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Mobbing in Schools and Hospitals in Uruguay: Prevalence and Relation to Loss of Status

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Abstract

In the present study in secondary schools and hospitals in Uruguay ($N = 187$), we examined the relationship between feeling the victim of mobbing and a perceived loss of status. Nearly all forms of mobbing were more prevalent among hospital employees than among school employees. Among hospital employees, 40.4%, and among school employees, 23.9% reported being the victim of mobbing at least once a week. Being the victim of mobbing was, in both hospitals and schools, more prevalent among older employees, and in hospitals, among employees who were more highly educated and who had been employed for a longer time. Men and women did not differ in reporting that one was a victim of mobbing, but men reported more perceived loss of status than women. However, among women, being the victim of mobbing was much more strongly related to experiencing a loss of status than among men. Several explanations for this gender difference and the practical and theoretical implications of the results are discussed.

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mobbing, status, culture

Mobbing or bullying at work refers to the systematic harassment of employees by one or more colleagues or superiors and may constitute a serious problem for both individual employees and organizations (Branch, Ramsay, & Barker, 2013). A recent meta-analysis shows that targets of mobbing may report relatively more mental and physical health problems, more symptoms of post-traumatic stress, more burnout, an increased intention to leave, and reduced job satisfaction and lowered organizational commitment (Nielsen & Einarsen, 2012). The prevalence of mobbing seems to vary from culture to culture and from one organizational setting to the other. For instance, in a study among 464 industrial workers, supervisors, and managers in the Norwegian marine engineering industry, 7% of the employees said they were exposed to bullying behaviors on a weekly basis, whereas as many as 22% of the workers said they were exposed to bullying behaviors at least once a month (Einarsen & Raknes, 1997). However, a study among 332 New Zealand travel industry staff and managers showed that about only one in 10 workers experienced being the victim of bullying in the workplace (Bentley et al., 2012), and in a similar vein, a study among 403 workers from various industries in the United States showed that 9% perceived themselves as being the victim of bullying (Lutgen-Sandvik, Tracy, & Alberts, 2007).

An explanation that has been put forward to explain differences in the reported prevalence of mobbing is the fact that the culture of both countries and organizations may influence how people construe workplace bullying (Seo, Leather, & Coyne, 2012). For instance, individuals from cultures that are characterized by a high humane orientation, such as Latin American cultures, usually find work-related bullying less acceptable and may consider relatively small annoyances or provocations as bullying, which may result in higher reports of bullying incidents. In contrast, in cultures that emphasize performance, such as Asian cultures, mobbing may be seen as an acceptable price to pay for performance, with only relatively severe harassments being considered and reported as workplace bullying (Power et al., 2013).

In the present study, we examined the prevalence of mobbing in two distinct types of organizations—schools and hospitals—in the Latin American country of Uruguay. Several studies have identified hospitals as settings where the risk of workplace bullying and hostility toward co-workers is relatively high. A frequently mentioned cause is the fact that, in hospitals, roles and command structures are not always as clear as they could be: Personnel often work under diverse authorities, facing controversial demands from different

supervisors (Waschgler, Ruiz-Hernandez, Llor-Esteban, & Jimenez-Barbero, 2013). Furthermore, it seems theoretically relevant to examine mobbing in Uruguay as this is a relatively collectivistic society in which offenses, such as those induced by workplace bullying, may lead to strong feelings of shame and loss of face (Hofstede Centre, 2013) and to even more severe psychological distress than in other cultures. The collectivistic nature of Uruguay also implies that employees adopt a high humane orientation toward work and that, as a consequence, from an international perspective, we might expect relatively high prevalence of ratings of workplace bullying in Uruguay.

An important issue in our research concerned the association between reporting to be a victim of mobbing and a perceived loss of status, and the extent to which this association differs for men and women. We expected that, in general, the perception of being the victim of mobbing would be related to experiencing a loss of status. On the one hand, individuals experiencing a decrease in status may be considered easy targets for mobbing as they may be perceived as less likely to stand up against those who engage in mobbing. On the other hand, mobbing experiences, such as being ordered to do work below one's level of competence, social exclusion, ridicule, devaluation of one's work and efforts, or verbal abuse, are all intended to undermine a worker's status, respect, and prestige relative to other workers. Whatever the cause, a loss of status may have severe psychological consequences. According to social rank theory, for instance, a loss of status relative to others is associated with feelings of inferiority and increases the chances of developing feelings of depression, social anxiety, and shame (Buunk, Peiró, Rodríguez, & Bravo, 2007; Gilbert, 2000). Likewise, according to the sociometer hypothesis, self-esteem is a function of individuals' perceptions of their position relative to those around them. More specifically, according to this theory, individuals who feel rejected or ostracized, and as a consequence suffer from low group status, experience a decline in self-esteem and meaning in life (e.g., Zadro, Williams, & Richardson, 2004). Thus, it is especially the association with a low rank within the group that may make mobbing a painful and distressing experience.

