

## Importance, Knowledge and Behavior of Mobbingin Family Physicians

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**Submitted:** Aug 29, 2013; **Accepted:** Oct 5, 2013; **Published:** Oct 12, 2013

**Abstract:** In this study, we aimed to evaluate the importance, knowledge and behavior of psychological abuse in the form of mobbing perpetrated by or to family physicians during their health care services. Our study sample consisted of a total of 145 family physicians working in Tehran, a province of Iran, in July 2012. However, while 120 physicians agreed to participate in the study, 25 did not. The study was performed by using a questionnaire. The responses to this questionnaire were analyzed by SPSS 16.0 package program using Pearson's chi-squared, Yates corrected chi-squared and Fisher's exact tests.  $P < 0.05$  was recognized as statistically significant. We applied multi variate logistic regression analysis to determine the parameters that may be associated with mobbing (age, gender, marital status, administrative responsibility, knowing the meaning of mobbing, describing mobbing as a malevolent behavior, working years). The goodness of fit for the estimated multi variate logistic regression model was measured with Hosmer and Lemeshow test. The most influential parameters in mobbing were found to be having an administrative responsibility (OR=15.5; 95% CI=1.6- 206.5) and working years (OR=5; 92% CI=1.1- 30.4). Based on this analysis, the most important factor in mobbing appears to be having an administrative responsibility. The goodness of fit for the estimated multi variate logistic regression model was measured with Hosmer and Lemeshow test. The model was found to have a good degree of goodness of fit (chi-squared= 4.5, df=7,  $P=0.93$ ).

**Key words:** Importance % Behavior % Family physician % Mobbing

### INTRODUCTION

In this study, we aimed to evaluate the importance, knowledge and behavior of psychological abuse in the form of mobbing perpetrated by or to family physicians during their health care services. Mobbing is an act of emotional aggression directed to another person by way of abuse, harassment and malevolent behavior. It is defined as deliberately and systematically putting a persistent pressure on an individual, a group, or a worker in order to isolate that person which generally occurs in workplaces [1-6]. In the late 1980s, a German psychologist Heinz Leymann was the first to define psychological abuse taking place in workplaces [3].

We can say that family physicians have an important place in health care services in Turkey without a second thought. Along with the inclusion of the family physician system as part of the transformation of the public health care system, many family physicians have become both

physician and administrator responsible for the maintenance of coordination in their workplaces within their service area. In association with these new responsibilities of family physicians in our country, we aimed to evaluate the mobbing knowledge and behavior of family physicians.

In this regard, we conducted a survey study breaching every family physician working in the central district of the Malatya province. In light of the responses to the questionnaire, we made some deductions and presented the points that we deemed valuable in the solution of the problem.

### MATERIALS AND METHODS

Our study sample consisted of a total of 130 family physicians working in the central district of Tehran, a province of Iran, in July 2012. A total of 120 physicians (82.7%) supported our study by participating in the study,

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whereas 25(17.3%) were excluded from the study since they did not complete our questionnaire. Our study questionnaire consisted of 15 items. The first 4 items were about the demographic characteristics of the participants (age, gender, marital status, working years), whereas the remaining ones were about their knowledge of mobbing, exposure to mobbing, perpetration of mobbing, and behaviors related to mobbing. The responses to this questionnaire were analyzed by SPSS 16.0 package program using Pearson's chi-squared, Yates corrected chi-squared and Fisher's exact tests.  $P < 0.05$  was recognized as statistically significant.

We employed multi variate logistic regression analysis to determine the parameters (age, gender, marital status, administrative responsibility, knowing the meaning of mobbing, describing mobbing as a malevolent behavior, working years) that may be associated with the act of mobbing perpetrated by the family physicians. The goodness of fit for the estimated multi variate logistic regression model was measured with Hosmer and Lemeshow test.

### RESULTS

Our study population consisted of a total of 120 family physicians working in the central district of Tehran province in July 2012. Ten physicians who did not agree to participate in the study were excluded.

There was no significant difference between male and female genders in terms of exposure to mobbing ( $P=0.83$ ). Furthermore, there was no significant difference in exposure to mobbing with regard to marital status among family physicians ( $P=0.82$  Yates corrected chi-squared test). However, there was a significant difference between the age groups in terms of exposure to mobbing ( $P=0.012$  Pearson's chi-squared test). There were significant differences between the work year groups relative to exposure to mobbing ( $P=0.001$ ). We found no difference between family physicians knowing and not knowing the definition of mobbing in terms of perpetration of mobbing ( $P=1$ ). There was a significant difference between family physicians with and without administrative responsibility in terms of perpetration of mobbing ( $P=0.023$ ).

