UDK:
343.62:61-057.16(497.11 Aranđelovac)

10.58898/ijmt.v3i2.58-70

MOBBING OF HEALTHCARE WORKERS ON THE TERRITORY OF ARANDJELOVAC

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Abstract: Workplace mobbing represents a serious issue in modern organizations, with significant consequences for employee health and workplace efficiency. It is particularly pronounced in the healthcare sector, where various forms of mobbing are observed, such as horizontal, vertical, professional, and emotional mobbing. The primary aim of this research is to examine the prevalence of mobbing among healthcare workers in Aranđelovac, with a specific focus on nurses and technicians, as well as to identify the causes and consequences of mobbing in this context.

The research indicates a high prevalence of mobbing in healthcare institutions in Aranđelovac, particularly among nurses and technicians. Newly hired workers are at a higher risk of mobbing compared to those with greater work experience. Differences between women and men were not statistically significant. Specific interventions and preventive measures need to be developed and implemented to improve the work environment and employees' health in the healthcare sector. The study highlights the importance of a systematic approach to addressing the issue of mobbing while focusing on local specificities within the context of global trends.

Keywords: mobbing, healthcare workers, Arandjelovac, prevention

Introduction

This paper addresses the issue of workplace mobbing, a significant challenge in modern work environments with profound consequences for employee well-being and organizational efficiency. Workplace mobbing refers to systematic and prolonged harassment of an individual by colleagues or superiors, manifesting in verbal, physical, or emotional abuse (Jašarević, 2008). This phenomenon has severe psychological and physical repercussions for victims, such as depression, anxiety, sleep disturbances, and cardiovascular issues (Einarsen et al., 2011). Beyond individual impacts, mobbing undermines workplace morale, reduces productivity, and increases absenteeism, thus affecting organizational stability (Bijuković, 2018).

The causes of mobbing are complex and often linked to poor organizational structures, inadequate employee selection processes, and unclear roles and responsibilities (Janković, 2010). Economic pressures, lack of support, and weak leadership further contribute to its occurrence (Einarsen et al., 2018).

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Mobbing can take various forms, including horizontal mobbing among peers and vertical mobbing, where superiors harass subordinates (Mujtaba & Senathip, 2020). These patterns disrupt workplace dynamics and create an unproductive environment.

Workplace mobbing represents a serious issue that arises in situations where an individual or group abuses their power and position to control or oppress another individual (Katana, 2012). This phenomenon often involves employees who are creative, conscientious, or newly hired, as well as those working under contract or belonging to vulnerable groups (Milić, 2018). Mobbing has profound psychological consequences for victims, such as chronic stress, anxiety, and depression, and can also lead to social isolation and the loss of professional support (Jovanović, 2019). Moreover, mobbers often exhibit narcissistic traits and employ manipulative tactics to justify their actions, while victims become targets of such abuse for various reasons (Namie, 2003; Einarsen et al., 2011). Numerous factors influence who becomes a victim of mobbing, with subjective perceptions and organizational hierarchy frequently playing a key role (Björkqvist et al., 1994; Leymann, 1992).

Workplace abuse affects the health of victims in various ways. Psychological consequences include depression, anxiety, social isolation, and lack of self-confidence, which can lead to lasting changes in behavior and mood. For instance, individuals who are victims of mobbing often experience intense worry, unhappiness, and feelings of restlessness. These emotions are sometimes associated with physical symptoms such as sleep disturbances, difficulty concentrating, and obsessive concerns. Physical consequences also include headaches, digestive system issues, high blood pressure, and other health problems, further impacting the overall health and well-being of those exposed to mobbing (Bijuković, 2018).

The economic aspects of mobbing encompass significant costs to social insurance systems, including expenses related to medical treatment, absenteeism, and decreased employee productivity. According to Szarek & Szarek (2018), most costs arising from mobbing occur at the organizational level, accounting for as much as 77.3% of total costs. The impact of mobbing on an individual level can include financial losses due to unemployment during the search for new employment and medical expenses akin to those associated with disability benefits.

A key element in preventing mobbing is establishing a zero-tolerance policy through clear internal policies and procedures that should be accessible to all employees. Additionally, it is essential to provide social resources that can support workers, reducing their tendency to withdraw and lose self-confidence in situations of inappropriate workplace behavior (Acquadro Maran et al., 2023, p. 5868).

