

THE IMPACT OF HEALTHCARE WORKERS' EXPOSURE TO MOBBING BEHAVIOR ON ATTITUDES TOWARDS VIOLENCE AT WORK
SAĞLIK ÇALIŞANLARININ İŞ YERİNDE MARUZ KALDIĞI YILDIRMA DAVRANIŞLARININ ŞİDDETE YÖNELİK TUTUMLARI ÜZERİNE ETKİSİ

Dr. Emel KAYA

Çankırı Karatekin Üniversitesi, Sağlık Bilimleri Fakültesi, Hemşirelik Bölümü, gr.emel.85@gmail.com, ORCID: <https://orcid.org/0000-0001-9932-0976>

Dr. Ebru BAŞKAYA

Uşak Üniversitesi Sağlık Hizmetleri Meslek Yüksekokulu, ebru.kurdal@usak.edu.tr, ORCID: <https://orcid.org/0000-0002-3485-2039>

Assist. Prof. Dr. Kamuran CERİT

Süleyman Demirel Üniversitesi, Sağlık Bilimleri Fakültesi, Hemşirelik Bölümü, kamurancerit@gmail.com, ORCID: <https://orcid.org/0000-0002-1234-4025>

Dr. Merve KIZILIRMAK TATU

Gazi Üniversitesi, Sağlık Bilimleri Fakültesi, Hemşirelik Bölümü, mervekizirmak@gmail.com, ORCID: <https://orcid.org/0000-0002-3218-2705>

ABSTRACT

Objective: This study was conducted to determine the effect of mobbing behaviors of health workers at work on attitudes towards violence.

Materials and Methods: The study included 75 health care workers who are working in the two different public hospitals. Data were collected between March and April 2016. A three-section questionnaire was used in the data collection. In the first section was contained the demographic characteristics of the participants. Other sections were "Workplace Psychologically Violent Behaviors (WPVB)" scale developed by Yıldırım and Yıldırım (2007) and "Adults' Attitudes Scale Toward Violence Scale (AASTVS)" developed by Gür et al. (2016).

Results: 82,7% of the participants in the research had one or more encountered workplace mobbing behavior from one or multiple times in the last 12 months. The most encountered mobbing behaviors of participants, respectively; attack on professional status (79%), attack on personality (76%), individual's isolation from work (64%) and other negative behaviors (27%) were found. It is determined to be satisfied with the work of the participants medium level (2.58±1,1). In addition, when the participants have problems in their departments, they stated that they receive support from 50.7% of the first-level manager, 46.7% of co-workers to solve.

Conclusion: In this research, it is determined to participants are exposed to workplace psychological violence situations between attitudes towards violence were positive and moderately strong relationship ($r = 0.447$; $p < 0.000$) and the exposure to mobbing behavior an impact of 20% on attitudes towards violence.

Keywords: Healthcare Personnel, mobbing, psychological violence, attitude towards violence

ÖZET

Amaç: Bu çalışma sağlık çalışanlarının iş yerinde maruz kaldığı yıldırma davranışlarının şiddete yönelik tutumları üzerine etkisini belirlemek amacıyla yapılmıştır.

Gereç ve Yöntem: Çalışmaya, beş farklı kamu hastanesinde çalışan 75 sağlık personeli katılmıştır. Veriler Mart-Nisan 2016 tarihleri arasında toplanmıştır. Üç bölümden oluşan araştırma formu kullanılmıştır. Formun ilk bölümü katılımcıların demografik özelliklerini içermektedir. Diğer bölümler Yıldırım ve Yıldırım tarafından geliştirilen "İş Yerinde Psikolojik Şiddet Davranışları (İYPŞD)" Ölçeği ve Çetin tarafından geliştirilen "Ergenlerin Şiddete Yönelik Tutumları Ölçeği" (EŞYT) dir.

Bulgular: Katılımcıların %82,7'sinin son 12 ayda bir ya da birden fazla kez yıldırma davranışlarından bir veya birden fazlasıyla karşılaştığı sonucuna ulaşılmıştır. Çalışanların en fazla karşılaştıkları psikolojik şiddet

davranışları sırasıyla; mesleki statüye saldırı (%79), kişiliğe saldırı (%76), bireyin işten izolasyonu (%64) ve diğer negatif davranışlar (%27) olarak bulunmuştur. Katılımcıların işten memnun olma durumları ise orta düzey ($2.58 \pm 1,1$) olarak belirlenmiştir. Ayrıca, çalıştıkları birimde sorun yaşadıklarında çözüm için katılımcıların %50,7'si birinci derece yöneticisinden, %46,7'si ise iş arkadaşlarından destek aldıklarını belirtmiştir.

