

Revista de Cercetare si Interventie Sociala

ISSN: 1583-3410 (print), ISSN: 1584-5397 (electronic)

THE RELATIONSHIP BETWEEN EXPOSURE TO MOBBING AND JOB SATISFACTION AMONG HEALTHCARE PROFESSIONALS IN NORTHERN CYPRUS

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Revista de cercetare și intervenție socială, 2019, vol. 67, pp. 154-168

https://doi.org/10.33788/rcis.67.10

Published by: Expert Projects Publishing House



On behalf of: "Alexandru Ioan Cuza" University, Department of Sociology and Social Work and HoltIS Association

REVISTA DE CERCETARE SI INTERVENTIE SOCIALA is indexed by Clarivate Analytics (Web of Science) Social Sciences Citation Index
(Sociology and Social Work Domains)

The Relationship between Exposure to Mobbing and Job Satisfaction among Healthcare Professionals in Northern Cyprus

Vesile ERDOGAN¹, Aytolan YILDIRIM²

Abstract

To determine the relationship between exposure to mobbing and job satisfaction among healthcare professionals in Turkish Republic of Northern Cyprus (TRNC). The study universe comprised overall healthcare professionals (N=867) working in the state hospitals in TRNC. Data were collected from voluntary participants (N=479) without calculating a sample size via "Personal Information Form, Mobbing Behaviors Scale, and Minnesota Satisfaction Questionnaire. SPSS 17.0 statistical program was used for data analysis. The study revealed that isolation is the most prevalent sub-dimension of the mobbing behavior and that the mean scores of general satisfaction and sub-dimensions of the Minnesota satisfaction questionnaire show statistically significant difference according to the age, marital status, education status and monthly income, as well as duration of employment, working times, staff status, and institutional position. There was statistically significant negative correlation between overall sub-dimensions of the mobbing behavior scale and "Extrinsic" and "Overall" satisfaction sub-dimensions of the Minnesota Satisfaction Questionnaire. Exposure to mobbing behaviors negatively influences the job satisfaction among healthcare professionals.

Keywords: mobbing, healthcare professional, hospital, job satisfaction, social service, social worker.

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Introduction

Today, in the era of developing information, the modern sense of management and organization has been changed. This change has not only occurred in the environmental conditions, cultural structure, and technological facilities but also been reflected on the sense of management. Enterprises face with numerous problems while fulfilling the necessities of the era. Health service as well is a field where more than one healthcare professional serves for a common purpose. Providing services that are directly associated with human life requires effective interdisciplinary team work. Disciplines with different knowledge and skills, which are responsible for service production, have to collaborate and share expertise for developing health and for the patient to regain health. People spend substantial proportion of their lives at workplace. Presence of supportive conditions that make workers feel valuable at workplace is an important feature. Job satisfaction has been considered as a personal mood where subjects have negative or positive perception about their jobs (Hochwarter, Perrewé, Ferris & Brymer, 1999). Job satisfaction has an impact on healthcare and quality of service due to the negative effects on physical and mental health. In an organization consisting of workers satisfied with their job, success and achieving the goal are the results of job satisfaction.

Mobbing is defined as a worker or a group's being abused emotionally by the other workers, to suffer an affront and finally to be made disabled. Mobbing is common in the field of health and is defined as a serious occupational illness where safety measures need to be taken for healthcare workers (Karsavuran, 2014). One of the unfavorable conditions concerning workmates is the concept of "intimidation". Intimidation is a process resulting in resignation from job via systematic pressure performed on the worker(s) by means of tactics such as oppression, frightening or threatening (Leymann, 1996). Such actions encountered in the today's working life, which have no limitation in terms of the way they are performed, have become one of the primary problems for the administration. Intimidation actions are deliberately performed among workers and turn into a behavior in time. The goal of mobbing is to destroy the performance and endurance of certain workers and to force them to quit the job. Quitting the job, the worker may face with pecuniary and intangible losses and may become an unhappy and distressed person (Duffy & Sperry, 2007). In brief, it is reported that employees are harmed at workplace by means of such pressure and intimidation behaviors (Davenport, Schwartz & Elliott, 2014).

The present study aimed to determine the relationship between exposure to mobbing and job satisfaction among healthcare professionals (Doctor, Nurse, Physiotherapist, Dietitian, Psychologist, Social Service Expert) working in the state hospitals affiliated to the Turkish Republic of Northern Cyprus (TRNC), Ministry of Health.

