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Mobbing and Job Satisfaction Among Registered Nurses in Mississippi

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MOBBING AND JOB SATISFACTION AMONG
REGISTERED NURSES IN MISSISSIPPI

by

Brenda F. Collins

A Dissertation
Submitted to the Graduate School,
the College of Nursing and Health Professions
and the School of Leadership and Advanced Nursing Practice
at The University of Southern Mississippi
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Philosophy

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ABSTRACT

The incidences of mobbing or workplace bullying are a common occurrence among nurses. The practice has been associated with overwhelming and long-standing comprising emotional, psychosomatic, and psychosocial distress. Mobbing (workplace bullying) impacts the target, those close to them, and the organization in which they work. The experience of mobbing produces affective reactions in the target. Affective experiences on the job can impact job satisfaction within organizations. Job satisfaction plays an essential role in sustaining an adequate nursing workforce. Subsequently, some nurses become frustrated and opt for resigning or early retirement when they are no longer satisfied with the culture or dynamics within the organization. An individual's experience of mobbing may impact job satisfaction. Moreover, the culture of an organization can either support or discourage mobbing behavior in the workplace. This correlational study was developed to examine the relationship between mobbing (workplace bullying) and job satisfaction among nurses. A non-purposive sampling approach was used to select nurses to participate in the study. The evaluation of participants was facilitated with the use of a demographic questionnaire, the Leymann Inventory of Psychological Terror (LIPT), and the Minnesota Satisfaction Questionnaire (MSQ) Short Form. The results of the study suggested that there is a significant negative correlation between nurses' experience of mobbing and job satisfaction. Moreover, age, gender, ethnicity, level of education, specialty, and years of nursing experience did not influence the experience of mobbing (workplace bullying).

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DEDICATION

First and foremost, I would like to acknowledge and give praise to the Lord above and my Saviour Jesus Christ for ordering my steps throughout this process and blessing me to persevere even when my way did not seem easy or clear. “Anything is possible if you have faith.” Mark 9:23.

I would like to dedicate this dissertation to my supportive husband, Tracy, and my sons, Kemani, Kirajah, Tylan, Joseph, and Jonathan for their unconditional love and patience during my time of study in this program. Many times, Tracy had to take on additional duties while encouraging me to hold fast to my dream of one day achieving my doctorate. He inspired me to remain faithful through it all. My sons and their wives and families brought joy to me and gave me purpose. Thank you, everyone, for all that you did to assist me.

I would also like to dedicate this dissertation to my loving parents, the late Thomas James, and Lucille Fells, who always believed in me and instilled courage within me to pursue my dreams. It is also dedicated to my late mother-in-law, Dr. Lenora Collins, who inspired me and advised me in this pursuit. I thank my sister, Edna, and my nieces, Veronica and Kendrya for their constant support and the special things they have done to make my load easier. I appreciate the support of my dear friends, my church family, co-workers, and students as well.

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LIST OF ABBREVIATIONS

<i>AHA</i>	American Hospital Association
<i>ANA</i>	American Nurses Association
<i>APRN</i>	Advanced Practice Registered Nurse
<i>CDC</i>	Centers for Disease Control and Prevention
<i>LIPT</i>	Leymann Inventory of Psychological Terror
<i>LTAC</i>	Long-Term Acute Care
<i>MNA</i>	Mississippi Nurses Association
<i>MSQ</i>	Minnesota Satisfaction Questionnaire
<i>NIOSH</i>	National Institute for Occupational Safety and Health
<i>OSHA</i>	Occupational Safety Health Administration
<i>SSPS</i>	Statistical Package for the Social Sciences
<i>USM</i>	The University of Southern Mississippi
<i>WHO</i>	World Health Organization
<i>WPB</i>	Workplace Bullying
<i>WPM</i>	Workplace Mobbing
<i>WPV</i>	Workplace Violence

CHAPTER I - INTRODUCTION

In the societies of the highly industrialized western world, the workplace is the only remaining battlefield where people can “kill” each other without running the risk of being taken to court. Heinz Leymann, MD. (as cited in Namie & Namie, 2009, p. 255)

Mobbing, or workplace bullying, is a worldwide phenomenon that has existed for many years. Though underreported, there is increased recognition of mobbing as a form of aggression in the workplace (Duffy & Sperry, 2014; Sloan et al., 2010). Leymann (1990) described mobbing, commensurate with workplace bullying, as psychological terror or hostile behavior with unethical communication perpetrated against a person” (p. 120). This devastating social process is exhibited when one person is “ganged up on” by co-workers, subordinates, or superiors to force them out of the workplace (Duffy & Sperry, 2014; Einarsen et al., 2011). Tactics such as rumors, innuendo, intimidation, isolation, and degradation are employed to inflict psychological and emotional harm upon the victim (Duffy & Sperry, 2014). The act of mobbing compromises individuals' comfort within the work environment by causing them psychological stress. Thus, in addition to the negative impact on the mobbed employee, the offensive behavior impacts organizations through costly turnover of employees (Branch & Murray, 2015; Davenport et al., 1999).

To describe workplace aggression, various terms, such as workplace harassment (Brodsky, 1976), workplace bullying (Adams & Crawford, 1992; Matthiesen & Einarsen, 2010; Namie & Namie, 2000), mobbing (Davenport et al., 1999; Duffy & Sperry, 2014; Leymann, 1990; Westhues, 2002;), workplace violence or hostility (Keashley & Jagatic,

2003; World Health Organization [WHO], 2002), and incivility (Clark, 2013) have been used. For this study, the term mobbing will be used in accordance with Leymann's description of hostile behavior in the workplace and to acknowledge mobbing as a collective form of bullying (Harper, 2013).

Davenport et al. (1999) estimated that “well over 4 million people yearly, are, or may become, victimized by mobbing” (p. 25). To meet the criterion of mobbing, Leymann (1990) suggested that the frequency of mobbing occurrences be at a minimum of one incident per week over a period of at least six months. Based on Leymann's (1990) research in Sweden, 3.5% of workers, or 154,000, were victims of mobbing at any time. Leymann estimated that 15% of the suicides in Sweden were directly attributed to workplace mobbing. Although mobbing has been present for many years in different cultures, studies focused on the issue were not carried out regularly until the 1980s. Lorenz (1966/2002) introduced the English word mobbing as a scientific term in his book, *On Aggression*. Lorenz analyzed the attitudes and behaviors that birds and other animals exhibited when they ganged up to drive a target animal out of their group or territory. In 1972, school psychologist Peter-Paul Heinemann published an article applying Lorenz's concept of mobbing to the collective aggression of children who ganged up on a target child and tormented that child even to the point of suicide. Heinemann's article influenced Leymann's (1990) application of Lorenz's term to human behavior in the workplace. Leymann's first book, *Adult Mobbing—On Mental Violence in the workplace*, published in 1986, was given its title to distinguish its subject matter from the behavior of children that Heinemann referred to in his writings.

Brodsky, a psychiatrist, and anthropologist discussed workplace abuse in his 1976 book, *The Harassed Worker*, based on claims filed with the Nevada Industrial Commission and the California Workers' Compensation Appeals Board (Brodsky, 1976). Brodsky (1976) used the term *harassment* to describe repeated and persistent attempts by one person to torment, wear down or frustrate another person. This behavior was described as provoking, pressuring, frightening, intimidating, or otherwise discomforting the targeted person.

Matthiesen and Einarsen (2010) supported using the terms *mobbing* and *bullying* interchangeably. According to Einarsen and colleagues (2011), bullying refers to “the systematic exhibition of aggressive behavior at work directed towards a subordinate, a co-worker, or even a superior, as well as the perception of being systematically exposed to such mistreatment while at work” (Einarsen et al., 2011, p.5). The American Nurses Association's (ANA, 2015) position statement titled “Incivility, Bullying, and Workplace Violence” defined bullying as “the repeated, harmful actions intended to humiliate, offend, and cause distress in the recipient” (p. 3).

Duffy and Sperry (2007) defined mobbing as “nonsexual harassment of a co-worker by a group of members of an organization to remove the targeted individual(s) from the organization or at least a particular unit of the organization” (p. 399). Leymann (1990) and Duffy and Sperry (2014) considered organizational culture and climate to be principal aspects of the mobbing process; whereas, bullying can involve one-on-one attacks with or without participation by the organization. Duffy and Sperry (2014) advocated against conflating the terms *mobbing* and *bullying* because of the defining characteristics of mobbing, i.e., ganging up or group attack and participation by the

organization. Schwindt (2013) noted that mobbing and bullying are different and imply different mindsets and responses. The mobbing paradigm represents an accurate description of what happens in the workplace and is, therefore, more useful in the subsequent efforts focused on healing.

Individuals who become targets of mobbing can anticipate facing highly unpleasant and devastating attacks in the work environment. The target is set up in opposition to the collective will of workers within the organization. Elliot (2011) followed this familiar way of thinking when describing mobbing as follows:

A malicious attempt to force a person out of the workplace through unjustified accusations, humiliation, general harassment, emotional abuse, or terror. It is a “ganging up” by the leader(s)—organization, superior, co-worker, or subordinate—who rallies others into a systematic and frequent “mob-like” behavior...The result is always injury—physical or mental distress or illness and social misery and, most often, expulsion from the workplace. (para 1)

In addressing mobbing in the nursing profession, Taylor and Taylor (2017) described workplace violence, such as mobbing, as unwanted, aggressive conduct between nurse colleagues. A healthy work environment can decrease the occurrence of incivility, bullying, and mobbing in nursing workplaces (Wachs, 2009). To address nursing incivility, bullying, mobbing, and unprofessional behavior, the ANA’s (2015) *Code of Ethics for Nurses with Interpretive Statements* addressed relationships with colleagues and others in Provision 1. In the *Code*, nurses are charged with creating “an ethical culture of civility and kindness, treating colleagues, co-workers, employees, students, and others with dignity and respect” (p. 4).

Nurses sometimes carry a burden specific to the emotional aspects of their work. Nurturing and caring for patients and the close working relationships among nurses and their co-workers place nurses at risk for stress-related effects. Balancing the intricacies of working in fast-paced and often stressful environments can be a challenging task. The workplace becomes a stressful place when it presents threats to the employee's psychological, physical, and emotional well-being (Constantinescu, 2014; Rossiter & Sochos, 2018). When coupled with issues such as mobbing, the demanding nature of the healthcare setting can intensify negative emotions experienced by nurses. Exposure to workplace mobbing can also result in the targeted person developing chronic health problems, considering early retirement, or leaving the profession (Duffy & Sperry, 2007). The ranks of nurses need to be healthy and able to function at a high level of skill and competence to care for patients properly. The cumulative exposure to workplace mobbing is associated with higher psychological distress and lower job satisfaction among nurses (Jaradat et al., 2016).

Research suggests that organizational practices, climate, and culture may normalize mobbing (Elci et al., 2014; Pheko et al., 2017). Furthermore, organizational culture and citizenship behavior can be negatively affected if employees experience mobbing (Kocukoglu & Adiguzel, 2019). Weiss and Cropanzano's (1996) affective events theory (AET) explains how emotions and moods or reactions to incidents at work influence job performance and job satisfaction. According to Spector (1997), job satisfaction is the degree to which people like or dislike their jobs. Organizational cultures that are nurturing tend to prevent or eliminate mobbing and reduce the negative

emotional impact on targets, thereby increasing job satisfaction. Nurturing work cultures are likely to maintain nurses currently in practice and attract new nurses to the profession.

The research focused on mobbing is steadily increasing (Matthiesen & Einarsen, 2010; Westhues, 2002). However, a lack of research addressing workplace mobbing's emotional and psychological effects and the association with job satisfaction in nursing persists (Zahaj et al., 2016). Additional evidence needs to be generated through research to explore the critically important concepts of mobbing and job satisfaction among nurses.

Problem Statement

Mobbing is a prevalent issue in nursing (Edmonson & Zelonka, 2019). Research has shown that victims of mobbing experience emotional, psychosomatic, and psychosocial effects (Jaradat et al., 2016; Leymann, 1990). The symptoms and feelings experienced by those who live with the harmful ridicule and rude behaviors of peers can frustrate workers, causing job dissatisfaction and result in nurses retiring or resigning from the profession (Carroll & Lauzier, 2014; Zahaj et al., 2016). An initial review of the literature uncovered some points of interest. Mobbing exists in nursing, and job satisfaction is crucial to the retention of qualified nurses. A clearer understanding of the nature of the relationship between workplace mobbing and job satisfaction among nurses is needed.

Research Questions

Nurses from various backgrounds and practice levels participated in this research study by anonymously completing a demographic questionnaire, the Leymann (1990) Inventory of Psychological Terror (LIPT), and the Minnesota Satisfaction Questionnaire

(MSQ) Short Form (Weiss et al., 1977). This study aimed to answer the following questions pertaining to nurses' experiences of mobbing and job satisfaction:

1. Is there a significant correlation between registered nurses' experiences of mobbing and their job satisfaction?
2. Which demographic characteristics of registered nurse participants are significantly correlated with experiences of mobbing?

Purpose

The purpose of this study was to examine the relationship between mobbing and job satisfaction among nurses licensed in Mississippi. A secondary purpose was to identify which nurses were most likely to experience mobbing based on their demographic characteristics. The aim was to study a wide demographic of registered nurses with an associate, bachelor's, master's, or doctoral levels of preparation. Eligible participants worked in several practice settings, including hospitals, long-term care, home health, hospice, clinics, and academic settings. Findings from this study will be used to inform fellow nurses, healthcare professionals, oversight agencies, and policymakers about mobbing and its' impact on job satisfaction within organizations. Examining the relationship between these variables and identifying which nurse demographic characteristics are most associated with mobbing can guide the development of interventions and policies to prevent mobbing. The information obtained will inform targets about coping strategies when mobbing occurs and promote positive changes in the work setting to increase job satisfaction among nurses.

Theoretical Framework

The affective events theory (AET) is considered the formative explanation for the causes, structure, and consequences of affective experiences in the workplace (Weiss & Cropanzano, 1996). The theory developers contended that organizations in which people work affect their thoughts, feelings, and actions in the workplace and away from it. Similarly, people's thoughts, feelings, and actions affect the organization in which they work (Weiss & Cropanzano, 1996). The AET explains the role of emotion and evaluative judgment in relation to an individual's work experiences and behaviors. The fundamental premise of the AET is that one's affective, i.e., emotional or mood response to events within the workplace, determines one's attitudes and subsequent behaviors to a great extent (Beal et al., 2005; Weiss & Cropanzano, 1996;). AET specifically identifies job satisfaction as an attitude that stems from one's affective state or mood (Weiss & Cropanzano, 1996).

Ashton-James and Ashkanasy (2005) proposed an extension of the definition of an *affective workplace event* to include outside the organization events but affect the organization's strategic bearings. The authors asserted that cultural trends, legal policy, sociopolitical movements, and changes that are economic in nature could alter moods and emotions. Ashton-James and Ashkanasy (2005) suggested that the outside forces impact employees' affective states and inevitably shape their perspectives and actions at work.

Brief and Weiss (2002) recognized five categories of affective workplace events. Affective responses are evoked by stressful events at work, leaders, interpersonal and group characteristics, physical settings, and organizational rewards and punishments. According to Weiss and Cropanzano (1996), affect-driven behaviors and judgment-

driven behaviors exist. Affect-driven behaviors are relatively immediate behavioral and cognitive outcomes of affective states. Judgment-driven behaviors are outcomes influenced by overall or particular evaluative judgments such as job satisfaction (Weiss & Cropanzano, 1996).

AET contrasts with traditional theories of work behavior in several ways. First, AET focuses on the structure, causes, and consequences of affective experiences at work, while most theories focus on judgment processes. Emotional experiences are at the center, with job satisfaction being one consequence (Weiss & Cropanzano, 1996). Second, AET directs attention away from features of the environment and towards events as proximal causes of affective reactions. People react emotionally to things that occur in work settings. Next, AET adds time as a significant parameter. In other words, affect levels shift over time, and the patterns of the shifts become predictable. In other theories of work behavior, no attention is given to the consideration of time measurement. Finally, a premise of AET is that the structure of affective reactions is as meaningful as the structure of environments.

AET proposes that shifts of affective reactions influence both overall feelings about one's job and behaviors at work, including job satisfaction. The theory supports the proposition that affects itself is a multidimensional phenomenon, and the approach emphasizes the importance of the structure of the subjective experience. In other words, "people can feel angry, frustrated, proud, or joyful," and these reactions have different behavioral implications (Weiss & Cropanzano, 1996, p. 4).

Emotional experiences have a central role in the relationship between mobbing and occupational outcomes (Glaso & Notelaers, 2012). Psychological effects of mobbing

experienced in the workplace, such as feelings of desperation and total helplessness, feelings of great rage about lack of legal remedies, high anxiety, and despair, can impact job satisfaction (Glaso & Notelaers, 2012; Leymann, 1990). Some organizational cultures can perpetuate or enable mobbing (Pheko et al., 2017). Mobbing can be sustained in the workplace by a climate or culture that accepts the mobbing behavior (Vukelic et al., 2019). Weiss and Cropanzano (1996) claimed that workplace events activate affective responses, influencing workplace attitudes such as job satisfaction. A basic premise of the experience of mobbing is that exposure to mobbing causes affective reactions (Glaso & Notelaers, 2012; Leymann, 1990), and affective events or reactions in the workplace directly influence job satisfaction (Weiss & Cropanzano, 1996).

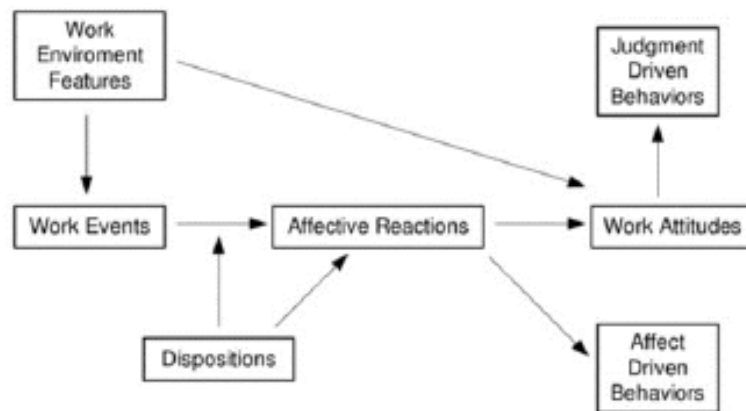


Figure 1. Affective Events Theory: Macro Structure.