The specific challenge addressed in this study lies in the fact that the issue of mobbing in healthcare institutions in the city of Aranđelovac has been insufficiently researched, making it difficult to assess the scope and effects of this problem accurately. The lack of empirical data highlights the need for more detailed research that will account for the specificities of the local context and provide clearer guidelines for prevention.

This study aims to analyze the causes and consequences of mobbing in healthcare institutions in Aranđelovac, as well as to explore the unique characteristics of this problem within the local community. It will provide initial steps toward understanding this regional phenomenon and propose possible directions for further research. By doing so, the study will serve as a foundation for developing preventive measures that will contribute to creating a safer working environment for all healthcare workers in

Aranđelovac, reducing the negative effects on their health and productivity, and enhancing the overall efficiency of the local healthcare system.

Materials and methods

This research aims to determine the degree of exposure to workplace mobbing among employees in the city of Aranđelovac.

The research problem lies in the insufficient examination and analysis of the elements influencing exposure to mobbing in healthcare institutions in Aranđelovac. Specifically, there is a lack of information on how gender, job position, and length of service impact individuals' vulnerability to vertical mobbing.

This gap in data can result in underdeveloped strategies for preventing and addressing mobbing, potentially harming workplace environments and employee well-being. Therefore, the study aims to address this shortcoming by providing specific insights to support the development of more effective anti-mobbing measures in healthcare institutions.

The goal of this research is to examine the presence of mobbing in healthcare institutions in Aranđelovac and analyze the factors that may influence varying levels of exposure among employees. Specifically, the study seeks to determine whether differences in exposure to mobbing exist based on employee gender, job position, and years of service. This will enable a deeper understanding of how demographic and professional factors affect employees' experiences with mobbing and provide guidelines for improving workplace environments and developing effective strategies to prevent mobbing in healthcare institutions.

The hypotheses of the study are as follows:

H1: Employees in healthcare institutions in Aranđelovac are exposed to mobbing.

H2: There is a statistically significant difference between male and female employees in terms of exposure to vertical mobbing.

H3: There is a statistically significant difference in mobbing exposure depending on employees' job positions.

H4: There is a statistically significant difference in mobbing exposure based on employees' years of service.

The dependent variable in this research is exposure to mobbing, while the independent variables are gender, years of service, and organizational position. By analyzing these variables, the study aims to determine whether differences in mobbing exposure exist based on these factors.

This study's primary instrument for data collection was a survey questionnaire divided into three sections.

The first section included demographic data such as gender, age, education, work experience, and position in the organization. The aim of this section was to gather basic information about the respondents, which was later used to analyze differences in exposure to workplace mobbing.

The second section focused on the frequency of mobbing occurrences. Respondents answered 26 questions measured using a Likert scale (ranging from 1 to 5). The questions addressed various aspects of mobbing, including mobbing activities by supervisors (8 questions), mobbing activities by colleagues (6 questions), and pressures, accusations, or criticisms from patients (1 question). Additionally, this section included questions about personal feelings related to work (10 questions). One of the questions asked whether respondents had ever been victims of mobbing at their workplace. Responses were scored on a

five-point Likert scale, with appropriate ratings from 1 to 5, followed by the summation of scores across all domains.

The third section contained questions about the feelings and consequences of mobbing, such as humiliation, anxiety, and chronic fatigue. These questions were also evaluated on a Likert scale, enabling precise measurement of the emotional and psychological effects of mobbing on employees.

Data collected through the survey will be processed and analyzed using statistical methods. The following steps will be employed for the analysis:

Descriptive Statistics: Calculating percentages and frequencies for demographic data and the frequency of mobbing occurrences.

Significance Tests: To examine differences in mobbing exposure based on gender, position, and years of work experience, t-tests and ANOVA tests will be applied depending on the number of categories.

Correlation and Regression: Correlation and regression analyses will be conducted to determine relationships between demographic factors (such as gender and years of work experience) and exposure to mobbing.

To assess the reliability of the questionnaire, Cronbach's alpha coefficient was used. The value obtained for this research instrument was 0.945, indicating exceptionally high reliability and internal consistency of the scale.