Methodology

Participants

A total of 897 healthcare professionals (doctor, nurse, physiotherapist, dietician, psychologist, and social service worker) provided services in 5 state hospitals affiliated with the Ministry of Health in the TRNC. The target was reaching to all healthcare professionals for the present study. The healthcare professionals were informed about the study via face-to-face interview and their verbal consents were obtained. Approval of the Local Ethics Committee was obtained and the study was conducted in accordance with the Helsinki Declaration. A total of 715 healthcare professionals were reached (79.7% of overall healthcare professionals) and 479 participants (80 % of the healthcare professionals reached) who precisely completed the questionnaire forms were enrolled.

Survey Questionnaires

Personal Information Form. Demographic and occupational information of the participants and information about the organization in where they were working were inquired via a questionnaire form structured by the authors.

Mobbing Behaviors Scale. The Mobbing Behaviors Scale is a questionnaire used to measure the psychological violence exposed in the workplace and consists of 33 questions in 4 categories. The categories were as follows: isolation (11 items), attack on personality (9 items), attack on professional status (9 items), and direct negative behaviors (4 items) (Yildirim & Yildirim, 2007). Exposure of the participants to mobbing within the last 12 months was inquired using a 6-point Likert scale (5=constantly, 4=frequently, 3=occasionally, 2=several times, 1=once, 0=never). A score of 1 or higher indicated that the individual was directly exposed to mobbing behavior.

Minnesota Satisfaction Questionnaire. The Minnesota Satisfaction Questionnaire is a 20-item 5-point Likert scale used to measure job satisfaction including intrinsic satisfaction (12 items), extrinsic satisfaction (8 items), and general (intrinsic + extrinsic) satisfaction (Baycan, 1985). The scoring is as follows: 1=not satisfied at all, 2=not satisfied, 3=undecided, 4=satisfied, 5=very much satisfied, with high scores indicating high job satisfaction.

Statistical Analysis

Data analysis was performed using the Statistical Package for the Social Sciences (SPSS, Inc., Chicago, IL, USA; version 17.0) program. Descriptive statistics were expressed as number and percentage for categorical variables and as mean, standard deviation, and minimum and maximum for numerical variables. Since the numerical variables were not normally distributed, comparisons between

two independent groups were performed by Mann-Whitney U test and comparisons between multiple independent groups were performed by Kruskal-Wallis test. Subgroup analysis was carried out using Mann-Whitney U test and interpreted with Bonferroni correction. The relation between non-normally distributed numerical variables was analyzed using Spearman's correlation analysis. The level of statistical significance was considered as p < 0.05.

Results

The mean age of the healthcare professionals participated in the study was 37.3 ± 8.3 years with the majority being at and over the age of 30 years (76.4%), being female (77.0%), married (77.7%) and university graduate (39.7%), having monthly income under 4000 TL (67.9%) and having children (72.4%), and that the great majority are daytime/nighttime workers (66.2%) and working for 10 years or longer (59.9%) and are nurses (72.7%). Demographic and occupational characteristics of the study participants are summarized in *Table 1*.

Table 1. Demographic and occupational characteristics of the study participants

Characteristics	n (%)				
Age, year					
≤30	113 (23.6)				
>30	366 (76.4)				
Sex					
Female	369 (77.0)				
Male	110 (23.0)				
Marital status	Marital status				
Married	372 (77.7)				
Single	107 (22.3)				
Having a child					
Yes	347 (72.4)				
No	132 (27.6)				
Educational status					
High school	59 (12.3)				
Associate degree	84 (17.5)				
Graduate	190 (39.7)				
Postgraduate	146 (30.5)				
Monthly income, TL					
≤4000	324 (67.9)				

>4000	153 (32.1)			
Occupation				
Medical Doctor	110 (23.0)			
Nurse	348 (72.7)			
Other	21 (4.4)			
Duration of occupation, year				
≤5	85 (17.7)			
6-10	107 (22.3)			
>10	287 (59.9)			
Duration of employment in the same hospital, year				
≤5	124 (25.9)			
>5	355 (74.1)			
Type of the job				
Daytime	162 (33.8)			
Daytime/Nighttime	317 (66.2)			

TL, Turkish Liras

The mean scores of the healthcare professionals obtained from the Minnesota Satisfaction Questionnaire were 41.6 ± 9.5 for intrinsic satisfaction, 24.6 ± 6.3 for extrinsic satisfaction, and 66.1 ± 14.5 for general satisfaction (*Table 2*).

