

## REVIEW

## Preventing mobbing of nurses: a scoping review

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### Abstract

**Aim:** The aim of this study was to search for and describe current scientific knowledge about preventive measures and programs used to prevent mobbing in the workplace. **Design:** A scoping review. **Methods:** In February 2022, searches were performed in selected licensed and free databases (EBSCOhost, Ovid Nursing, Scopus, and Taylor & Francis) based on keywords according to a PCC question using Boolean operators. **Results:** A total of 573 sources were found, of which 23 were subjected to critical analysis. Nine sources were included in the final review. The majority of studies confirmed the effectiveness of prevention programs aimed at teaching assertive communication and promoting teamwork and a positive work climate. Also highlighted was the need to increase nurses' awareness and knowledge of mobbing issues. **Conclusion:** Mobbing is a society-wide phenomenon that significantly affects individuals and organizations. Preventive measures have an indispensable role in the effort to reduce the incidence of mobbing in nurses. Prevention programs, a positive organizational climate, and minimal tolerance of mobbing by the employer have been identified as highly effective measures. Increased awareness, assertive communication training and knowledge of procedures for reporting mobbing reduce the incidence of mobbing at the individual level.

**Keywords:** mobbing, nurses, prevention, scoping review.

### Introduction

Mobbing is a type of negative behavior in the workplace. It is most often defined as psychological terror (Leymann, 1996). The forms of mobbing often include gossiping, ignoring, isolation, humiliation, constant criticism, and discrediting in order to force the victim to leave the workplace (Zachariadou et al., 2018; Difazio et al., 2019). Healthcare workers are a group at risk of mobbing mainly due to their professional characteristics (Fernandes et al., 2018). As early as the beginning of the 20<sup>th</sup> century, an article was published concerning head nurses abusing their position over subordinate nurses in the form of insults and harassment (The New York Times, 1909). The prevalence of mobbing among nurses worldwide varies, with an average of 20% in Europe. From available publications, the average rate of mobbing among nurses in the Czech Republic is 30.07% (Kozáková et al., 2018; Václavíková & Kozáková, 2022; Vévodová et al., 2020). The occurrence of workplace mobbing negatively affects individuals and organizations. Mobbed individuals exhibit impaired physical and mental health, are more

anxious, and perceive a reduced overall quality of life (Sauer & McCoy, 2017). Organizations report higher employee sickness rates and associated higher absenteeism and staff turnover (Lindy & Schaefer, 2010)

Research on the prevalence of workplace mobbing and related factors has increased in recent years, but very few studies have been published on the prevention of bullying in the field of healthcare, despite the fact that prevention appears to be the most effective way to combat mobbing. Preventive strategies against nurse mobbing have not yet been sufficiently described and implemented. In the Czech Republic, there is no legal norm that defines mobbing as a criminal offence, which is the case, for example, in Scandinavian countries and the UK (Cakirpaloglu et al., 2017). Nevertheless, based on §102 of Act 262 / 2006 Coll. as amended, employers are obliged to provide a safe working environment (Act 262 / 2006 Coll., Labour Code, 2006). The World Health Organization has defined the main points of prevention of mobbing, which fall into three areas (Srabstein et al., 2010). In the area of primary prevention, it is crucial to raise awareness of mobbing among employees and managers. Acquadro et al. (2017) suggest that individuals must first become aware of the situation and their vulnerability and then increase their own ability to defend themselves against

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the undesirable phenomenon. In terms of organizational measures, it is advisable to create documents on inappropriate behavior in the workplace, clearly defining zero tolerance of such behavior in the form of a code of ethics, incorporating it into employment contracts, including a clearly defined procedure for dealing with such behavior and possible sanctions. In the area of secondary prevention, if mobbing has already occurred in the workplace, measures are aimed at providing support to the victims of mobbing. The focus is on identifying the causes that led to the conflict and the subsequent mobbing. The satisfactory resolution of conflicts is essential in the field of prevention. The bullied individual should be in contact with a trusted person who will support him / her in the further resolution process. The provision of a mediator is also appropriate. Finally, tertiary prevention focuses on removing the impact that the negative behavior has had on the victim (Srabstein et al., 2010).

