses (some researches detect that single individuals are more exposed to mobbing) and their level of exposure to mobbing; they determine that the mobbing risk of female employees is higher and that the level of attitudes related to mobbing perceptions increases as the level of education of employees increases.

In one of the researches, the question of who applies mobbing behaviours was asked and while the highest rate was seen as “managers directly affiliated with”, the rate for the option of “patients” was seen as 18.1% and the rate for the option of "patient relatives" was seen as 20.3%. This situation is a unique feature of mobbing in the healthcare sector (Carıkçı and Yavuz, 2009).

Another study revealed that depression is partly the mediator in the relationship between mobbing in the workplace and the life satisfaction of the healthcare professionals. In other words, exposure of the healthcare professionals to mobbing in the professional life causes depressive symptoms to arise, this situation leading to the individual negatively evaluating the quality of his life. As a result, decrease in the job satisfaction of the individual, low performance and reluctance towards the job occur (Yavuzer and Civilidag, 2014).

Struggling with Mobbing

The first step in creating a solution for mobbing is to name it and identify it within the organization. How? Opportunities should be given for psychological harassment complaints in institutions. In health and education sectors, where mobbing practices are particularly intense, work-flows should be linked to objective and standard procedures. Attention should be paid to signs related to mobbing in complaints and performance evaluations in organizations (Palaz et al., 2008).

Are the things mentioned enough? The answer to this question would be no. Perhaps the most striking issue about struggling with mobbing is the issue of evidence. When people are exposed to mobbing, they often have difficulty in providing evidence. The main reason for this is the fact that the kind of behaviours that will be evaluated as mobbing is not put into written form. Now let's talk about struggling with mobbing in detail.

Individual Struggle

People exposed to mobbing have three options in front of them. One of these options is to escape from the process by resigning. The second option is to accept the process due to financial or similar reasons and the third one is to struggle against the process by staying in the workplace (Tınaz, 2011). The struggle against the process would put a strain on the individual, especially in psychological terms. The calmness and patience of the victims are necessities in struggling with mobbing. It is important that the victim who knows his legal rights, questions them and shows the willpower to use them proves that he is experiencing mobbing. This is the only possible way for the process to be reversed and go in favour of the individuals who experience mobbing. What should the mobbing victim do?

A person who thinks that he is exposed to psychological abuse in their workplace should first evaluate the situation in a healthy way. If the person is convinced that the process in the workplace is psychological harassment, he should pay attention to the following points (CSGB, 2014):

- If mobbing is not carried out by the top management, he should concordantly convey the matter to the top management.
- He should keep information and documents such as correspondence, notes, messages, e-mails that would prove that he is experiencing mobbing.
- He should meet with colleagues who are or may be a witness to the process.
- If the victim is a member of a trade union, he should seek support from the trade union that he is a member of.
- The victim should receive medical and legal support when needed.

The individual struggle of the victim is not limited to what is mentioned above. If possible, the victim should try to take someone beside him while receiving instructions from the perpetrator, which is important for witness formation. At a later stage, the victim's friends may need to testify (Arpacioglu, 2005). As a result of the complaint made, camera records, e-mails, used drug bills, documents and samples related to the given jobs can be taken and presented as evidence in order to prove that mobbing is done. Because evidence in cases submitted to the jurisdiction is important for effective judgement (CASGEM, 2015). For example, if the mobbing victim in Turkey has had to undergo psychiatric treatment because of mobbing, the doctor's report on his treatment increases the probative force of the mobbing case. Mobbing victims can claim compensation for the non-pecuniary damages that they have experienced and the treatment costs that they have had to pay in case of having had to receive psychological treatment (Yabuloglu, 2016).

Organizational Struggle: Is Mobbing an Occupational Health and Safety Issue?

Mobbing has begun being described as a growing threat to occupational health and safety and is closely associated with other work-related risks, such as stress, sexual harassment, and violence. Occupational health and safety laws have for long been concerned with physical risks, but mobbing has now begun being considered similarly to psychological risks such as violence, harassment, discrimination, and stress. These problems, sometimes known as work-related psychosocial risks, have become one of the most important problems in current occupational health and safety. The management approach needs to emphasize both physical and psychological health and behavior in the workplace (Cobb, 2012: 2).

Mobbing, which needs to be perceived as an important occupational health and safety risk in the workplace, may involve a worker's health and safety, or may also include failure by the employer to take all reasonable steps to prevent it. Indeed, even the potential of a worker exposed to mobbing to act in a manner that fails to pay sufficient attention to the health and safety of others is one of the risks needing to be considered. As with other occupational health and safety risks, should be taken the moment the employer realizes there is a problem with mobbing in the

workplace. Failure to intervene against mobbing in the workplace can only lead to a working environment that represents a health and safety risk (Worksafe, 2012: 2-8).

