

RESEARCH OF THE CAUSES AND CONSEQUENCES OF MOBBING IN THE LABLOR TEAM OF A PHARMACY ESTABLISHMENT

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The aim of the article is to analyze the causes and consequences of mobbing, which occurs in the staff of the pharmacy.

Materials and methods. The methods used in the study include methods of theoretical generalization, analysis and synthesis, content analysis, expert survey, correlation analysis.

Results. The situation in pharmacies regarding the presence of mobbing in the workforce has been studied. 31 % of respondents in their professional activities encountered mobbing, and 47 % said that such phenomena were quite common, and 44 % often encountered insults and intimidation. The reasons for mobbing in the staff of the pharmacy and the its reasons in the staff of the pharmacy by the employee who is subjected to mobbing are formulated. The distribution of status in the workforce (9.9 ± 0.1 points), envy of a younger or more successful colleague (A2) (9.4 ± 0.15 points), distribution of statuses in the labor collective (A3) (9.3 ± 0.1 points), low level of communication skills (9.2 ± 0.1 points) and unhealthy socio-psychological climate in the workforce (9.1 ± 0.2 points), age (9.0 ± 0.3 points). Statistically significant relationships between the attitude of pharmacy staff to mobbing and age were identified; general work experience and work experience in a pharmacy; gender; managerial, professional, and interpersonal tolerance and its identification-group component and commitment to the pharmacy. Negative attitude to mobbing is manifested in the most loyal to the pharmacy staff. The manifestations of mobbing in the staff of the pharmacy were studied, namely: boycott of the employee (9.1 ± 0.15 points), constant and often unfounded criticism (8.4 ± 0.15 points), unfair and offensive evaluation of work (7.9 ± 0.17 points), etc. The consequences of mobbing in the workforce of the pharmacy were determined, which include the creation of an unhealthy socio-psychological climate in the workforce, high staff turnover, reduced productivity, disruption of communication in the workforce, disruption of communication between pharmacist and pharmacy visitor, regular visitors, deterioration of the reputation of the pharmacy, etc. **Conclusions.** The causes of mobbing in the pharmacy have been identified. In the perspective of the identified problems of mobbing in the pharmacy, its consequences for the pharmacy are determined

Keywords: mobbing, pharmacy, staff, management, staff, socio-psychological climate

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1. Introduction

The situation in the workforce of any pharmacy is characterized by a socio-psychological climate. It could be defined as the mood and relationships in the workforce and are manifested as a set of psychological conditions that promote or hinder the joint activities and personal development of each employee [1]. It is worth noting that the socio-psychological climate is always based on interpersonal relationships (the system of attitudes, orientations and expectations of members of the workforce in relation to each other). They, in turn, are determined by the content and organization of professional activities and the values on which their communication is based [2, 3]. However, in any team, there are periodic conflict situations that lead to a deterioration of the socio-psychological climate in the workforce and the level of pharmaceutical services to pharmacy visitors. In addition, conflicts affect the emotional state of the pharmacy staff. This could lead to lower quality of life, stress and ultimately to employee illness.

It is important to note that conflicts that arise in the staff of the pharmacy significantly affect the ability of the existing management system of the pharmacy to address current issues of organization and performance: the provision of pharmaceutical services and pharmaceutical care, i.e., the interaction of pharmacists with visitors who need this help, especially in the context of a pandemic and martial law that is in effect in Ukraine today.

Therefore, the professional activity of a pharmacist should be based on value orientations, which are reflected in the attitude of pharmacists to visitors and colleagues and attitude to themselves and minimizing conflicts with visitors to the pharmacy and with colleagues. Due to this, the issue of forming a favourable socio-psychological climate in the workforce is important.

It should be noted that the unfavourable socio-psychological climate in the workforce may be characterized by the presence of such a phenomenon as mobbing.

Problems of mobbing in the labour collective have been considered in the works of many scientists. Thus,

scientific papers considered bullying in the workplace [4], in higher education [5], civil servants [6, 7] and hotel business [8], aggression and intimidation in the workplace [9], analysis of key factors, leading to the emergence of mobbing in pharmaceutical organizations [10], the involvement of leaders while preventing social isolation in the working group [11], psychosocial work environment [12] and its improvement for older workers [13], psychological safety [14], occupational health [15, 16] and psychological health [17, 18] and psychological diseases [19] in the workplace, social dominance in the workplace [20] and others.