Table 2. Distribution of the mean scores obtained by the healthcare professionals from the General Satisfaction and Sub-dimensions of Minnesota Satisfaction Questionnaire

N=479	Mean±SD	Minimum-Maximum
Minnesota Satisfaction Questionnaire		
Intrinsic Satisfaction	41.6±9.5	11-63
Extrinsic Satisfaction	24.6±6.3	4-40
General Satisfaction	66.1±14.5	13-100

With regard to the mean scores of exposure to mobbing behavior in Table 3, it was 10.9±8.2 for "Isolation", 9.9±7.8 for "Attack on Professional Status" 8.9±6.8 for "Attack on Personality" and 4.0±3.4 for "Direct Negative Behaviors" sub-dimensions.

Table 3. Distribution of the mean Sub-Dimension scores of the Mobbing Behaviors Scale

N=479	Mean±SD	Minimum-Maximum
Isolation	10.9±8.2	1-44
Attack on Professional Status	9.9±7.8	1-36
Attack on Personality	8.9±6.8	1-36
Direct Negative Behaviors	4.0±3.4	1-19

According to the comparison of the mean scores of the general satisfaction and sub-dimensions among demographical and working characteristics in Table 4, a statistically significant difference was determined among age groups, marital status, education status, monthly income, duration of employment, working times, staff status, and institutional position (p < 0.05).

Table 4. Comparison of the mean scores of the General Satisfaction and Sub-Dimensions of Minnesota Satisfaction Questionnaire according to the demographic characteristics

	Minnesota Satisfaction Questionnaire					
N=479	Intrinsic Satisfaction	Extrinsic Satisfaction	General Satisfaction			
	Mean±SD	Mean±SD	Mean±SD			
	Age Gro	ups				
≤30 years	40.6±10.2	23.3±7.1 63.6±				
>30 years	42.0±9.2	25.0±6.0	66.9±14.0			
р	0.201	0.039	0.043			
Marital Status						
Married	d 42.0±9.6 25.1±6.2 6		67.2±14.5			
Single	40.3±9.0	22.8±6.3	62.5±14.2			
р	0.059	<0.001	0.001			
	Education Status					
High School ^a	39.6±10.1	24.6±6.1	64.7±15.1			
Collage⁵	40.5±8.5	25.2±5.3	65.6±12.5			
University ^c	40.9±9.3	23.8±6.7	64.4±14.8			
Master ^d	44.0±9.7	25.2±6.4	69.3±14.6			

р	0.001	0.352	0.042			
Significant difference	a, b, c <d< td=""><td></td><td>c<d< td=""></d<></td></d<>		c <d< td=""></d<>			
Monthly Income						
≤4000 TL	24.2±6.4	64.8±14.6				
>4000 TL	43.6±9.4	25.4±6.0	69.1±14.1			
р	0.006	0.274	0.013			
	Duration of Em	ployment				
≤5 yearsª	41.3±9.7	23.1±6.3	64.2±13.9			
6-10 years ^b	42.0±9.2	25.2±6.6	67.0±15.0			
>10 years ^c	41.6±9.6	24.8±6.2	66.4±14.6			
р	0.878	0.034	0.239			
Significant difference		c <b< td=""><td></td></b<>				
	Working	time				
Daytime	43.3±9.4	25.8±6.3	69.1±14.1			
Daytime/nighttime	40.8±9.4	24.0±6.3	64.6±14.5			
р	0.010	0.011	0.006			
	Staff sta	tus				
Contracted	40.1±9.8	23.6±7.2	63.5±15.7			
Permanent Staff	42.0±9.4	24.8±6.1	66.8±14.2			
р	0.055	0.089	0.031			
Institutional position						
Doctora	43.7±9.6	25.5±6.0	69.1±14.4			
Nurse⁵	40.5±9.3	24.2±6.2	64.7±14.3			
Other ^c	49.0±7.5	26.0±8.6	74.8±14.8			
р	<0.001	0.239	0.002			
Significant difference	b <a<c< td=""><td></td><td>b<a<c< td=""></a<c<></td></a<c<>		b <a<c< td=""></a<c<>			

With regard to the analysis of the relationship between mobbing behavior scale and the Minnesota satisfaction questionnaire in *Table 5*, "isolation" subdimension of the mobbing behaviors scale showed statistically significant negative relationship with the "general satisfaction" and "extrinsic satisfaction" sub-dimensions of the Minnesota satisfaction questionnaire, whereas statistically significant positive relationship was determined with "normative" sub-dimension of the organizational commitment questionnaire. Statistically significant negative relationship was observed between "attack on professional status" sub-dimension and "general satisfaction" and "extrinsic satisfaction" sub-dimensions. "Attack on

personality" and "direct negative behaviors" sub-dimensions showed statistically significant negative relationship with the "general satisfaction" and overall sub-dimensions of the Minnesota satisfaction questionnaire.

