



ORIGINAL ARTICLE

Does mobbing impact on witnesses?: An observational study in the nursing staff of a hospital in Buenos Aires*

¿Impacta el mobbing en los testigos?: Un estudio observacional en el personal de enfermería de un hospital del conurbano bonaerense

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ABSTRACT

Introduction: mobbing is a set of unacceptable behaviors and practices, aimed at, causing or likely to cause physical, psychological, sexual or economic harm, and includes gender-based violence and harassment.

Objective: to analyze the impact of mobbing on witnesses and its relationship to job performance.

Method: an observational, descriptive, cross-sectional, descriptive study was carried out in a hospital in the Buenos Aires suburban area. The sample consisted of 64 nursing professionals. Four evaluation instruments were used.

Results: In the sample studied, 51,6 % had been victims of mobbing, 79,68 % had witnessed this type of act and 37,5 % reported that they currently feel harassed or psychologically bullied at work. The mean score obtained in the HPT-R was $65,51 \pm 25,96$. The results show that witnesses suffer significantly more stress symptoms than non-witnesses. Witnesses presented higher means for the vast majority of the stress symptoms analyzed. When ANOVA test was applied, it was found that those who were witnesses had higher number of stress symptoms, HPT-R scores and lower professional performance.

Conclusions: Witnesses of psychological harassment at work had a higher perception of stress symptoms than those who did not, in addition to a higher overall score of perceived harassment and lower job performance.

Keywords: Nursing; Psychological Harassment; Witnesses; Mobbing; Intralaboral Psychosocial Risk; Emergent Psychosocial Risk.

RESUMEN

Introducción: el *mobbing* es un conjunto de comportamientos y prácticas inaceptables, que tengan por objeto, que causen o sean susceptibles de causar, un daño físico, psicológico, sexual o económico, e incluye la violencia y el acoso por razón de género.

Objetivo: analizar las repercusiones del *mobbing* en los testigos y su relación con el desempeño laboral.

Método: se realizó un estudio observacional, descriptivo, de corte transversal en un hospital del conurbano bonaerense. La muestra estuvo constituida por 64 profesionales de enfermería. Se utilizaron 4 instrumentos de evaluación.

Resultados: en la muestra estudiada el 51,6 % que en los ha sido víctima de *mobbing*, el 79,68 % fue testigo de este tipo de actos y el 37,5 % refiere que actualmente se siente acosado/a u hostigado/a psicológicamente en el trabajo. La media de la puntuación obtenida en el HPT-R fue de $65,51 \pm 25,96$. Los resultados muestran que los testigos padecen significativamente más síntomas de estrés que los no testigos. Los testigos presentaron medias más elevadas para la inmensa mayoría de los síntomas de estrés analizados. Al aplicar la prueba de ANOVA se encontró que los que fueron testigo tenían mayor número de síntomas de estrés, puntuaciones del HPT-R y menor desempeño profesional.

Conclusiones: los testigos de hostigamiento psicológico en el trabajo tuvieron una mayor percepción de los síntomas de estrés que los que no tuvieron, además de una puntuación global mayor de percepción de hostigamiento y menor desempeño laboral.

Palabras clave: Enfermería; Hostigamiento Psicológico; Testigos; Mobbing, Riesgo Psicosocial Intralaboral, Riesgo Psicosocial Emergente.

INTRODUCTION

Mobbing or workplace harassment was defined by a group of European Union experts as "a negative behaviour amongst colleagues or between superiors and subordinates, which leads to harassment and systematic attacks on a specific employee for a long time, directly or indirectly, by one or more people in order to isolate the one being harassed."⁽¹⁾

People who suffer from mobbing remain in an extreme state of distress with a sense of powerlessness and chronic discomfort, with deep negative consequences on their emotional stability, which can be sometimes detrimental to their physical and mental health.^(2,3,4)