However, it should be emphasized that the social significance of the professional activity of pharmacists and increasing the social burden on pharmacies in a pandemic of coronavirus, monkeypox and martial law requires attention to the formation of a favourable socio-psychological climate in the pharmacy staff, one element of which is the lack of mobbing.

The aim of the article is to analyze the causes and consequences of mobbing that occurs in the staff of the pharmacy.

2. Planning (methodology) of the research

The research was conducted in six stages (Table 1).

3. Materials and methods

The methods used in the study include methods of theoretical generalization, content analysis, analysis and synthesis, correlation analysis. To determine the causes the emergence of mobbing, its manifestation and consequences the sociological survey of pharmacy staff was conducted from March 2021 to January 2022 in Kharkiv (23.1 % of respondents), Poltava (17.4 % of respondents), Vinnytsia (4.9 % of respondents), Sumy (14.2 % of respondents), Zaporizhia (13.3 % of respondents), Ternopil (5.6 % of respondents), Zhytomyr (3.9 % of respondents), Rivne (7.1 % of respondents), Lviv (5.7 % of respondents), Ivano-Frankivsk (2.9 % of respondents) and Khmelnytsky (1.9 % of respondents) regions of Ukraine.

The total number of respondents is 347. The minimum sample size of respondents was determined considering the margin of error (10 %), a certain variation of the studied trait (50 %) and the level of confidence. The sample is homogeneous, as evidenced by Student's criterion at a significance level of 0.05.-

By gender, 81.4 % of respondents are women and 18.6 % are men. Respondents are divided by age: up to 25 years – 5.1 %, 25–35 years – 26.5 %, 35–45 years – 32.7 %, 45–60 years – 33.6 %, over 60 years – 2.1 %.

Table 1

Structural and logical scheme of the study

Stage	Contents of the stage	Expected result
The first stage. Research of theoretical bases of mobbing	The study of scientific literature on the socio-psychological climate in the workforce and the phenomenon of mobbing	Outlining theoretical approaches to determine the essence of the definition of «mobbing», its types, causes and consequences
The second stage. Formation of types of mobbing and the reasons of its occurrence	On the basis of the definitions investigated at the first stage, the list of possible reasons of occurrence of mobbing in labour collective of drugstore is formed	Formation the list of possible causes of mobbing in the staff of the pharmacy
The third stage. Study of the presence of mobbing and its causes	Based on the existing types of mobbing and possible causes of its occurrence, the questionnaire is developed conducting a survey of pharmacy staff to determine the causes of mobbing, typical for the pharmacy	Determination the phenomenon of mobbing in the pharmacy Description the reasons for mobbing are typical for the staff of the pharmacy Causes of mobbing in the staff of the pharmacy by the employee who is being mobbed
The fourth stage. Analysis of the links between mobbing and pharmacy-specific metrics	According to the results of the survey and taking into account the social significance of the process of creating favourable conditions in the team of the questionnaire there was a need to establish relationship between the attitude of pharmacy staff to mobbing and age, length of service, gender, management, interpersonal, identification-group and professional tolerance; loyalty to the studied pharmacy	Communication establishment and analysis between demographic and psychological indicators and the attitude of pharmacy staff to mobbing
Fifth stage. Study of manifestations of mobbing in the staff of the pharmacy	Study based on questionnaires of the staff of the studied pharmacies, research of the causes of mobbing and building a relationship between demographic and psychological indicators and the attitude of the staff of the pharmacy to the mobbing of its manifestations	Forming a list of possible manifestations of mobbing Detection manifestations of mobbing in the staff of the pharmacy and identifying the most significant
The sixth stage. Determining the consequences of mobbing for the staff of the pharmacy	Analyzing the causes of mobbing and its manifestations, a list of consequences is formed, which negatively affects the effectiveness of the pharmacy, from which, by questioning the staff of the pharmacy, determine the most typical consequences for the pharmacy	Forming a list of possible consequences of mobbing for the staff of the pharmacy and a particular employee Identifying the consequences of mobbing for the pharmacy Identifying consequences of mobbing for an employee who is being mobbed

92.7 % of respondents have higher education, 7.3 % – professional higher education. Respondents are divided according to their work experience as: up to 1 year – 5.4 % of respondents, from 1 year to 5 years – 13.9 % of respondents, from 5 years to 10 years – 18.3 % of respondents, from 10 to 20 years – 35.5 % of respondents, over 20 years – 26.9 % of respondents.