To summarize, we examined the prevalence of mobbing in hospitals and schools in Uruguay and the differences in the prevalence between these two types of organizations. Furthermore, we focused on the relationship between being the victim of mobbing and a loss of status, and examined sex differences in being the victim of mobbing, in a loss of status, and in the relation between both variables. Finally, because it is important to identify those individuals who are relatively vulnerable to being mobbed and, as a consequence, may be in need of help, the present study examined the association between mobbing and various demographic variables, that is, educational level, age, and years of employment.

Method

Sample

A total of 187 employees participated in the present study. Respondents were recruited at two types of organizations, that is, secondary schools and hospitals. The majority (74%) of the participants were women (M age = 37.31, SD = 13.55 years). Of the participants, 78 (42%) were employed in secondary schools, and 70% were working as teachers. The others were employed as administrative, technical, or service personnel. The other 109 participants (58%) came from two medical centers: 92% of them were employed as administrative, technical, or service personnel, and a minority (8%) as medical personnel, that is, doctors or nurses. The educational level of the participants in both organizations was relatively high: 51% had a university education, 18% a technical education, 28% a high school education, whereas 3% only had primary school education.

Perception of Being the Victim of Mobbing

This variable was assessed by an adapted Spanish version of the revised Negative Acts Questionnaire (NAQ-R), based on the questionnaire developed by Einarsen and Raknes (1997), that was provided to us by the first author, and this Spanish version had been approved by him. In research on mobbing, especially in Europe, the NAQ-R is widely used and has been validated in various samples (e.g., Einarsen, Hoel, & Notelaers, 2009). The present version of the NAQ-R contained 23 items, most of which were similar to those in the original NAQ-R. Pretesting revealed that some formulations of items in the original NAQ-R were not completely appropriate for the Uruguayan population, and these were adapted by related items. These included "you suffered from intimidating behaviors, such as being pointed at, the invasion of your personal space, pushing, not letting you pass by, aggressive looks etc.," "they have given you impossible tasks and goals," "they have accused you of something, or received unjustified allegations," "you have been supervised excessively in your work," "you have been pressured to give up certain rights, like pregnancy leave, vacation, reimbursement of expenses," "you have been assigned an excessive workload," and "you have been assigned regularly risky work." In line with Einarsen and Raknes, participants were asked to indicate how often they had, during the past six months, encountered these mobbing experiences. Items were rated on a 5-point scale from 1 to 5 (1 = *never*, 2 = *now and then*, 3 = *monthly*, 4 = *weekly*, and 5 = *daily*). A factor analysis with varimax rotation produced a very dominant first factor (eigenvalue 10.74, explained variance 44.75%) and

three minor additional factors (all eigenvalues < 1.7 , explained variance $< 7\%$). The eigenvalues of these three factors were hardly higher than the variance explained by a single item. This justifies, and even argues in favor of, the use of a one-dimensional scale. It was therefore considered appropriate to use the scale as whole, as was done by Einarsen and Raknes, also considering that the reliability of the scale was very high, .94.

Perceived Loss of Status

This variable was assessed by a scale developed by Buunk et al. (2007). This scale consists of 11 items and asks participants how often they had encountered a series of experiences, such as “things happened at work that damaged your reputation,” “you felt that you lost status,” and “you lost power and influence.” Items were assessed on a 5-point scale from 1 to 5 (1 = *nearly never*, 2 = *rarely*, 3 = *sometimes*, 4 = *quite often*, and 5 = *nearly always*). In the present sample, the scale had a reliability of .91.