Workplace harassment has been identified as a growing factor of stress at work among healthcare professionals. Negative consequences have been analyzed among health professionals in a variety of studies, showing high rates of depression, anxiety, phobias, or psychosis.^(5,6,7) Some studies have shown that victims may experience Post-Traumatic Stress Disorder symptoms similar to those of war victims. Furthermore, mobbing is associated with the increased use of substances such as psychotropics that have mental and physical consequences for the victims. And all this happens despite the high level of knowledge of healthcare professionals, not only about drug administration but also about their effects.⁽⁸⁾

There are two people involved in the situation of mobbing; the victim and the aggressor, but then a third actor appears, the witness of the harassment, who lives with it on a daily basis. This witness is identifiable as a silent actor that visualises the mobbing action and is committed to a neutral position given within the organizational culture.⁽⁹⁾

Although the witness is not the main victim, that individual is affected psychologically. According to this, the witness performs as a silent actor who cannot be blamed because this individual is at a crossroads between the observed behaviour and their own powerlessness over the situation. As a consequence, it leads them to act in self-defense as well as to become passive actors in the perceived harassment.⁽⁹⁾

The present investigation explores the repercussions of mobbing on witnesses and its relationship with job performance in the nursing staff of a suburban hospital in Buenos Aires.

METHOD

Type of study and context: an observational, descriptive, and cross-sectional study was conducted between December 2021 and January 2022 in a hospital in Buenos Aires suburbs.

Sample: the sample consisted of 64 nursing professionals selected through non-probability convenience sampling.

Inclusion criteria: nursing staff with a nursing degree, a bachelor in nursing or postgraduate degree, with more than 6 months of seniority in the institution.

Exclusion criteria: personnel who did not agree to participate in the study and did not have contact with patients in their professional activities within the institution.

Data collection instrument:

1. Questionnaire of Sociodemographic and Labour Data prepared *ad hoc* for this study: this questionnaire includes sociodemographic and labour variables potentially related to psychological harassment.
2. Questionnaire of Psychological Harassment at Work-Revised (HPT-R, in Spanish):⁽¹⁰⁾ this instrument is divided into 2 parts: the first is comprised of 35 items and assesses the frequency of harassment behaviours of a strictly psychological nature, where participants use a Likert scale for their answers, from 0 to 6 points each. The second part includes dichotomous questions to identify the perception of harassment in the previous 6 months and/or at the time of the study. The HPT-R also inquires whether the respondent has witnessed hostile acts in the workplace or not. The instrument has a 0,96 reliability and its items are grouped into 5 factors (Humiliation and Personal Rejection, Professional Discrediting, Professional Rejection and Invasion of Privacy, Professional Rejection and Scorn or Professional Isolation) that explain the 50,6 % variance.
3. Questionnaire on Stress Symptoms:⁽¹¹⁾ this instrument, which has a 0,96 reliability, consists of 30 possible stress symptoms that a person may show in a stressful situation. Their frequency and intensity are measured by using a progressive intensity Likert scale.
4. Questionnaire on Work Performance:⁽¹²⁾ This questionnaire, suggested by Chumpitaz Ipanaque, has a performance competencies-format assessment, made of a list of 21 items (Cronbach's alpha = 0.924). This instrument uses the following response scale: always (5), almost always (4), sometimes (3), rarely (2), and never (1).

Ethical aspects: the survey was anonymous and administered after the approval of the informed consent, in which the researcher's commitment to not disclose data that would allow the identification of the respondents was made clear.

Statistical analysis: statistical analysis was performed using Microsoft Excel. Descriptive statistics were applied through absolute frequencies and relative percentages, as well as through Mean, Median, and Standard Deviation (SD). ANOVA test was used to compare indicators regarding if they were or not witnesses of psychological harassment at work. The significance level was $p < 0,05$.