(Weiss & Cropanzano, 1996).

Figure 1 shows that affective experiences are at the core of AET. Fundamental to the theory is that affect levels fluctuate over time, and that endogenous causes of fluctuations include dispositions and affectively relevant events. Dispositions can also influence the way events to produce affective reactions. Work environments are seen as

having an indirect influence on affective reactions. The consequences of affective experience are both attitudinal and behavioral. Affective experiences have a direct influence on job satisfaction through work attitudes. Behaviors are affect-driven and judgment-driven. Affect-driven behaviors follow directly from affective experiences. Judgment driven behaviors are mediated by satisfaction. Work attitudes (such as job satisfaction) stem from affective reactions, and they influence judgment-driven behaviors (Weiss & Cropanzano, 1996).

Operational Definitions

Demographic Characteristics. Participants' responses to the demographic questionnaire to include age, gender, race, level of education, practice setting, specialty role, and years of nursing experience.

Job Satisfaction. Participants' scores on the Minnesota Satisfaction Questionnaire (MSQ) Short Form (Weiss et al., 1977). The measure consists of 20-items and uses a 5-point Likert scale.

Mobbing (Workplace bullying): Participants' scores on the LIPT (Leymann, 1990) contain 45 mobbing actions that cover five categories. Scores will be calculated based on answers to a 5-point Likert-type scale.

Registered Nurse (RN): A "registered nurse is a person who is licensed or holds the privilege to practice under the provisions of this article and who practices nursing as defined herein." "R.N." is the abbreviation for the title of Registered Nurse (Mississippi Code Annotated, Article 73-15-5, Mississippi Board of Nursing, 2017, p. 1).

Theoretical Definitions

Demographic Characteristics. “Describe the outward characteristics of the audience” (Barton & Tucker, 2020, para. 2).

Job Satisfaction. “The extent to which people like (are satisfied with) or dislike (are dissatisfied with) their jobs” (Spector, 1985, 1997).

Mobbing (Workplace Bullying). “In working life, it means hostile and unethical communication, which is directed systematically by one or many persons mainly toward one individual” (Leymann, 1990, p. 120).

Psychological Terror. Psychological terror is another word for mobbing (Leymann, 1990). Leymann used this term in the title of the LIPT.

Registered Nurse (RN). “An individual who has graduated from a state-approved school of nursing, passed the NCLEX-RN Examination and is licensed by a state board of nursing to provide patient care” (National Council of State Boards of Nursing, 2020, para. 1).

Assumptions, Limitations, Scope, and Delimitations

Assumptions

Mobbing may be a complex topic for nurses to contemplate and discuss. Fears based on the culture of the work environment may affect the willingness of nurses to be open about their experiences. Therefore, an assumption was that participants were truthful when they completed the research surveys. Another assumption was that nurses experience mobbing and that they recognize mobbing as a problem. A final assumption was that mobbing could impact job satisfaction.

Limitations

A limitation of this research was that conclusions about the entire population could not be drawn based on the sample. The demographics for the study could be a limitation. Half of the respondents were APRNs, who would potentially be more empowered than a bedside nurse. The mean age of the participants was near retirement age at 60 years. The average years of nursing experience were 28 years. These averages may have unintentionally influenced the results of the study. Nurses with fewer years of experience, as well as younger nurses may have experiences that are different from older, more experienced nurses. The majority of respondents worked in long-term acute care/specialty hospitals (32.5%) and 27.7% worked in the primary care setting. According to the American Hospital Association (2021), long-term acute care hospitals have played a vital role this past year in addressing a clinically complex population, including COVID-19 and non-COVID patients. The primary care setting was utilized extensively as an avenue to identify patients with respiratory symptoms that were not COVID-19. The early diagnosis helped lower the demand for already over-burdened hospital services (WHO, 2021). These factors may have impacted the ratio of nurses working in LTAC and primary care.

Prior studies on the topic of mobbing and job satisfaction in nursing were limited. Therefore, few relevant studies were found to contribute to the literature review to guide this study. Participants may have been limited in their understanding of mobbing (workplace bullying) and job satisfaction. Limited understanding may have affected survey responses. Another limitation was that time constraints and schedules may have affected answers to the survey or the number of nurses who chose to participate in the

study. Nurses may have chosen not to respond to some items, which could have obscured the findings. Nurses who have not experienced mobbing may not have been interested in the research subject and chose not to complete the survey.

Moreover, findings could be impacted if nurses who have experienced mobbing were the primary respondents completing the survey. Lastly, due to Covid-19 restrictions, email was the only method utilized to distribute the surveys. Some recipients of the survey may have been technologically challenged or feel overwhelmed by too many emails. Consequently, they may have deleted the research request for participation. Some respondents started the survey but did not return to finish it.

Delimitations

The study was conducted using a stratified random sample of all licensed registered nurses in Mississippi. The sample was taken from a list purchased from the Mississippi Board of Nursing. Participants included nurses from a broad range of educational levels, i.e., associate to doctoral degrees, and work settings, i.e., hospital to community-based workplaces. Limitations for participation were that participants had to be employed as a nurse for at least part-time (or working a minimum of 24-hours a week), and they must have been working as a registered nurse for at least a year.

Significance of the Study

According to Westhues (2002), “Mobbing can be understood as the stressor to beat all stressors. It is an impassioned, collective campaign by co-workers to exclude, punish, and humiliate a targeted worker” (Westhues, 2002, para 9). The term psychological terror is used to describe mobbing because the act is hostile behavior toward a target over a long period of time, thereby severely victimizing or terrorizing him

or her. The target becomes weakened due to the immense psychological and emotional pressure that is heightened by the frequency and length of time the attacks last (Leymann, 1990). Consequently, the experience of mobbing can be devastating to the health and well-being of a targeted individual. The targets of mobbing can carry with them feelings of isolation, hopelessness, and despair. Targets may develop anxiety, post-traumatic stress disorder, or even suicidal ideation in severe cases (Constantinescu, 2014; Leymann, 1990). Death—through sickness or suicide—may be the final page in the mobbing story for the target or victim. For an organization, mobbing resembles a form of cancer. Mobbing starts from a malignant cell; it can spread quickly, obliterating essential elements of the organization (Davenport et al., 1999).

Nurses are not exempt from the impact of psychological terror in the workplace. Furthermore, all too often, enacting the phrase “nurses eat their young,” and other forms of hazing become the norm in the work setting. The nursing profession is highly respected and admired by society as a whole. A recent Gallup poll (2020) reported that 85% of Americans rate nurses as having high levels of honesty and ethics. The nursing profession has been deemed the most trusted profession for 19 years in a row. Nurses are considered to be nurturing, sympathetic individuals. Unfortunately, a hidden culture of maltreatment, hazing, and abuse exists within the field of nursing (Edmonson & Cole, 2019; Yildirim & Yildirim, 2007). Nurses sometimes treat their peers who work beside them harshly with no regard for their well-being. Consider the nursing supervisor whose team plots to drive her out of her job, the efficient yet attractive new clinic nurse whom jealous peers ridicule, and the academic nurse administrator who is threatened by the

expertise of a newly hired faculty member and influences other faculty to mistreat the new hire. These unfortunate situations are all examples of mobbing in nursing practice.

Nurses must be able to identify mobbing to diminish its impact on the emotional and psychological well-being of those who experience it. If society's impressions of nursing reflected in the 2019 Gallup poll are true and if nurses are abiding by the ANA's (2015) *Code of Ethics for Nurses with Interpretive Statements*, mobbing among nurses would not be as prevalent as it is in the workplace. Some nurses would rather leave their jobs than remain in a work environment that makes them unhappy (Larson, 2014). The psychological impact of stress from mobbing may affect job satisfaction (Edmonson & Zelonka, 2019). Job satisfaction among nurses is necessary to retain and attract nurses to the nursing workforce (Zhang & Li, 2020). An organization's culture can reinforce workplace mobbing (Duffy & Sperry, 2007; Pheko et al., 2017). The costs to the organization may include loss of employees and a decrease in productivity (Sloan et al., 2010). Organizations that employ nurses need to be informed about mobbing to change cultures that support mobbing behavior. The nursing profession should promote a supportive culture. Taking steps to prevent and address the incidence of mobbing in the nursing workforce could be beneficial in accomplishing cultural changes (Sloan et al., 2010). Recognition of mobbing can help alleviate its negative impact on job satisfaction and the availability of qualified nurses.

Policies must be developed to assist nurses who experience mobbing. More research is needed to further define mobbing-related concepts to promote the generation of knowledge. Examining the relationship between these variables can provide the impetus to develop and implement strategies to prevent mobbing and the promotion of

job satisfaction among nurses. Subsequently, nurses will be shielded from the detrimental effects of mobbing and the dynamics that encourage the behavior.

Summary

The incidence of mobbing is common among nurses (Cengiz et al., 2018; Yildirim & Yildirim, 2007). The practice has been associated with immense emotional, psychosomatic, and psychosocial distress (Duffy & Sperry, 2014; Leymann, 1990). Mobbing impacts the target of the mobbing, those close to the target, and the organization in which the target works. The experience of mobbing produces affective reactions in the target. Affective experiences in the workplace can impact job satisfaction (Weiss & Cropanzano, 1996). Job satisfaction plays a vital role in retaining nurses in the profession (Zhang & Li, 2020). The research focused on workplace violence, such as mobbing, is steadily increasing; however, a lack of research addressing the emotional and psychological effects of mobbing and the association with job satisfaction in nursing still exists (Zahaj et al., 2016).

The affective events theory (Weiss & Cropanzano, 1996) served as the framework for this descriptive correlational study. This study was developed to examine the relationship between mobbing and job satisfaction among nurses. Examining the relationship between mobbing and job satisfaction provided the starting point for developing strategies for the prevention of mobbing, implementing coping strategies, and promoting job satisfaction among nurses. The study also was developed to examine which demographic characteristics among nurses are associated with exposure to mobbing in the workplace. If mobbing occurs more frequently among nurses with one or

more specific characteristics, strategies to address the mobbing can be more focused, and thus, effective.

A demographic questionnaire, the Leymann Inventory of Psychological Terror (LIPT), and the Minnesota Satisfaction Questionnaire (MSQ) Short Form were used in the study. The demographic variables included in the correlations were age, gender, race, level of education, practice setting, specialty role, and years of nursing experience. This chapter presented an introduction to the problem, statement of the problem, research questions, study purpose, theoretical framework, operational definitions, theoretical definitions, assumptions, limitations, scope and delimitations, and significance of the study.

Chapter II contained a review of the literature, including research and literature related to mobbing and job satisfaction. Chapter III will outline the research process, including the research approach and design, sample and setting, instruments used, and data analysis methods. Measures to protect the rights of participants also will be discussed.

CHAPTER II – REVIEW OF THE LITERATURE

Increased recognition of mobbing among nurses has occurred in recent years (Aksakal et al., 2015; Yildirim & Yildirim, 2007). However, limited research studies focused on mobbing and job satisfaction among nurses remain. Therefore, this study was developed to examine mobbing and its relationship to job satisfaction among nurses. The searched platforms comprise Academic Search Premier, Pub Med, MEDLINE, and Health Source: Nursing/Academic Edition, EBSCOhost, and Google Scholar search engine.

Specified keywords were used to facilitate the search process. The keywords used included mobbing, academic mobbing, workplace mobbing, workplace bullying, mobbing among nurses, workplace bullying among nurses, psychological terror among nurses, job satisfaction, job satisfaction among nurses, and mobbing AND job satisfaction among nurses. Also included were searches for the affective events theory ([AET] (Weiss & Cropanzano, 1996), Leymann's Inventory of Psychological Terror (LIPT), and the Minnesota Satisfaction Questionnaire (MSQ). The search returned numerous studies focused on mobbing, bullying, workplace bullying, workplace mobbing, and job satisfaction. Different keywords were combined using Boolean operators to refine the search results based on the scope of the content. The combined words comprised mobbing, workplace mobbing, job satisfaction and nurses, mobbing and job satisfaction, affective events and job satisfaction, and mobbing and affective events. The search returned numerous studies.

The returned studies were evaluated for eligibility to be used in developing a review of the literature. The evaluation was based on an inclusion criterion that required

that each study be available in full text and published in a peer-reviewed journal in English between 1990 and 2020. Several books were included in the review of the literature. Assessment of the content in the selected studies led to the establishment of the following themes: mobbing in the workplace, effects of mobbing, job satisfaction and mobbing, affective events theory, the Leymann Inventory of Psychological Terror (LIPT), and the Minnesota Satisfaction Questionnaire (MSQ).

Review of the Literature

Mobbing in the Workplace

Leymann (1990) estimated that between 2% – 5% of adults are mobbed at some point in their working lives. The other 95% are observers, bystanders, or perpetrators in the process. A fundamental aspect of mobbing is that the behavior is repetitive, worsens over time, and reveals a pattern (Lehmann, 1990). Ultimately, a power imbalance is shown in the relationship between the perpetrator and the target. The practices are classified as personal bullying experiences, work-related bullying experiences, and physical intimidation. An example of personal experiences includes gossip or slander about the target (Leymann, 1990). Work-related experiences can consist of the overloading of work duties. Physical intimidation may include hitting, shoving, spitting, tripping, or any behavior that harms someone's body.

Leymann and Gustafsson (1996) researched mobbing in the workplace and the development of post-traumatic stress symptoms. The five stages indicated in the mobbing process include the disagreement stage, the aggression stage, the institutional power stage, the description stage, and the expulsion stage. The disagreement stage occurs with a disagreement in a critical incident. It is not yet mobbing, but the disagreement may be

either settled or turn into mobbing. At the aggression stage, the disagreement has not been resolved, and psychological assaults have begun. During the institutional power stage, the perpetrator tries to involve organizational managers in the issue. The perpetrator misdirects managers, and the victim becomes obligated to cope with institutional power and control. In the description stage, the victim has been described and is considered to be rebellious, uncooperative, or a person with psychological problems. With the presence of misjudgment and prejudiced management, the negative cycle accelerates. The expulsion stage represents resignation, dismissal, and the target is forced to change jobs. The shock and psychological impact of this trauma trigger a stress disorder. Emotional breakdown and later psychosomatic symptoms follow the dismissal. In this stage, the victim or target lives the effects of this trauma in his or her work life and personal life (Leymann & Gustaffson, 1996).

Sociologist and mobbing researcher Westhues (2002) published a summary of research on workplace mobbing and remarked that “mobbing can be understood as the stressor to beat all stressors. It is an intense, collective campaign by co-workers to exclude, punish, and humiliate a targeted worker” (p. 30). Westhues’ focus is on the topic of mobbing in the academic setting, and he developed a website as a resource for those who have been victimized. Westhues (1998) studied the typical characteristics of mobbing and dedicated several years of his life to informing others about the topic. Westhues (2006) also developed a checklist of 16 mobbing indicators or measures that were later reduced to 10. The most critical indicator is when a perceived misdeed is exaggerated to tarnish the target’s identity. The perceived misdeed causes the target to be

disliked, and disparaging labels are applied to make it seem like the target has no redeeming qualities (Westhues, 2006).

Mobbing occurs in many work settings, including the academic environment. Yildirim et al. (2007) found a large percentage (91%) of nursing instructors reported encountering mobbing behaviors in their workplace institution, with 17% stating direct exposure. Participants added that to prevent mobbing, they became more organized and worked harder to avoid confrontation. Nine percent of those in the study reported they periodically thought about suicide (Yildirim et al., 2007).

Mintz-Binder and Calkins (2012) researched to study self-identified mobbing toward associate degree nursing program directors within the United States. Findings indicated that 77 (32.8%) reported mobbing from students and faculty, 57 (74%) admitted exposure to bullying a few times over the past 12 months, 9 (11.7%) reported monthly exposure, 10 (12.0%) cited weekly exposure, and 1(1.3%) reported daily exposure. Thirty-three of the 77 directors identified nursing faculty as the largest group engaging in mobbing behavior, followed closely by 30 directors identifying students as the second-largest group, then managers or supervisors, and, lastly, other colleagues within the college.

A 2013 study conducted by Cogenli and Barli aimed to determine whether University lecturers are exposed to psychological violence (mobbing) behaviors. They discovered that unmarried, younger, lower-level faculty are more exposed to mobbing behaviors because of their inexperience and sensitivity to overload and stress. The researchers found that the academic setting can be an emotional place because people

bring their will, thoughts, and feelings into the workplace. Emotion can cause workers to act out by exerting psychological coercion (Cogenli & Barli, 2013; Manotas, 2014).

The purpose of research conducted by Erturk (2013) was to identify the level of mobbing behavior faced by teachers and managers working in primary schools. The sample consisted of teachers and managers from Turkey. Results were that 4.1% of the teachers and managers faced mobbing behavior every day, and the male teachers encountered mobbing more than the female teachers and managers. Also, it was revealed that two-thirds of the men and one-third of the women perceived mobbing behavior as normal.

Constantinescu (2014) distinguished the difference between mobbing and conflict in a scientific paper entitled *Mobbing: Psychological Terror in the Workplace*. The author discussed that “*mobbing* does not refer to workplace banter, isolated instances of unfair or ethical conduct, or isolated conflicts in the workplace” (*Conflict & Mobbing*, para 4, as cited in Constantinescu, 2014). Seven parameters must be present to be considered mobbing. A conflict must occur in the workplace. The conflict has to be chronic (lasts for at least six months) and happens a few times every month. The conflict also has to fulfill two of five negative occurrences, such as an action against free speech, isolation, being assigned to tasks above or below professional capacity, attack on reputation, or threat of violence. Inequality has to be present, stages must be successive, and the intent to persecute should be present.

Arnejcic (2016) created a pyramid model to portray different levels and types of mobbing in a company. The researchers found that mobbing is associated with social-demographic characteristics and working conditions at the company environment level.

At the level of individual behavior, mobbing is associated with leadership styles within the company. An absence of employee assertiveness causes mobbing at the level of individual skill level. Attitudes and beliefs cause mobbing at the level of values and beliefs. At the level of identity, mobbing can be observed based on gender. For example, more than two-thirds of men compared to women were exposed to mobbing. Types of mobbing at the level of organizational culture negatively affect the mental health of employees. The organizational culture level includes the following significant impacts:

... distrust of superiors by employees and mistrust among colleagues; organizational silence; turnover intention; social exclusion (ostracism); collective victimization, plots or intentionally malevolent rumors or conspiracies in order to make bribery of votes, in favor of the management of the company and intentionally influencing the individuals suffering. (Arnejcic, 2016, p. 246).