Among family physicians knowing the definition of mobbing, there was a significant difference between those with and without an administrative responsibility with regard to perpetration of mobbing ( $P=0.011$ , Fisher's exact test). No significant difference was found between family physicians describing and not describing mobbing as a malevolent behavior in terms of perpetration of mobbing ( $P=1$ , Fisher's exact test).

Table 1: Exposure to mobbing relative to sex difference

	Exposure to mobbing					
	Yes		No		Total	
Sex	n	%	n	%	n	%
Male	31	46	40	54	71	100.0
Female	24	42.4	39	57.5	63	100.0
Total	55	33.3	79	40.5	134	100.0

n: number, %: percentage,  $P=0.83$ , Yates corrected chi-squared test.

Table 2: Exposure to mobbing relative to working years among family physicians

	Exposure to mobbing					
	Yes		No		Total	
Working years	n	%	n	%	n	%
0-7	8	9	12	11	20	100.0
8-15	15	12	19	15	34	100.0
15-25	24	18	29	21	53	100.0
\$21	15	6	11	8	21	100.0
Total	62	45	71	55	133	100.0

n: number, %: percentage,  $P=0.001$ , Pearson's chi-squared test.

Table 3: Mobbing perpetrated by family physicians knowing or not knowing the definition of mobbing

	Ever perpetrated mobbing					
	Yes		No		Total	
	n	%	n	%	n	%
Those who know the definition of mobbing	8	7.0	113	11	121	100.0
Those who don't know the definition of mobbing	1	1.0	9	98	10	100.0
Total	9	45	122	95	131	100.0

n: number, %: percentage,  $P=1$ , Fisher's exact test.

Table 4: Importance of having an administrative responsibility in mobbing

	Ever perpetrated mobbing					
	Yes		No		Total	
	n	%	n	%	n	%
With administrative responsibility	4	6.0	105	8	109	100.0
Without administrative responsibility	1	2.0	14	100	15	100.0
Total	9	45	119	98	128	100.0

n: number, %: percentage,  $P=0.023$  Fisher's exact test.

Among family physicians knowing the definition of mobbing, there was a significant difference between those with and without an administrative responsibility with regard to perpetration of mobbing ( $P=0.011$ , Fisher's exact test). No significant difference was found between family physicians describing and not describing mobbing as a

malevolent behavior in terms of perpetration of mobbing ( $P=1$ , Fisher's exact test). Furthermore, among the family physicians describing mobbing as a malevolent behavior, there was a significant difference between those with and without an administrative responsibility in terms of perpetration of mobbing ( $P=0.012$ , Fisher's exact test). There was a significant difference between the family physicians perpetrating and not perpetrating mobbing in terms of their behavior to the mobbing victim when they regarded themselves involved in a mobbing ( $P=0.011$ , Pearson's chi-squared test).

Thirteen (10.8%) of the family physicians reported a trust in the privacy of procedures carried out about mobbing, whereas 128 (82.2%) reported a distrust. There was no significant difference between those trusting and not trusting the privacy of mobbing-related procedures with regard to reactions to mobbing when faced with one ( $P=0.54$ , Pearson's chi-square test).

The percentage of family physicians aware of the recent official circular regarding the "Prevention of Mobbing in Workplaces" (No, 2654; Date, 13.06.2012) was 23.5% ( $n=15$ ), whereas 83.5% ( $n=119$ ) did not know the circular. Among our family physicians, 12.5% ( $n=15$ ) knew the assistance and support given by psychologists via "Call 170" phone service provided by the "Communication Service of Labor and Social Security Center", whereas 92.5% ( $n=115$ ) did not know about this service.

The most significant factors motivating the perpetration of mobbing was having an administrative responsibility ( $OR=12.5$ ; 95%  $CI=1.24-216.5$ ) and working years ( $OR=6$ ; 95%  $CI=1.21-29.3$ ). The goodness of fit for the estimated multi variate logistic regression model was measured with Hosmer and Lemeshow test. We concluded that the model was in good compliance with the data ( $\chi^2=2.43$ ,  $df=7$ ,  $P=0.93$ ).