Despite increasing awareness of occupational health and safety in Turkey in recent years and the passing of relevant legislation (Law No. 6331 on Occupational Health and Safety), the fact that actions capable of being regarded as mobbing have not been clearly defined continues to cause confusion. Provisions directly aimed at reducing disagreements concerning psychological violence should therefore be added to articles of laws indirectly critical of attitudes and behaviors including mobbing in the Turkish Criminal Law, the Law of Obligations, Labor Law, and Occupational Health and Safety Law, thus making the position on the subject crystal clear.

The fact that mobbing behaviors have direct consequences for staff requires it to be considered within the scope of health and safety. Every action thought to constitute mobbing must therefore be specified as a risk (a potential source of danger), particularly when carrying out risk assessment. In the light of the dangers to which mobbing can lead, it is possible to state that these dangers can vary depending on the work done. The dangers faced in more dangerous workplaces and by workers exposed to mobbing in these will not be identical to the hazards faced by staff in less dangerous workplaces. However, the multifaceted physical and psychological impacts on mobbing on health mean that these behaviors need to be evaluated independently of the work performed by staff.

In addition, it must not be forgotten that mobbing behaviors in the workplace will result in very great costs for both staff and for companies. Taking this into account, mobbing must be carefully and fully defined, no action or behavior leading to mobbing must be tolerated, and such behaviors must inevitably have consequences. Other important considerations are that managers must recognize the signs of mobbing, receive training on the subject, and be sensitive when it comes to taking action (Cobb, 2012: 24).

As known, mobbing can occur in any workplace, and any worker can be exposed to mobbing under certain conditions. In addition to affecting the individual's health and ability to work, mobbing can also lead to loss of workplace productivity, rapid personnel turnover, absenteeism, loss of motivation, and financial costs (Worksafe, 2012: 1).

There is no doubt that psychological abuse in a workplace will harm the corporate identity of that workplace (Erturk, 2012). Therefore, it is important for the institution to adopt a policy against psychological abuse. In case of a possible mobbing incident, institutions' support of the victim, investigation of the psychological harassment complaint in the workplace and bringing criminal sanctions against harassment makes the victim's struggle meaningful and contributes to the process resulting in the victim's favour. Otherwise, avoidance of support by the institution would adversely affect the struggle that the victim put up, causing the process to be exacerbated or ended negatively (Tınaz, 2011).

Two basic solution proposals can be presented in order to prevent or control mobbing behaviours in organizations. First of all, a punishment system can be used. That is, the punishment of employees' mobbing behaviours can be presented as a solution proposal. Secondly, and more importantly, strategies to prevent employees' mobbing behaviours can be used. That is, using a variety of programs specifically for the training of employees can be suggested. Education and programs for raising awareness among employees, helping them struggle with stress or providing social support to them can be useful in struggling with mobbing (Solmus, 2004).

In order to reduce mobbing behaviours in the workplace, it is necessary to decide to establish the culture of respect for all workers regardless of culture, religion, politics, sexual orientation and marital status (Shallcross et al., 2012). It is less likely to encounter mobbing in organizations where managers and employees are committed to teamwork, mutual trust and constant improvement. In this respect; ensuring an organizational environment where employees work proudly, contribute, and where people can find opportunities to rise based on their qualifications, rather than their past or political views, will reduce mobbing behaviours.

Therefore, the formation of ethical cultures in organizations has an impact on the ethical conduct of all employees. On the other hand, it is important that the duties and responsibilities among the employees are determined clearly, that the performance system functions effectively, and that the top management provides control and autonomy at the same time. In addition, a fair rewarding and punishment system among the employees can also prevent mobbing behaviours (Karsavuran, 2014). Those that are mentioned above are active policies against mobbing. As for passive policies, a psychological counselling unit can be established within the organization and the presence of a psychologist trained on the subject of mobbing can made obligatory (Polat and Pakis, 2012).

What can be done about mobbing experienced in the healthcare sector? All of the above-mentioned methods of struggling with mobbing are also valid for the healthcare professionals. In addition however, if vertical mobbing is not the case, the manager of each department with which the healthcare professionals are affiliated in the hospital can observe mobbing behaviours and develop solutions by risk assessment whenever necessary (Sahin and Dundar, 2011a). On the other hand, researches can be conducted to measure the prevalence of mobbing in the institution, and the working groups under risk can be identified through surveys (Anadolu Agency, 2016). In healthcare institutions, it may be considered to provide an information-sharing environment that is open to communication and is safe by establishing a consultancy system for mobbing victims which is unique to the institutional structure, and to create social environments that improve communication among the employees (Haberturk, 2011).