Sonuç: Çalışmamızda, katılımcıların iş yerinde psikolojik şiddete maruz kalma durumları ile şiddete yönelik tutumları arasında olumlu ve orta düzeyde güçlü bir ilişkinin olduğu ($r=0.447$; $p < 0.000$) ve maruz kaldıkları yıldırma davranışlarının şiddete yönelik tutumları üzerinde %20 oranında bir etkisi olduğu belirlenmiştir.

Anahtar kelimeler: Sağlık personeli, mobbing, yıldırma, psikolojik şiddet, şiddete yönelik tutum

1. INTRODUCTION

Violence is defined by the World Health Organization (WHO) as "the purposeful use of physical force or threats against oneself, another person, a group or community to cause death, injury, mental injury and developmental disorder" (Krug, Dahlberg, Mercy, Zwi ve Lozano, 2002). Violence may occur as various ways such as psychosocial, emotional, sexual, economic and physical abuse. The phenomenon of violence brings to mind physical violence first. However, it is psychological violence that supports physical violence and when psychological violence cannot be suppressed, physical violence may inevitably occur (WHO, 2014). Physical violence is a conscious, purposeful and deliberate behaviour which occurs with the motivation to dominate others (Tutar H, 2014) and involves the acts of physical violence such as beating, slapping, kicking, stabbing, shooting, pushing and biting that are the use of physical force. (Abualrub ve Al-Asmar, 2011) Physical violence only occurs if there is a psychological violence that supports and motivates it (Tutar H, 2014). Psychological violence is defined as an important problem for professional health for many employees and institutions today (Beech ve Leather, 2006) and the repeated psychological or administrative form of the violence in workplace has been conceptualized as "mobbing" (Claire Mayhew ve diğerleri, 2004). The concept of mobbing is a situation that may occur in all workplaces regardless of culture difference and may be exposed by all people regardless of gender and includes all kinds of behaviors with potential severe consequences such as maltreatment, threats, violence and humiliation systematically applied by their superiors, equal colleagues or subordinates in the workplace. (Tınaz, 2006) Mobbing in the workplace was defined by Leymann as "the systematic exposure of one or more rarely several people to emotionally damaging behaviors by one or more people (rarely more than four) every day and for several months (Leymann, 1996). The International Labor Organization (ILO) also stated in its definition that mobbing does not only include physically aggressive behaviors, but also psychologically aggressive behaviors are included in the scope of violence (Gürhan, 2013) and mentioned that violence in workplaces occurs among employees, administrators and auditors (Chappell ve Di Martino, 2006).

According to the ILO (2006) report, in 12-month empirical study in different work fields in Australia it was concluded that in different businesses and workplaces different types of violence and in most of workplaces verbal abuses and threats were observed, majority of aggressive behaviours on employees happened without physical attacks and the children and healthcare personnel grown in reformatory schools more likely exposed to violence and the professional groups with face to face contact with people were under higher risks (Chappell ve Di Martino, 2006). In the report of the International Council of Nurses (ICN) (2001), it is stated that healthcare professionals are 16 times more likely to be exposed to violence than other service sector employees (Kingma, 2001). In addition, Cho et al. concluded in their study on 131 nurses working in emergency service that average 60% of the participants were exposed to abuse and violence (Cho, Cha ve Yoo, 2015).