The issue of mobbing in the workplace is not an isolated problem but has a very broad and complex background. Therefore, all preventive measures should be implemented systematically and comprehensively at all levels recommended by International Labour Organization (ILO),

International Council of Nurses (ICN), World Health Organization (WHO), Public Services International (PSI) (ILO, ICN, WHO, PSI, 2002).

## Aim

To search for and describe current scientific knowledge on preventive measures and programs aimed at preventing mobbing in the workplace.

## Methods

### Design

A scoping review was conducted using the methodological steps outlined by Arksey and O'Malley (2005): the identification of the research question, the identification of relevant studies, the selection of studies, the mapping of data, and the collection, description, and summarizing of the results. The research question was set as follows: "What preventive measures are implemented to avoid workplace mobbing of nurses?" Relevant keywords were identified for each part of the PCC question (Table 1). The search period determined for the listed databases was from their start to the present (01 / 2022).

**Table 1** Description of the PCC question and corresponding key words

PCC question	Key words
P = population	nurse, nurses
C = concept	mobbing, bullying, preventive measures, prevention
C = context	hospital, nursing

### Eligibility criteria

The selection of relevant studies was initiated by specifying inclusion and exclusion criteria. Primary studies (both quantitative and qualitative approaches), published within the specified period (from the start of the database to 01 / 2022) and written in English were included. Only articles with free access and available full text were included. Studies without a clearly specified sample, literature reviews, editorials, and dissertations were excluded.

### Search strategy

A resource search was conducted during February 2022. The freely available and licensed databases EBSCOhost, Ovid Nursing, Scopus, and Taylor & Francis were used to locate relevant studies. At the initial stage, a search of the EBSCOhost database was conducted to identify appropriate terms that were most relevant to the research question. The selected keywords were combined using Boolean AND and OR operators e.g., mobbing or bullying and nurse or nurses or nursing and prevention or

preventive measure and hospital. Restrictive filters were used to refine and reduce publications: students and doctors. The title and abstract of the article were checked for retrieved studies. Studies that were not available in English (Spanish, Portuguese, Chinese, Arabic, and Polish) were excluded. In addition, studies that were not primary, did not specify the exact sample of respondents, and did not focus on the prevention of mobbing were excluded. Twenty-three sources were critically analyzed. Nine studies that met the criteria were included in the final analysis. The process of the search strategy is illustrated in Figure 1 of the PRISMA-sco diagram (Tricco et al., 2016).

### Study Selection inc. PRISMA flow diagram

Nine papers that met the specified criteria were included in the scoping review. Four quantitative studies were included: one retrospective study, one descriptive study, one cross-sectional / descriptive /correlation study and one quasi-experimental study. In five qualitative studies, the one phenomenological method, one critical

discourse analysis and three studied content analysis of responses were applied. The selection process was implemented according to recommended PRISMA methodology (Figure 1).