RESULTS

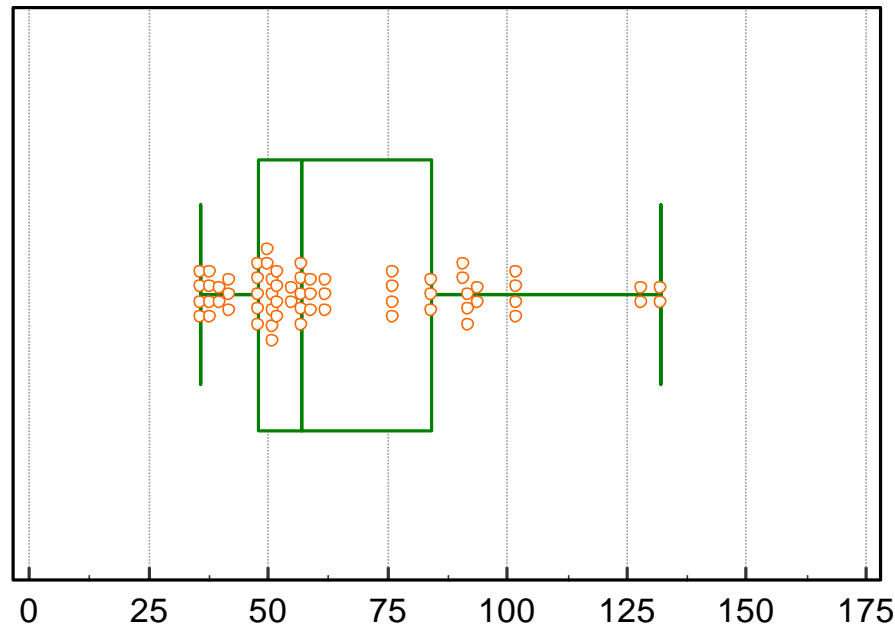
Almost the entire sample (96,9 %) were females and the remaining 3,1 % were males. The average age was $40,03 \pm 6,29$. According to the level of academic studies, 46,9 % had a Professional Nursing degree meanwhile, 53,1 % had a Bachelor degree in Nursing.

Over half of the studied sample (51,4 %) had been victims of mobbing. Of that percentage, 79,68 % witnessed that type of act and 37,5 % reported that they felt psychologically harassed at work at the time of the survey.

This study had as a precept the possibility of perceiving and reacting to psychological harassment in relation to age and gender. Due to the novelty of the study, the focus was on the assumption of whether or not they witnessed psychological harassment in the workplace.

The score distribution obtained from the Questionnaire of Psychological Harassment at Work-Reviewed (HPT-R) is shown in figure 1. The average score was $65,51 \pm 25,96$. More than 70 % of the respondents were between the 40th and 60th percentile.

Figure 1. Score distribution obtained in the Questionnaire of Psychological Harassment at Work-Reviewed (HPT-R) according to percentiles



Regarding the comparison between the perception of stress symptoms manifested in witnesses and non-witnesses of psychological harassment at work (**table 1**), results show witnesses suffer significantly more stress symptoms than non-witnesses only in three indicators: "Tired, lack of energy", "Frightened, with a feeling of being threatened" and "Disinterested". Moreover, we observed witnesses presented higher means for the vast majority of the stress symptoms analysed.

Table 1. Comparison between the perception of stress symptoms manifested in witnesses and non-witnesses of psychological harassment at work

Symptoms of Stress	Witnesses (51)	Non-witnesses (13)	ANOVA p value
Dizzy	1,43(1,13)	1,07(1,49)	0,351
Tired/ lacking energy	2,72(0,87)	1,61(1,70)	0,002
Nervous	1,86(1,13)	1,30(1,37)	0,136
Oppressed with a tense body	2,00(1,11)	1,69(1,49)	0,411
Frightened, feeling of being threatened	1,25(1,26)	0,30(0,48)	0,010
Loss of appetite	1,47(1,13)	0,76(1,48)	0,067
Tachycardia	1,37(1,21)	0,92(1,55)	0,266
Hopeless	1,76(1,51)	1,23(1,53)	0,263
Restless, startled	1,45(1,26)	1,46(1,50)	0,980
Memory failures	1,41(1,16)	1,07(1,49)	0,388
Chest pains or breathing difficulties	1,25(1,46)	1,07(1,49)	0,699
Feelings of guilt	1,35(1,43)	1,23(1,64)	0,791
Worried	2,13(1,05)	1,92(1,18)	0,527