Along with the legal legislations against physical violence psychological violence especially in public sector began to occur more commonly and as a result it occurred with some attitudes and behaviours such as frightening, disturbing, contempt, exclusion / isolation, deprivation of institutional resources, unfair behaviour in the distribution of resources (Yildirim ve Yildirim, 2007). Attitudes are the causative factors that lie behind human behaviours and the state of taking a certain position towards a situation, event, object or person and "being ready to act". In other words, attitudes determine the behaviour type of individuals (Tutar H, 2014). Attitudes which direct the behaviours of individuals are supposed as significant determiners

of behaviours including also the violence behaviours (Zwets ve diğerleri, 2015). In a study conducted to identify whether nurses were exposed to psychological violence or not it was determined that 14.3% of the nurses exposed to psychological violence frequently answered as “I did nothing.” as a response to the event (Demir, Bulucu, Özcan, Yılmaz ve Şen, 2014). In another study conducted on hospital staff, it was found that the response of the participants to psychological violence was “just sharing this event with their friends” (Çöl, 2008). Similarly, in the study conducted by Adaş (2008), it was determined that 62% of the doctors exposed to psychological violence behaviour did not have any complaints (Adaş, Elbek ve Bakır, 2008). In the study conducted by Bahçeci and Sağkal (2008), it was determined that one of the most common reactions of nurses against psychological violence was to keep silent (25.7%), withdraw and blame themselves (Geçici ve Sağkal, 2011). Pai Lee (2011) conducted a study on 521 nurses in Taiwan. The purpose of this study was to reveal the psychological violence behaviours and effect of those behaviours on nurses. It was identified in the study that 29.8% of the participants were exposed to tyranny/ mobbing, 12.9% were exposed to sexual abuse, 51.4% were exposed to verbal abuse and 19.6% experienced physical violence. It was also found that verbal abuse increased the anxiety rate (Pai ve Lee, 2011). In addition, it is stated in the literature that people who are subjected to psychological violence at work have decreased self-esteem and show symptoms of anxiety along with depression. However, no national-level research has been found in the literature that examines the effect of psychological violence behaviors that healthcare workers are exposed to in the workplace on their attitudes towards violence. (Cisem, Şanlı ve Akel, 2018). In accordance with these data our study was conducted to determine the effect of mobbing that healthcare employees were exposed in workplaces on their attitudes towards violence and the answer to the following questions was searched:

1. How often do the healthcare staff are exposed to mobbing?
2. Is there any relationship between mobbing that healthcare staff are exposed to and their attitudes towards violence?
3. Is there any effect of mobbing that healthcare staff are exposed to on their attitudes towards violence?

2. METHODS AND MATERIALS

2.1 Type of the Study

It is an explanatory and cross-sectional field study that was designed as a quantitative study in order to determine the effect of mobbing behaviors that healthcare staff are exposed to in workplaces on their attitudes towards violence.

2.2. Place and Time of the Study

The study was conducted in two different public hospitals. The study data were collected between March and April 2016.

2.3. Sample

The healthcare professionals working in two public hospitals constituted the universe of the study. No sample was selected and the data of 75 people accepting to participate in the study were evaluated. The data of the study were collected after the healthcare professionals who agreed to participate in the study were informed about the study and the Written Consent Form was obtained. Filling data collection tools takes an average of 15-20 minutes continued.

2.4. Data Collection Tools

In the first part of the study, a survey form including demographic characteristics of the participants was used by the researchers.

In the second part, "PVBWS Scale" (PVBWS) developed by Yıldırım and Yıldırım was used to determine whether the healthcare staff were exposed to mobbing behaviours. The scale consists of four sub-dimensions as individual's isolation from work, attack on professional status, attack on personality and direct negative behaviours. The 6 likert type of scale was ranked as “0= I have not experienced yet” and “5= I always experience”. In the evaluation of the scores, the score average as 1 and over 1 from the scale indicates that an individual is exposed to mobbing (Yildirim & Yildirim, 2007; Yildirim et al., 2007). Internal consistency value of the scale was calculated as 0,93 and the internal consistency value in this study is 0,98.

In the final part “Adults’ Behaviours Towards Violence Scale (ABTVS)” developed by Gür ve et al. was used in order to determine the attitudes of healthcare employees towards violence (Gür, Cerit ve Gürhan, 2016). Attitudes towards violence scale is a two-dimensional scale consisting of 7 items. This 5 likert type of scale is ranked as “I completely disagree”, “I disagree”, “I’m indecisive”, “I agree”, “I completely agree”. The lowest score to be obtained from the scale is 7 and the highest score to be obtained from the scale is 35. Internal consistency value of the scale is 0.80.