Taylor and Taylor (2017) utilized a qualitative, descriptive study to inform theory development and to design future interventions to address horizontal violence in the workplace. Thobaben (2007) defined horizontal violence as “hostile, aggressive, and harmful behavior by a nurse or group of nurses toward a co-worker or group of nurses via attitudes, actions, words, and/or behaviors” (p. 82). Taylor and Taylor (2017) used observation, document review, and semi-structured interviews within two inpatient hospital units in the Northeastern United States between June and November 2012.

The researchers found that nurse participants seldom-used terms from healthcare agency policies or nursing literature to describe behaviors associated with horizontal violence but identified behaviors by describing the attributes of the enactor and the situation. The analysis identified three distinct types of enactors of horizontal violence:

the pathological bully, the self-justified bully, and the unprofessional co-worker. The pathological bully exhibits repeated, aggressive acts and control over a target. The behavior is assumed to stem from personality defects or a lack of moral judgment. This view sees the bully as a person with many flaws. The self-justified bully includes two types, the tough-love type, and the hoarder type. The tough-love self-justified bully is often a supervisor or person with an abusive teaching style. The hoarder self-justified bully hoards resources to perform their job. This type is hard to identify because the person is considered to be passionate or motivated. Lastly, unprofessional co-workers enact petty incivilities such as gossiping or eye-rolling and may even be unaware of their behavior. Nurses may become socialized to accept such low-level behaviors, so it would most likely be observed by a person who is new to the work setting.

The issue of workplace aggression is of such prevalence that the ANA (2015) and the Mississippi Nurses Association (MNA, 2019) have taken notice. The National Institute for Occupational Safety and Health (NIOSH, 2019) and the Centers for Disease Control and Prevention (CDC, 2019) also have recognized that aggression exists in the workplace. These agencies joined together to provide education and policies to address violence, such as mobbing in the workplace. MNA (2019) adopted a resolution at the 108th House of Delegates to promote safety and protect nurses and nursing students from workplace incivility, bullying, and violence (MNA, 2019).

In a 2007 research study, Yildirim and Yildirum examined the mobbing experience of nurses in Turkey hospitals. They found an overwhelming majority (86.5%) of the nurses reported facing mobbing within the last 12 months. The nurses had varying emotional, physical, and social reactions to the mobbing. According to Yildirim and

Yildirim (2007), 37% of nurses in a study never encountered mobbing in the last 12 months, and 21% had been exposed to mobbing. Yildirim and Yildirim (2007) found no differences between position and level of education in mobbing.

Beckmann et al. (2013) conducted a cross-sectional study to determine the prevalence of mobbing among faculty members in schools or colleges of nursing. The issue of mobbing among nursing faculty in academia is of concern regarding recruitment, job satisfaction, retention, and the overall quality of the work environment. Results were that school administrators and senior faculty were more often the perpetrators of bullying. A significant association between the faculty member's rank and the frequency of negative acts was reported. Sixty-five percent of respondents who reported frequent bullying were within the junior faculty ranks of instructor or assistant professor in the clinical and tenure tracks. No differences were revealed among bullying frequency by race, gender, age, or institution size.

Teymourzadeh et al. (2014) conducted a research study with 301 nurses responding to a questionnaire. Over 70% of nurses felt worried about workplace violence. They also reported exposure to verbal abuse (64%), bullying/mobbing (29%), and physical violence (12%) at least once during the previous year. Nurses were unlikely to report acts of violence to supervisors. The study revealed that 40% of nurses did know that there were policies to address violence in the workplace. This study showed that safeguards that are in place to shield nurses from abuse and violence in the workplace are inadequate.

Aksakal et al. (2015) studied the frequency of and risk factors for workplace violence (including mobbing) experienced by nurses at a university hospital in Turkey. A

cross-sectional design determined that the prevalence of physical violence, verbal violence, and mobbing was 13.9%, 41.8%, and 17.1%, respectively. They found that nurses who experienced mobbing were more prone to change their work setting and profession altogether. Nurses who worked more than 40 hours a week were at higher risk for physical violence.

Mobbing or workplace bullying behaviors impose psychological anguish on the target, according to Somani et al. (2015). In a recent cross-sectional study, the researchers aimed to identify the prevalence and characteristics of mobbing behavior of nurses working at in-patient units and emergency departments of private and government hospitals in Pakistan. The study found a 33.8% prevalence of mobbing behavior among nurses. The highest prevalence of mobbing behavior was perpetrated by female nurses aged 19 to 29 years with less than five years of experience.

The aim of a study conducted by Zachariadou and colleagues (2018) measured the prevalence and forms of workplace bullying among employees in the public health care sector of Cyprus using the Greek version of the LIPT. Among the sample of 135 employees (45.6%) were exposed to at least one mobbing behavior at work within the previous 12 months. The most common behaviors identified in the study were “being continuously interrupted” (1.2%), “continuously being given new work assignments” (13.5%) and being exposed to slanders and lies” (10.5%) (p. 342).

Effects of Mobbing

Mobbing has consequences for individuals and organizations. Leymann (1990) determined that victims of mobbing experience social effects such as isolation, stigmatizing, voluntary unemployment, and social maladjustment. Psychological effects

can include desperation and helplessness, a feeling of rage due to lack of legal remedies, anxiety, and despair. Psychosomatic and psychiatric effects can consist of depression, compulsion, psychosomatic illness, and suicide (Leymann, 1990). Mobbing also has costs to the company, such as long sick leaves, drops in production, and financial burden to the victims.

Research suggests that exposure to systematic and prolonged verbal, non-physical, abusive, and aggressive conditions can lead to a host of adverse effects for the person who is targeted (Matthiesen & Einarsen, 2004). Mobbing causes physical and psychosocial health problems and has been linked to musculoskeletal discomfort (Sansone & Sansone, 2015; Taspinar et al., 2013). Mobbing was linked to depression, decreased work motivation, inability to concentrate; reduced productivity; reduced work commitment; and lack of relationships with patients, managers, and peers. Healthcare workers who work on shifts, perform repetitive or monotonous tasks, suffer from stress, and lack chances for growth on jobs have increased chances of being bullied (Ariza-Montes et al., 2013).

Taspinar et al. (2013) conducted a study to identify the association between exposure to mobbing and musculoskeletal discomfort in academicians. The study utilized the Leymann Inventory of Psychological Terror and the Cornell Musculoskeletal Discomfort Questionnaire and surveyed 100 participants. Mobbing was reported at 13.6% among the academicians who took part in the study. When the data were analyzed, a moderate association was found between mobbing and musculoskeletal discomfort.

Turkan and Kilic (2015) utilized a cross-sectional and descriptive design to shed light on the effects of mobbing on health employees. The study revealed that levels of

mobbing and occupational burnout vary according to some personal attributes. The level of female occupational burnout was higher than the level of male occupational burnout. However, the level of mobbing did not change depending on gender. A moderate positive correlation between mobbing (workplace bullying) and occupational burnout was identified.

Jao and Portelada (2016) discovered that almost half of the respondents of their correlational, cross-sectional study claim to have health problems because of being victims of mobbing in the workplace. Results show that, on average, each nurse undergoes 11 aggressive episodes in their place of employment. The most experienced events were blockage of communication and being discredited on the job. Other problems the researchers listed include anxiety, insomnia, irritability, feelings of frustration, failure, and difficulty concentrating (Jao & Portelada, 2016).

Berry et al. (2016) conducted an exploratory mixed method design study to determine the differences in psychological distress symptoms based on workplace bullying exposure levels and select nurse characteristics. Findings showed that workplace violence was linked to stress, anxiety, post-traumatic stress disorder, level of education, and time spent in a particular work setting. Content analysis based on the respondent transcripts revealed four themes: (a) construct of bullying, (b) the permissive culture of bullying, (c) the toxic effects of bullying, and (d) promoting a positive work environment.

In a study by Bernotaite et al. (2017), the researchers studied the associations between psychological distress and exposure to workplace bullying among secondary school teachers while taking into account the possible influence of adverse job characteristics. The authors noted that 25% of teachers suffered from psychological

distress. Emotional exhaustion was found in 25.6% of the teachers, high depersonalization in 10.6%, and low achievement in 33.7% of the cases studied. The study revealed that occasional and severe bullying were solid predictors for psychological distress.

Workers were selected to participate in a research study by Eriksen et al. (2016) to investigate whether being exposed to mobbing increased long-term sickness or absences from work. Results show that, although men and women are exposed to the same types of negative behavior and have significantly worse immediate health when exposed to bullying, only women had a significant relationship between exposure to mobbing and long-term sickness absences. The impact on long-term sickness for women suggests that men and women have different coping strategies. Men are twice as likely to exit the labor force immediately after exposure to bullying, whereas it is more probable that women will remain in the workplace.

Durmus et al. (2018) conducted research to study mobbing behaviors and the effects of mobbing on 658 nurses working in a hospital in Turkey. The results revealed that 62.2% of the nurses experienced psychological violence during the two months before the study. The researchers determined that being a victim of psychological violence was associated with psychological effects. According to the findings, 7% of nurses who were victims of psychological violence on their job thought about committing suicide (Durmus et al., 2018).

Davenport et al. (1999) distinguished three degrees of mobbing based on how deep the mobbing experience injures an individual. The researchers identified first-degree, second-degree, and third-degree mobbing. First-degree mobbing involves

symptoms such as crying, occasional sleep difficulties, irritability, and lack of concentration—the second-degree stems from exposure over a more extended period of time. Second-degree mobbing may include high blood pressure, problems with sleep, digestion problems, inability to concentrate, fluctuations in weight, depression, alcohol or drug abuse, avoidance of the workplace, and unfounded fearfulness. In third-degree mobbing, defense mechanisms have broken down, and the victim is no longer able to effectively perform his or her job. Symptoms such as depression, heart attacks, panic attacks, suicide attempts, and violence toward others may occur.

Rosario-Hernandez et al. (2018) conducted a study to examine the relationship between mobbing and suicidal ideation. They wanted to explore how feelings of defeat and entrapment mediated the relationship and how rumination moderated those relationships. The researchers found that exposure to mobbing is a significant risk factor for suicidal ideation. The findings suggested that exposure to mobbing impacted targets that thoughts about ending their life appeared as an alternative to cope with the very detrimental social stressor.

The relationship between the role of the organization and the existence of mobbing has been shown through previous research (Duffy & Sperry, 2014; Leymann, 1990). Brodsky (1976) wrote that all harassment seems to have its origins or its support in the management structure of an organization. Management can decide to initiate or support the harassment. Organizations prone to mobbing encourage mobbing, and mobbing-resistant/healthy-respectful organizations foster respect (Duffy & Sperry, 2014). The decrease in quality and quantity of work, loss of the organization's reputation,

increased employee turnover, and increased sick leave are ways an organization can be impacted (Davenport, 1999).

Job Satisfaction and Mobbing

Job satisfaction is frequently studied and described in different ways (Spector, 1997). Spector (1997) described job satisfaction as “how people feel about their jobs and different aspects of their jobs. It is the degree to which people like (satisfied) or dislike (dissatisfied) their jobs” (p. 2). Al-Aameri (2000) surveyed 290 nurses working in several public hospitals to determine which nurses were satisfied with their jobs and which nurses were committed to their hospital of employment. The study found that nurses in public hospitals were slightly satisfied and committed to their hospitals. Also, satisfied nurses tended to have a higher degree of commitment than less satisfied ones (Al-Aameri, 2000).

A research study (Zahaj et al., 2016) assessed job satisfaction among nurses in a public hospital in Albania and revealed factors contributing to satisfaction. A cross-sectional research design was used to collect data. Results indicated that the level of professional satisfaction among nurses involved in the research study was below average. Young people and highly educated nurses were the least satisfied. Researchers noted that over 70% of nurses who participated would like to practice another profession. Furthermore, 62% of surveyed nurses said they were forced to become nurses due to a lack of other options, while 38% intentionally chose to become nurses. According to the study findings, the most important intrinsic factor that affected job satisfaction among the nurses involved in the study was career growth, followed by nurses who have more responsibility at work, and then equal treatment with colleagues.

In their 2019 research study, Lee and Lin explored burnout and job satisfaction among clinical nurses. They found there was a significant relationship between burnout and low job satisfaction among the participating nurses. Kim, Lee, and Lee (2019) examined the association of workplace bullying with burnout, professional quality of life, and turnover intention among clinical nurses. They noted that workplace bullying had a significant association with emotional exhaustion and depersonalization. There was also an association among the subdomains of burnout, compassion fatigue, professional quality of life, and nurses' turnover intentions.

Salehi et al. (2020) surveyed 270 nurses working in intensive care units (ICUs) of teaching hospitals utilizing the Minnesota Satisfaction Questionnaire and Anticipated Turnover Scale. The purpose of the descriptive correlational study was to determine the relationship between a healthy work environment, job satisfaction, and anticipated turnover among nurses who work in the ICU. A healthy work environment had a significant and positive relationship with job satisfaction. The authors concluded that a healthier work environment is associated with higher job satisfaction and less tendency to quit the job. The researchers recommended that managers adopt strategies to improve the health of the workplace in ICUs to promote job satisfaction.

Akar et al. (2011) completed a study that explored the relationship between perceived causes and dimensions of mobbing, job satisfaction, and turnover intention. The researchers collected data from 248 white-collar employees working in agriculture in Turkey. Results showed that 56.2% of participants were subjected to some form of mobbing within the past year and for at least six months, mostly from peers and superiors. Respondents reported that their mobbing experiences were commonly due to

factors within the organization. Victims of mobbing had lower levels of job satisfaction, and most of them intended to leave the job.

A study conducted by Carroll and Lauzier (2014) examined the relationship between mobbing and job satisfaction and the moderating effect of social support on the relationship. A total of 249 workers from various organizations in Canada took part in this study. The results of the study revealed that social support is a moderator for mobbing and job satisfaction. Findings suggested that social support, such as providing resources to assist with coping and providing peer support, can protect workers from the consequences of mobbing. Workers who were targets of workplace mobbing with high levels of social support had greater job satisfaction than their counterparts.

A research study conducted by Jaradat et al. (2016) described the prevalence of workplace aggression and the occurrence of psychological distress and job satisfaction among Palestinian nurses. The participants completed a survey consisting of questions about socio-demographic status, workplace aggression, psychological distress, and job satisfaction. Ninety-three (27.1%) of the participants reported exposure to workplace aggression of any kind. The patients were the primary source of physical and verbal aggression, whereas colleagues were the primary source of workplace bullying. The researchers also found that younger nurses reported a higher prevalence of exposure to physical aggression, verbal aggression, and bullying. Verbal aggression was associated with psychological suffering. Workplace bullying was associated with lower job satisfaction.

Erdogan and Yildirim (2017) conducted a research study to determine healthcare professionals' exposure to mobbing behaviors and the relationship of mobbing to job

satisfaction and organizational commitment. Of 897 healthcare professionals, 479 accurately completed the questionnaires. Results revealed that the overall rate of exposure to mobbing was high among healthcare professionals. The rate of exposure to the sub-dimensions at least once in the last year was 66.4% for isolation, 71.8% for an attack on professional status, 78.1% for an attack on personality, and 28.4% for direct negative behaviors. The researchers noted that nurses were more exposed to mobbing than physicians. Also, individuals with occupational experience of greater than ten years were more exposed to mobbing. Job satisfaction was lower among victims of mobbing. Although job satisfaction is lower among the victims of mobbing, an organizational commitment was not influenced much.

Vukelic et al. (2019) examined whether the perceived exposure to bullying mediates the relationship between the climate of accepting bullying behavior and job satisfaction. The researchers detected a significant negative correlation between exposure to bullying and job satisfaction. Also, workplace bullying behavior acceptance had an indirect relationship with job satisfaction through bullying exposure. The relationship between bullying behavior acceptance and exposure to bullying was weaker among those who believed they coped better with the bullying. Vukelic et al.'s (2019) study revealed that workplace bullying could be sustained by a climate of acceptance of workplace bullying behavior by individuals within the work setting (Vukelic et al., 2019).

Affective Events Theory

Affective Events Theory (AET), developed by Weiss and Cropanzano (1996), explains how workers' feelings affect organizations and how organizations affect workers' feelings. Moods and emotions at work influence job satisfaction (Brief &

Weiss, 2002; Weiss & Cropanzano, 1996). Job satisfaction has been measured in ways that are assumed to describe how workers feel. The authors discussed how organizational researchers have begun to demonstrate a serious interest in moods and emotions in the workplace. Literature about moods and emotions has shed light on the role that workplace endogenous and exogenous factors play. The review of current literature conducted by Brief and Weiss (2002) revealed that research on affective events in the workplace seems to be changing so that there is less reliance on cross-sectional designs. With physically threatening conditions at work considered, an interest in the social environment is considered a source of distress. Threats to physical well-being in the workplace are beginning to receive the attention they deserve.

Heightened interest in the part affect plays in the workplace is apparent, yet the impact of emotions in strategic decision-making remains largely unexplored (Brief & Weiss, 2002). Ashton-James and Ashkanasy (2008) addressed the shortcomings of research by proposing a conceptual model of strategic decision making that includes the impact of affective states on cognitive processes that will impact decision outcomes. The model they proposed based on the principles of AET was extended to include the effect of the external environment. The authors suggested that emotions become part of the cognitive processes that are crucial to the strategic decision-making process within organizations (Ashton-James & Ashkanasy, 2008). The conclusion revealed that strategic decision-making in organizations was not always controlled, deliberate, or purely cognitive as described. The researchers affirmed that managers' moods and emotions in response to positive and negative workplace events have a notable influence on strategic decision-making processes.

A study conducted by Glaso et al. (2010) applied AET to examine emotional experiences as a potential mediator between exposure to mobbing and job satisfaction with the intention to leave a job. The researchers also investigated to what extent trait anxiety and trait anger moderated the relationships between the variables. The results showed that the targets' emotional experiences partly mediate the relationships between mobbing and both job satisfaction and intentions to leave one's job. The results support the validity of AET while indicating exposure to mobbing as a stressor.

Weiss and Rupp (2011) argued for a more person-centric direction for research in industrial-organizational psychology because the established model within industrial-organizational psychology views workers as objects. This view limits the ability to foster a thorough awareness of how humans relate to work. People define themselves and extract meaning from work, so understanding humans cannot be done without understanding work (Weiss & Rupp, 2011). The authors called the worker's point of view "man working" (p. 84). Person-centric work psychology can focus on experiences as subjective states. These states would range from the very transient (anger, arousal, fear) states to states that have a longer time frame (anxiety, depression, anxiety) to experiences that are even longer (well-being, happiness). A more person-centric approach would have a subjective view based on the feelings or experiences of the worker (Weiss & Rupp, 2011).