Muscular pain (e.g., rheumatic)	2,19(1,38)	1,46(1,50)	0,099
Thinking people reject me, interpret me wrongly	0,96(1,19)	0,92(1,55)	0,924
Trembling	0,84(1,22)	0,92(1,44)	0,840
Difficulty in thinking clearly	0,98(1,17)	0,46(0,77)	0,137
Feeling unsuccessful, thinking I'm worthless	1,09(1,52)	0,30(0,75)	0,076
Being tense	1,88(1,32)	1,15(1,06)	0,071
Feeling Inferior to other people	1,19(1,51)	1,23(1,53)	0,941
Numb and stiff body parts	1,21(1,28)	0,92(1,55)	0,485
Irritable	1,72(1,23)	1,76(1,69)	0,916
Thinking about things I can't get out of my mind	1,05(1,22)	1,53(1,76)	0,255
Disinterested	1,52(1,48)	0,61(1,12)	0,043
Unhappy, depressed	1,21(1,41)	0,76(1,48)	0,319
Panic attacks	0,92(1,39)	0,61(1,50)	0,490
Weakness in some parts of the body	1,49(1,46)	0,92(1,44)	0,215
Unable to concentrate	1,37(1,28)	0,84(0,89)	0,168
Insomnia, sleep disturbance, or nightmares	1,39(1,47)	1,53(1,85)	0,763
Waking up very early and having a hard time when going back to sleep	1,50(1,40)	1,30(1,37)	0,644

Table 2 shows ANOVA test to assess the differences among obtained scores in the Questionnaire of Psychological Harassment at Work-Revised (HPT-R), perception of stress symptoms, and professional performance of witnesses and non-witnesses of psychological harassment at work.

Witnesses of mobbing presented a higher number of stress symptoms as well as a higher HPT-R score but lower professional performance. However, there was not a significant difference in any case.

Table 2. Comparison between obtained scores in the Questionnaire of Psychological Harassment at Work-Revised (HPT-R), perception of stress symptoms and professional performance of witnesses and non-witnesses of psychological harassment at work

Indicator	Witnesses (13)	Non-witnesses (51)	ANOVA p value
Psychological Harassment at Work	68,54(27,14)	53,61(16,65)	0,064
Stress Symptoms	42,56(29,20)	31,69(31,52)	0,243
Professional Performance	93,03(7,58)	95,30(4,93)	0,311

DISCUSSION

Harassment at work has been widely analysed focusing on the sufferer. However, mobbing has not been studied enough from the perspective of witnesses,^(3,7,8) which demonstrates the novel approach of this study. Furthermore, our study highlights the subjectivity in mobbing perception and its characteristics, despite the high percentage of witnesses bearing in mind that this behaviour should not exist in the workplace. The evaluation of the impact in terms of intensity and magnitude from the psychophysical point of view not only adds value to the study but also makes the phenomenon understandable from a multidimensional approach.

The vast majority of the sample (96,9 %) were females. Some studies, such as those of de Cardoso y col.⁽³⁾ y Pinto y col.⁽⁵⁾ describe that their populations were composed mainly of females (89,7 % and 73 %, respectively). This variable may be related to the fact that historically and culturally, the general nursing population has been women.

Galián-Muñoz y col.⁽¹³⁾ found no differences related to gender among professionals, although they mention that there were studies indicating men were at a higher risk for violence.

The results of this study show that 79,68 % of the sample witnessed the psychological abuse their work colleagues suffered at work. The manifestations were more visible in most of the analysed indicators linked to the perception of stress, and they demonstrate the impact of mobbing even in an indirect way.

In relation to direct exposure to harassment, the frequency of cases was 1 out of 5. In some other cases, the frequency of being a victim of harassment is between 17 % and 21 %.⁽⁸⁾ A study carried out at the Hospital Universitario Son Espases (Spain) reveals that at least about a third of these professionals have experienced this type of mistreatment.⁽³⁾

These results may be due to the fact that either nursing is a female-dominated group or nurses are more receptive to being mistreated by other colleagues. Several studies indicate that nursing supervisors witnessed mobbing before taking up their duties, or even nursing students and new graduates have been victims of psychological mistreatment or witnessed that behaviour.^(8,14,15)

On the other hand, Martin y col.⁽¹⁶⁾ argues that the most common targets of mobbing are: people who bring charges; people who confront dominant paradigms, accepted truths or organizational dynamics; those who promote changes; the otherness, that is, people who depart from the established norms because of gender or sexual preferences, social group or average competition; and anyone that affects the vested interests of organised groups.