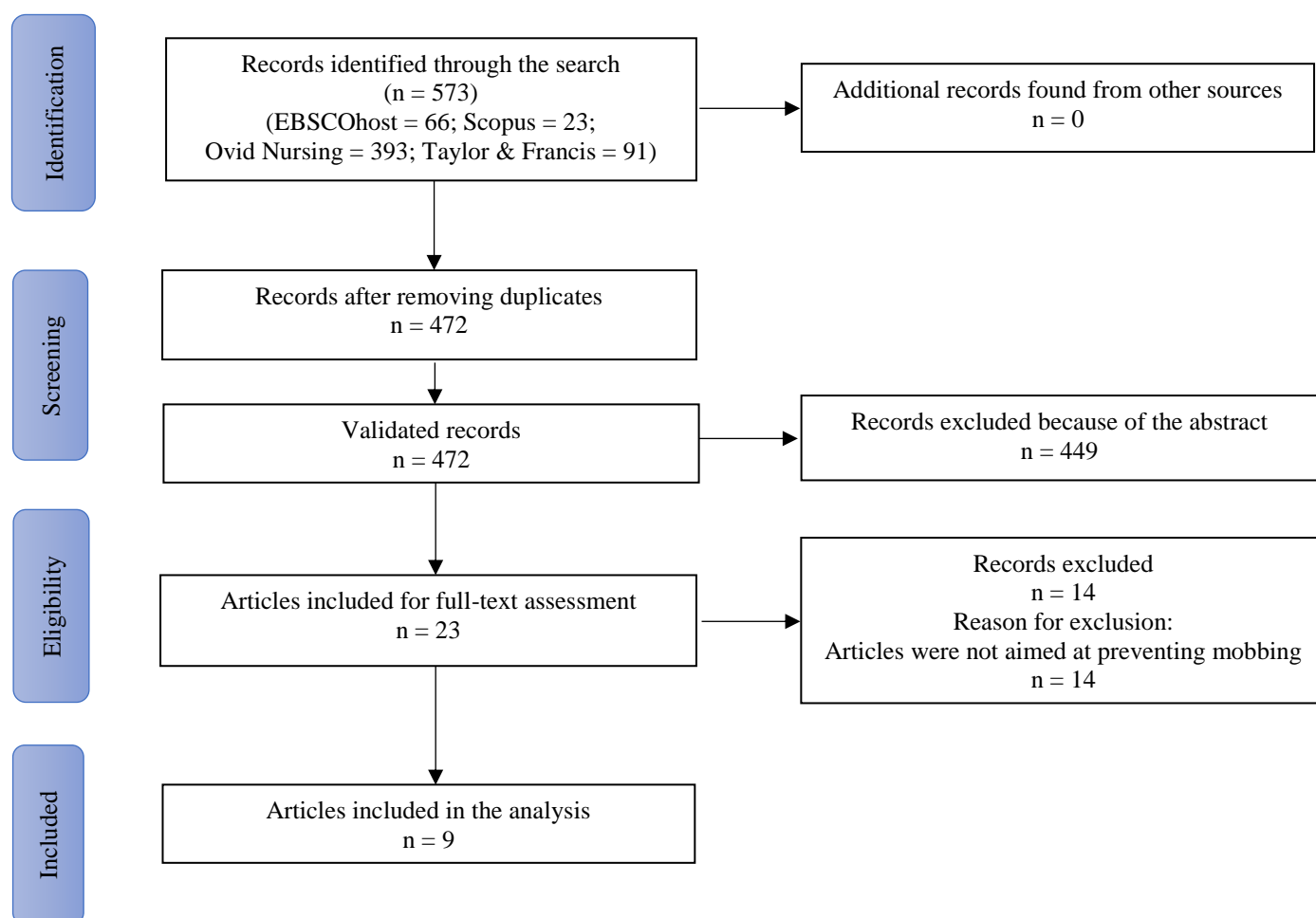
### Evaluation of quality of articles

Quality assessment of the study was performed separately by the study authors, and any differences were discussed. All included studies had to meet the criteria for scientific publication with IMRaD – introduction, methods, results, and discussion (Batmanabane, 2018). Due to the type of paper

(i.e., scoping review), the levels of evidence were not published.

### Data extraction

Two independent authors searched for relevant sources suitable for inclusion in the study. The data were analyzed and extracted into categories according to author name, year of publication, research country, research design, the sample of respondents, research instrument, data analysis, and main results. The extracted data were further analyzed based on the focus of the included studies.



**Figure 1** PRISMA-sco diagram

## Results

### Characteristics of included studies

A total of nine studies that met the criteria were included. The included studies were published between 2013 and 2021, with one study published in 2013, four studies in 2015, and one each in 2016, 2017, 2019, and 2021. Three studies were conducted in the USA and the remaining studies in Jordan, Sweden, England, Israel, Korea, and Turkey. Three of

the qualitative studies focused on the implementation of preventive measures in practice and the evaluation of their effectiveness (Asi Karakaş & Okanlı, 2015; Salmeron & Christian, 2016; Stagg et al., 2013). The quantitative studies were conducted as descriptive, cross-sectional, and correlational studies to determine what preventive measures were implemented in the selected facilities at the individual, unit, and organizational levels (Al-Ghabeesh & Quattom, 2019; Ganz et al., 2015). Two of the