Cropanzano et al. (2017) drew on previous research to propose that the application of AET could enhance the understanding of leader-member exchange (LMX) development. The researchers argued that high-quality LMX relationships move through three stages: role taking, role making, and role routinization. The initial role-taking stage

is when leaders' affective expressions serve as affective events that influence member emotions. Emotional contagion and affective empathy are active at this stage. Next, during the role-making stage, both leaders and members are sources of affective events. Finally, during the role routinization stage, an LMX relationship has been established but could change based on emotional responses to the distribution of the LMX relationship.

Leymann Inventory of Psychological Terror (LIPT)

Leymann (1990) developed the LIPT to establish mobbing frequency among targets. His initial research and the book *Suicide Factory* (Leymann & Gustafsson, 1998) were based on extensive interviews and case studies on nurses in Sweden who had committed or tried to commit suicide. The suicide attempts were the consequence of mobbing they each experienced in the workplace. Publishing the book fulfilled a two-fold purpose. The first was to establish if (and to what extent) conditions in the labor market foster a risk of suicide and recommend preventive approaches to address the conditions. They chose to focus on nurses within the healthcare sector because, based on Leymann's experience, this was the profession with the highest rate of mortality due to suicide (hence the title *Suicide Factory*). Leymann explained that nurses work in the context of two hierarchies of command; one under a supervising doctor and one under a chain of supervisory nurses (Leymann, 1996). The 45 mobbing actions were derived from 300 individual interviews from 1981 to 1984 (Mobbing portal, n.d.). Leymann (2014) also co-authored with Gustafsson the book *Why Nurses Commit Suicide: Mobbing in Health Care Institutions*. Many of Leymann's books and articles were written in Swedish and were translated by Sue Baxter even after he died in 1999.

In 1989 Leymann and Tallgren (as cited in Einarsen & Skogstad, 2014) used the LIPT to investigate the frequency of mobbing in a Swedish steel company. The study expressed a well-defined concept of mobbing or bullying and harassment in the workplace. The researchers defined mobbing as exposure to one of 45 predefined mobbing actions weekly for more than six months. The study found that 4% of the employees of the company were victims of such mobbing at work.

Korokcu et al. (2014) assessed the reliability and validity of the LIPT in a research study on employees of a health sciences program. The factors of the study indicated the relationship between different types of mobbing acts. The LIPT showed high reliability (Cronbach's alpha of >0.80). Exploratory and confirmatory factor analyses were conducted to examine the factor structure of the modified LIPT. Psychometric examination indicated that the LIPT is a reliable measurement tool for identifying mobbing behaviors in workplaces.

De Rivera and Rodriquez-Abuin (2003) utilized a 60-item version of the LIPT to evaluate mobbing among a sample of 125 individuals. Participants who were exposed to mobbing experienced a mean of 29 different mobbing behaviors. Non-affected participants experienced a mean of 4 mobbing behaviors. The 17 and more frequent intense mobbing behaviors are those that seek to intimidate, discredit, and hinder the victim. These mobbing behaviors affected 70% of participants who were exposed to mobbing at work.

Brousse et al. (2008) conducted research to evaluate levels of stress and anxiety-depression disorder by targets of mobbing among 48 subjects. A key result of the study was that the severity of the mental health effects of mobbing led to serious psychiatric

illness in individuals with no previous history of psychiatric illness. The researchers found that 81% of participants showed high levels of perceived stress at work, and 52% presented with anxiety or depression. Findings revealed that mobbing could have severe mental health repercussions.

A research study was conducted by Dikmetas et al. (2011) using the LIPT to measure physicians' mobbing levels. Burnout was measured by utilizing the Maslach Burnout Inventory. The aim was to administer the LIPT to all the resident physicians at a research and training hospital. The researchers found that 52.94% of residents responded to all of the questions. Results revealed that the mean mobbing level of residents was 1.97. Mobbing and burnout levels of residents varied significantly in terms of medical specialty. The research study indicated a relationship between mobbing (workplace bullying) and emotional exhaustion, depersonalization, and personal accomplishment.

The LIPT was used to measure the level of exposure to mobbing in a study focused on the relationship between levels of burnout and exposure to mobbing of hospital managers at the ministry of health hospitals in Turkey (Karsavuran & Kaya, 2017). The sample consisted of 244 managers. The findings indicated a negative relationship between each subdimension of mobbing and personal accomplishment. Also, head nurses who experience mobbing and burnout were more prone to perform shoddy work.

Minnesota Satisfaction Questionnaire

A research study conducted by Hancer and George (2003) examined the job satisfaction of restaurant employees using the MSQ short form and demographic characteristics. Research materials were mailed to general managers of 54 restaurants.

Questionnaires were given to 30 employees on duty at the time and represented all positions. A total of 798 usable surveys were collected. Factor analysis explored the dimensions of the MSQ short form. The correlation matrix was utilized to examine the relationships between the observed variables. Overall job satisfaction raw scores were determined by adding up the 20 items of the MSQ short form. Cronbach's alpha for the study was .90, indicating high scale reliability. Findings revealed that a low level of satisfaction was reported by 50.2% of the respondents, whereas 25.6% demonstrated an average level, and 24.2% reported a high level of job satisfaction.

Akman et al. (2016) conducted a study to ascertain components of job satisfaction and burnout among pediatric nurses working in pediatric clinics. Participants completed the MSQ and Maslach Burnout Inventory. A total of 165 nurses were surveyed. The results showed that scores for emotional exhaustion and depersonalization were low, while personal accomplishment scores were high. Low levels of burnout were related to high levels of job satisfaction, being married, increased age, and fewer patients to care for during the shift. The researchers also noted that job satisfaction was impacted the most by income.

Walkowiak and Staszewski (2019) conducted a study on job satisfaction at two large public hospitals using the MSQ. An exploratory factor analysis (EFA) was done. The MSQ was completed by a total of 292 nurses (response rate was 77.9%). Findings reveal four main factors that influence job satisfaction of nurses: "satisfaction with supervision," "satisfaction with the consistency with self and chances of promotion," "satisfaction with remuneration and working conditions," and "satisfaction with

usefulness and accomplishment” (p. 9). Results indicated that the job satisfaction of nurses could not be measured as intrinsic and extrinsic satisfaction only.

Walkowiak and Staszewski (2019) conducted a study in a large hospital in western Poland using the MSQ short form. The purpose of the research was to discover the primary source of Polish nurses' satisfaction and dissatisfaction and establish how important respondents' education, age, and professional experience were. There were 177 nurses in the study sample. Factors that adversely affected nurses' job satisfaction were remuneration, working conditions, and hospital policies and practices. Factors that positively influenced job satisfaction were security with steady employment, performing services for other workers, and being active on the job.

Salehi et al. (2020) utilized a cross-sectional descriptive methodology to study 270 nurses working in ICUs of teaching hospitals in Tehran. Participants completed the MSQ, a healthy work environment scale, and an anticipated turnover scale. Results revealed that a healthy work environment had a significant but inverse relationship with job satisfaction and a significant but inverse relationship to leave the job. Marital status had the most significant correlation with job satisfaction (Salehi et al., 2020).

Summary

The issue of mobbing has been researched for over 25 years, yet the problem still exists and is becoming more prevalent. Despite the increasing number of research studies aimed at understanding and addressing mobbing in the nursing field, a gap remains. The focus of this study was to examine the relationship between mobbing and job satisfaction among nurses.

The literature review revealed that mobbing could negatively impact individuals and organizations. The effects are so detrimental that the term psychological terror is used to label it. Psychological symptoms such as anxiety, depression, loss of sleep, post-traumatic stress disorder, and even suicidal ideation have occurred because of the repeated, ongoing, and systematic attacks placed on the target of mobbing.

The theoretical framework selected for this study was the affective events theory. The AET explains how nurses' wide range of negative emotions resulting from mobbing can have a significant psychological impact and influence job satisfaction (Glaso & Notelaers, 2012). The culture of an organization and other factors can perpetuate mobbing. Bystanders are part of the organizational culture and can choose to ignore the behavior, join in the behavior actively or passively, or positively support the victim. The stressful nature of nurses' work experiences places nurses at risk for mobbing.

In Chapter II, an extensive literature review was provided to support the theoretical framework of AET, and an in-depth exploration was conducted about mobbing, the effects of mobbing on individuals and organizations, job satisfaction, and the instruments that will be used in this study. Chapter III will cover the study's research design and approach, setting and sample, instrumentation and materials, data analysis, and protection of subjects' rights.

CHAPTER III - METHODOLOGY

The purpose of this study was to examine the relationship between mobbing and job satisfaction among nurses licensed in Mississippi. A secondary purpose was to identify which demographic characteristics are correlated with experiences of mobbing. A descriptive correlational design was used. The research questions were, “Is there a significant correlation between registered nurses’ experiences of mobbing and their job satisfaction?” and “Which demographic characteristics of registered nurse participants are significantly correlated with experiences of mobbing?” Chapter III covers the study's research design and approach, setting and sample, instrumentation and materials, data analysis, and protection of subjects’ rights.

Research Design and Approach

A descriptive correlational research design was used in this study. Correlational designs examine relationships among variables. The researcher measured the study variables in a sample and used correlational statistics to determine the relationships among the variables (Grove et al., 2013). Potential participants were emailed an invitation that contained a link to the survey in Qualtrics. The email contained the purpose of the study, the population of interest, informed consent information, and completion instructions about the three-part survey. The researcher informed participants that completing the three-part survey will advance research on mobbing and job satisfaction. The Qualtrics platform was appropriate because it can be used to economically reach many potential participants, and it is secured with a password to restrict access by unauthorized persons.

Variables studied include nurses' experiences of mobbing; job satisfaction; and the demographic variables of age, gender, race, highest educational level attained, practice setting, specialty, and years of experience as a nurse. The information collected from the demographic questionnaire provided details to identify which nurses may be more prone to being targets of mobbing. A quantitative survey approach was used in which nurses anonymously completed an online survey that contained a demographic questionnaire, the Leymann Inventory of Psychological Terror (LIPT), and the Minnesota Satisfaction Questionnaire Short Form (MSQ). A survey system is used primarily when the statistical relationship between two variables is being tested (Grove et al., 2013). The technique was appropriate for gathering detailed data about a specific subject so that inferences can be made regarding the sample (Creswell, 2014). The data collected from the survey instruments were exported from Qualtrics and analyzed using SPSS version 26. Evidence has suggested that mobbing and job satisfaction may be related (Carroll & Lauzier, 2014; Galang & Jones, 2016), but these findings are not strongly supported by research, so this study was aimed at exploring the extent to which these variables are related among nurses.

Setting and Sample

The stratified random sampling method was used for this study. Smaller sample size can be used with a stratified random sample to achieve the same degree of representativeness as a large sample. In addition, the data collection time is reduced, and sampling error is decreased (Grove et al., 2013). The target population for this study was registered nurses who are licensed in the State of Mississippi, including nurses who may be practicing in another state. A comprehensive list of active registered nurses licensed in

the State was obtained from the Mississippi Board of Nursing. The names of the registered nurses were entered into a 2016 version of an Excel spreadsheet. The website random.org was used to randomize the selection of the participants. After selecting nurses, an email with the link to the survey was sent via Qualtrics' electronic survey system. This approach was appropriate because the study aimed to evaluate a representative nurse sample from many settings throughout a specific area (Grove et al., 2013). The geographic location was chosen because the region is the focus of the researcher's interest. Nurse participants are licensed through the MBON, live in the state of Mississippi, and work in the state or a Compact state. A Compact state is one that has enacted the Enhanced Nursing Licensure Compact (eNLC) agreement between states that allows nurses to have one license but the ability to practice in other participating states (National Council for the State Boards of Nursing, 2020). Access to contact emails was obtained from the Mississippi Board of Nursing. The researcher could expand the research to other areas

Willing participants were evaluated for eligibility using the following criteria:

1. Participants must be currently working at least part-time or 24 hours per week.
2. Participants must have been in practice as a registered nurse for at least one year.

Potential participants who access the survey link were excluded based on responses to eligibility questions at the beginning of the survey. Participants who did not meet the eligibility criteria were automatically redirected out of the survey. They received a message thanking them for their responses up to that point. Instructions and information about time requirements were given at the beginning of the survey. Contact information

for the researcher and dissertation chair was included for participants who had concerns or questions. Participants who desired to were entered into a drawing for a \$50 gift card for their participation.

The sample size was calculated using G-Power version 3.1.9. Cohen's table of statistical power estimations was employed (Cohen, 1992). The targeted power was 0.8, and the significance level was set at 0.05 ($\alpha = 0.05$). Based on the results, a total of 55 respondents were needed for medium effect size. When missing values or incomplete surveys (20% to 30% of respondents) were taken into consideration, the target sample needed to include 85 to 90 registered nurses. A total of 140 registered nurses responded to the survey, but N=83 responses were remaining for analysis after incomplete surveys were removed.

Instrumentation and Materials

Instrumentation for the research consisted of three tools. The first tool was a demographic questionnaire (see Appendix C) developed by the researcher. The variables of age, gender, race, educational level, practice setting, specialty, and years of nursing experience were chosen for the demographic questionnaire. The variables provided a broad characterization of nurses targeted for mobbing. The remaining instruments or tools included the Leymann Inventory of Psychological Terror (LIPT) (Appendix D) and the Minnesota Satisfaction Questionnaire (MSQ) Short Form (Appendix E).

Demographic Questionnaire

Demographic data were collected using the demographic questionnaire developed by the researcher. The questionnaire was introduced at the start of the survey. The information gathered from the questionnaire included: nurse participants' age, gender,

race, educational level, practice setting, specialty, and years of nursing experience.

Information relating to the inclusion criteria was also derived from the questionnaire.

Leymann Inventory of Psychological Terror (LIPT)

The LIPT was comprised of 45 mobbing behaviors identified by Leymann (1990). The instrument used a 5-point Likert scale. The typology was divided into five groups depending on the feature of the behavior: items 1-11 referred to effects on self-expression and communication; items 12-16 referred to effects on social contacts; items 17-31 referred to effects on personal reputation; items 32-40 referred to effects on the occupational situation and quality of life; and items 41-45 referred to effects on physical health. Mobbing (workplace bullying), consistent with what Leymann (1990) calls psychological terror, is present if one or more mobbing actions happen about once per week and over a period of at least one year. Responses include 1=Every day, 2=A few times a week, 3=A few times a month, 4=A few times a year, and 5=Never. Participants who select the answers between “every day” and “a few times a year” were classified as “people who were exposed to mobbing,” whereas the participants who select “never” were classified as “people who were not exposed to mobbing.”

A study showed the factorial validity of the French version of the LIPT (Niedhammer et al., 2006). The study was the first one validating a version in the French language. The study was based on a large sample of 7694 subjects from the working population. The prevalence of mobbing determined from the research was around 10%. The convergent and predictive validity were increased when Leymann’s (1990) definition of mobbing was combined with the self-report of being exposed to mobbing.

Korukcu et al. (2013) tested the scale reliability of the modified LIPT using Cronbach's alpha. The modified LIPT indicated high reliability (Cronbach's alpha >.80). The psychometric examination of the modified LIPT scale indicated that LIPT is a reliable measurement tool for identifying bullying behaviors. The study's findings also revealed that all items on the scale are positively related to each other. Exploratory (EFA) and confirmatory factor analyses (CFA) were conducted to evaluate the factor structure of the modified LIPT. The results from EFA runs indicated that a six-factor structure explained the response data from the modified LIPT better than the other alternative models. The model-data fit of this model was also tested within a CFA model. As in the EFA model, the model-fit results in the CFA model were acceptable, suggesting that the six-factor structure is appropriate for the modified LIPT scale.

Minnesota Satisfaction Questionnaire (MSQ)

The MSQ Short Form (Weiss et al., 1977), a 5-point Likert scale that consists of 20 items, was used for this study. There are three forms of the MSQ available: two long forms (Weiss et al., 1967) that contain 21 scales and a 3-scale short form (Weiss et al., 1977). The short form includes only 20 of the 100 original items, namely, the ones that better represented each of the 20 original subscales (Weiss et al., 1977). The short form is easier for study participants to complete and is likely to increase the response rate. Responders were asked to decide how satisfied they feel about the aspect of their job described by each statement. Responses include: 5=Extremely satisfied, 4=Very satisfied, 3=Satisfied, 2=Somewhat satisfied, and 1=Not satisfied. Item responses are summed or averaged to create a total score—the lower the score, the lower the level of job satisfaction. The scale is frequently used in the literature, being a well-known instrument

and stable over time, with previous research yielding excellent coefficient alpha (ranging from .85 to .91). The MSQ has been extensively studied and validated (Martins & Proenca, 2014). Construct validity of the MSQ was ascertained by factor analysis, which determined the convergent assignment of constructs to items within each subscale of the MSQ. The items showed good commonalities and strong factor loadings. Based on psychometric testing, the MSQ is a valid instrument for measuring the job satisfaction of workers (Martins & Proenca, 2014).

Vocational Psychological Research (VPR) no longer sells the MSQ questionnaires. All forms of the instrument are available under a Creative Commons Attribution-Non-Commercial 4.0 International License. This license allows the MSQ instrument to be used for research or clinical work free of charge and without written consent, provided that the user acknowledges Vocational Psychology Research, University of Minnesota, as the source of the material in the reproduced materials (printed or electronic). The license does not allow commercial use or reproduction for sale. The instrument may be used free of charge; however, for employee surveys, the instrument must be used within an organization.

Hirschfeld (2000) compared the original intrinsic and extrinsic subscales of the MSQ short form to revised subscales using data from two samples. The researchers developed the subscales based on critiques of other researchers. Confirmatory analysis of the original and revised subscales supported the discriminant validity of scores on the intrinsic and extrinsic job satisfaction measures.