The research was conducted in accordance with ethical standards. Participants were informed about all aspects of the study and their rights to privacy and voluntary participation. Consent to participate in the study was obtained from all respondents.

Research Sample

The total research sample consisted of 60 respondents employed in various healthcare institutions in Aranđelovac. The respondents' structure was analyzed based on different demographic and professional characteristics.

The age distribution showed that the largest group of respondents was 36 to 45 years old, comprising 22 participants (36.7%). Another 35% were aged between 26 and 35 years. The smallest group was respondents over 55, making up only 5% of the total sample. This distribution highlights the dominant presence of middle-aged, actively working individuals, which aligns with the typical workforce demographic in healthcare settings.

Regarding educational level, most respondents (63.3%) held a secondary vocational education, reflecting the predominance of employees with basic medical knowledge. Conversely, 16.7% of the respondents had completed university degrees, while only 5% held master's degrees. This educational distribution mirrors the specifics of the healthcare sector, where many employees possess secondary education, alongside a notable percentage of highly educated professionals such as physicians and managers.

Regarding work experience, the largest group of respondents had between 6 and 10 years of service, representing 31.7% of the sample. This group signifies a mid-level career stage in the healthcare sector, indicating a combination of accumulated experience and potential for further development. Another significant portion (30%) had between 11 and 20 years of service, demonstrating longer-term employment

in the sector, which may suggest stability and commitment to the workplace. The smallest percentage of respondents (13.3%) had over 20 years of service, indicating a relatively smaller proportion of long-tenured employees but highlighting the experience and stability of those who have worked in healthcare institutions for extended periods.

As for managerial roles, 56.7% of the respondents were specialist physicians, a group that plays a crucial role in managing and organizing healthcare processes. The next largest group, comprising 20% of the sample, were general physicians. Other positions included managers, senior nurses, and technicians, who collectively accounted for 10% of the respondents. Notably, nurses and technicians made up 56.7% of the sample, a significant percentage in healthcare institutions. Physicians represented 13.3% of the sample, while other professional groups, such as technical staff, constituted 10%.

This distribution illustrates the significant presence of medical and technical staff in healthcare institutions and the considerable proportion of specialist physicians who lead teams and organize work processes. The sample structure provides important insights for further research, especially in the context of workplace mobbing in healthcare settings. The diversity in roles and educational backgrounds among respondents may influence how different employee groups perceive mobbing and its impact on workplace atmosphere and dynamics.

Research results

The research results on healthcare workers' perceptions of mobbing in healthcare institutions revealed a notable dissatisfaction with specific forms of mobbing and varying levels of mobbing perception depending on situational aspects.

The highest dissatisfaction was expressed regarding the pressure from superiors to refrain from asserting their labor rights (23.4%), the prevention of expressing their opinions (20%), and being deliberately subjected to heavier workloads compared to colleagues (6.7%). These aspects of mobbing received the highest ratings, with responses displaying high variability, indicating a wide dispersion of opinions among respondents.

Conversely, the lowest dissatisfaction was associated with questions about physical or verbal abuse by colleagues or superiors and whether respondents were often ignored or subjected to teasing. For these issues, most respondents (95%) reported very low perceptions of mobbing, indicating they were rarely exposed to these forms of harassment.

Regarding the question of whether respondents had ever been victims of mobbing in the workplace, most answered negatively (38.3% rated it as 1, and 28.3% rated it as 2), while 10% confirmed being victims of mobbing, rating it as 4. Statistical analysis showed significant differences in responses, suggesting that mobbing is not uniformly present across all workplace environments.

The average ratings of workplace mobbing showed that the most significant dissatisfaction stemmed from actions by superiors that prevented employees from expressing opinions and asserting labor rights ($M=2.68$, $SD=1.16$). Less dissatisfaction was expressed on questions about teasing by colleagues and physical threats, with average ratings of around 1.22 and 1.27. Overall ratings of mobbing by superiors and colleagues were similar, with average scores of 1.69 and 1.68, indicating comparable levels of mobbing in both contexts.

Regarding personal feelings, respondents most frequently experienced chronic fatigue, nervousness, and insomnia, with average ratings of 2.75, 2.73, and 2.22, respectively. They felt least discredited or humiliated, with average scores ranging from 1.33 to 1.42.