studies were conducted in a focus group format (Blando et al., 2015; Strandmark et al., 2017). Discussions were aimed at identifying potential barriers to implementing a prevention program and identifying areas important for prevention. Another qualitative study was phenomenological in nature and explored nurses' experiences of mobbing following the enactment of an anti-mobbing law (Kim & Sim, 2021). In a qualitative study by Johnson (2015), areas important for the prevention of mobbing were described from the perspective of nurses in leadership positions.

### *Mobbing prevention*

The available results suggest several important areas for prevention. Prevention strategies can be divided into three areas (Al-Ghabeesh & Quattom, 2019; Ganz et al., 2015). With regard to individuals, there is a need to raise awareness of the issue of mobbing, which is agreed upon by most authors of the selected studies (Blando et al., 2015; Johnson, 2015; Kim & Sim, 2021; Salmeron and Christian, 2016; Stagg et al., 2013; Strandmark et al., 2017). Ignorance of mobbing issues and reporting procedures is a significant problem in the implementation of preventive measures (Ganz et al., 2015). Strengthening individuals' assertive communication skills is another preventive measure (Asi Karakaş & Okanlı, 2015).

In the area of prevention implemented at the departmental level, the supervisor has been highlighted as the person key to the prevention of mobbing, and who can contribute to minimizing the occurrence of mobbing in the workplace through the appropriate manner of managing subordinates and application of fair policies (Johnson, 2015). In a study by Blando et al. (2015), the lack of accountability of managers and their focus on performance and service were evaluated as a barrier to the implementation of prevention programs. A leader should be in constant interaction with his/her subordinates and be sensitive to changes in the workplace atmosphere (Strandmark et al., 2017). At the departmental level, the development of a workplace code of conduct is appropriate (Johnson, 2015). All employees in a given workplace should be involved in the development of the code of conduct. This process should also serve as an opportunity for sharing. A common humanistic value system is another measure in the prevention of mobbing (Johnson, 2015; Strandmark et al., 2017). The creation of a code of conduct is implemented within the department but is related to the implemented measures of the organization as a whole, which can decide on a zero-tolerance policy towards mobbing (Ganz et al., 2015). A legal definition of mobbing is

important for the implementation of preventive measures at the level of organizations. The existence of anti-mobbing legislation can have a positive influence and provide support (Kim & Sim, 2021).

### *Preventive and educational programs*

Preventive and educational programs have a specific position in the prevention of mobbing. They are among the most significant interventions in the field of prevention. The prevention and education programs implemented were conducted in different time ranges from a one-off training session lasting 40 minutes (Salmeron & Christian, 2016), to eight-week-long recurrent sessions lasting 2–2.5 hours per week (Asi Karakaş & Okanlı, 2015). Two of the three programs aimed to raise nurses' awareness of mobbing issues (Salmeron & Christian, 2016; Stagg et al., 2013). The first of the educational programs was aimed at school nurses, who were presented with a definition of mobbing; a description of possible negative phenomena; characteristics of the victim, mobbers, and bystanders; differences in perceptions of mobbing, prevalence, legislation, and options for short- and long-term solutions; and methods of assessment and identification of mobbing and their use in its prevention. After completing the course, nurses showed particular improvement in the area of understanding. The likelihood of reporting a possible mobber also increased. Nurses also reported uncertainty of their role and competence in preventing mobbing. Nurses who knew their roles were more likely to speak out against the mobber and report the behavior. Nurses who were unsure of their roles focused on helping the victim (Salmeron & Christian, 2016). The second of the educational programs was implemented as a pilot study to evaluate the long-term effectiveness of the prevention program in reducing the incidence of mobbing. Educational materials were provided to nurses over a six-week period and then through cognitive rehearsal, nurses practiced appropriate responses in case that they became a victim or witness to mobbing. The situations identified by the nurses as the most frequent were selected, e.g., gossip, insults, offensive gestures, lowering of trust, inappropriate supervision, and criticism of work. The course included educational and guidance cards that nurses received and could use in the event of mobbing occurring in the workplace. Six months after the training there was a reduction in the incidence of mobbing. Most nurses reported that they had changed their behavior and were better able to recognize mobbing and intervene more effectively when negative acts occurred. Completion of the cognitive training reduced nurses' intention to change wards (Stagg et al., 2013). The last of the prevention