Results

Prevalence of Mobbing

To more easily understand our results, in line with Mikkelsen and Einarsen (2002), we aggregated the categories *now and then* and *monthly* into a single category *occasionally*, and the categories *weekly* and *daily* into a single category *at least weekly*. When we applied the operational definition of bullying proposed by Leymann (1996) that one should have been the victim of at least one act a week, 40.4% of the participants in hospitals and 23.9% of the participants in schools reported being the victim of bullying. Applying the stricter criterion proposed by Mikkelsen and Einarsen (2002) of exposure to two or more behaviors weekly, these ratings were 31.5% and 11.2%, respectively. Using the scale for mobbing, there was significantly more mobbing reported by employees of hospitals ($M = 39.90$, $SD = 15.90$) than by employees of schools ($M = 31.37$, $SD = 9.02$), $F(1, 185) = 18.22$, $p = .00$, Cohen's $d = .63$, indicating a moderate effect size. As can be seen in Table 1, on average, employees in hospitals reported for most, that is, 20 out of 23, experiences, being the victim of mobbing significantly more often than employees in schools. For most experiences, the effect size was small, with Cohen's d s between .20 and .50, whereas for six of the experiences, the effect size was moderate, $d > .50$.

Individual Differences Variables in Relation to Being Mobbed

We first examined whether male and female employees differed in the extent to which they had experienced mobbing and perceived a loss of status.

Table 1. Incidence of Mobbing in Schools and Hospitals.

	Schools				Hospitals				Cohen's d			
	Never	Occasionally	At least weekly	M	SD	Never	Occasionally	At least weekly		M	SD	t
1. Someone withholding necessary information	44.7	48.7	6.6	1.71	0.94	30.6	57.4	12.0	2.04	1.08	2.23*	.33
2. Ridicule	59.2	36.8	3.9	1.50	0.89	50.9	38.0	11.1	1.83	1.13	2.2*	.33
3. Ordered to do work below your level of competence	60.5	36.8	2.6	1.45	0.73	38.0	48.1	13.9	2.08	1.23	4.41***	.65
4. Being deprived of responsibility and work tasks	65.8	27.6	6.6	1.49	0.98	53.7	35.2	11.1	1.77	1.14	1.83†	.27
5. Slander or rumor	50.7	44.0	5.3	1.61	1.00	36.4	51.4	12.1	1.96	1.15	2.2*	.33
6. Social exclusion . . .	68.4	30.3	1.3	1.32	0.65	56.0	36.7	7.3	1.67	0.99	2.9**	.43
7. Repeated offensive remarks	68.4	28.9	2.6	1.36	0.77	51.4	37.6	11.0	1.81	1.12	3.24**	.48
8. Verbal abuse	46.1	47.4	6.6	1.69	0.94	39.8	50.9	9.3	1.91	1.06	1.47ns	.22
9. Intimidating behavior	76.3	22.4	1.3	1.26	0.65	59.6	33.9	6.4	1.65	0.98	3.3**	.49
10. Hints or signals that you should quit your job	80.0	18.7	1.3	1.19	0.63	62.0	32.4	5.6	1.56	0.96	3.17**	.44
11. Repeated reminders of blunders	69.7	27.6	2.6	1.37	0.81	48.1	45.4	6.5	1.73	0.96	2.79**	.41
12. Silence or hostility as a response to your questions or attempts at conversations	66.7	33.3	0.0	1.28	0.53	50.9	43.5	5.6	1.70	0.93	3.87***	.57
13. Devaluation of your work and efforts	68.0	30.7	1.3	1.29	0.61	47.7	40.4	11.9	1.84	1.10	4.37***	.65
14. Neglects of your opinions or views	26.0	72.7	1.3	1.76	0.56	33.0	50.5	16.5	2.16	1.20	3.04**	.45
15. Practical jokes	78.9	21.1	0.0	1.18	0.45	67.9	26.6	5.5	1.50	0.90	3.25**	.48
16. Impossible tasks	80.3	19.7	0.0	1.18	0.48	69.7	26.6	3.7	1.40	0.75	2.5*	.37
17. Accusations	78.7	21.3	0.0	1.18	0.50	61.5	33.0	5.5	1.58	0.97	3.67***	.54
18. Excessive supervision	73.7	26.3	0.0	1.23	0.48	49.5	41.1	9.3	1.83	1.14	4.88***	.72
19. Pressured to give up rights	77.3	22.7	0.0	1.19	0.51	62.0	31.5	6.5	1.54	0.95	3.24**	.48
20. Insulting teasing	85.5	14.5	0.0	1.12	0.39	68.2	26.2	5.6	1.47	0.91	3.61***	.54
21. Excessive workload	52.0	36.0	12.0	1.76	1.18	27.8	51.9	20.4	2.29	1.26	2.99**	.44
22. Risky work	77.6	22.4	0.0	1.24	0.59	75.0	20.4	4.6	1.41	0.94	1.51ns	.22
23. Physical abuse or threats of such	96.1	3.9	0.0	1.01	0.25	88.9	9.3	1.9	1.17	0.60	2.37*	.35

†*p* < .10. **p* < .05. ***p* < .01. ****p* < .001.