Finally, the overall average score for workplace mobbing was 1.79 (SD=0.60), indicating that while mobbing exists, it is not widespread, as ratings tended to lean toward lower values.

Most respondents (38.3%) rated general working conditions as average. More than a third (35%) rated them as very good, while 10% of respondents considered them excellent, totaling 45% who perceived the conditions as favorable. In contrast, 16.7% of respondents gave negative evaluations, deeming the working conditions poor, a significantly smaller proportion.

Hypothesis testing was performed using the t-test for two independent samples and ANOVA with an additional post-hoc multiple comparison test to assess differences between multiple groups. Spearman's correlation analysis was applied after testing the normality of the distribution of scores using the Kolmogorov-Smirnov test to examine correlations.

Employees in healthcare institutions in the territory of the city of Aranđelovac are exposed to mobbing.

The hypothesis testing was conducted based on the presented results of the sample's descriptive statistics, specifically the average total arithmetic mean of healthcare workers' responses to key questions and areas of workplace mobbing in healthcare organizations.

The results of the descriptive analysis show that, for most questions, there are certain forms of mobbing in healthcare by superiors, colleagues, and patients, which the respondents confirm when asked whether they have ever been a victim of workplace mobbing.

A summary review of healthcare workers' ratings on significant questions and areas of workplace mobbing in their organization is presented in Table 1.

Mobbing activities by superiors (Mean=1.69) and mobbing activities by colleagues (Mean=1.68) are almost the same, with similar dispersion of results (SD 0.61; 0.67), while mobbing activities by patients are significantly higher (Mean=2.13). According to these ratings and their transformation into the proportional frequency of respondents who experienced certain forms of workplace mobbing (Mean/5*100), it can be concluded that 33.8% of healthcare workers experienced mobbing by their superiors, 33.6% by colleagues, and 42.6% were exposed to pressures, accusations, or criticism by patients. From the presented data and SD=1.16, it can be seen that there is a large discrepancy in the ratings, leading to the conclusion that fewer healthcare workers experienced mobbing by patients but with greater intensity, as they rated this form of mobbing with the maximum score.

From the respondents' rating of working conditions in their organization (Mean=3.33) and these mobbing ratings, their personal feelings related to their job also stem (Mean=1.87; corresponding to a previous rating 5-1.87=3.13). While these are not particularly favorable scores, workplace mobbing is undoubtedly one of the most significant factors in healthcare workers' working conditions and personal feelings related to their jobs.

As victims of workplace mobbing, in any form and at any time, 41% of healthcare workers reported (Mean=2.05), with a dispersion of one rating. Six (10%) respondents rated it as 4, 14 (23.3%) reported

minor forms of mobbing, and 17 (28.3%) reported very low mobbing activities, while 23 (38.3%) healthcare workers did not experience any workplace mobbing at all.

Based on the presented data, it can be concluded that healthcare workers experienced certain forms of workplace mobbing by superiors, colleagues, and patients, which confirms the hypothesis.

Table 1. Overview of Respondents' Ratings on Significant Questions and Areas of Workplace Mobbing

Question/respondent ratings	N	Min	Max	AM	%	SD
Mobbing Activities by Supervisor	60	1,00	3,63	1,69	**33,8%**	0,61
Mobbing Activities by Colleagues	60	1,00	3,83	1,68	**33,6%**	0,67
Exposure to Pressure, Accusations, or Criticism by Patients	60	1,00	5,00	2,13	**42,6%**	1,16
Personal Feelings Related to Work	60	1,00	3,60	1,87	**37,4%**	0,69
Victim of Workplace Mobbing	60	1,00	4,00	2,05	**41,0%**	1,02
Average Total Rating	**60**	**1,00**	**3,46**	**1,79**	**35,8%**	**0,60**

The relatively good agreement of the ratings of healthcare workers on all elements of workplace mobbing was verified using Spearman's correlation analysis (Table 2) after checking the normality of the distribution of ratings with the Kolmogorov-Smirnov normality test (not all variables have normal data distribution).

The analysis results show a positive, strong, and highly significant correlation between the average total rating of mobbing and the components of mobbing activities at the workplace ($p<0.01$), as well as the mutual correlation of all forms of mobbing activities at the workplace.