programs focused on strengthening communication skills. A total of 218 nurses participated in the first questionnaire survey, from which 30 nurses who were willing to participate in assertive communication training were selected on the basis of their scores having reached a specified score threshold in the questionnaire survey. The content of the course focused on general topics of assertive communication

in the areas of nonverbal communication, nonverbal behavior, expressing emotions, self-knowledge, assertive compliments and criticism, and accepting others' opinions and suggestions. Video presentations and interactive methods of practicing assertive communication were used in the course (Asi Karakaş & Okanli, 2015). A more detailed description of the included studies is shown in Table 2: Included studies.

**Table 2** Included studies (Part 1)

<b>Author (year), country</b>	
<b>Al-Ghabeesh, &amp; Quattom (2019), Jordan</b>	
<b>Study design</b>	quantitative, cross-sectional, descriptive, correlational study
<b>Study aim</b>	to determine the prevalence of mobbing and the impact of preventive measures on productivity among Jordanian nurses and to examine mobbing in relation to personal and organizational factors
<b>Research sample</b>	120 emergency admission nurses
<b>Research tool</b>	NAQ-R, PBQ
<b>Data analysis</b>	descriptive statistics, Pearson correlation coefficient, t-test, ANOVA for multiple variables
<b>Main results</b>	The mean score on the mobbing prevention questionnaire was 94.51 out of a possible 168 points (SD = 23.43). The item with the highest score (mean = 2.53; SD = 1.02) was recorded in the prevention area of the ward and related to the assessment of collegial support. The lowest mean score was achieved in the area of department-level prevention and was for an item focusing on support or tolerance of mobbing (mean = 1.38; SD = 0.83).
<b>Asi Karakaş, &amp; Okanli (2015), Turkey</b>	
<b>Study design</b>	a quasi-experimental group pre-test and post-test
<b>Study aim</b>	to determine the effects of assertiveness training on nurses' experiences of mobbing
<b>Research sample</b>	in phase 1, 218 nurses to determine the extent of mobbing and in phase 2, 30 nurses who were exposed to mobbing for assertiveness training and to assess its effectiveness
<b>Research tool</b>	RAI, Mobbing Scale
<b>Data analysis</b>	descriptive statistics, Pearson correlation coefficient, paired t-test
<b>Main results</b>	The mean score of mobbed nurses decreased after assertiveness training. Before assertiveness training, the mean mobbing score was $226.4 \pm 27.7$ , and after training it was $159.6 \pm 47.9$ . The decrease was particularly evident in items related to social relationships and health. There was a significant negative correlation between the mean mobbing score and assertiveness.
<b>Blando et al. (2015), United States of America</b>	
<b>Study design</b>	a qualitative focus group
<b>Study aim</b>	to identify the major barriers to implementation of effective workplace violence prevention programs
<b>Research sample</b>	27 nurses divided into 2 focus groups
<b>Research tool</b>	discussion
<b>Data analysis</b>	digital audio recordings of the sessions were converted into written transcripts, and then coded
<b>Main results</b>	The main obstacles to the implementation of prevention programs are: <ul style="list-style-type: none"> <li>• lack of action resulting from reporting,</li> <li>• varying perceptions of mobbing,</li> <li>• already-occurring mobbing,</li> <li>• focus on performance and service,</li> <li>• lack of management accountability,</li> <li>• complex issues related to safety regulations.</li> </ul>
<b>Ganz et al. (2015), Israel</b>	
<b>Study design</b>	quantitative, descriptive
<b>Study aim</b>	to describe the prevalence of mobbing and preventive measures taken among intensive care nurses
<b>Research sample</b>	156 intensive care nurses
<b>Research tool</b>	NAQ-R, PBQ
<b>Data analysis</b>	descriptive statistics, Pearson correlation coefficient, chi-square
<b>Main results</b>	The overall mean score for mobbing prevention was 97 out of a possible 168 (SD = 14.4). There were significant correlations of prevention with the incidence of mobbing ( $r = 0.58$ ; $p < 0.001$ ). The higher the level of prevention, the lower the rate of mobbing.