Data Analysis

The descriptive statistics and Spearman Rho correlation analyses were performed using the Statistical Package for the Social Sciences (SPSS), version 26. For the descriptive analyses, means and standard deviations were reported for the continuous variables such as exposure to mobbing, job satisfaction, years of nursing experience, age, highest level of education, specialty, and setting. The frequency with percentage was obtained for categorical variables. Spearman Rho Correlation Test was utilized instead of the Pearson Correlation because Pearson Correlation evaluates only a linear relationship between two continuous variables, whereas Spearman Rho measures rank correlation. Spearman also evaluates relationships involving ordinal variables (Frey, 2016). Multiple regression was utilized to examine the relationship between exposure to mobbing and job satisfaction, including the variables: age, race, gender, educational level, specialty, and years of experience. Regression measures the degree of correlation between two or more variables. (Heavey, 2015). The Spearman Rho correlation test was used to measure the correlation and direction of the relationship (Frey, 2016). Reporting the findings from the study comprised the account for the current relationship between mobbing and job satisfaction among nurses.

Human Rights Consideration

Measures were taken to protect human subjects participating in the study. The study was submitted to the Institutional Review Board at The University of Southern Mississippi (IRB) for approval (Protocol # 20-465; see Appendix A). Participants were directed to review an informed consent at the beginning of the survey within the Qualtrics platform (See Appendix B). Participants gave consent electronically by clicking a consent

button before the start of the survey. The researcher was charged with ensuring the confidentiality of data collected during the research process. To maintain confidentiality, no information that was collected can be traced back to participants. The data collected was placed on a password-protected computer and removable drive to protect safety and integrity. No uniform resource locator (URL) information was collected.

Summary

A descriptive, correlational design using electronic survey tools was used for this study. The purpose of this study was to examine the relationship between mobbing and job satisfaction among nurses licensed in Mississippi. A secondary purpose was to identify which demographic characteristics are associated with exposure to mobbing. A list of registered nurses licensed in Mississippi was placed on an Excel spreadsheet and randomized for selection. Nurses who were selected were sent an email link that contained the survey via Qualtrics. Descriptive statistics and Spearman Rho correlation analyses were performed using SPSS, version 26 after an adequate number of responses were received. Multiple regression was utilized to examine the relationship between exposure to mobbing and job satisfaction. Measures were taken to protect human subjects participating in the study. Participants were advised of the voluntary nature of the study. Confidentiality and anonymity were maintained during the research process.

CHAPTER IV – RESULTS

Demographic Characteristics

Responses from a total of 83 registered nurses from Mississippi were analyzed for this study. The inclusion criteria were: participants currently working at least part-time or 24 hours a week and practiced as a registered nurse for at least one year. Table 1 demonstrates frequency distributions based on race and gender. Approximately 86.7% of the participants were females. More than two-thirds of the participants (67.5%) were Caucasian (white). Table 2 lists frequency distribution based on educational level. Almost half of the participants (49.4%) had their highest level of education as Master of Science in Nursing. Table 3 lists frequencies of distribution for specialty roles and practice settings of participants. Half of the participants (50.6%) were specialized as Nurse Practitioner (NP, PMHNP, ACGNP, etc.). Around three-tenths of the participants (32.5%) described their current nursing practice as Specialty Hospital/Long Term Acute Care. Table 4 displays the means for select variables. The average age of the participants was 59.64 (SD = 1.083) years. The average experience years of the participants as registered nurses was 28.26 (SD = 1.291). The average exposure to mobbing score of the participants was 8.82 (conversion score). The average job satisfaction score of the participants was 68.44 (SD = 0.941).

Table 1

Participant's Frequency Distribution Based on Race and Gender

Race	<i>f</i>	%
Caucasian/White (non-Hispanic)	56	67.5
African American/Black (non-Hispanic)	27	32.5
Total	83	100.00
Gender		
Female	72	86.7%
Male	11	13.3%
Total	83	100.00

Table 2

Participant's Frequency Distribution Based on Educational Level and Specialty Role

Race	<i>f</i>	%
Caucasian/White (non-Hispanic)	56	67.5
African American/Black (non-Hispanic)	27	32.5
Total	83	100.00
Gender		
Female	72	86.7%
Male	11	13.3%
Total	83	100.00

Table 3

Participant's Frequency Distribution Based on Specialty Role and Practice Setting

	<i>f</i>	%
Nurse Practitioner		
(NP, PMHNP, ACGNP, etc)	42	50.6
Not applicable	31	37.4
CRNA	5	6.0
Clinical Nurse Leader	3	3.6
Clinical Nurse Specialist	2	2.4
Total	83	100.00
Current Practice Setting		
	<i>f</i>	%
Hospital/Specialty/LTAC	27	32.5
Primary Care	23	27.7
Academic	12	14.5
Home Health/Hospice	6	7.2
Ambulatory Care	4	4.8
Assisted Living/LTC	3	3.6
Dialysis Center	1	1.2
Travel-COVID Response	1	1.2
Cancer Center	1	1.2
Urgent Care	1	1.2
Infusion Pharmacy	1	1.2
Anesthesia	1	1.2
Swing Bed Critical Care	1	1.2
Occupational Health Nurse	1	1.2
Total		100.0

Table 4

Participant's Means for Select Variables

Variable	M (SD)
Age	59.64 (1.0830)
Years of Nursing Experience	28.26 (1.291)
Exposures to mobbing	8.82 (0.575)
Job satisfaction scores	68.44 (0.941)

Correlation Analysis of Exposure to Mobbing and Job Satisfaction Scores

A Spearman's rho correlation test was used in the analysis of exposure to mobbing and job satisfaction scores. Pearson correlation coefficients measure only linear relationships. Spearman's rank correlation coefficient or Spearman's ρ is a nonparametric measure of rank. Spearman correlation is between two ordinal level variables (Frey, 2016). Based on the test, these two variables have a statistically significant negative linear relationship to each other ($r = -0.586, p < 0.001$).

According to the Kolmogorov-Smirnov Normal Distribution Test, the total exposures do not follow a Normal distribution. A Kolmogorov-Smirnov test looks at the frequency of occurrences across a set of categories and compares the observed distribution to an expected distribution (Frey, 2016). The distribution of Job Satisfaction was normal with a mean of 67 and a standard deviation of 19.233. The distribution of total exposures is normal with a mean of 9 and a standard deviation of 9.460.

Table 5

Analysis of Variance

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	36.584	28	1.307	1.950	.017 ^b
	Residual	36.861	55	.670		
	Total	73.445	83			

ANOVA = Analysis of Variance; F = F statistic; Sig = p-value

The impact of exposure to mobbing on job satisfaction was statistically significant ($\gamma = -0.586, p < 0.001$). However, the impacts of age, gender, ethnicity, level of education, specialty, and years of experience upon whether participants experienced mobbing were not statistically significant, $p > 0.05$. Dummy variables for a level of education, specialty, and current practice setting were used because each of them contained more than two categories (Grotenhuis et al., 2016). If the dummy variables were not used, the model would have been less effective in predicting job satisfaction

Conclusion

A total of 83 registered nurses from Mississippi were recruited for this study. The inclusion criteria were: participants currently working at least part-time or 24 hours a week and practiced as a registered nurse for at least one year. The findings of this study show a significant correlation between exposure to mobbing and job satisfaction. The correlation is statistically significant ($\gamma = -0.586, p < 0.001$). Multiple regression analysis was used to determine the effect of independent variables on the dependent variable. According to the results, the predictors accounted for 49.8% of the variance in the variable job satisfaction. The regression model was statistically significant $F(28, 55) =$

1.95, $p < 0.05$. Exposure to mobbing's impact on job satisfaction was statistically significant ($\gamma = -0.586$, $p < 0.001$). In contrast, the impacts of age, gender, ethnicity, level of education, specialty, and years of experience were not statistically significant, $p > 0.05$.

CHAPTER V – DISCUSSION

Overview

Exposure to mobbing is becoming more prevalent among healthcare workers (Ariza-Montex, 2013). Somani et al. (2015) found a 33.8% prevalence of mobbing (workplace bullying) behavior among nurses. Erdogan and Yildirim (2017) determined that job satisfaction was lower among victims of mobbing. The aim of this research study utilizing quantitative methodology sought to determine if there is a relationship between mobbing and job satisfaction among registered nurses. A second aim was to determine if demographic characteristics of registered nurse participants were significantly correlated with experiences of mobbing. The demographic factors were age, gender, race, level of education, practice setting, specialty role, and years of nursing experience.

Interpretation of Findings

This study implies that a significant negative correlation exists between exposure to mobbing and job satisfaction. Findings support previous research regarding the relationship between mobbing and job satisfaction (Carroll & Lauzier, 2014; Vukelic et al., 2019). Additionally, age, gender, ethnicity, level of education, specialty, and years of nursing experience do not reveal a significant correlation to exposure to mobbing. The coefficient alpha was .85 to .91. Item responses are summed to create a total score on the tool—the lower the score, the lower the level of job satisfaction. Overall job satisfaction raw scores were determined by adding up the values for the 20 items of the MSQ short form. Cronbach's alpha for the current study was .90, indicating high scale reliability. The raw scores for the MSQ were converted to percentile scores using the normative data provided for the short form of the MSQ. The raw scores of this survey's respondents

were listed from lowest to highest then converted to a percentile score using SPSS. Weiss et al. (1967) suggested that a percentile score lower than 25 would indicate a low level of satisfaction, and a percentile score higher than 75 would indicate a high level of satisfaction. Weiss and Cropanzano (1996) developed the AET, which explained how workers' feelings affect an organization and how that organization affects workers' emotions. The feelings (emotions) experienced at work impact job satisfaction (Brief & Weiss, 2002). According to Bano and Malik (2013), mobbing (workplace bullying) is a strong predictor of lower job affective well-being and job satisfaction. Glaso et al. (2010) examined emotional experiences as a mediator between exposure to mobbing and job satisfaction and the resulting intent to leave a job. In agreement with the concepts presented in the AET, there is a correlational relationship between mobbing and job satisfaction that is supported by this research study.

Discussion

Among the total sample of this study, 76 registered nurses (91.6%) were exposed to mobbing in the workplace one or more times within the last 12 months, whereas 26 (31.3%) were exposed to at least one mobbing behavior daily/almost daily. The average exposure to mobbing score was 4.58 (SD=0.575) or a mean of 8.7 total exposures in a year (Table 6).

Table 6

Frequency of Exposures to Mobbing Behavior Among Study Population (N=83)

Exposure to mobbing behavior	(N = 83) N (%)
Daily/almost daily	26 (31.3)
At least once per week	32 (38.6)
At least once per month	43 (51.8)
Rarely	60 (72.3)

Prevalence of exposure to specific mobbing behaviors that were experienced by participants ranged from 3 respondents reporting “workplace or home is damaged by others” to 49 respondents reported “being continuously interrupted.” The most common mobbing behaviors (See Appendix I) identified in this study were “being continuously interrupted” (58.3%), “being reviled using obscene or degrading terms” (57.1%), “being mocked due to a handicap” (10.8%), and “being silenced by a superior” (41.6%). The average job satisfaction score was 3.27 (SD=0.941) for a converted mean job satisfaction score of 65.9.

Based on responses, 76 nurses who participated in the study were exposed to mobbing, and respondents reported an average level of satisfaction with their jobs overall. This finding indicates that nurses who were exposed to mobbing experienced an average level of satisfaction in their job—neither high nor low job satisfaction. This study revealed that exposure to mobbing in the workplace has a negative impact on job satisfaction. A surprising result was that demographic variables of age, gender, race, level

of education, practice setting, specialty role, and years of nursing experience were not significantly correlated with experiences of mobbing. The rationale was that a potential reason nurses were being mobbed was related to their age, gender, race, level of education, or years of experience. Based on these results, nurses from various backgrounds and work settings experienced mobbing. Mobbing transcends age, race, gender, level of education, specialty role, and years of nursing experience. Demographic characteristics had no impact on whether or not one experiences mobbing in the workplace. For example, older, more experienced nurses may criticize younger, novice nurses. Male nurses may demean female nurses at work. Female nurses may gang up on male nurses, who are usually in the minority. Nurses from a specialty unit may gang up on those who work in a non-specialty unit. The mobbing experience has no respect for persons.

Implications for Nursing

Results of this research provided a better understanding of the relationship between mobbing and job satisfaction. The psychological impact of stress from mobbing may impact job satisfaction. An adequate level of job satisfaction is necessary for the work setting to keep current nurses and attract new nurses. There is currently a nursing shortage in all work settings (AACN, 2019). Offensive behavior such as mobbing can force nurses out of the workforce prematurely. Nursing schools in the U.S. had to turn away 80,407 baccalaureate and graduate nursing school applicants in 2019 because of a lack of qualified nursing faculty and other reasons (AACN, 2019). Exploring the reasons why mobbing occurs could help to get to the root of the widespread problem.

Mobbing among nurses is a systemic issue that often begins in nursing school before one formally enters the field and persists throughout a nurse's working life. Students who experience mobbing in clinical rotations reported that they were publicly humiliated, disrespected, and powerless to respond (Bowen et al., 2007; Clarke et al., 2012). Nurses are indoctrinated into believing mobbing behavior is a common expectation within the nursing profession. Mobbing should not be a common occurrence. Twenty-one percent of all nursing turnover is related to bullying or mobbing (Edmonson & Zelonka, 2019). Forty-eight percent of graduate nurses fear experiencing mobbing in the workplace. Lastly, 85% of nurses have been verbally abused by another nurse (Dillon, 2021). There are several hypotheses set forth to explain why mobbing occurs among nurses.

Nursing is a profession that women dominate. One hypothesis is that women are often negative towards other women as they compete for power and position in the workplace. Meilaender (2013) asserted that "the Tall Poppy Syndrome is a type of behavior in nursing that casts shade on those who are individually successful by those who are in the same profession." Another hypothesis is that nurses have an oppressed past (Mikaelian & Stanley, (2016). Nurses become frustrated because they are oppressed and subservient to physicians. The built-up frustration is released upon other nurses. Sixty percent of new nurses leave their first job within six months due to cruel behavior from peers (Clarke et al., 2018). Mikaelian and Stanley (2016) recommend implementing formal preparation for nursing students while in their nursing program. Formal training would increase the likelihood that by the time the students have begun their nursing careers, they would be better equipped to withstand the adverse effects of mobbing.

Kucukoglu and Adiguel (2019) found that organizational culture and organizational citizenship are negatively affected if employees experience mobbing. There was a significant relationship between organizational silence and turnover intention, organizational silence and mobbing, and mobbing turnover intention (Elci et al., 2014). Factors that might contribute to the mobbing (workplace bullying) occurrence and its persistence are bad management, stress-intensive workplace, monotony, disbelief or denial by managers, unethical activities, and downsizing (Davenport et al., 1999). Organizations should provide support to nurses who self-report being mobbed. The organization must first acknowledge when mobbing is present and develop policies to prevent and address the issue. Social support should be extended to victims of mobbing within the organization. A cultural change is crucial in order to change the harmful practice of mobbing among nurses.

Most importantly, adequate education, mentoring, and modeling respectful interactions in the workplace will help preserve the nursing profession's image and reputation. Examining the relationship between mobbing and job satisfaction and identifying which, if there are any, nurse demographic characteristics most associated with mobbing can guide the development of interventions and policies to prevent mobbing. The information gained would inform targets about coping strategies when mobbing occurs and promote positive changes in the work setting to increase job satisfaction among nurses.

Recommendations for Action

Findings from this study will be used to inform nurses, healthcare professionals, oversight agencies, and policymakers about mobbing and its' impact on job satisfaction

within organizations. Based on responses to questions on the LIPT, respondents were exposed to mobbing a minimum of at least a few times a year. This finding implies that mobbing is a serious problem. Research on the subject of mobbing has been going on for decades abroad, and for varied reasons, the words used in the United States have different meanings than those in other countries. This point leads to the issue of mobbing not being recognized as the insidious and detrimental action that it is. “To name a thing is to take its power away” (Edmonson & Allard, 2013). Raising social awareness about the topic of mobbing is of the utmost importance. Making mobbing known to the public will provide implications for positive social change that could lead to prevention and interventions for victims. Work environments built upon the needs of staff for identity, belonging, social interaction, and where workers are humanized promote cooperation, compassion, empathy, and mutual aid so that members are collaborators instead of competitors (Dabu & Draghici, 2013). In a 2013 research study, Cowan found that participants believed the organizational culture influenced whether mobbing behaviors were accepted or not.

Consequently, when those at the top of the organization mobbed (bullied in the workplace), mobbing was seen as the accepted way to act. Organizational leaders will have to enforce zero-tolerance policies to make perpetrators accountable for their mobbing activity. Setting expectations of workers and following through with reprimands would make victims feel supported. Work settings, including academia, should embrace the code and make it part of the orientation of newly hired nurses. Victims of mobbing have to be educated on ways to respond and the grievance process or intervention plan that the institution has in place. Ultimately, worker protection could be afforded to nurses who have to focus on caring for those in need rather than balancing the pain and

emotional anguish that comes with being a victim of mobbing. Recovery is an aspect that is often overlooked in the cycle of mobbing. Many nurses tolerate mobbing because they feel they have no recourse. Nurses may bury the experience within their subconscious and avoid the issue altogether (Park et al., 2013). When the nurse victim fails to cope, they may begin to detach themselves from their work and purpose due to a lack of trust for the organization. The detachment and lack of trust are profoundly connected with turnover intention (Kang et al., 2018). Managers within a facility or institution must be on alert for signs of mobbing so they can intervene and provide assistance to victims of mobbing. Coping measures need to be incorporated into the intervention plan to meet the victim's needs better.

There is a group of victims that are often overlooked in the mobbing scenario that takes place in the workplace. These are the bystanders. Bystanders are victims, too. Bystanders to mobbing are coworkers and colleagues who witness the systematic harassment, humiliation, and elimination of a victim from the workplace. According to Tehrani (2004), the number of bystanders to mobbing is high, ranging from 9% to 70% of workers studied. The number of bystanders to mobbing and abuse at the high end of the range was higher in higher education and healthcare settings. When witnessing mobbing, to paraphrase Paul Watzlawick's (1967) axiom that "one can not communicate," "one can not act." Ignoring, walking away, pretending not to see the behavior or know that it is happening, standing up for the victim, or siding with the aggressors in the mobbing (workplace bullying) are all choices. All are acts with moral significance. Duffy and Sperry (2014) present three basic choices or responses bystanders have to the mobbing of their colleague: (1) "turn their back on the situation and do nothing, (2) join in the

mobbing (workplace bullying) either actively or passively, or (3) support the victim either actively or passively” (p. 110). The hope is that mobbing in the workplace or psychological terrorization will be acknowledged, addressed and there will be an open discussion that involves the target, the perpetrator, and those who witness the behavior. Only then can there be a change that sustains those who experience mobbing.