On the other hand, such a strong and highly significant correlation of all mobbing ratings confirms the reality and objectivity of healthcare workers' self-assessment of mobbing.

Table 2. Correlation of the average total rating of mobbing with the components of mobbing activities at the workplace

Correlation	Average total rating of workplace mobbing	Mobbing activities by the supervisor	Mobbing Activities by Colleagues	Mobbing Activities by Patients	Personal feelings related to work	Victim of workplace mobbing
Average total mobbing score	**1,000**	0.911**	0.873**	0.494**	0.884**	0.738**
Mobbing by supervisors	**0.911****	1,000	0.811**	0.472**	0.689**	0.670**
Mobbing by colleagues	**0.873****	0.811**	1,000	0.426**	0.647**	0.697**
Mobbing by patients	**0.494****	0.472**	0.426**	1,000	0.254*	0.375**
Personal feelings related to work	**0.884****	0.689**	0.647**	0.254*	1,000	0.586**
Victim of workplace mobbing	**0.738****	0.670**	0.697**	0.375**	0.586**	1,000

** All correlations are significant at the 0.01 level..

Based on the presented results, it can be concluded that employees in healthcare organizations are exposed to workplace mobbing, which confirms the hypothesis as correct. Therefore, hypothesis H1 is fully accepted.

Difference Between Male and Female Employees in Terms of Exposure to Vertical Mobbing.

The hypothesis was tested based on the average overall rating for mobbing activities by superiors (vertical mobbing) in relation to the gender of employees using the t-test for independent samples.
The results of the test (Table 3) showed that women are more exposed to mobbing than men (AS 1.77 : 1.57), but there is no statistically significant difference in the ratings of mobbing activities in relation to the gender of employees (p=0.205>0.05).

To get a broader view of workplace mobbing, the significance of the difference in the average overall mobbing rating was also tested, where no statistically significant differences were found at the significance level p<0.05; instead, a significance level of p<0.10 was found, which cannot be accepted as significant. Further testing was done on the specific question of whether employees had ever been victims of workplace mobbing, where women were significantly more exposed to mobbing than men (AS 2.28: 1.71; p<0.05).

Table 3. Rating of mobbing activities in relation to the gender of employees

Variables	Gender	N	AM	SD	t	df	p
Mobbing by supervisor	Male	24	1,57	0,65	-1,282	58	0,205
	Female	36	1,77	0,59			
Average total mobbing score	Male	24	1,63	0,62	-1,687	58	**0,097**
	Female	36	1,89	0,57			
Victim of workplace mobbing	Male	24	1,71	0,96	-2,196	58	**0,032**
	Female	36	2,28	1,00			

Based on the presented results, it can be concluded that women are significantly more exposed to workplace mobbing than men but not significantly to vertical mobbing by supervisors. Therefore, the proposed hypothesis cannot be accepted as accurate, and thus, hypothesis H2 is rejected.

Difference between the positions held by employees in relation to exposure to mobbing

Hypothesis testing was conducted based on the average cumulative score of mobbing activities by colleagues in relation to the positions held by employees within the organization, using ANOVA with post-hoc multiple comparison tests for differences between groups. The analysis results (Table 4) indicated that nurses and technicians are the most exposed to mobbing (M=1.87), followed by technical service staff (M=1.61), while doctors (M=1.27) and managers (M=1.36) are the least exposed.

There is a statistically significant difference in mobbing exposure by colleagues among employees in different organizational positions (p=0.039; p<0.05). The post-hoc multiple comparison tests revealed significant differences between nurses/technicians and doctors or managers (p<0.05).

Table 4. Assessment of mobbing activities in relation to employee positions in the organization

Variables	The position in the organization	N	AM	SD	df	F	p
Mobbing by colleagues	Management	6	1,36	0,67	4	2,057	**0,039**
	Doctor-Specialist	6	1,50	0,48			
	Doctor	8	1,27	0,33			
	Nurse- Technician	34	1,87	0,71			
	Technician Service	6	1,61	0,62			
	Total	**60**	**1,68**	**0,670**			

p - significance at the 0.05 level.

Based on the presented results, it can be concluded that nurses, technicians, and technical staff are the most exposed to mobbing by colleagues and that the ratings of mobbing activities by colleagues differ significantly among employees in various positions within the organization. This confirms the proposed hypothesis as accurate; therefore, hypothesis H3 is fully accepted.