Table 5. Analysis of the relationship between Mobbing Behaviors Scale and Minnesota Satisfaction Questionnaire

N=479	Isolation		Attack on Professional Status		Attack on Personality		Direct Negative Behaviors	
Scale	rho	р	rho	р	rho	р	rho	р
Intrinsic Satisfaction	-0.045	0.333	-0.077	0.096	-0.137	0.003	-0.161	<0.001
Extrinsic satisfaction	-0.160	<0.001	-0.160	<0.001	-0.158	0.001	-0.115	0.012
General Satisfaction	-0.116	0.011	-0.138	0.003	-0.163	<0.001	-0.169	<0.001

Discussion

The present study was conducted to investigate the relationship between exposure to workplace mobbing behaviors and level of job satisfaction among healthcare professionals (Doctor, Nurse, Physiotherapist, Dietitian, Psychologist, Social Service Expert) working at the State Hospitals affiliated to the TRNC Ministry of Health.

The Data about the Healthcare Professionals' Mobbing Behaviors and Sub-Dimensions

Regarding healthcare professionals' exposure to one of the sub-dimensions of mobbing behaviors at least once, the mean scores were as follows: 10.9±8.2 for "Isolation", 9.9±7.8 for "Attack on Professional Status", 8.9±6.8 for "Attack on personality", and 4.0±3.4 for "Direct Negative Behaviors". It is possible to say that healthcare workers were exposed to mobbing. Considering similar studies in the literature; Yildiz, Akbolat and Işik (2013) reported that 5.2% of the healthcare workers were exposed to psychological abuse. Şahin and Dündar (2011) stated that 70.4% of the healthcare workers were exposed to at least one of the mobbing behaviors, whereas Fişkin (2011) stated that 64.7% of the midwives and nurses, 52.9% of the doctors, and 66.7% of the laboratory staff and other healthcare professionals were subjected to mobbing behavior at least once. Cakil (2011) reported that 40.8% of the nurses and 12.8% of the residents were exposed to mobbing. Tastan (2017) and Samir, Mohamed, Moustafa and Saif (2012) stated that 73.0% and 86.1% of the nurses, respectively were exposed to workplace mobbing in the last six months. Zampieron, Galeazzo, Turra, and Buja (2010) reported that 49% of the nurses were exposed to assault and 82% were exposed to verbal abuse

in the last year. Kavak (2018) stated that mobbing was common in health sector and Karçin (2016) reported that 61.5% of healthcare workers were exposed to mobbing. Kaygusuz (2016) determined that doctors were exposed to mobbing for once or more at a high rate as 60.1%, whereas Gül (2017) determined that nurses were exposed to mobbing by 46.0%. As was revealed by this research and similar studies, exposure to mobbing is common in health sector and mobbing is the leading subject among those to be overemphasized.

The Results of General Satisfaction and Sub-dimensions of Minnesota Satisfaction Questionnaire according to the demographic and working characteristics

In the present study, it was determined that general satisfaction and extrinsic satisfaction sub-dimension of the Minnesota satisfaction questionnaire were statistically significantly higher in the group older than 30 years and among married participants, whereas statistically significant difference was determined in general satisfaction and intrinsic satisfaction sub-dimension in those with higher education and with monthly income ≥ 4000 TL. Accordingly, it can be concluded that satisfaction with working environment such as institutional policy and administration, supervision, relationship with the manager, workmates and subordinates, working conditions, and salary, as well as satisfaction with intrinsic factors such as success, recognition or appreciation, the job itself, responsibility, and change of position due to progression and promotion is higher among healthcare professionals with master degree graduation as compared to those of other degrees. Sahin (2011) conducted a study in doctors and nurses and determined higher intrinsic, extrinsic, and general satisfaction scores among nurses at the age of 20-24 years and 25-29 years. Topal (2008) reported that general satisfaction, intrinsic satisfaction and extrinsic satisfaction scores of the nurses decreased with age and that job satisfaction was higher among nurses at and under the age of 25 years as compared to those in the other age groups. In some similar studies as well, the authors concluded that there was no significant difference between the age groups in terms of intrinsic satisfaction, extrinsic satisfaction or general satisfaction (Narin, 2010; Yildirim & Yildirim, 2008).