Public Struggle

In particular, mobbing awareness should be increased because there are so many employees who are exposed to mobbing but are not aware that what they are experiencing is mobbing. Following the public awareness of mobbing, a preventive and regulatory legal infrastructure, where sanctions against mobbing practices are clearly stated, should be established (SBN, 2011).

The institutions of the state must act sensitively to this social cause that affects millions of people and their families, and should support researches to be done in all sectors and in public (Arpacioğlu, 2005). Statistical data on the subject of mobbing must be established for the workplaces by way of universities in particular (Polat and Pakis, 2012). On the other hand, trade unions, various professional organizations and other non-governmental organizations should also work on mobbing and share their work as the parties of oppression with the interested parties (government-employer).

Another means of public struggle is, for example, the creation of a "Hello Mobbing" complaint line, as seen in Japan and Turkey. This is a method by which victims can receive immediate help (Polat and Pakis, 2012). However it is necessary that the notices and complaints get evaluated carefully, that the personal information stays absolutely confidential and that sensitivity is shown on this matter.

Conclusion

Mobbing is the attack on self-confidence with the simplest narrative, and the result is the collapse of self-confidence. We can easily see how cruel it is when we look at it from this perspective. People may not feel themselves belonging to a thought or a group. This is a natural situation and on top of it, it does not prevent you from being able to work in an organization. However, mobbing is such a behaviour that it can even target employees who have an emotional attachment to the organization. It is not possible to connect employees to an organization only in a normative way and even if such a thing were to occur, it wouldn't be permanent. Being able to create a culture of loyalty would only be possible by creating an emotional commitment, which requires investment into the psychological contract between the employee and the organization.

It is difficult, but not impossible, for mobbing behaviours to arise in an organizational structure where the communication channels are open and active and the goals of the organization are created or maintained by sharing them with the employees. Therefore, tools of struggling with mobbing must be well understood. That is because mobbing pushes individuals into learned helplessness due to its systematic and malicious application. Maybe this is the biggest social loss of mobbing in the course of life.

We talked about a lot of things that must be done about mobbing. In organizations, arranging awareness-raising meetings-conferences on the unit and on the general base, ensuring participation, explaining mobbing in a descriptive manner with public service ads or various visual-written media are points that we can add. It shouldn't be forgotten that there are economic and social damages of mobbing to the organization in micro sense and for the society in macro sense. One of the important points is psychological support; not only should the professional support come to mind but also the support from the family and the colleagues.

Furthermore, in addition to comparing researches done on mobbing, mobbing can be regarded as an important problem, and the relationships between mobbing and the variables that would find a solution to the problem can be investigated. For this, it may be useful to use variables that haven't been used so far (provided that they meet the qualitative and quantitative researches), reaching more people and using different types of scales.

References

- Anadolu Agency. (2016). "Mobbing Damages Economy Largely", Sabah Newspaper, (Online) <http://www.sabah.com.tr/ekonomi/2016/05/26/mobbing-ekonomiye-buyuk-zarar-veriyor>, (Date of Access: 12. 05.2017).
- Arpacioğlu, G. (2005). "Mobbing is the way of working in Turkey", (Online) <http://arsiv.ntv.com.tr/news/313446.asp>, (Date of Access: 20.05.2017).
- CASGEM. (2015). "What should he/she who is exposed to mobbing do?" (Online) <http://www.memurlar.net/haber/503799/mobbing-e-maruz-kalan-ne-yapmali.html>, (Date of Access: 16.05.2017).
- CSGB. (2014). "Psychological Abuse in Workplace (Mobbing) Informational Guide, Ozel Press, Ankara.
- Çobanoğlu. S. (2005). "Mobbing (Emotional Abuse in Workplace) and Struggling Methods", Tımas Press, İstanbul.
- Ellen Pinkos Cobb, Workplace Bullying: A Global Health and Safety Issue, 2012, (Çevrimiçi) <http://ilera2012.wharton.upenn.edu/RefereedPapers/CobbEllen.pdf>, 15 Eylül 2018.
- Ertürk Arslan, A. (2012). "Evaluating terms related to psychological abuse in draft of overcoming discrimination and equality bill", *Mess Sicil Business Law Journal*, No: 27, İstanbul, pp. 47-55.
- Genel Sağlık-İs, (2015). "Mobbing is carried out in Alsancak State Hospital", (Online) <http://www.genelsaglikis.org.tr/alsancak-devlet-hastanesinde-mobbing-var/>, (Date of Access: 06.05.2017).
- Gun, H. (2013). "Healthcare Professionals got first place in mobbing", (Online) <http://www.ntv.com.tr/saglik/mobbingde-saglikcilar-birinci,yxXnrKp4z0WXVlomijnvmw>, (Date of Access: 11.06. 2017).
- Habertürk. (2011). "Are Healthcare Professionals Victims of Mobbing?", (Online) <http://www.haberturk.com/saglik/haber/628451-saglik-calisanlari-mobbing-magduru-mu>, (Date of Access: 02. 04. 2017)
- Karcioglu, F., Akbas, S. (2010). "The Relationship Between Psychological Violence in Workplace and Job Satisfaction", *Ataturk University The Journal of Economic and Administrative Sciences*, Vol: 24, No: 3, pp. 139- 161.