Difference between years of work experience among employees in relation to exposure to mobbing.

The hypothesis was tested on the average cumulative score of mobbing activities in relation to employees' years of work experience using ANOVA with an additional post-hoc multiple comparison test. The results of the analysis (Table 4) showed that employees with up to 5 years of experience are the most exposed to mobbing (M=2.04), followed closely by those with 11-20 years of experience, while employees with 6-10 years of experience are significantly less exposed (M=1.39) There is a statistically significant difference in mobbing exposure among employees with varying years of work experience (p=0.004; p<0.01).

The post-hoc multiple comparison tests revealed significant differences between employees with up to 5 years of experience and those with 6-10 years (p<0.01), as well as between employees with 6-10 years and those with 11-20 years (p<0.05).

Table 4. Assessment of mobbing activities in relation to years of work experience among employees

Variables	Work Experience	N	AM	SD	df	F	p
The average cumulative score of mobbing activities	Up to 5 years	15	2,04	0,65	3	5,044	**0,004**
	6-10 years	19	1,39	0,36			
	11-20 years	18	1,92	0,56			
	21-30 years	8	1,96	0,68			
	Total	**60**	**1,79**	**0,60**			

p - significance at the 0,01 level

Given that the length of work experience is often correlated with age, the relationship between workplace mobbing in healthcare organizations and the age of healthcare workers was further examined. While it was expected that the youngest healthcare workers, as well as those with the least work experience, would be the most exposed to mobbing, ANOVA results showed that the oldest workers are the most exposed to mobbing, followed by the youngest (M=2.46: 2.07), with no statistically significant differences between age groups ($p>0.05$).

The analysis results indicated that employees with the least work experience are the most exposed to mobbing, significantly less so than those with slightly longer work experience (6-10 years). The significant differences in mobbing exposure concerning work experience confirm the stated hypothesis as correct; therefore, hypothesis H4 is fully accepted.

Discussions

The research results show significant aspects related to exposure to mobbing in healthcare organizations in the town of Aranđelovac. First, hypothesis H1, which assumed that employees in these institutions are exposed to mobbing, was fully confirmed. The average scores for mobbing activities by superiors, colleagues, and patients and personal feelings related to work indicate high exposure to mobbing. This suggests that mobbing is a significant issue in the workplace for healthcare workers, which aligns with the results of other studies that have pointed to the same problems in different healthcare institutions.

However, hypothesis H2, which concerned differences in exposure to vertical mobbing between men and women, was not confirmed. Although women had higher average scores in the area of mobbing by superiors, the difference did not reach statistical significance. This may indicate the need for further research to identify other factors that could influence this dynamic, such as specific organizational cultures or different strategies for managing mobbing depending on gender.

On the other hand, hypothesis H3 was confirmed, as the results showed that nurses, technicians, and technical staff are significantly more exposed to mobbing by colleagues than doctors and managers. This may be due to different dynamics at the workplace and levels of stress associated with different roles in the healthcare organization. Nurses and technicians are often exposed to high levels of stress and conflict due to direct communication with patients and heavy workloads, which may contribute to greater exposure to mobbing.

Finally, hypothesis H4 was confirmed, showing that employees with up to 5 years of work experience are more exposed to mobbing than those with medium or long work experience. These results indicate that newer employees are still in the process of adapting to the work environment and are more susceptible to various forms of mobbing. Additionally, long-term employees may develop strategies for avoiding or managing mobbing, resulting in lower exposure levels.

However, several conclusions can be drawn when comparing these results with the previous research findings. In all the studies considered, mobbing is often highlighted as a serious issue in healthcare institutions, with severe consequences for employees' mental health and the quality of care provided. The overall picture points to a high level of mobbing among healthcare workers, but specific aspects and scope vary depending on the region and the specifics of the work environment.

Globally, as indicated by the study by Erdogan & Yildrim (2017), mobbing among healthcare workers has been recorded as a highly prevalent phenomenon, with particular emphasis on women, low-income individuals, and nurses. These findings are consistent with those from other parts of the world, showing that healthcare workers, particularly women, are at higher risk of mobbing than their colleagues in other sectors (Ariza-Montes et al., 2013).