Analyses of variance showed that, for the total mobbing scale, men and women did not differ, $F(1, 177) = 1.25, p = .26$, but that there was a marginally significant gender difference in loss of status, $F(1, 177) = 3.76, p = .054$, with men ($M = 21.55, SD = 6.50$) reporting more loss of status than women did ($M = 18.99, SD = 8.18$), a difference with a small effect size, Cohen's $d = .33$.

Next, we examined for the two types of organizations separately the associations between, on the one hand, mobbing experiences and, on the other hand, educational level, duration of employment, and age. Among employees in hospitals and schools, mobbing was related differently to social background variables. Among hospital employees, mobbing was, in general, positively associated with educational level, duration of employment, and age. That is, participants reported more experiences of mobbing as they were older ($r = .28, p < .001$), more highly educated, ($r = .25, p < .01$), and had been employed there for a longer time ($r = .45, p = .00$). Among employees in schools, only the correlation with age was significant, $r = .23, p < .05$. The correlations with educational level, $r = .08, p = .50$, and with length of employment, $r = .17, p = .14$, were not significant.

Mobbing and Loss of Status

Among participants in schools ($r = .58, p = .00$) as well as participants in hospitals ($r = .58, p = .00$), mobbing was equally, and rather strongly, related to a loss of status. There was a considerable sex difference in the relationship between mobbing and loss of status: Among women ($r = .63, p = .00$), the relationship between both variables had a large effect size and was considerably higher than among men ($r = .27, p = .06$; a small effect size). The difference between both correlations was significant, $z = 2.66, p < .01$. Thus, among women, the perception of being the victim of mobbing was accompanied by much more perceived loss of status than among men.

Discussion

We examined the prevalence of being the victim of mobbing in hospitals and schools in Uruguay and how being the victim of mobbing was related to age, educational level, and length of employment by the current organization. Our main theoretical interest concerned the relation between being the victim of mobbing and a perceived loss of status. Sex differences in being the victim of mobbing, in a perceived loss of status, and in the relation between both variables were also assessed. As expected from an international perspective, prevalence ratings of mobbing were high: 44.1% of personnel in hospitals

and 23.9% of employees in schools had been the victim of mobbing in the workplace. As noted before, high prevalence ratings might be attributed to the fact that Uruguay is a collectivistic society in which people share strong bonds with each other and the groups they belong to. Behaviors that threaten these bonds may be seen as especially threatening and unacceptable, and, as a consequence, even small incidents of harassments may be reported as workplace bullying. In addition, another factor may have contributed to the relatively high prevalence ratings in Uruguay. A meta-analysis that examined a total of 102 prevalence estimates of workplace bullying from 86 independent samples ($N = 130$) showed that the way workplace bullying was assessed in the present study, that is, by an inventory—the NAQ—that measures exposure to various types of mobbing behavior, often results in relatively high prevalence ratings. Whereas studies using behavioral measures such as these come up with an average prevalence rate of 14.6%, studies that measure bullying by self-labeled victimization from bullying, based on a given definition of the concept, come up with a lower average prevalence rate, that is, 11.3% (Nielsen, Matthiesen, & Einarsen, 2010). It must be noted, however, that the choice of measurement method only seems to explain a relatively small part of the high prevalence rates found in the present research. Future studies may more precisely investigate what exactly is in Uruguayan organizational cultures that makes prevalence rates in Uruguay to be as high as they seem to be. Moreover, the sample was, of course, not representative of the Uruguayan population of employees in hospitals and secondary schools, and it would be recommendable to use additional criteria to infer that a person was mobbed, for example, intention of damaging by the perpetrator.