Recommendations for Future Research

This study shows that mobbing among nurses exists and that there is a significant negative correlation between mobbing and job satisfaction among registered nurses.

Recommendations are presented for future research regarding mobbing and job satisfaction among registered nurses. The first recommendation is to include a qualitative component with the quantitative survey data. Including the qualitative aspect would help to delve into the lived experience from the perspective of the nurse who has experienced mobbing. The LIPT used in this study only assessed whether the respondent is currently experiencing mobbing or has done so within the current year. The second recommendation is to include in a questionnaire an additional question that asks if the respondent has experienced mobbing at any point in the past. Some nurses may not be experiencing mobbing in their current work setting; it does not mean that they have not been mobbed in the past. There is the probability that they left the job where they experienced mobbing.

Another recommendation would be to conduct this study in another state to compare outcomes because each state has its own culture, economy, religious customs, and overall healthcare system. Research on mobbing is scarce within the United States in general. Being a nurse in one state may be a different experience in another. Next, a

compelling aspect would be to include additional variables such as burnout or intent to leave to examine a relationship with mobbing. An area of interest that could be researched is the assertion that organizational culture perpetuates mobbing. Pheko et al. (2017) developed a conceptual framework describing how organizational culture contributes to mobbing and point out that mobbing practices may be intentionally or unintentionally encouraged and rewarded.

The Year 2020 was designated as the Year of the Nurse and Midwife by the WHO. The skills of nurses across the globe were put to the test as the Covid-19 pandemic swept through the communities at large, impacting the lives of citizens abroad. Hospital units and other settings that employ nurses have become breeding grounds for stress and incivility that can run rampant among nursing staff. Research has shown a definite link between incivility, verbal abuse, and workplace violence (Siringer, 2020). According to the International Council of Nurses (ICN), evidence shows that nurses are battling unprecedented levels of stress, anxiety, post-traumatic stress disorder, depression, and fatigue during the pandemic. Risking lives daily, in conjunction with irrational workloads, supply shortages, and fear of exposure has contributed to the poor mental health of nurses (ICN, 2020).

Given that mobbing can lead to psychological effects upon the victim, there is future research potential to determine if the Covid-19 pandemic may impact the experience of mobbing for participants or other nurses in their work settings. There are no state or federal laws in the United States to address mobbing. California and Tennessee enacted statutes covering mobbing (workplace bullying) in 2014, making them the first states to enact laws addressing this form of mistreatment at work. These two

statutes led to a line of recent legal and policy initiatives regarding mobbing as workplace bullying in the United States, including a vetoed state bill. There is advocacy at the state levels for the adoption of comprehensive workplace anti-bullying legislation. California was one of the first of 29 states and two U.S. territories (Puerto Rico and the U.S. Virgin Islands) to introduce the “Healthy Workplace” bill (HWB). The HWB seeks to create a “civility code” for organizations to follow. The HWB defines an “abusive work environment” and gives employers grounds to sanction offenders. The bill does require proof of health harm by a licensed health or mental health professionals. The HWB provides a course of action for legal restitution, allows a victim to sue the mobbing perpetrator as an individual, and holds the employer accountable (Yamada, 2015). The Supreme Court has established that Title VII is not restricted to tangible discrimination but can also protect people from becoming victims of mobbing (workplace bullying) in a hostile environment (Davenport et al., 1999). Factors prevalent in mobbing that is considered to describe a hostile environment are: frequency of the conduct; severity of the conduct; whether it is physically threatening, humiliating to the target, or a trivial offensive remark; and whether the conduct interferes with the target’s work performance

Conclusion

Mobbing is an injurious activity occurring within organizations around the world (Joao & Portelada, 2016). Actions such as belittling others, calling co-workers demeaning names, ridiculing peers, or persistent harassment can cause isolation and a lowered sense of self-worth among mobbing victims. The shameful behaviors of unprofessional colleagues can cause psychological, emotional, physical, and social complications in a victim's life. We know that issue of mobbing exists. There is a gap in the literature on the

topic. To address this gap in research, the main purpose of this study was to propose a negative correlation between the experience of mobbing and job satisfaction among registered nurses. The results of this study imply that the experience of mobbing by nurses can affect their job satisfaction. The act of mobbing can be detrimental to the well-being and peace of mind of the nurses who experience it. Nurses enter the profession with the motivation to care for others, yet there is a chance they can become a victim of mobbing within the workplace. More attention should be placed on the effects and recovery measures for nurses who have been exposed to mobbing (Duffy & Sperry, 2014). A change has to be instituted within the workplace whose culture perpetuates the practice (Pheko et al., 2017). By acknowledging the problem of mobbing, policies can be created to prevent and address the behavior.

APPENDIX A – IRB Approval Letter

Office of
Research Integrity



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NOTICE OF INSTITUTIONAL REVIEW BOARD ACTION

The project below has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services regulations (45 CFR Part 46), and University Policy to ensure:

- The risks to subjects are minimized and reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects. Any unanticipated, serious, or continuing problems encountered involving risks to subjects must be reported immediately. Problems should be reported to ORI via the Incident template on Cayuse IRB.
- The period of approval is twelve months. An application for renewal must be submitted for projects exceeding twelve months.
- Face-to-Face data collection may not commence without prior approval from the Vice President for Research's Office.

PROTOCOL NUMBER: IRB-20-465

PROJECT TITLE: Mobbing and Job Satisfaction Among Registered Nurses in Mississippi

SCHOOL/PROGRAM: College of Nursing - GP, School of LANP

RESEARCHER(S): Brenda Collins, Patsy Anderson

IRB COMMITTEE ACTION: Approved

CATEGORY: Expedited

7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

PERIOD OF APPROVAL: January 4, 2021

Donald Sacco

Donald Sacco, Ph.D.
Institutional Review Board Chairperson

APPENDIX B – Informed Consent

THE RELATIONSHIP BETWEEN MOBBING AND JOB SATISFACTION AMONG NURSES

You are invited to participate in research conducted by Brenda F. Collins, a Ph.D. candidate from The University of Southern Mississippi. Your participation is voluntary. You may also choose to discuss participation with family, friends, colleagues, or faculty.

PURPOSE OF THE STUDY

I am asking you to participate in the study because I want to learn more about the relationship between mobbing (workplace bullying) and job satisfaction among nurses. I am also interested in learning about which nurses may be more likely to be mobbed based on their demographic characteristics. Response and submission of the completed survey instrument will constitute consent to participate in this research study.

PROCEDURES

You are asked to complete a three-part online survey. Completion of the three-part survey will take approximately 20 minutes.

POTENTIAL RISKS

Participation in this study does not propose any foreseeable risks to you. If you decide to stop at any time before you have finished the questionnaires, your answers will not be used in the study.

POTENTIAL BENEFITS TO PARTICIPANTS/SOCIETY

There are no direct benefits to you for participating, but you will contribute to the discipline's knowledge of mobbing (workplace bullying) and job satisfaction among nurses.

PAYMENT/COMPENSATION

You will not receive any payment for your participation in this study. However, upon completion of the survey, participants will be entered into a drawing for a gift card for \$50 to show appreciation for their time and participation.

CONFIDENTIALITY

Your responses will be kept completely anonymous. The results of your participation will not be released to any individually identifiable form. Your name cannot be associated with your responses to the questionnaire. Results will be presented in summative form only. The results from the study may be presented in academic settings and might be published in a professional journal in the field of nursing, education, or psychology. Individuals in this study will only be identified as ‘participants.’ No one will be able to identify who you are in this study.

PARTICIPATION WITHDRAWAL

You can choose to participate in the study or not. If you choose to participate in the study, you may withdraw participation at any time without consequence.

ALTERNATIVES TO PARTICIPATION

Your alternative to participation is not to participate.

RIGHTS OF RESEARCH PARTICIPANTS

Participation in this study is completely voluntary. You may choose not to participate at any time. Not participating or stopping participating will not affect your relationship with your employer or job. The University of Southern Mississippi Institutional Review Board (IRB) is a committee that oversees the ethical treatment of people in research studies. The IRB may review the study records if it chooses to do so. The review is done to ensure that

people in research studies are treated fairly and that the study is being carried out as planned.

IDENTIFICATION OF RESEARCHERS

If you have any questions or concerns about the research, please feel free to contact the Principal Investigator Brenda Collins, Ph.D. candidate (Brenda.collins@usm.edu), or my Ph.D. Committee Chair, Dr. Patsy Anderson (Patsy.Anderson@usm.edu).

APPENDIX C – Demographic Questionnaire

Please select the appropriate answers for each question.

- 1. Are you currently working at least 24 hours a week or part-time?**
 1. Yes
 2. No

- 2. Have you been employed as a registered nurse for at least one year?**
 1. Yes
 2. No

- 3. How old are you?**
 1. <21
 2. 21-31
 3. 32-42
 4. 43-53
 5. 54-65
 6. >65

- 4. What is your gender?**
 1. Female
 2. Male

- 5. Which of the following best reflects your racial or ethnic background?**
 1. Caucasian (white)
 2. African American (black)
 3. Hispanic
 4. Alaskan/Native American
 5. Asian
 6. Other

- 6. What is your highest nursing educational level attained?**
 1. Diploma in Nursing
 2. Associate Degree in Nursing
 3. Bachelor of Science in Nursing
 4. Master of Science in Nursing
 5. Doctor of Nursing Practice
 6. Doctor of Nursing Science
 7. Doctor of Philosophy
 8. Other, please specify

- 7. Which best describes your current practice setting?**
 1. Academic
 2. Ambulatory care/urgent care

3. Assisted living/long term
4. Community health/public health
5. Correctional/Forensics
6. Dialysis Center
7. Home Health/Hospice
8. Hospital/Specialty/Long term acute care
9. Primary Care/Clinic
10. Other, please specify

8. Which type of specialty role or certification do you hold, if any?

1. Clinical Nurse Specialist (CNS)
2. Clinical Nurse Leader (CNL)
3. Certified Nurse-Midwife (CNM)
4. Nurse Practitioner (NP, PMHNP, ACGNP, etc.)
5. Certified Registered Nurse Anesthetist (CRNA)
6. Not Applicable

9. How many years of experience do you have as a registered nurse?

1. < 1
2. 1 - 5
3. 6 - 10
4. 11-20
5. 21-30
6. 31-40
7. 41-50
8. 51 or more

APPENDIX D – Leymann Inventory of Psychological Terror

How often do you experience each of the following actions in the workplace?

- 1 = Every Day
- 2 = A Few Times a Week
- 3 = A Few Times a Month
- 4 = A Few Times a Year
- 5 = Never

1. Your superior restricts the opportunity for you to express yourself.
2. You are constantly interrupted.
3. Colleagues restrict your opportunity to express yourself.
4. You are yelled at and loudly scolded.
5. Your work is constantly criticized.
6. There is constant criticism about your personal life.
7. You are terrorized on the telephone.
8. Oral threats are made.
9. Written threats are sent.
10. Contact is denied through looks or gestures.
11. Contact is denied through innuendo.
12. People do not speak with you anymore.
13. You cannot talk to anyone; access to others is denied.
14. You are relocated to another room far away from colleagues.
15. Colleagues are forbidden to talk with you.
16. You are treated as if you are invisible.
17. People talk badly about you behind your back.
18. Unfounded rumors about you are circulated.
19. You are ridiculed.
20. You are treated as if you are mentally ill.
21. You are forced to undergo a psychiatric evaluation.
22. Your handicap is ridiculed.
23. People imitate your gestures, walk, or voice to ridicule you.
24. Your political or religious beliefs are ridiculed.
25. Your private life is ridiculed.
26. Your nationality is ridiculed.
27. You are forced to do a job that affects your self-esteem.
28. Your efforts are judged in a wrong and demeaning way.
29. Your decisions are always questioned.
30. You are called by demeaning names.
31. Sexual innuendoes are present.
32. There are no special tasks for you.
33. Supervisors take away assignments so that you cannot invent new tasks to do.
34. You are given meaningless jobs to carry out.
35. You are given jobs that are below your qualifications.
36. You are continually given new tasks.

37. You are given tasks that affect your self-esteem.
38. You are given tasks that are way beyond your qualifications in order to discredit you
39. You are forced to do a physically strenuous job.
40. Threats of physical violence are made.
41. Light violence is used to threaten you.
42. Physical abuse is present.
43. Causing general damages that create financial costs to you.
44. Damaging your workplace or home.
45. Outright sexual harassment is present.

APPENDIX E – Minnesota Satisfaction Questionnaire Short Form

Ask yourself: How satisfied as I with this aspect of my job?

5 = Extremely Satisfied

4 = Very Satisfied

3 = Satisfied

2 = Somewhat Satisfied

1 = Not Satisfied

1. Being able to keep busy all the time.
2. The chance to work alone on the job.
3. The chance to do different things from time to time.
4. The chance to be “somebody” in the community.
5. The way my boss handles his/her workers.
6. The competence of my supervisor in making decisions.
7. Being able to do things that don’t go against my conscience.
8. The way my job provides for steady employment.
9. The chance to do things for other people.
10. The chance to tell people what to do.
11. The chance to do something that makes use of my abilities.
12. The way company policies are put into practice.
13. My pay and the amount of work I do.
14. The chances for advancement on this job.
15. The freedom to use my own judgment.
16. The chance to try my own methods of doing the job.
17. The working conditions.
18. The way my co-workers get along with each other.
19. The praise I get for doing a good job.
20. The feeling of accomplishment I get from the job.

APPENDIX F – Permission to Use the AET

Model for Affective Events Theory

Brenda Collins

Jul 28, 2020

Greetings, Dr. Cropanzano,

I am a PhD candidate at the University of Southern Mississippi and I am using the Affective Events Theory as the framework for my dissertation. Do you have a graphic or model of the framework I could insert into my proposal? I inserted one from the internet, but my Chair advised me to either get permission to use it or check to see if you have one that is recommended to represent the components of the theory. I have attached it with this message. I hope that you can help.

Thanks in advance,
Brenda Collins, APRN, FNP-C
brenda.collins@usm.edu

AET pic.docx

Jul 28, 2020

Hi Brenda:

It's fine for you to use that figure. It is from our original chapter, so you have my permissions. I don't have any other graphic to share.

Best, Russell

APPENDIX G – Multiple Regression Analysis

Multiple Regression Analysis of Dependent and Independent Variables

Variables	Coefficients				
	Unstandardized Sig.	B	Std. Error	Standardized Beta	t
(Constant)	40.926	31.060		1.318	.193
Exposure to mobbing (Average)	.458	.190	.280	2.407	.019
Age	.115	.215	.132	.534	.596
Years of Experience	-.049	.190	-.067	-.257	.799
Gender	-.383	.346	-.138	-1.108	.273
Race	-.387	.251	-.193	-1.543	.128
Associate Degree	-.587	.942	-.212	-.623	.536
Bachelor of Science	-.326	.897	-.132	-.364	.717
Master of Science	-.832	.695	-.445	-1.197	.236
Doctor of Nursing Practice	-.321	.702	-.101	-.456	.650
Doctor of Nursing Science	-.846	1.076	-.138	-.786	.435
Doctor of Philosophy	-.774	1.249	-.090	-.619	.538
Academic	-.270	.704	-.101	-.383	.703
Ambulatory/Urgent Care	.240	.860	.055	.279	.782
Assisted Living/LTC	.890	.901	.177	.988	.327
Dialysis Center	.530	1.135	.062	.467	.64
Home Health/Hospice	.344	.736	.095	.468	.642
Specialty/LTAC	-.068	.648	-.034	-.105	.91
Primary Care Clinic	.155	.681	.074	.227	.821
Travel/COVID response	.974	1.148	.113	.848	.400
Cancer Center	.139	1.060	.016	.131	.896
Urgent Care	1.357	1.336	.157	1.015	.315
Infusion pharmacy	.169	1.054	.020	.160	.873
Anesthesia	-1.144	1.382	-.133	-.827	.41
Swing Bed Critical Care	.347	1.066	.040	.326	.746
Clinical Nurse Specialist	-.559	.713	-.091	-.784	.436
Clinical Nurse Leader	-.309	.713	-.061	-.529	.599
Nurse Practitioner	.716	.407	.383	1.758	.084
Certified RN Anesthetist	1.149	.746	.291	1.540	.129

a. Dependent Variable: Job Satisfaction (Average scores) Note: B = unstandardized coefficients of the model; Sig = p value

APPENDIX H – Prevalence of Exposure to the 45 Mobbing Behaviors

Prevalence of Exposure to Each of the 45 Mobbing Behaviors Among the Study Population (n=83)

Mobbing behavior	(N = 83) n(%)
1. Being silenced by superior	35 (41.6)
2. Being continuously interrupted	48 (57.8)
3. Being silenced by others	33 (39.3)
4. Being scolded and yelled at	9 (10.7)
5. Being criticized regarding work assignments	28 (33.3)
6. Private life being criticized by others	9 (10.7)
7. Being terrorized by means of phone calls	12 (14.3)
8. Receiving verbal threats	20 (23.8)
9. Receiving written threats	9 (10.7)
10. Being exposed to irritating gestures/looks	17 (20.2)
11. Physical presence ignored, addressing only others	14 (16.7)
12. Not being talked to	20 (23.8)
13. Not being allowed to physically contact others	8 (9.6)
14. Being isolated from others at work	6 (7.1)
15. Conversation with colleagues is forbidden	3 (3.6)
16. Physical presence being ignored by others	15 (17.9)
17. Being addressed only in written ways	33 (39.3)
18. Not being given any work assignments at all	21 (25)
19. Being given meaningless work assignments	16 (19.1)
20. Being given work assignments far below capacity	4 (4.8)
21. Continuously being given new work assignments	4 (4.8)
22. Being given humiliating work assignments	6 (7.1)
23. Being given difficult work assignments far above capacity	12 (14.3)
24. Being gossiped about	17 (20.2)
25. Being exposed to slanders and lies	10 (11.9)
26. Being ridiculed	4 (4.8)
27. Being said to have a mental illness	15 (17.9)
28. Being forced to go through psychiatric exams	24 (28.9)
29. Being mocked due to a handicap that you have	40 (48.2)
30. Voice, gestures, and way of moving are imitated to tease	5 (6.0)
31. Suffering verbal attacks regarding political and religious beliefs	11 (13.1)
32. Being teased due to ethnic background	21 (25)
33. Being forced to do work assignments which are against your conscious	11 (13.1)
34. Being judged for your work in an injustice or humiliating way	18 (21.7)
35. Your decisions are questioned by others	32 (38.6)
36. Being reviled using obscene or degrading terms	47 (56.6)
37. Being sexually threatened	20 (23.8)
38. Being given dangerous work assignments	14 (16.7)
39. Being forced to do work assignments that hurt your health despite your bad health	26 (31.0)
40. Being physically threatened	7 (8.3)
41. Being physically threatened in the form of mild violence as a warning	6 (7.1)
42. Being physically attacked	4 (4.8)
43. Being forced to spend big sums of money	6 (7.2)
44. Workplace or home is damaged by others	3 (3.6)
45. Being sexually attacked	4 (4.8)