In the European Union, mobbing in healthcare and education has been recorded with a prevalence of 12% (Dušović, 2018), which is higher than in other professional fields. This data is consistent with findings from other regions, where mobbing is often high in sectors with high-stress levels and tense working environments. For example, the study by Plos et al. (2022) indicates a high rate of intimidation and mobbing among nurses, significantly impacting their health and work performance.

National studies, such as those conducted in Serbia (Fišeković et al., 2018; Nikolić & Višnjić, 2020), show that mobbing is significantly present in the healthcare sector, with a high prevalence in primary health centers and emergency medical institutions. These studies confirm global trends and add a local context, highlighting that mobbing is often unreported and most commonly directed by supervisors and colleagues at the same professional level.

Similarities in all these studies indicate that mobbing in the healthcare sector has similar causes and consequences regardless of geographical location, but specific characteristics and scope can vary significantly. For instance, differences in mobbing prevalence may be due to different cultural norms and organizational structures. These variations are important for developing targeted interventions and prevention strategies, which must be adapted to each region's specific conditions and needs.

However, there is evident room for improvement regarding the mobbing of healthcare workers in the city of Aranđelovac. In this regard, the following measures are proposed:

1. **Development and implementation of training programs**: These programs should be aimed at raising awareness about mobbing and providing strategies for overcoming it, especially for employees identified as most exposed to it (nurses and technicians).
2. **Improvement of mobbing management policies**: Organizations should enhance their policies and procedures related to managing mobbing, including clear mechanisms for reporting and addressing mobbing incidents.
3. **Focus on supporting new employees**: Support programs should be created to help new employees integrate more easily into the work environment, reduce the risk of mobbing, and provide mentoring and advice on stress and conflict management.
4. **Regular analyses and assessments**: Regular surveys and analyses should be conducted to monitor mobbing levels and evaluate the effectiveness of interventions and policies. This will allow for timely identification of problems and adjustment of strategies as needed.
5. **Encouraging open communication**: Foster a culture of open communication within the organization that allows employees to freely express their problems and concerns about mobbing without fear of consequences.

In summary, improving these aspects within the organization can significantly reduce mobbing and improve the working climate in healthcare institutions in Aranđelovac. Providing support for employees and developing adequate response measures will ensure a safer and more productive work environment for all.

Conclusions

Workplace mobbing represents a serious problem that is deeply rooted in organizational and social structures and has severe consequences for individual health and the efficiency of the work environment. Different forms of mobbing, whether horizontal or vertical, professional or emotional, highlight this problem's complexity, resulting from inadequate leadership, insufficient support, and weak communication culture within organizations. Furthermore, it has been established that the main causes of mobbing are related to organizational and personal factors, which require a systemic approach to addressing this issue. This means that all organizations' work, including healthcare institutions, must be based on adherence to legal regulations while emphasizing the effective role of labor inspections and responsibilities, both for employers and employees. Through education and raising awareness, it is possible to create a safe working environment in which the rights and dignity of all employees are respected.

Finally, the conclusion derived from this research highlights a significant level of exposure to mobbing among employees in healthcare organizations in Aranđelovac, particularly among nurses and technicians, who are most affected by this phenomenon. Although women appear to be a more sensitive group, the differences compared to men were not statistically significant. Also, newly hired workers have a higher risk of mobbing than those with more work experience, indicating the need for better integration of new employees into the work environment. The results are in line with global trends but also point to specificities of the local context. This research contributes to understanding mobbing in the healthcare sector and emphasizes the need to develop adequate interventions and preventive measures to improve the work environment.

For further improvements, it is recommended to focus on a deeper analysis of specific forms of mobbing in different healthcare institutions and among different work positions to identify the special characteristics and needs of different groups of workers. It is important to conduct detailed case studies and interviews with employees to understand the dynamics of mobbing better and the effectiveness of existing protective measures. Additionally, it is necessary to develop and implement specific interventions, such as training for managers and employees regarding preventing mobbing and raising awareness about employees' rights. Concurrently, it is important to work on improving legal and institutional support for victims of mobbing and facilitating the reporting of this issue. Considering the specifics of the local context, as well as comparing them with global trends, can contribute to the development of more effective and tailored strategies for addressing mobbing in the healthcare sector.

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