**Table 2** Included studies (Part 2)

<b>Author (year), country</b>	
<b>Johnson (2015), United States of America</b>	
<b>Study design</b>	a qualitative, critical discourse analysis
<b>Study aim</b>	to analyse the data on workplace bullying prevention from interviews with hospital nursing unit managers and official documents of the organizations where they worked
<b>Research sample</b>	15 hospital nursing unit managers
<b>Research tool</b>	recorded semi-structured interviews
<b>Data analysis</b>	literal transcription and coding, followed by discourse and Foucault analysis
<b>Main results</b>	Three main ways in which nurses prevent mobbing have been defined: <ul style="list-style-type: none"> <li>• the presence of a manager in the workplace,</li> <li>• modifying and regulating employee behavior in the workplace,</li> <li>• controlling and its importance in early intervention when mobbing occurs in the workplace.</li> </ul>
<b>Kim &amp; Sim (2021), Korea</b>	
<b>Study design</b>	qualitative, phenomenological
<b>Study aim</b>	to explore the changes that nurses experienced after an enactment of workplace anti-mobbing legislation
<b>Research sample</b>	12 nurses with experience with working in hospitals before and after the workplace bullying prevention law was implemented
<b>Research tool</b>	interviews using semi-structured questions
<b>Data analysis</b>	analysis of responses, coding
<b>Main results</b>	There were three main categories that emerged from clinical practice after the enactment of the anti-mobbing legislation: <ul style="list-style-type: none"> <li>• positive effects of the law,</li> <li>• need for awareness of the law reform,</li> <li>• negative effects.</li> </ul>
<b>Salmeron &amp; Christian (2016), United States of America</b>	
<b>Study design</b>	retrospective
<b>Study aim</b>	to determine whether an educational program increases nurses' knowledge of mobbing, and the likelihood of reporting it and of providing effective help to the victim
<b>Research sample</b>	34 school nurses
<b>Research tool</b>	educational program, BAT
<b>Data analysis</b>	descriptive statistics and t-test
<b>Main results</b>	All nurses involved reported improved understanding and greater ability to intervene effectively after completing the training program. More than half of the nurses had not known if they had a role in prevention and if the school where they worked currently implemented a prevention program. Nurses who had previous nursing experience showed improved knowledge, but this improvement was not statistically significant.
<b>Stagg et al. (2013), United Kingdom</b>	
<b>Study design</b>	a monitoring, pilot study
<b>Study aim</b>	to evaluate the long-term effectiveness of a cognitive rehearsal program in reducing workplace mobbing.
<b>Research sample</b>	15 medical and surgical nurses
<b>Research tool</b>	---
<b>Data analysis</b>	descriptive statistics, content analysis
<b>Main results</b>	The majority of nurses in the sample (90%) reported that they were better at identifying mobbing and effectively resisting it, and 70% of nurses had changed their behavior as a result of the program. The authors mentioned that only one nurse intervened when she witnessed mobbing after completing the program.
<b>Strandmark et al. (2017), Sweden</b>	
<b>Study design</b>	qualitative participatory focus group
<b>Study aim</b>	identify what prevention strategies and processes are used to counteract mobbing in healthcare settings
<b>Research sample</b>	29 healthcare employees, 25 of whom were nurses
<b>Research tool</b>	interviews with individuals, group discussion
<b>Data analysis</b>	content analysis using the grounded theory method
<b>Main results</b>	Five key areas of mobbing prevention have been described: Humanistic value system, raising awareness about mobbing and preventive strategies, workplace climate, strong group collaboration, and conflict management.