Our finding that the prevalence rate of mobbing was higher in the medical setting than in schools is in line with previous studies, which suggest that, in hospitals, there is a relatively high risk of workplace bullying toward co-workers. In addition to role ambiguity, the hospital environment is usually characterized by time pressure and stress, which may foster interpersonal conflict, with bullying as a possible outcome (Waschgler et al., 2013). In addition, it is noteworthy that, unlike in schools, in hospitals, bullying is found more among the higher educated employees who had been employed for a relatively longer time. This may be due to the fact that these are the groups with a higher status in the organization, where competition is more prevalent and mobbing may, in part, be an expression of trying to put down one's colleagues. Why in both organizations there was more mobbing reported by older employees is not easy to explain. It may reflect the fact that they are no longer taken seriously by the organization and by younger colleagues.

From a theoretical point of view, it is important to note that our study showed that, in both secondary schools and hospitals, the experience of being

the victim of mobbing was, as expected, related to a perceived loss of status. This may reflect the fact that those who provide signals of experiencing a low status are perceived as easy targets for mobbing. However, it seems as likely that this finding reflects the fact that the perpetrators of mobbing tend to reach their goal, that is, making the target of mobbing feel miserable and inferior. Interestingly, while women did not report being more or less often the victim of mobbing, especially among women, the experience of being bullied was related to a loss in status. As women reported to be more often the victim of bullying, they reported a lower status, whereas among men being the victim of mobbing was related much less strongly to a perceived loss of status. Assuming that a perceived loss of status is more a consequence than a cause of being the victim of mobbing, there are several potential explanations for this finding that need definitely more research. First, after reporting that one has been bullied, women may receive a different response from the organization than men, for example, the suggestion that one should not be so sensitive, which may make them feel more isolated than men. Second, the loss of status scale reflects, in part, the perception of not being part of the group, and women may be more sensitive to this than men (cf. Campbell, 2002). Indeed, it has been found that women are more sensitive to criticism and put-down and tend to blame themselves more for others' put-down and criticism than men do (Gilbert, Irons, Olsen, Gilbert, & McEwan, 2006). As a consequence, women may feel a stronger loss in status than men when being bullied. Third, women may cope more differently with workplace bullying than men. When confronted with stressful events at work, in general, women relatively often adopt emotion-focused coping strategies, strategies that help them feel good about themselves in the short run but that may counteract in the long run as these strategies do not solve the problem itself. In contrast, rather than regulating their emotions caused by the stressful event, men more often adopt problem-focused coping strategies, which are aimed at solving the problem that causes the stress or removing the problem or the cause of it, when this is possible (Torkelson & Muhonen, 2004). Women's tendency to rely on emotion-focused coping may cause the bullying to continue longer than necessary, undermining women's perceptions of status even further.

Limitations and Conclusion

There are a number of potential limitations for the present study. First, there exists currently a new Spanish adaptation of the original NAQ-R (Soler Sánchez, de Pedro, García Izquierdo, & Hidalgo Montesinos, 2010) that may have been more appropriate to use. However, the data for the present

research were collected before this version was available, and we, therefore, could not employ this latter version. Despite this, the Spanish version we used was validated by the original author and is one of the most used questionnaires in Europe for measuring psychological violence in the workplace, making our results comparable with most research on mobbing in organizations at least in Europe. Second, and related to the foregoing, although the instrument we used has been widely tested in various countries, and although we used an approved Spanish version, we do not have direct evidence of the validity of it in Uruguay. Nevertheless, we find it unlikely that the validity in this country will be radically different from that in most other cultures. Third, of course, we investigated only two organizations, and the results cannot be considered as representative of Uruguayan organizations. Despite these limitations, our findings suggest that workplace bullying may be a frequent phenomenon in Uruguay society and that, although men and women equally often feel victimized, especially female victims experience a loss in status related to this. Because of the greater perceived loss in status, women may experience relatively high feelings of depression, shame, and anxiety that may damage not only their psychological well-being but also their performances at work. In addition to implementing anti-bullying interventions to decrease prevalence ratings of bullying in the workplace, especially female employees may be helped to adequately cope with a loss of status and workplace bullying so that, if such bullying occurs, it will affect them less. Leaders in organizations may also play an important role in preventing or restoring the loss of status of the victim of bullying. They may, for instance, confirm the value of the victim to the organization, in both contacts with the victim as well as in contact with others. More in general, leaders should create a workplace culture of zero tolerance toward bullying and promote feelings of emotional safety to prevent bullying from occurring at all (e.g., Nielsen, 2013). From a theoretical point of view, the present study emphasizes the important role of loss of rank that may help understand the negative consequences bullying may have on employees' well-being and organizational outcomes.

Declaration of Conflicting Interests

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