The study used a questionnaire developed by the authors. Issues to determine the causes, manifestations and consequences of mobbing were identified closed questions with a sample answer and a score on a ten-point scale - from 1 (minimum score) to 10 (maximum score). The loyalty of the staff to the pharmacy and the attitude to mobbing of the pharmacy staff was determined by means of questionnaires using closed alternative answers. Thus, 76.8 % of respondents are loyal to the pharmacy where they work; 23.2 % are disloyal.

The survey was conducted anonymously.

The level of tolerance of the staff of the pharmacy was determined using psychological techniques [3].

Determining the statistically significant relationship between the attitude of pharmacy staff to mobbing and demographic and psychological indicators was carried out by determining the multiple correlation coefficient, which determines the density of the relationship between three or more attributive features and shows the totality of each. The correlation coefficient is in the range from -1 to $+1$. The strength of the connection was determined as follows: $0.01-0.29$ – weak, $0.30-0.69$ – medium, $0.70-1.0$ – strong. The relationship between the phenomena is reliable at $p < 0.05$, since the established dependence is both in the study group and in the general population.

Statistica 13.0 Statsoft Inc. Software was used to process the survey results and determine the level of correlation.

The results of the survey are significant and convergent, so that the concordance coefficient is equal to 0.82 , the calculated χ -Pearson test exceeds the tabular value considering the number of freedoms and the level of significance ($p=0.05$).

4. Results

For the first time, the definition of “mobbing” was used by Lorentz in biology in relation to the relationship of communities to the external or internal threat to their existence, which manifests itself in negative psychological consequences for the worker persecuted by the group. Later, the term “mobbing” began to be used as psychological harassment in the team, psychological harassment of employees by colleagues, subordinates or management in order to force them to resign and/or resign, and which can cause physical and mental harm.

According to the results of our questionnaire survey of pharmacy staff, it was found that 31 % of respondents encountered mobbing in their professional activities, 47 % said that such phenomena were quite common, and 44 % often encountered insults and intimidation.

It is worth noting that mobbing does not occur by itself. It appears provided that group labour relations of a certain level and quality affect the interests of the parties at the professional and interpersonal level, and these relations should be considered in the organizational and psychological culture of the pharmacy, the level of socio-psychological climate in the staff and satisfaction labour of its staff.

The reasons for mobbing in the staff of the pharmacy were: competition in the workplace (A1) (9.9 ± 0.1 points); envy of a younger or more successful colleague (A2) (9.4 ± 0.15 points); distribution of statuses in the labour collective (A3) (9.3 ± 0.1 points); low level of communication skills (A4) (9.2 ± 0.1 points); unhealthy socio-psychological climate in the workforce (A5) (9.1 ± 0.2 points); age features (A6) (9.0 ± 0.3 points); new job (A7) (8.9 ± 0.22 points); management loyalty (A8) (8.6 ± 0.25 points); professional achievements (A9) (8.3 ± 0.12 points); personal intolerance (A10) (8.2 ± 0.1 points); various requirements of the head of the pharmacy to the staff of the pharmacy (A11) (8.1 ± 0.2 points); staff turnover (A12) (7.9 ± 0.15 points); inadequate perception of one's own personality (overestimation or underestimation of self-esteem, inferiority complex or advantage) (A13) (7.7 ± 0.3 points); the probability of taking the job of another member of the labour collective, who was loved in the collective and did not want her dismissal (A14) (6.4 ± 0.4 points); ambitions and desire to feel power over others (A15) (6.1 ± 0.12 points); general culture of labour collective members (A16) (5.3 ± 0.2 points); indulgence of the head of the pharmacy to fans of intrigue and backstage games (A17) (5.0 ± 0.1 points); non-acceptance of the rules established in the staff of the pharmacy (A18) (4.9 ± 0.14 points); unwillingness to change the usual things (A19) (4.7 ± 0.13 points); new team member (A20) (3.9 ± 0.2 points); blurred boundaries of responsibilities and duties (A21) (3.6 ± 0.14 points) (Fig. 1).