BAT – Victimization scale Bullying Assessment Too; NAQ-R – Negative Acts Questionnaire-Revised; PBQ – The Prevention of Bullying Questionnaire; RAI – Rathaus Assertiveness Inventory; SD – standard deviation

## Discussion

Overall, little space is devoted to the prevention of mobbing in healthcare settings, although most authors agree that prevention is the most important measure in combating workplace mobbing (Ganz et al., 2015; Kim & Sim, 2021; Molero Jurado et al., 2021). As part of systemic measures, a legal definition of workplace mobbing is important, including clear sanctions that can be imposed in the event of a violation. However, the legislation itself without further follow-up measures can cause problems that may be perceived negatively (Kim & Sim 2021). Risk factors that may influence the occurrence of mobbing need to be taken into account in setting effective prevention (Pai & Lee, 2011). Awareness of mobbing and its prevention in a particular facility is linked to the setting of organizational rules. Raising employee awareness about mobbing is essential in preventing mobbing (Castronovo et al., 2016). Increased awareness has been shown to enable nurses to better identify negative acts (Stagg et al., 2013) and training in appropriate communication enhances effective conflict resolution (Asi Karakas & Okanli, 2015), which is one of the common causes of mobbing (Efe & Ayaz, 2010). All available prevention programs have had a positive impact on reducing the rate of mobbing (Asi Karakas & Okanli, 2015; Salmeron & Christian, 2016; Stagg et al., 2013). A culture of open communication should be set up in every organization to support employees who may be at risk of mobbing (Keller et al., 2016). It has been clearly demonstrated that the path to a healthier work environment is through the implementation of polite and assertive communication skills (Suárez García, 2021). Based on this knowledge, the strengthening of communication skills, the setting of rules, and a zero-tolerance stance on mobbing should be mandatory in organizations (Cleary et al., 2010; Ganz et al., 2015; Wilson, 2016). Furthermore, from an organizational perspective work climate and team leadership are important. Across studies, the role of the supervisor in preventing mobbing is highlighted (Bortoluzzi et al., 2014; Johnson, 2015; Ruíz-González et al., 2020). The mere presence of a manager in the workplace significantly reduces the risk of mobbing occurring (Johnson, 2015). The supervisor's response and support tend to be perceived as pivotal (Blando et al., 2015) and employees attach more importance to it than to the support of colleagues. Therefore, managers should also be regularly trained on the risks of workplace mobbing and should increase their management skills in the area of human resources (Rodwell et al., 2013). The manager is involved in creating a value system, raising awareness, and setting up preventive anti-

mobbing strategies in the workplace. The standard of work climate is determined by the leadership style (Strandmark et al., 2017). An inappropriate organizational climate creates an environment in which mobbing more readily occurs (Giorgi et al., 2016). Inadequate and ineffective communication (Bortoluzzi et al., 2014) has been cited as one of the main causes of poor organizational climate, which has also been cited as one of the main causes of mobbing (Blando et al., 2015; da Silva João & Saldanha Portelada, 2019; Efe & Ayaz, 2010; Ozturk et al., 2008). This finding highlights the broad issue of mobbing, and it should be emphasized that preventive measures, in order to be effective, need to be planned and implemented at all levels (Al-Ghabeesh & Quattom, 2019; Ganz et al., 2015).

## Limitation of study

This study is limited by only including studies published in English in databases available at the institution where the study was conducted.

## Conclusion

The issue of workplace bullying significantly harms all parties involved. Adequate awareness, good communication skills, cooperative team leadership, and clear rules and sanctions were described as effective preventive measures. In selected studies, prevention programs have been shown to reduce the rate of mobbing and to be an important factor in the prevention of mobbing in the workplace. Future research should focus on identifying specific prevention measures implemented in the Czech Republic, the design of prevention programs, and their implementation in practice.

## Ethical aspects and conflict of interest

The authors declare no conflicts of interest.

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## Author contributions

Concept a design (KV, KŠ, MK), analysis and data interpretation (KV, LM), preparation of the manuscript (KV), critical revision of the manuscript (KŠ, MK), final revision (KV, KŠ, MK).

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