It is important to point out that the perception of being the target of abusive behaviour and powerlessness are factors that justify the fact of a high percentage of witnesses leaving their profession, especially young people.^(3,4)

An important part of our lives depends on what we see, hear, and read in the media. Generally, we can only learn from reality through what we are told, but this is not part of our experience or knowledge gained by others. Therefore, in many cases, our thoughts actually depend on the way news, opinions, reports, documentaries or entertainment are told to us.⁽¹⁷⁾

In Argentina, the *Oficina de Asesoramiento sobre Violencia Laboral* (OAVL, in Spanish) del *Ministerio de Trabajo, Empleo y Seguridad Social* (MTEySS, in Spanish) and some business entities published in 2016, the Act of Accomplishment "For a Decent Work without Violence at Workplace", the "Manual of Awareness and Prevention at Workplace in Business Organizations", within the framework of the Act of Commitment, whose goals are to:⁽¹⁸⁾

1. Develop appropriate measures to promote decent work.
2. Raise public awareness about the consequences of violence in the workplace.
3. Report on its social, legal, and economic consequences.
4. Work collaboratively with different social actors involved in the problematic situation.

A brochure is an awareness-raising tool which provides a definition of workplace violence, analyses its consequences, and identifies the characteristics of a healthy work environment to foster a culture of prevention.

Limited knowledge as well as awareness of psychological violence and its impact prevent the detection (especially in harassment) and recognition of the root cause of the problem that affects victims.

That cause is hidden in the work organisation itself since it is not within the sufferer, the precedent, or the present psychological factors.

Therefore, unhealthy or harmful work situations, involving external, persistent, and aggressive behaviour, are not recognised but rather attributed to the victim's imagination.⁽¹⁸⁾

Mobbing affects victims activating health problems related to anxiety and somatization. Mental illness is experienced and also manifested in the affected individuals, from pain and dysfunctions to organic disorders at a great cost.⁽¹⁸⁾

Mobbing can also have significant negative effects on a person's family life, causing great tension in relationships and also in their professional life causing firing, prolonged absences, and the possibility of strike and unemployment.⁽¹⁸⁾

Employees' job satisfaction has an impact on their motivation, work quality, and mental exhaustion. Consequently, if harassment at work is prevented, the quality of working life and satisfaction will prevail over it with empirically supported dimensions. In this sense, the basic prevention against workplace harassment should involve a wide variety of management tools such as: management skills, reinforcement, training development, organisational justice, welfare, development of motivation and psychological impact on leadership that strengthens prevention at an organisational scale.^(20,21)

CONCLUSION

After the analysis of the results described in the present research, we are able to validate the proposed hypothesis. Thus, we inferred that nurses who witnessed psychological harassment at work have a more widespread perception of stress symptoms than those who did not, and they also have a higher overall score of harassment perception and a lower level of work performance.

Therefore, we could indicate psychological harassment (mobbing) impacts negatively on witnesses. However, it is necessary to carry out some other investigations that distinguish people who only witnessed work harassment from those who suffered from mobbing and also were mobbing witnesses.

Generally, organisational intervention with a preventive approach is required to solve this serious working relationship problem. In addition, it is essential to be aware of harassment situations among peers to prevent and avoid this type of violence by establishing strategic measures such as: reviewing the communication channels in the staff to reduce misunderstandings, making messages explicit; and making communication more fluid in order to avoid discrediting work because of an unclear order.

Finally, it emerges as an imperative to build fair, inclusive and democratic social systems. Mobbing should be made visible as a problem in order to implement actions to eliminate it as well as to provide the functionality of institutional scenarios for the benefit of the service, human resources and those who are subjects of attention within the framework of the institutional practices.

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