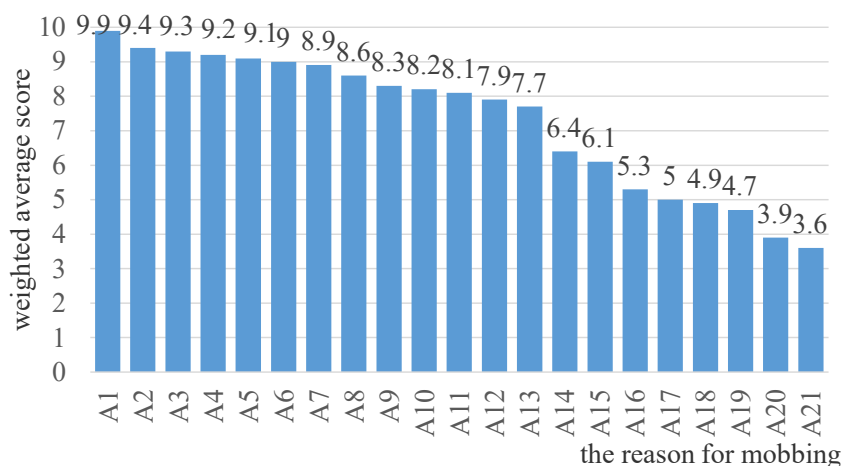


Fig. 1. Causes of mobbing in the staff of the pharmacy

The most common reasons for mobbing in the pharmacy are competition in the workplace; envy that arises towards a younger or more successful colleague; distribution of statuses in the labour collective; low level of communication skills and unhealthy socio-psychological climate in the workforce.

It is worth noting that there is a statistically significant relationship between the attitude of pharmacy staff to mobbing and age. This connection could be as follows: the older the employee of the pharmacy, the less critical is his attitude to mobbing. This attitude of pharmacy staff with extensive experience is due to the accumulated social experience of performing professional activities in a competitive environment, getting used to various unfair social situations and the fear of losing a job. Thus, based on the survey of the staff of the studied pharmacies and the generalization of scientific sources, we can conclude that the more experience, the less the employee pays attention to problems in social relations and personal and industrial conflicts in the staff of the pharmacy.

The relationship between the attitude to mobbing in the pharmacy and the total experience of the employee is shown in Fig. 2.

Negative attitude to mobbing is manifested in the most loyal to the pharmacy staff. At the same time, competition contributes to the emergence of conflicts that lead to the emergence of mobbing in the institution. Thus, the more positive the employee of the pharmacy is about mobbing, the more he is characterized by an aggressive approach to conflict resolution and a focus on cooperation in conflict situations ($r=0.76$).

According to the results of the survey, it was determined that 62.8 % of respondents have a negative attitude to mobbing in pharmacies, 37.2 % of respondents – have a positive attitude to this phenomenon.

It is also worth noting the relationship between tolerance and mobbing. Yes, the more negative a pharmacy employee is about mobbing, the more tolerant he or she is of people, professional responsibilities, and the pharmacy in general.

Identification of an employee as a member of the workforce is characterized by the level of its identification-group component of tolerance and has a moderate relationship with mobbing. This is manifested in the tolerant attitude of the employee to mobbing in the pharmacy. Estimates of the correlation coefficient can be concluded that from the conducted research it can be concluded that attempts to join the labour collective can initiate the emergence of mobbing regardless of gender.

The next stage of the study is the manifestations of mobbing in the staff of the pharmacy. Thus, the survey allowed us to conclude that mobbing in the staff of the pharmacy may manifest itself in the boycott of the employee (C1) (9.1 ± 0.15 points); constant and often unfounded criticism (C4) (8.4 ± 0.1 points); unfair and offensive evaluation of work (C9) (7.9 ± 0.17 points); aggressive attacks on the individual employee (C3) (6.3 ± 0.12 points); encroachment on social authority (C7) (6.1 ± 0.2 points); ridicule (C6) (5.7 ± 0.18 points); doubts about the decisions of the subject (C10) (5.3 ± 0.13 points); social isolation from the workforce (C2) (4.6 ± 0.21 points); constant criticism and provocations (C12) (3.8 ± 0.11 points); dissemination of knowingly false information (rumours and gossip) (C5) (3.2 ± 0.19 points); attacks on political or religious beliefs (C8) (2.9 ± 0.1 points); sexual harassment (C11) (1.7 ± 0.09 points) (Fig. 3).