2.5. Data Analysis

Data were analyzed with SPSS 20 Package Program. In the data analysis descriptive statistics (percentage, frequency, average and standard deviation) and in determining the difference between demographic properties and exposure to mobbing independent sample t- test, ANOVA and Mann-Whitney U test were used and Pearson correlation analysis was performed in order to examine the relationship between employees' exposure to mobbing and their attitudes towards violence. Linear logistic regression analysis was used in order to explain the effect of mobbing that healthcare employees are exposed to on their attitudes towards violence.

2.6. Ethical consideration

The study was conducted in accordance with the Principles of Helsinki Declaration. The study was approved by a University Non-Interventional Clinical Research Ethics Committee (Date: 07.02.2018; Decision number: 2/4). To perform the study necessary permissions have been obtained from the institution where the research will be conducted. The healthcare staff participating in data collection process were informed about the purpose and scope of the study and written consents were taken.

3. RESULTS

81,3% (n=61) of the healthcare staff participating in the study are female, 62.7% (n = 47) are married and 66.7% (n = 50) have bachelor’s degree. 85,3% (n= 64) of the participants are nurses, 4% (n= 3) are doctors, 10,6% (n= 8) are dieticians, paramedics and emergency medical technicians and when asked about their income levels, 86.7% reported as medium level. 89.3% (n = 67) of the participants are in the staff position, 10.7% (n = 8) are in the manager position, their average age is 33.47 (± 7.4), their length of service is 12.32 (± 8,0) years and employment in the institution is 7,04 (± 5,6) years.

When the participants were asked that from whom they received support for the solution in case of problems in their units, 50.7% (n = 38) reported that they received support from the first degree manager and 46.7% (n = 35) from their colleagues. While 36% (n= 27) of the participants reported that they received sufficient support for the solution in case of problems in their units, 61,3% (n=46) stated that they did not receive sufficient support. The average professional satisfaction status of the participants who were asked to evaluate their professional satisfaction between 0-Not satisfied and 5-Very satisfied was found as 2.58 (± 1.1).

Table 1: The Frequency of Mobbing Behaviors that Healthcare Staff Are Exposed to (n=75)

	%	Ave.	SS
Individual’s Isolation from Work	%64	0,78	1,25
1. Not being given the opportunity to show yourself	%40	1,17	1,71
2. Criticism and rejection of your decisions and suggestions	%44	1,21	1,63
3. Handing on the tasks under your responsibility to others in lower positions than you	%25,3	0,77	1,49
4. Being audited by others in lower positions than you	%32	0,88	1,46
5. Not being informed about the organized meetings	%22,7	0,69	1,41
6. Not getting a response to your request to meet or speak	%25,3	0,74	1,43
7. Being ignored in your environment and people pretending that you are absent	%26,7	0,80	1,51
8. Frequent interruption while you are speaking	%34,7	0,96	1,57
9. No replies for your e-mails and phone calls	%6,7	0,18	0,84
10. Pressure to quit your job and ask for appointment	%20	0,61	1,32
11. Keeping the information, documents and materials required for your business from you	%20	0,62	1,36
Attack on Professional Status	%78,7	1,13	1,38
1. Being forced to do a job that negatively affects your self-esteem	%37,3	1,04	1,58
2. Continuous negative evaluations about your performance	%36	1,02	1,56
3. Being blamed for the issues not under your responsibility	%54,7	1,33	1,55
4. Only your being held responsible for the negative consequences joint works	%32	0,84	1,44
5. Finding faults / mistakes related to the work you do and the consequences of the work	%42,7	1,10	1,54

6. Questioning your professional competence in every task you do	%38,7	1,05	1,55
7. Indirect control on you and your work	%61,3	1,36	1,53
8. Your work seen as worthless and unimportant	%44	1,29	1,68
9. Being held responsible for the works over your capacity	%42,7	1,14	1,59
Attack on Personality	%76	0,97	1,14
1. Speaking to you in front of others in humiliating and insulting way	%64	1,49	1,46
2. False statements about you	%50,7	1,36	1,62
3. Behaving you in the presence of others in humiliating way (using body language)	%54,7	1,29	1,50
4. Implying that you have poor mental health	%22,7	0,77	1,48
5. Questioning your honesty and reliability	%53,3	1,28	1,57
6. False rumors about your private life	%38,7	0,98	1,52
7. Verbal threats	%33,3	0,82	1,43
8. Experiencing a behavior such as punching the table	%22,7	0,56	1,16
9. Exchanging correspondence and keeping reports about you without good cause	%5,3	0,21	0,99
Direct negative Behaviours	%26,7	0,44	1,00
1. Preventing or banning your colleagues from talking to you	%22,7	0,74	1,46
2. Leaving the place you are in deliberately when you enter in	%21,3	0,68	1,38
3. Damage to your personal belongings	%5,3	0,17	0,84
4. Application of physical violence	%5,3	0,18	0,88
Exposure to Mobbing in the last 12 months	%82,7	0,84	1,14