In the earlier studies, job satisfaction scores showed difference according to marital status. Despite the data indicating no statistically significant relationship between job satisfaction scores and marital status (Durmuş & Günay, 2007; Kahraman, Engin, Dülgerler, & Öztürk, 2011; Sumeli, 2011; Şahin, 2011; Yildirim & Yildirim, 2008), there are studies reporting significantly higher mean job satisfaction scores among married subjects (Derin, 2007; Topal, 2008).

In the present study, statistically significant difference was determined between the education groups in terms of general satisfaction and intrinsic satisfaction sub-dimension of the Minnesota satisfaction questionnaire indicating that job satisfaction increased with education level. In some studies, it was concluded that job satisfaction increases with increased level of education (Derin, 2007; Narin, 2010; Chan, Leong, Luk, Yeung, & Van, 2010; Cortese, 2007; Topal, 2008). This can be explained by the fact that, in line with the education level, healthcare professionals with higher education level have the opportunity of working in administrative field, thus satisfaction increases with increased administrative and personal responsibility due to the ability of thinking and making decisions on behalf of the manager.

It was determined that general satisfaction and intrinsic satisfaction were higher among those who had monthly income of ≥4000 TL as compared with those with monthly income of <4000 TL. Accordingly, it can be concluded that job satisfaction is higher in those with higher income. Derin (2007) determined higher intrinsic satisfaction, extrinsic satisfaction, and general satisfaction among healthcare professionals perceiving their income as high as compared with the healthcare professionals perceiving their income as moderate/low.

The present study revealed statistically significant differences in the mean extrinsic satisfaction scores according to the duration of employment; in the mean scores of all sub-dimensions according to the working times; in general satisfaction scores according to the staff status; and in the intrinsic satisfaction and general satisfaction scores according to the institutional position. The mean extrinsic satisfaction score was statistically significantly higher in those working for 6-10 years as compared with those working for more than 10 years. With regard to the mean general satisfaction score according to the duration of employment, Derin (2007) determined that healthcare professionals working for ≥36 years had the highest scores and healthcare professionals working for <5 years had the lowest scores. Topal (2008) stated that general satisfaction score was higher among those working for ≤2 years as compared with the seniors. This can be interpreted as the presence of a favorable relationship between duration of employment and job satisfaction. The study conducted by Bülbül-Özaydin, Ünal, Bozaykut, Korkmaz, & Yücel (2013) appeared to support that longer duration of employment had favorable impact on job satisfaction.

In the present study the mean scores of general satisfaction and intrinsic and extrinsic satisfaction sub-dimensions were statistically significantly higher among the daytime workers as compared with the daytime/nighttime workers. Accordingly, it is possible to conclude that general satisfaction is lower among nighttime workers. Considering the nighttime working conditions, it would be reasonable to say that the result is meaningful. In a similar study, Boyle, Bott, Hansen, Woods, & Taunton (1999) stated that nurses' job satisfaction was influenced by staff status, institutional position, and work stress. Low job satisfaction among nighttime/daytime healthcare workers can be explained by irregular working times, working with fewer staff at night due to shift system resulting in higher workload and responsibility, and nighttime working's negatively influencing the physical and mental health as well as social and family lives. Kurumahmut (2010) determined higher satisfaction scores among healthcare professionals working daytime than

those working in shifts. These results support the results of the present study. It is known that working at night negatively influences the subject's physical, mental, and social balance as well as the family life. Number of nighttime works and number of daytime works are considered to have an impact on general satisfaction of healthcare professionals.

The study revealed statistically significant difference in terms of general satisfaction and intrinsic satisfaction among staff status groups. They were statistically significantly lower in the nurses as compared with the doctors and other occupational groups. Within this context, it can be stated that the participant nurses' job satisfaction is lower as compared to the other participants, which is consistent with the results of the study conducted by Durmuş and Günay (2007).