REFERENCES

- Adams, A., & Crawford, N. (1992). *Bullying at work: How to confront and overcome it*. Virago Press
- Adoric, V.C., & Kwartuc, T. (2017). Effects of mobbing on justice beliefs and adjustments. *European Psychologist, 12*(4), 261-271.
<https://doi.org/10.1027/1016-9040.12.4.261>
- Akar, N. Y., Anafarta, N., & Sarvan, F. (2011). Causes, dimensions, and organizational consequences of mobbing: An empirical study. *Ege Akademik Bakış Dergisi, 11*(1), 179-191. <https://dergipark.org.tr/en/pub/eab/issue/39884/473404>
- Akman, O., Ozturk, C., Bektas, M., Ayar, D., & Armstrong, M. (2016). Job satisfaction and burnout among pediatric nurses. *Journal of Nursing Management, 24*(7), 923-933. <https://doi.org/10.1111/johm.12399>
- Aksakal, F., Karasahin, E., Dikmen, A., Avci, E., & Ozkan, S. (2015). Workplace physical violence, verbal violence, and mobbing experienced by nurses at a university hospital. *Turkish Journal of Medical Science, 45*, 1360-1368.
<https://doi.org/10.3906/sag-1405-65>
- Al-Aameri, A. S. (2000). Job satisfaction among and organizational commitment for nurses. *Saudi Medical Journal, 21*(6), 531-535.
- American Association of Colleges of Nursing (AACN). (2021, February). *About the nursing shortage*. www.nursing.org/News-Information/Nursing-Shortage-Resources

- American Hospital Association (AHA). (2021). Report: Long-term care hospitals playing a critical role during pandemic. <https://www.aha.org>
- American Nurses Association (ANA). (2015a). *Code of ethics for nurses with interpretive statements*. <https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/coe-viewonly>
- American Nurses Association (ANA). (2015b). Position statement: *Incivility, bullying, and workplace violence*. Retrieved from <https://www.nursingworld.org/~49d6e3/globalassets/practiceandpolicy/nursing-excellence/incivility-bullying-and-workplace-violence--ana-position-statement.pdf>
- Ariza-Montes, A., Muniz, N., Montero-Simó, M., & Araque-Padilla, R. (2013). Workplace bullying among healthcare workers. *International Journal of Environmental Research and Public Health*, *10*(8), 3121-3139. <https://doi.org/10.3390/ijerph10083121>
- Arnejcic, B. (2016). Mobbing in company: Levels and typology. *Organizacija*, *49*(4), 240-250. <http://dx.doi.org/10.1515/orga-2016-0021>.
- Ashton-James, C. E., & Ashkanasy, N. M. (2005). What lies beneath? A process of analysis of affective events theory. In N. M. Ashkanasay, W. J. Zerbe & C. E. Hartel (Eds.), *The effect of affect in organizational settings* (pp. 23-46). Emerald Group Publishing. [https://doi.org/10.1016/S1746-9791\(05\)01102-8](https://doi.org/10.1016/S1746-9791(05)01102-8)
- Ashton-James, C. E., & Ashkanasy, N. M. (2008). Affective events theory: A strategic perspective, In W. J. Zerbe, C. E. Hartel & N. M. Ashkanasay, N. M. (Eds.), *Emotions, Ethics and Decision Making (Research on Emotion in Organizations)*,

(Vol. 4, pp. 1-34). Emerald Group Publishing Limited.

[http://dx.doi.org/10.1016/S1746-9791\(08\)04001-7](http://dx.doi.org/10.1016/S1746-9791(08)04001-7)

Astrauskaite, M., Kern, R., & Notelaers, G. (2014). An individual psychology approach to underlying factors of workplace bullying. *The Journal of Individual Psychology*, 70(3), 220-244. <https://doi.org/10.1353/jip.2014.0020>

Psychology, 70(3), 220-244. <https://doi.org/10.1353/jip.2014.0020>

Bano, S., & Malik, S. (2013). Impact of workplace bullying on organizational outcome.

Pakistan Journal of Commerce and Social Sciences, 7(3), 618-627.

Barton, K., & Tucker, B. G. (2020). *Exploring public speaking*. LibreTexts.

[https://socialsci.libretexts.org/Bookshelves/Communication/Book%3A_Exploring_Public_Speaking_\(Barton_and_Tucker\)/02%3A_Audience_Analysis_and_Listening/2.02%3A_Demographic_Characteristics](https://socialsci.libretexts.org/Bookshelves/Communication/Book%3A_Exploring_Public_Speaking_(Barton_and_Tucker)/02%3A_Audience_Analysis_and_Listening/2.02%3A_Demographic_Characteristics)

Beal, D. J., Weiss, H. M., Barros, E., & MacDermid, S. M. (2005). An episodic process model of affective influences on performance. *Journal of Applied Psychology*,

90(6), 1054-1068. <https://doi.org/10.1037/0021-9010.90.6.1054>

Beckmann, C., Cannella, B., & Wantland, D. (2013). Faculty perception of bullying in schools of nursing. *Journal of Professional Nursing*, 29(5), 287-294.

<https://doi.org/10.1016/j.profnurs.2012.05.012>

Bernotaite, L., Malinauskiene, V., & Lesyte, P. (2017). Bullying behavior and mental health in healthcare and educational sectors in Kaunas, Lithuania. *Medycyna Pracy*, 68, 3. <https://doi.org/10.13075/mp.5893.00513>

Pracy, 68, 3. <https://doi.org/10.13075/mp.5893.00513>

Berry, P.A., Gillespie, G. L., Fisher, B. S., Gormley, D., & Haynes, J. T. (2016).

Psychological distress and workplace bullying among registered nurses. *Online*

Journal of Issues in Nursing, 21(3).

<http://dx.doi.org/10.3912/OJIN.Vol21No03PPT41>

Bowen, I., Curtis, J., & Reid, A. (2007). You have no credibility: Nursing student's experiences of horizontal violence. *Nurse Education in Practice*, 7, 156-163.

<https://doi.org/https://doi.org/10.1016/j.nepr.2006.06.002>

Branch, S., & Murray, J. (2015). Workplace bullying: Is lack of understanding the reason for inaction? *Organizational Dynamics*, 44, 287-295.

<http://dx.doi.org/10.1016/j.orgdyn.2015.09.006>

Brief, A. P., & Weiss, H. M. (2002). Organizational behavior: Affect in the workplace. *Annual Review in Psychology*, 53, 279-301.

<https://doi.org/10.1146/annurev.psych.53.100901.135156>

Brodsky, C. (1976). *The harassed worker*. Lexington Books.

Brousse, G., Fontana, L., Ouchchane, L., Boisson, C., Gerbaud, L., Bourguet, D., Perrier,

A., Schmitt, A., Llorea, P.M., & Chmoux, A. (2008). Psychological features of a patient population of targets of workplace bullying. *Occupational Medicine*, 58,

122-128. <https://doi.org/10.1093/occmed/kqm148>

Caponecchia, C., Branch, S., & Murray, J. (2020). Development of a taxonomy of workplace bullying intervention types: Informing research directions and supporting organizational decision making. *Group & Organizational*

Management, 45(1), 103-133. <http://dx.doi.org/10.11177/1059601118820966>

Carroll, T. L., & Lauzier, M. (2014). Workplace bullying and job satisfaction: The buffering effect of social support. *Universal Journal of Psychology*, 2(2), 81-89.

<https://doi.org/10.131891/ujp.2014.020205>

- Cengiz, M., Demirbag, B., & Yildizlar, O. (2018). The effects of mobbing in workplace on professional self-esteem of nurses. *International Journal of Caring Sciences*, *11*(2), 1241-1246. <https://www.internationaljournalofcaringsciences.org>.
- Choi, S. E., & Kim, S. D. (2016). A meta-analysis of the variables related to job satisfaction among Korean nurses. *Journal of the Contemporary Nurse*, *52*(4), 462-476. <https://doi.org/10.1010/10376178.2016.1221736>
- Clark, C. (2013). National study on faculty-to-faculty incivility: Strategies to foster collegiality and civility. *Nurse Educator*, *38*(3), 98-102. <https://doi.org/10.1097/NNE.0b013e31828dc1b2>
- Clarke, C., Kane, D., Rajacich, D., & Lafreniere, K. (2012). Bullying in undergraduate clinical nursing education. *Journal of Nursing Education*, *51*(5), 269-76. <https://doi.org/10.3928/01484834-20120409-01>
- Clarke, C., Kane, D., Rajacich, D., & Lafrehiere, K. (2018). Bullying in undergraduate clinical nursing education. *Journal of Nursing Education*, *51*(5), 269-276. <https://doi.org/10.3928/01484834-20120409-01>
- Cogenli, M. Z., & Barli, O. (2013). The exposure of psychological violence (mobbing) in universities and an application to the academicians. Lecture at the 3rd World Conference on Learning, Teaching, and Educational Leadership (WCLTA), 2012. *Procardia Social and Behavioral Sciences*, *93*, 1174-1178. <https://doi.org/10.1016/j.sbspro.2013.10.010>
- Cohen, J. (1992). A power primer. *Psychological Bulletin*, *112*(1), 155-159. <https://doi.org/101037/00332909.112.1.155>

- Constantinescu, V. (2014). Mobbing: Psychological terror in the workplace. *Scientific Research & Education in the Air Force*, 2, 511-514.
<http://www.afahc.ro/ro/afases/2014/socio/Constantinescu%20Viorel.pdf>
- Cowan, R. L. (2013). "...It rolls downhill" and other attributions for why adult bullying happens in organizations from the human resource professional's perspective. *Qualitative Research Reports in Communication*, 14(1), 97-104.
<https://doi.org/10.1080/17459435.2913.835347>
- Creswell, J. W. (2014). *Research design qualitative, quantitative, and mixed methods approaches*. (4th ed.). Sage.
- Cropanzano, R., Dasborough, M. T., & Weiss, H. M. (2017). Affective events and the development of the leader-member exchange. *Academy of Management Review*, 42(2) 233-258. <https://doi.org/10.5465/amr.2014.0384>.
- Curtis, J., Bowen, I. A., & Reid, A. (2007). You have no credibility: Nursing students' experiences of horizontal violence. *Nurse Education in Practice*, 7(3), 156-163.
- Dabu, B., & Draghici, A. (2013). Mobbing and bullying in business organizations and consequences of human health. *Scientific Bulletin-Economic Sciences*, 12(1), 63-71. <https://doaj.org/article/1736f6a9461843b1a47e5c6c51ae5303>
- Davenport, N., Schwartz, R., & Elliot, G. (1999). *Mobbing: Emotional abuse in the American workplace*. Civil Society Publishing.
- Demirag, S., & Ciftci, S. (2017). Psychological intimidation at workplace (mobbing). *Journal of Psychology and Psychotherapy*, 7, 305. <https://doi.org/10.4172/2161-0487.1000305>

- De-Rivera, J. L., & Rodriguez-Abuin, M. (2003). LIPT 60: Spanish version of the Leymann inventory of psychological terrorization. *Psyche*, 24(2), 59-69.
- Dikmetas, E., Top, M., & Ergin, G. (2011). An examination of mobbing and burnout of residents. *Turkish Journal of Psychiatry*, 22(3), 137-149.
- Dillon, S. (2021). Workplace bullying in nursing: Why it happens and how to confront it. Retrieved from <https://www.bravadohealth.com>.
- Duffy, M., & Sperry, L. (2007). Workplace mobbing: Individual and family health consequences. *Couples, Families, and Health*, 15(4), 398-404.
<https://doi.org/10.1177/1066480707305069>
- Duffy, M., & Sperry, L. (2014). *Overcoming mobbing: A recovery guide for workplace aggression and bullying*. Oxford University Press.
- Durmus, S.C, Topcu, I., & Yildirim, A. (2018). Mobbing behaviors encountered by nurses and their effects on nurses. *International Journal Caring Sciences*, 11(2), 905-913.
https://www.internationaljournalofcaringsciences.org/docs/32_durmus_original_10_2.pdf
- Edmonson, C., & Allard, J. (2013). Finding meaning in civility: Creating a no bullying zone. *Clinical Scholars Review*, 6(2), 131-137. <https://doi.org/10.1891/1939-2095.6.2.131>
- Edmonson, C., & Zelonka, C. (2019). Our own worst enemies: The nurse bullying epidemic. *Nursing Administration Quarterly*, 43(3), 274-279.
<https://doi.org/10.1097/NAQ.0000000000000353>

- Einarsen, S., Hoel, H., Zapf, D., & Cooper, C. L. (2011). The concept of bullying and harassment at work: The European tradition. In S. Einarsen (Ed.), *Bullying and harassment in the workplace: Developments in theory, research, and practice* (2nd ed., pp. 3-38). CRC Press; Taylor & Francis Group.
- Einarsen, S., & Skogstad, A. (1996). Bullying at work: Epidemiological findings in public and private organizations. *European Journal of Work and Organizational Psychology*, 5(2), 185-201. <https://doi.org/10.1080/13594329608414854>
- Ekici, D., & Mert, J. (2017). The effect of mobbing on culture and organizational climate. *New Trends and Issues-Proceedings on Humanities and Social Sciences*, 4(2), 2010-217. <https://doi.org/10.18844/prosoc.v4i2.2749>
- Elci, M., Erdilek, M. K., & Alpkan, L., & Sener, I. (2014). The mediating role of mobbing on relationships between organizational silence and turnover intention. *Procedia Social and Behavioral Sciences*, 150, 455-464. <http://dx.doi.org/10.1016/j.sbspro.2014.09.053>
- Elliot, G. P. (2011). The mobbing syndrome-emotional harassment and abuse. http://www.workplaceviolence911.com/docs/The_Mobbing_Syndrome.pdf
- Erdogan, V., & Yildirim, A. (2017). Healthcare professionals' exposure to mobbing behaviors and relation of mobbing with job satisfaction and organizational commitment. *Procedia Computer Science*, 120, 931-938. <https://doi.org/10.1016/j.procs.2017.11.328>
- Eriksen, T. L., Høgh, A., & Hansen, A. M. (2016). Long-term consequences of workplace bullying on sickness absence. *Labour economics*, 43, 129-150. <http://dx.doi.org/10.1016/j.labeco.2016.06.008>

- Erturk, A. (2013). Mobbing behavior: Victims and the affected. *Educational Science Theory and Practice, 13*(1), 169-173.
- Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics, 5*(1), 1-4. <https://doi.org/10.11648/j.ajtas.20160501.11>
- Ferris, P. (2004). A preliminary typology of organizational response to allegations of workplace bullying: see no evil, hear no evil, speak no evil. *British Journal of Guidance and Counseling, 32*(3), 389-395.
<https://doi.org/10.1080/030698804/0001723576>
- Frey, B. (2016). *There's a stat for that! What to do and when to do it*. Sage Publications.
- Galang, M. L. & Jones, S. E. (2016). Keeping a distance: Social identity, workplace bullying, and job satisfaction. *Social Psychological Review, 18*(1), 31-40.
<http://www.research.gold.ac.uk/id/eprint/18442>
- Gallop 2020: America Trusts the Most Trusted Profession More Than Ever*. *Daily Nurse*, Jan. 1, 2020. <https://dailynurse.com/gallup-2020-america-trusts-the-most-trusted-profession-more-than-ever/>.
- Glaso, L., & Notelaers, G. (2012). Workplace bullying, emotions, and outcomes. *Violence and Victims, 27*(2), 360-372. <http://dx.doi.org/10.189/10886-6708.27.3.360>
- Glaso, L., & Vie, T. L., Holmdal, G. R., & Einarsen, S. (2010). An application of affective events theory to workplace bullying the role of emotions, trait anxiety, and trait anger. *European Psychologist, 16*(3), 198-208.
<http://dx.doi.org/10.1027/1016-9040/a000026>

- Gorgulu, N., Beydag, K. D., Sensoy, F., & Kiyak, M. (2014). The effects of mobbing (bullying) on health employees. *Procedia Social and Behavioral Sciences*, 152(7), 503-509. <http://dx.doi.org/10.1016/j.sbrspro.2014.09.196>
- Grotenhuis, M., Pelzer, B., Eisinga, R., Nieuwenhuis, R., Schmidt-Catran, A., & Konig, R. (2016). When size matters: Advantages of weighted effect coding in observational studies. *International Journal of Public Health*, 62(1), 163-167. <https://sci-hub.do/https://link.springer.com/content/pdf/10.1007/s00038-016-0901-1.pdf>
- Grove, S., Burns, N., & Gray, J. (2013). *The practice of nursing research: Appraisal, synthesis, and generation of evidence (7th ed.)*. Saunders.
- Hancer, M., & George, R. T. (2003). Job satisfaction of restaurant employees: An empirical investigation using the Minnesota Satisfaction Questionnaire. *Journal of Hospitality and Tourism Research*, 27(1), 85-100. <http://dx.doi.org/10.1177/109634800223882>
- Harper, J. (2013). Surviving workplace mobbing: identify the stages. *Psychology Today.com*. <https://www.janice-harper.com/essays-on-mobbing>
- Health Europa. (2020, August 28). How is COVID-19 impacting the mental health of nurses? <https://www.nursingtimes.net/news/mental-health/global-nursing-body-issues-warning-on-nurse-mental-health-during-covid-19-crisis-30-04-2020/>
- Heavey, E. (2015). *Statistics for nursing: A practical approach (2nd ed.)*. Jones & Bartlett Learning.
- Heinemann, P. P. (1969). Apartheid. *Liberal Debatt*, 22(2), 3-14.