The frequency of mobbing that healthcare staff are exposed to is indicated in Table 1. It was concluded that 82,7% of the participants were exposed to one or more than one of the mobbing behaviours at least once or more than ones in the last 12 months. Participants are mostly exposed to the mobbing behaviours in attack on professional status dimension such as “indirect control on you and your work” and “being blamed for the issues not under your responsibility”. The behaviours in attack on personality dimension as “Speaking to you in front of others in humiliating and insulting way” and “Behaving you in the presence of others in humiliating way” follow those behaviours (using body language).

Table 2: The Relationship Between Healthcare Workers' Mean Scores of the PVBWS Scale and ABTVS Scale and the Scales (n:75)

	Medium	SD	1	2	3	4	5	6	7	8
1- Isolation of the individual from work	0,78	1,25	1							
2- Attack on professional status	1,13	1,38	0,839**	1						
3- Attack on Personality	0,97	1,14	0,751**	0,861**	1					
4- Direct negative behavior	0,44	1,00	0,664**	0,680**	0,686**	1				
5- Cognitive and Emotional Dimension of Violence	1,69	0,91	0,460**	0,335**	0,375**	0,508**	1			
6- Behavioral Dimension of Violence	2,31	0,94	0,407**	0,347**	0,457**	0,413**	0,689**	1		
PVBWS TOTAL	0,83	1,13	0,868**	0,971**	0,930**	0,716**	0,353**	0,395**	1	
ABTVS TOTAL	1,95	0,85	0,458**	0,365**	0,445**	0,466**	0,888**	0,932**	0,400**	1

** p<0.01

When the scores of healthcare staff from PVBWS are examined, it is determined that they are exposed to mobbing with an average of 1,13 score by getting over 1 point in the dimension of “attack on professional status” (Table 2). The score average of the participants from ABTVS is 1,95 and it is observed that their attitudes towards violence is poor (Table 2). However, the behavioral dimension of ABTVS was determined to be high with an average score of 2.31. When the relationship between the employees' mean scores on PVBWS and their mean ABTVS scores was examined, it was found that there was a positive relationship between the total and sub-dimensions. A moderate positive and statistically significant correlation ($r = 0.400$; $p = 0.000$) was found between the total score of the PVBWS and the total score of the ABTVS. (Table 2).

In the linear logistic regression analysis conducted to determine the effect of mobbing behaviors that healthcare staff are exposed to on their attitudes towards violence, it was determined that mobbing behaviours had a 20% effect in explaining their attitudes towards violence ($R = 0.447$; $F = 18.196$; $p = 0.000$).

4. DISCUSSION

Studies conducted in different fields around the world indicate that people are exposed to mobbing in workplaces (Mayhew & Chappell, 2007). In 2010 European Agency report on “Violence and Abuse in Workplace” according to 4th European Working Conditions Survey (EWCS), it was reported that mobbing behaviours were observed in health sector most (also in hotel and restaurant sectors) and the employees in this sector were exposed to mobbing behaviours over 8% in the last 12 months (European Agency for Safety and Health at Work, 2010). In our study it was concluded that 82,7% of the healthcare staff are exposed to one or more than one mobbing behaviours ones or more than ones in the last 12 months. Similar results were also obtained in the studies in literature (Ekici ve Beder, 2014; Ferrinho ve diğerleri, 2003; Rutherford ve Rissel, 2004; Yildirim ve Yildirim, 2007; Yildirim, 2009).