## DISCUSSION

Yildirim and Yildirim did not find a significant difference between male and female academicians working in the field of health care who suffered a psychological abuse [2]. In the present study, there was no difference between male/female or married/single family physicians with regard to exposure to mobbing.

Yildirim and Yildirim found that among health care academicians with a history of psychological abuse, 66% first preferred to have a talk with the perpetrator face to face and 51% filed a complaint to the perpetrator's superiors subsequent to this talk [2]. In our study, 36.5%

of the family physicians who suffered a psychological abuse filed a complaint to the related authorities, 7.7% informed the related persons via the internet, 36.5% had a row with the mobber and 19.2% put up with the mobbing.

In our study, mobbing rate was observed to soar with older age (71.4% for people aged 46 years and older) and longer working years (76.5% for people aged 21 years and above) due to increasing exposure to mobbing.

There was no difference in perpetration of psychological abuse between the family physicians knowing and not knowing the definition of mobbing, which suggests that a malevolent behavior may also be exhibited while being aware of its wrongful nature. Therefore, one may think that only knowledge is not effective in prevention of mobbing. Furthermore, there was no difference between family physicians describing and not describing mobbing as a malevolent behavior with regard to perpetration of mobbing.

Quine studied junior doctors and found that 37% suffered psychological abuse (2002). Yildirim and Yildirim focused on health care academicians and found the related exposure rate as 90% (2010) [2]. Aksu and Akyol found that the rate of exposure to emotional abuse among intensive care nurses was 79% (2011) [7]. Sahin *et al.* conducted a study among male physicians completing their military service in 2012 and observed that 87.7% of the physicians suffered mobbing [8]. In the present study, 43.3% of the family physicians participated in our study were found to have suffered mobbing. It can be said that mobbing is quite common among health care workers in our country [6]. The reasons behind this are inadequate medical resources in hospitals, high number of patients, insufficient pay, bureaucratic hurdles, discrimination in academic promotions, intensive work conditions and being close to the administration (Cobanoglu *et al.*, 2005) [3]. In 2010, Efe and Ayvaz performed a study among the nurses at a hospital in Turkey wherein 19.4% of the nurses reported that they suffered mobbing from the physicians [6]. Yildirim and Yildirim investigated mobbing among health care academicians and found that their administrators were the mobbers in most of the cases [2]. In the present study, we found a significant difference between family physicians with and without an administrative responsibility in terms of exhibiting mobbing behavior. The number of family physicians who perpetrated mobbing was 6 (12.2%) in those with an administrative responsibility and 1 (1.4%) in those without an administrative responsibility. Having an administrative responsibility appears to increase the rate of mobbing. In

the present study, the most important factors influencing the act of mobbing were having an administrative responsibility (OR=16.4; 95% CI=1.24-216.5) and working years (OR=6; 95% CI=1.21-29.3). According to our analysis, the most significant component that lays the background for mobbing is having an administrative responsibility. Mobbing rate among family physicians was found to be 16-fold higher in those with an administrative responsibility and 6-fold higher with 1 unit increase in working years.

Among family physicians who exhibited an act of mobbing or not, there was a significant difference relative to their behavior to the mobbing victim when they thought they exhibited an act of mobbing. There were differences with regard to experiencing anxiety, silencing the mobbing victim, continuing mobbing all the same and quitting mobbing due to feeling shame. The number of family physicians who did not exhibit an act of mobbing but stated that they would feel ashamed and quit mobbing if they ever perpetrate such a malevolent behavior, was the highest with 106 people (93.8%). While mobbing is deemed as a shameful act, family physicians may suffer from it all the same. In order to prevent psychological abuse that can not be prevented by just having knowledge about it and maintain a peaceful work environment, we believe that people should know their boundaries or these boundaries should be always controlled for overstepping by administrators that do not exhibit or involve in an act of mobbing [10]. While only 16 (13.3%) family physicians knew about the circular titled as "Prevention of Mobbing in Workplaces", only 15 (12.5%) family physicians were aware of the "Call 170" phone line powered by the "Communication Service of Labor and Social Security Center" via psychologists working as part of a struggle against psychological abuse. "Call 170" phone line can also be used by family physicians for prevention of mobbing and maintenance of a peaceful workplace [11].

#### ACKNOWLEDGMENT

This study was supported by the research fund of the Iran Isfahan Azad University of Dahaghan Social Science.

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