- Hirshfield, R. (2000). Does revising the intrinsic and extrinsic subscales of the Minnesota Satisfaction Questionnaire short form make a difference? *Educational and Psychological Measurement, 60*(2), 255-270.
<https://doi.org/10.1177/00131640021970493>
- International Council of Nurses (ICN). (2021, March 17). The international year of the nurse and midwife and the COVID-19 pandemic. Retrieved March 30, 2020, from <https://www.icn.ch/news/gender-inequality-exposed-covid-19-international-council-nurses-challenge-gender-bias>
- Joao, A., & Portelada, A. (2016). Mobbing and its impact on interpersonal relationships at the workplace. *Journal of Interpersonal Violence, 34*(13), 1-16.
<https://doi.org/10.1177/0886260516662850>
- Jaradat, Y., Nielsen, M. B., Kristensen, P., Kijem, K., Bjertness, E., Stigum, H., & Bast-Pettersen, R. (2016). Workplace aggression, psychological distress, and job satisfaction among Palestinian nurses: A cross-sectional study. *Applied Nursing Research, 32*, 190-198. <https://doi.org/10.1016/j.apnr.2016.07.014>
- Kang, H., Kim, S., & Han, K. (2018). The relationship among workplace bullying, organizational commitment, and turnover intention of the nurses working in public medical institutions. *Journal of Korean Clinical Nursing Research, 24*(2), 178-187. <https://doi.org/10.22650/JKCNR.2018.24.2.178>
- Karsavuran, S., & Kaya, S. (2017). The relationship between burnout and mobbing among hospital managers. *Nursing Ethics, 24*(3), 337-348.
<http://dx.doi.org/10.1177/0969733015602054>

- Keashley, L., & Jagatic, K. (2003). By any other name. In S. Einarsen, H. Hoel, D. Zapf & C. L. Cooper (Eds.), *Bullying and emotional abuse in the workplace: Internal perspectives in research and practice*, pp. 31-61. Taylor & Francis.
- Kim, Y., Lee, E., & Lee, H. (2019). Association between workplace bullying and burnout, professional quality of life, and turnover intention among clinical nurses. *PLoS ONE*, *14*(12). <https://doi.org/10.1371/journal.pone.0226506>
- Kocukoglu, I., & Adiguzel, Z. (2019). Examining the effects of mobbing and role uncertainty on organizational culture and organizational citizenship behavior. *IBAD Journal of Social Sciences*, *5*, 185-202. <https://doi.org/10.21733/ibad.623382>
- Korukcu, O., Bulut, O., Tuzcu, A., Bayram, Z., & Turkmen, H. O. (2014). An adaptation of LIPT to health sciences programs in Turkey. *Anatolian Psychiatry Journal*, *15*, 335-343. <https://doi.org/10.5455/apd.42654>
- Larson, J. (2014). *Nurse bullying: An ongoing problem in the health care workplace*. Retrieved from <https://www.nursingjobs.com/nurse-bullying-ongoing-problem-in-healthcare-workplace/#:~:text=The%20American%20Nurses%20Association%20%28ANA%29%20reports%20that%20between,of%20power%20and%20repetition%20of%20the%20negative%20behavior.>
- Lauder, T. (2015). *Mobbing: Identifying and tackling psycho terror in the workplace*. Cooltura.

- Lee, Y., & Lin, M. (2019). Exploring the relationship between burnout and job satisfaction among clinical nurses. *European Scientific Journal*, 15(3), 1857-7881. <http://dx.doi.org/10.19044/esj.2019.v15n3p449>
- Leymann, H. (n. d.) The mobbing encyclopedia: Bullying; whistleblowing. <http://www.leymann.se/English/frame.html>.
- Leymann, H. (1986). *Adult Mobbing—On mental violence in working life*. Edwin Mellen Press.
- Leymann, H. (1990). Mobbing and psychological terror at workplaces. *Violence & Victims*, 5(2), 119-126.
- Leymann, H. (1996). The content and development of mobbing at work,” In Zapf & Leymann (Eds.) *Mobbing and victimization in the workplace and society*. Gower Publishing.
- Leymann, H., & Gustafsson, A. (1996). Mobbing at work and development of post-traumatic stress disorders. *European Journal of Work and Organizational Psychology*, 5(2), 251-275. <https://doi.org/10.1080/13594329608414858>
- Leymann, H., & Gustafsson, A. (2014). *Why nurses commit suicide: Mobbing in health care institutions*. Edwin Mellen Press.
- Leymann, H., & Tallgren, U. (1989). Investigation into the frequency of adult mobbing in SSAB, a Swedish steel company using the LIPT questionnaire. *Work, Human & Environment*, 1, 3-12.
- Lorenz, K. (2002). *On aggression*. Routledge. (Original work published in 1966).
- Manotas, E. M. (2014). Mobbing in organizations: Analysis of particular cases in a higher education institution. Presented at the World Conference on Educational

- Sciences (WCES), 2014. *Procedia Social and Behavioral Sciences*, 191, 1607-1612. <https://doi.org/10.1016/j.sbspro.2015.04.470>
- Martins, H., & Proenca, T. (2014). Minnesota satisfaction questionnaire psychosomatic properties and validation in a population of Portuguese hospital workers, (3). <https://doi.org/10.26537/iirh.v0i3.1825>
- Matthiesen, S., & Einarsen, S. (2004). Psychiatric distress and symptoms of PTSD among victims of bullying at work. *British Journal of Guidance and Counseling*, 32(3), 335-356. <https://doi.org/10.1080/03069880410001723558>
- Matthiesen, S., & Einarsen, S. (2010). Bullying in the workplace: Definition, prevalence, antecedents, and consequences. *International Journal of Organization theory and behavior*, 13(2), 202-248. <https://doi.org/10.1108/IJOTB-13-02-2010-1300>
- Meilaender, G. (2013) *Bioethics: A primer for Christians* (3rd ed.). Eerdmans.
- Mikaelian, B., & Stanley, D. (2016). Incivility in nursing: from roots to repair. *Journal of Nursing Management*, 24(7), 962-969. <https://doi.org/10.1111/jonm.12403>
- Mintz-Binder, R., & Calkins, R. (2012). Exposure to bullying at the associate degree nursing program director level. *Teaching and Learning in Nursing*, 7, 152-158. <https://doi.org/10.1016/j.teln.2012.04.003>
- Mississippi Board of Nursing (MNA). (n.d.). *License statistics*. Retrieved March 20, 2020, from <https://gateway.licensure.msbn.ms.gov/licensurestatistics.aspx>
- Mississippi Nurses Association (MNA). (2019). Annual Convention. House of Delegates, Resolution 2. www.msnurses.org/about/resolutions
- Mobbing portal (n.d). *Prepublication summaries*. <https://www.mobbingportal.com>

- Namie, G., & Namie, R. (2009). *The bully at work: What can you do to stop the hurt and reclaim your dignity on the job*. Sourcebooks, Inc.
- National Council of State Boards of Nursing (NCSBN). (2020). *Definition of nursing terms*. Retrieved from <https://www.ncsbn.org/nursing-terms.htm>
- National Institute of Occupational Safety and Health (NIOSH). (2019). *Occupational Violence*. Retrieved March 20, 2020, from <https://www.cdc.gov/niosh/topics/violence/default.html>
- Niedhammer, I., Chastang, J. F., David, S., Barouhiel, L., & Barrondon, G. (2006). Psychological work environment and mental health: Job strain and effort-reward imbalance models in a context of major organizational changes. *International Journal of Occupational and Environmental Health, 12*(2), 111-119. <https://doi.org/10.1179/oeh.2006.12.2.11>
- Ozturk, H., Sokmen, S., Yilmaz, F., & Cilingir, D. (2008). Measuring mobbing experiences of academic nurses: Development of a mobbing scale. *Journal of the American Association of Nurse Practitioners, 20*(9), 435-442. <https://doi.org/10.1111/j.1745-7599.2008.00347.x>
- Park, K. Kim, S., & Kim, J. (2013). Hospital nurses' experience of bullying in the workplace and burnout, organizational commitment, turnover intention, and nursing productivity. *Journal of Korean Critical Care Nursing, 19*, 169-180.
- Pheko, M., Monteiro, N., & Segopolo, M. (2017). When work hurts: A conceptual framework explaining how organizational culture may perpetuate workplace bullying. *Journal of Human Behavior in the Social Environment, 27*(6), 571-588. <http://dx.doi.org/10.1080/10911359.2017.1300973>

- Reinhart, R. J. (2020). Nurses continue to rate highest in honesty and ethics. Gallup Poll. Retrieved from <http://www.gallup.com/poll/274673/nurses-continue-rate-highest-honesty-ethics.aspx?version=print>
- Rosario-Hernandez, E., Rovira Millan, L. V., Comas Nazario, A. R., Medina Hernandez, A., Colon Jimenez, R., Feliciano Rivera, Y. F., Rodriquez Cabalero, B., Hernandez Fernandez, M., Martinez Julio, F., Diaz Montijo, C., Caban Valentin, L., Ruiz Pacheco, S., Feliciano Toro, B. P., Marero Diaz, C., & Berrios Quinones, G. (2018). Workplace bullying and its effects on sleep well-being: The mediating role of rumination. *Puerto Rican Journal of Psychology*, 29(1), 164-186. <http://dx.doi.org/10.13140RG.2.2.35968.23046>
- Rossiter, L., & Sochos, A. (2018). Workplace Bullying and Burnout: The Moderating Effects of Social Support. *Journal of Aggression, Maltreatment & Trauma*, 27(4), 386-408, <https://doi.org/10.1080/10926771.2017.1422840>
- Salehi, T., Barzegar, M., Yekaninejad, M., & Ranjbar, H. (2020). Relationship between healthy work environment, job satisfaction, and anticipated turnover among nurses in intensive care unit (ICU). *Annals of Medical and Health Sciences Research*, 10(2), 826-831. <https://www.amhsr.org/articles/relationship-between-healthy-work-environment-job-satisfaction-and-anticipated-turnover-among-nurses-inintensive-care-un.pdf>
- Sansone, R. A., & Sansone, L. A. (2015). Workplace bullying: A tale of adverse consequences. *Innovations in clinical neuroscience*, 12(1-2), 32-37. <https://innovationscns.com/workplace-bullying-a-tale-of-adverse-consequences/>

- Schwindt, R. (2013). *Emotional recovery from workplace mobbing: A guide for targets and their supporters*. Schwindt Publishing.
- Siringer, J. (2020, June 5). Workplace violence in the post-COVID era. *The Joint Commission*. <https://www.jointcommission.org/resources/news-and-multimedia/blogs/dateline-tjc/2020/06/05/workplace-violence-in-the-post-covid-era/>
- Sloan, L. M., Matyok, T., Schmitz, C. L., & Short, G. F. (2010). A story to tell: Bullying and mobbing in the workplace. *International Journal of Business and Social Science*, 1(3), 87-97.
http://www.ijbssnet.com/journals/Vol._1_No._3_December_2010/9.pdf
- Somani, R., Karmaliani, R., McFarlane, J., Asad, N., & Hirani, S. (2015). Prevalence of bullying/mobbing behavior among nurses of private and public hospitals in Karachi, Pakistan. *International Journal of Nursing Education*, 7(2), 235-239.
<https://doi.org/10.5958/0974-9357.2015.001117>
- Spector, P. (1985). *Job satisfaction: Application, assessment, causes, and consequences*. Sage Publications.
- Spector, P. (1997). *Job satisfaction: Application, assessment, causes, and consequences*. Sage Publications.
- Taspinar, B., Taspinar, F., Guclu, S., Nalbant, A., Calik, B., Uslu, A., & Inal, S. (2013). Investigation of the association between mobbing and musculoskeletal discomfort in academicians. *The Japanese Psychological Association*, 55(4), 400-408.
<https://doi.org/10.1111/jpr.12030>

- Tavakoli, N., Shaker, S. H., Soltani, S., Abbasi, M., Amini, M., Tahmasebi, A., & Kasnavieh, S. M. (2018). Job burnout, stress, and satisfaction among emergency nursing staff after health system transformation plan in Iran. *Emergency, 6*(1), e41. <http://dx.doi.org/10.22037/emergency.v6i1.21410>
- Taylor, R. A., & Taylor, S. S. (2017). Enactors of horizontal violence: The pathological bully, the self-justified bully, and the unprofessional co-worker. *Journal of Advanced Nursing, 73*(12), 3111-3118. <https://doi.org/10.1111/jan.13382>
- Tehrani, N. (2004). Bullying: A source of chronic post-traumatic stress. *British Journal of Guidance & Counseling, 32*, 358-366. <http://dx.doi.org/10.1023/A:1020917922181>
- Teymourzadeh, E., Rashidian, A., Arab, M., Akhari-Sari, A., & Hakimzadeh, S. (2014). Nurses' exposure to workplace violence in a large teaching hospital in Iran. *International Journal of Health Policy Management, 3*(6), 301-305. <https://doi.org/10.15171/IJHPM.2014.98>
- Thobaben, M. (2007). Horizontal workplace violence. *Home Health Care Management and Practice, 20*(1), 82-83.
- Türkan, A. H., & Kılıç, İ. (2015). The effect of mobbing on burnout syndrome at workplace: An application on health staff in Turkey. *Journal of Business Research-Turk, 7*(3), 7-21. <http://dx.doi.org/10.20491/isader.2015315710>
- Vukelic, M., Cizmic, S., & Petrovic, I. B. (2019). Acceptance of workplace bullying behaviors and job satisfaction: Moderated mediation analysis with coping self-

- efficacy and exposure to bullying. *Psychological Reports*, 122(5), 1883-1906.
<https://doi.org.10.1177/0033294118793985>
- Wachs, J. (2009). Workplace incivility, bullying, and mobbing. *Journal of American Association of Occupational Health Nurses*, 57(2), 88.
<https://doi.org/10.1177%2F216507990905700208>
- Walkowiak, D., & Staszewski, R. (2019a). Nurses' job satisfaction-for the factor structure of the Minnesota satisfaction questionnaire. *Journal of Health Study & Medicine*, 2, 77-96. <https://doi.org/10.36145/JHSM.2019.12>
- Walkowiak, D., & Staszewski, R. (2019b). The job satisfaction of Polish nurses as measured with the Minnesota satisfaction questionnaire. *Journal of Public Health, Nursing & Medical Rescue*, 4, 34-40.
- Watzlawick, P., Bavelas, J., & Jackson, D. (1967). *Pragmatics of human communication: A study of interactional patterns, pathologies & paradoxes*. Norton.
- Weiss, D. J., Dawis, R. V., & England, G. W. (1967). Manual for the Minnesota satisfaction questionnaire. *Minnesota Studies in Vocational Rehabilitation*, 22, 120.
- Weiss, H., & Cropanzano, R. (1996). *Affective events theory: A theoretical discussion of the structure, causes, and consequences of affective experiences at work*. In B. M. Staw & L. L. Cumings (Eds.). *Research in organizational behavior: An annual series of analytical essays and critical reviews*, Vol 18 (pp. 1-74). Elsevier/JAI Press.

- Weiss, H., & Rupp, D. (2011). Experiencing work: An essay on person-centric work psychology. *Industrial & Organizational Psychology*, 4, 83-97.
<https://doi.org/10.1111/j.1754-9434.2010.01302.x>
- Westhues, K. (1998). *Eliminating professors: A guide to the dismissal process*. Edwin Mellen Press.
- Westhues, K. (2002). At the mercy of the mob. *Occupational Health & Safety Magazine*, 18(8), 30-36. <http://www.kwesthues.com/ohs-canada.htm>
- Westhues, K. (2006). Checklist of mobbing indicators. In *Workplace Mobbing in Academe*. Retrieved June 20, 2017, from <http://kwesthues.com>.
- Workplace Violence. (2018). In *Occupational Safety and Health Administration*. Retrieved January 1, 2018, from www.OSHA.gov.
- World Health Organization (WHO). (2002). Violence and injury prevention. Framework guidelines for addressing workplace violence in the health sector. *Joint Program on Workplace Violence in the Health Sector*.
https://www.who.int/violence_injury_prevention/violence/interpersonal/en/WVleafletEN.pdf
- World Health Organization (WHO). (2021). *Regional Office for the Western Pacific. Role of primary care in the COVID-19 response*. WHO Regional Office for the Western Pacific. <https://apps.who.int/iris/handle/10665/331921>. License: CC BY-NC-SA 3.0 IGO.
- Yamada, D. (2015). Workplace bullying and the law: U.S. legislative developments 2013-2015. *Employee Rights and Employment Policy Journal*, Forthcoming:

Suffolk University Law School Research Paper, No. 15-13.

<https://ssrn.com/abstract=2568894>

Yamada, D., Duffy, M., & Berry, P. (2017). Workplace bullying and mobbing in the United States: Definitions, terms, and when they matter. *Prevalence of workplace bullying and mobbing*.

https://icos.umich.edu/sites/default/files/lecturereadinglists/Yamada%2CDuffy%2CBerry.proof_.pdf

Yaman, E. (2010). Perception of faculty members exposed to mobbing about the organizational culture and climate. *Educational Sciences: Theory and Practice*, 10(1), 567-578. <https://files.eric.ed.gov/fulltext/EJ882735.pdf>

Yildirim, A., & Yildirim, D. (2007). Mobbing in the workplace by peers and managers: Mobbing experienced by nurses working in healthcare facilities in Turkey and its effects on nurses. *Journal of Clinical Nursing*, 16, 1444-1453.

<http://dx.doi.org/10.1111/j.1365-2702.2006.01814.x>

Yildirim, D. (2009). Bullying among nurses and its effects. *International Nursing Review*, 56, 504-511. <http://dx.doi.org/10.1111/j.1466-7657.2009.00745.x>

Yildirim, D., Yildirim, A., & Timucin, A. (2007). Mobbing behaviors encountered by nurse teaching staff. *Nursing Ethics*, 14(4), 447-463.

<http://dx.doi.org/10.1177/0969733007077879>

Zachariadou, T., Zannetos, S., Chira, S. E., Gregoriou, S., & Pavlakis, A. (2018).

Prevalence and forms of workplace bullying among healthcare professionals in Cyprus: Greek version of the “Leymann Inventory of Psychological Terror”

instrument. *Safety & Health at Work*, 9(3), 339-346.

<http://dx.doi.org/10.1016/j.shaw.2017.11.003>

Zahaj, M., SaliAj, A., Metani, L., Nika, S., & Alushi, E. (2016). Factors related to job satisfaction among nurses. *European Scientific Journal*, 12(5), 100-110.

<http://dx.doi.org/10.19044/esj.2016.v12n5p100>

Zhang, T., & Li, B. (2020). Job crafting and turnover intention: The mediating role of work engagement and job satisfaction. *Social Behavior & Personality: An International Journal*, 48(2), 1-9. <https://doi.org/10.2224/sbp.8759>