- Karsavuran, S. (2014). "Mobbing in health sector: A practice on hospital administrators", Mustafa Kemal University The Journal of Social Sciences Institute, Vol: 11, No: 26, pp. 271-296.
- Kilic, N., Tel, H. (2017). "Determining healthcare professionals' sense of mobbing and job satisfaction", F.N. Nursing Article, Vol: 25, No: 1, pp. 31-40.
- Palaz, S., Ozkan, S., Sari, N., Goze, F., Sahin, N., Akkurt, O. (2008). "A Research on the Behavior of Psychological Abuse in Workplace (Mobbing): The Example of Bandırma", Is, Guc, The Journal of Industrial Relations and Human Resources, Vol: 10, No: 4, pp. 41-58.
- Polat, O., Pakis, I. (2012). "Mobbing: Psychological Abuse in Workplace", Acibadem University The Journal of Health Sciences, Vol: 3, No: 4, pp. 211-217.
- Saglik Aktuel. (2016). "Nurses are main subject to mobbing in health sector", (Online) <http://www.saglikaktuel.com/haber/saglik-kurumlarinda-mobbing-en-cok-hemsireye-yapiliyor-55179.htm>, (Date of Access: 27.04. 2017).
- Sahin, B., Dundar, T. (2011a). "Examining Factors That Affect Meeting Levels of Healthcare Professionals Who Are Exposed to Mobbing: The Example of Bolu Province", TİSK Academy, No: 11, pp. 88-117.
- Sahin, B., Dundar, T. (2011b). "Examining the relationship between ethical climate and mobbing behaviours in health sector", Ankara University SBF Journal, pp. 129-159.
- SBN. (2011). "Notice About Preventing Psychological Abuse (Mobbing) in the Workplace", (Online) <http://www.sbn.gov.tr/icerik.aspx?id=2315>, (Date of Access: 14.04.2017).
- Shallcross, L., Ramsay, S., Barker, M. (2012). "Proactive Response to the Mobbing Problem: A Guide for HR Managers", (Ahmet Taskın, Trans.), Mess Sicil Business Law Journal, No: 27, İstanbul, pp. 258-267.
- Solmus, T. (2004). "Emotion and Interpersonal Relations in Working Life (Human Resources Management from the Window of Psychology)", Beta Press, İstanbul.
- Tınaz, P. (2011). "Psychological Abuse in Workplace", MESS Mercek, July, pp. 58-66.
- Yabuloglu, G. (2016). "There is much importance of medical reports in mobbing claims", (Online) <http://www.paramedy.com/mobil/devami/24542/mobbing-davalarinda-saglik-raporunun-onemi-cok>, (Date of Access: 28.04. 2017)
- Yavuzer, Y., Civilidag, A. (2014). "The Intermediary Role of Depression in the Relationship between Mobbing and Life Satisfaction of Healthcare Professionals", Dusunen Adam The Journal of Psychiatry and Neurological Sciences, No: 27, pp. 115-125.
- Yildiz, G., Akbolat M., Isık, O. (2013). "Psychological Abuse and Organizational Commitment: A Research on Healthcare Professionals", The Journal of Manas Social Researches, Vol: 2, No: 6, pp. 85-117.
- Worksafe Victoria, "Your guide to workplace bullying-prevention and response," 2012, (Çevrimiçi) <https://content.api.worksafe.vic.gov.au/sites/default/files/2019-07/ISBN-Workplace-bullying-prevention-response-2019-07.pdf>, 15 Eylül 2018.