The relationship between Mobbing Behavior Scale and Minnesota Satisfaction Questionnaire

The present study revealed a statistically significant negative correlation between extrinsic satisfaction and general satisfaction sub-dimensions of the Minnesota Satisfaction Questionnaire and "Isolation", "Attack on Professional Status", "Attack on Personality" and "Direct Negative Behavior" sub-dimensions of the Mobbing Behavior Scale. Accordingly, there was a relationship between mobbing behaviors and job satisfaction among healthcare professionals. Many studies conducted on healthcare professionals have concluded that mobbing unfavorably affects job satisfaction (Einarsen & Skogstad, 1996; Karcioğlu & Akbaş, 2010; Kavak, 2018; Vega & Comer, 2005).

Özkaraca (2017) stated that job satisfaction decreased with exposure to mobbing and, from the perspective of the employer, job satisfaction decreased in case the manager ignored all these negative behaviors, which would result in financial and emotional problems such as lack of the sense of ownership, decreased performance, and reduced quality of work. It is stated that mobbing is quite effective in reducing the employee's job satisfaction and organizational commitment (Vural-Özkan, 2011). Hoel, Cooper, and Faragher (2001) and Salin (2003) reported that workplace mobbing behaviors led to decreased job satisfaction and negative institutional atmosphere. Numerous earlier studies have determined statistically significant negative correlation between exposure to mobbing behavior and job satisfaction (Fisher-Blando, 2008; Josipovic-Jelic, Stoini, & Celic-Bunikic, 2005; Karahan & Yilmaz, 2014; Karcioğlu & Akbaş, 2010; Özkul, 2015; Quine, 2003; Vartia-Vaananen, 2002). From this perspective, the present study was consistent with the literature. Earlier studies have determined differences according to the sociodemographic and working characteristics of the employees. Accordingly, the causes of mobbing, which is common in healthcare sector, are defined to be the psychological deterioration due to facts that healthcare system is patient-oriented, some departments have to deal with patients difficult to give care, and irregular working times; thus they have high probability of exposing to mobbing. This may hinder the employee that has been exposed to mobbing to fulfil the tasks and responsibilities. Job satisfaction will be reduced by exposure to mobbing and the employees will be inefficient.

Conclusion

With regard to the scores of healthcare professionals' exposure to one of the sub-dimensions of mobbing behavior scale for at least once; it was 10.9 ± 8.2 for "Isolation" sub-dimension, 9.9 ± 7.8 for "Attack on professional status" sub-dimension, 8.9 ± 6.8 for "Attack on personality" sub-dimension, and 4.0 ± 3.4 for "Direct negative behavior" sub-dimension. It is possible to say that healthcare professionals are exposed to mobbing.

With regard to the results of sub-dimensions of the Minnesota Satisfaction Questionnaire according to the demographic characteristics, it was found that extrinsic satisfaction and general satisfaction were statistically significantly higher in the group aged >30 years and in married group, and that general satisfaction and intrinsic satisfaction were statistically significantly different in those with higher education and with monthly income of ≥4000 TL. With regard to the relationship between satisfaction and demographic characteristics of healthcare professionals, statistically significant difference was determined in the mean extrinsic satisfaction scores according to the duration of employment, in the mean scores of overall subdimensions according to working times, in the mean general satisfaction scores according to staff status, in the mean intrinsic satisfaction and general satisfaction scores according to institutional position, and in the mean intrinsic satisfaction and general satisfaction scores according to the hospital they have been working at. The mean extrinsic satisfaction scores were statistically significantly higher in those working for 6-10 years as compared with those working for ≥10 years. Based on these results, level of satisfaction is changed according to the socio-demographic and working characteristics of healthcare professionals.

The present study revealed statistically significant negative relationship between extrinsic satisfaction and general satisfaction sub-dimensions of the Minnesota Satisfaction Questionnaire and isolation, attack on professional status, attack on personality and direct negative behaviors sub-dimensions of the Mobbing Behaviors Scale. Accordingly, there was a relationship between "Healthcare Professionals' Workplace Mobbing Behaviors and job satisfaction", and thus, considering the present study sample, it was possible to say that job satisfaction was low among healthcare professionals that are exposed to mobbing.

Recommendations

Based on the study outcomes, the following recommendations have been made: (1) The factors that induce workplace mobbing behaviors should be identified and planning must be done to eliminate these factors; (2) Institutional environment where healthcare professionals can express the mobbing behavior they have been exposed to should be established; (3) The fact that mobbing negatively affects job satisfaction should be recognized by both employees and managers, and preventive regulations must be made; (4) Studiers should be done to enhance healthcare workers' job satisfaction.

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