The most frequently experienced mobbing behaviours in our study are in the dimension of attack on professional (79%) in which the questions such as “indirect control on you and your work”, “being blamed for the issues not under your responsibility” are included. Then, the dimension of attack on personality (76%) in which the questions such as “Speaking to you in front of others in humiliating and insulting way”, “Behaving you (using body language) in the presence of other in humiliating way follows and then the dimension of individual’s isolation from work (64%) and other negative behaviours (27%) come, respectively. In the study by Yildirim and Yildirim on the academicians in health sector the attacks on professional status such as questioning professional competence of the staff in all tasks they do, indirect controlling of all works was found as the most frequently observed psychological violence Behaviour (Yildirim ve Yildirim, 2007). It was also determined that nurses were exposed to the behaviours like “Speaking in front of others in humiliating and insulting way” and “Being blamed for the issues not under your responsibility” (Vessey, DeMarco, Gaffney ve Budin, 2009; Yildirim ve Yildirim, 2007; Yildirim, 2009).

Employees’ exposure to direct negative behaviours decreases professional satisfaction, performance and production and increases the possibility to make mistakes in work (Yildirim, 2009). In addition, exposure to physical violence as well as psychological violence may lead to labour force losses, health problems, job change and even death (Abualrub ve Al-Asmar, 2011). In our study it was concluded that participants perceived their professional satisfaction at medium level. In addition, we can say that the reason why employees perceive their professional satisfaction at medium level although the frequency of their exposure to mobbing behaviours in workplaces is high is their high support rate from their first degree managers (50,7% of the participants) and their colleagues (46,7% of the participants).

Exposure to psychological and physical violence is an important risk in terms of working conditions in health sector (Abualrub ve Al-Asmar, 2011). Uncertainties in job design within the organization, irregular internal audits by top-level managers, searching for the guilty, not the cause of the mistake or accident, not evaluating the performed work or the performance of the employees, the presence of unclear internal promotion criteria, competition among employees as well as excessive or unfair workload distribution, excessive individual and selfish behaviors, ignoring and tolerating (Ekici ve Beder, 2014) unfair and malicious behaviors witnessed by the employees in the organization may cause these behaviours to be

perceived as “normal” in the organization (Mayhew ve Chappell, 2007). Attitudes are important determiners of behaviours and positive attitudes increase the repetition of behaviours; however, negative attitudes may cause behaviours to die out. Therefore, having a positive attitude towards violence may clearly indicate the frequency of increasing violence behavior (Zwets ve diğerleri, 2015). Today, there is a general belief that violence causes violence. Violence is a learned behavior (Nielsen, Tangen, Idsoe, Matthiesen ve Magerøy, 2015). It has been concluded in our study that there is a positive and strong relationship between participants’ exposure to psychological violence in workplace and their attitudes towards violence. It has also been determined that mobbing behaviours that healthcare staff are exposed to had 20% effect on the attitudes towards violence. In accordance with these results, it has been concluded that the fact that mobbing behaviours observed in institutions are perceived as normal by employees and managers and those behaviors are adopted by everyone and become a corporate culture may cause an increase in employees' attitudes towards violence and 20% of this increase can be defined by the effects of mobbing behaviors that individuals are exposed to. In addition, in a study conducted with people who were subjected to psychological violence, it was concluded that the victims generally display extremely sensitive, suspicious and angry behaviors (Wornham, 2003). In our study, individuals who were exposed to psychological violence may show angry behavior characteristics, which may have brought along a positive attitude towards violence.

4.1 Limitations of the study

Since our study was conducted with 75 healthcare staff working in two different public hospitals, the psychological violence cases experienced by the maximum number of people working in these hospitals cannot be generalized to all hospitals.

5. CONCLUSION

It has been determined in our study that 82,7% of the participants are exposed to one of more than one of mobbing behaviours once or more than ones in the last 12 months and the most frequent mobbing behaviour is the attack on professional status as the psychological violence behaviour. In addition, it has been identified that there is a positive and strong relationship between participants’ exposure to psychological violence and their attitudes towards violence and the mobbing behaviours that healthcare staff are exposed to have 20% of effect on their attitudes towards violence. The existence of psychological violence behaviours in an institution will lead the staff to have attitudes towards violence.

Main Points

- Considering all these results, institutions and administrators have important responsibilities in combating mobbing.
- Institution managers should define mobbing and mobbing behaviors and share with employees that these behaviors are unacceptable within the organization.
- In addition, encouraging people who think they are exposed to mobbing in the workplace and providing legal support to these people, giving more weight to risky groups (women, foreign workers, etc.), what the mobbing behaviors are and what may cause these behaviors. It is very important to establish regulations and to continue these regulations under the control of institutional management.

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