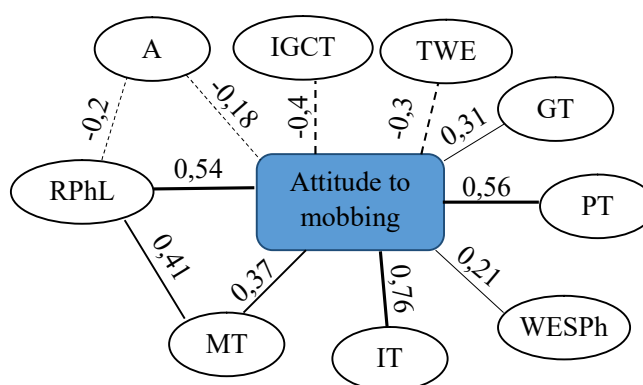


Fig. 2. Correlation between demographic and psychological indicators inherent in the staff of the studied pharmacy and the attitude to mobbing: where demographic indicators: A – age; TWE – total work experience; WESPh – work experience in the studied pharmacy; GT – gender tolerance; psychological indicators: MT – managerial tolerance; IT – interpersonal tolerance; PT – professional tolerance; RPhL – loyalty to the pharmacy; IGCT – identification-group component of tolerance; * – statistically significant correlation ($p \leq 0.05$) ($r=0.24$)

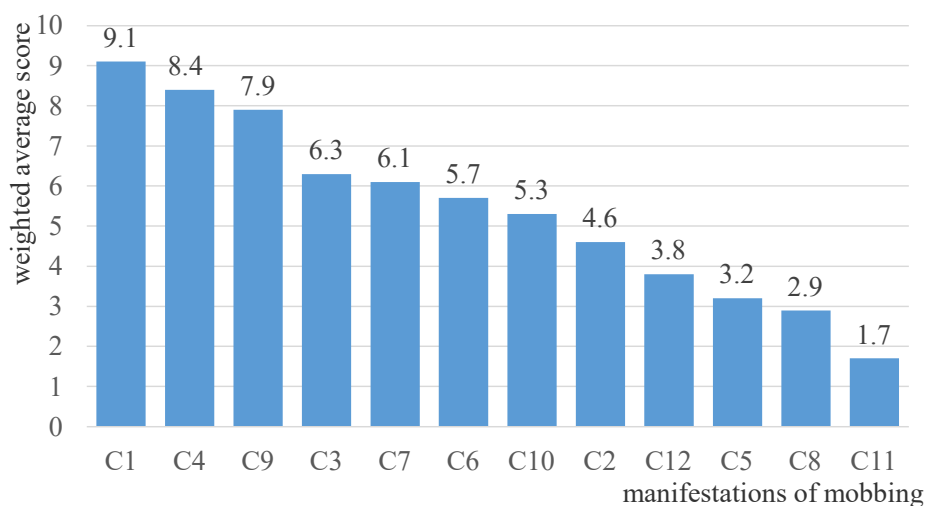


Fig. 3. Manifestations of mobbing in the staff of the pharmacy

Thus, mobbing in the pharmacy is mainly manifested in the boycott of employees, unfounded criticism, and unfair and offensive evaluation of work.

The presence of mobbing in the workforce and its manifestations have a negative impact on both the effectiveness of the pharmacy and the specific employee who is a victim of mobbing.

The consequences of mobbing, determined on the basis of questionnaires of pharmacy staff, which negatively affect the effectiveness of the pharmacy, are: the creation of an unhealthy socio-psychological climate in the workforce (9.2 ± 0.25 points); high staff turnover (8.5 ± 0.13 points); reduction of staff productivity (8.3 ± 0.14 points); violation of communication links in the workforce (8.1 ± 0.21 points); breach of communication between pharmacist and pharmacy visitor (7.6 ± 0.18 points); outflow of regular visitors (7.3 ± 0.19 points); deterioration of the reputation of the pharmacy (7.1 ± 0.21 points); reduction in the number of visitors to the pharmacy (6.7 ± 0.19 points); increase in the number of absenteeism (5.9 ± 0.1 points); revenue reduction (5.1 ± 0.08 points); causing material (theft, damage to personal belongings) damage (3.8 ± 0.21 points); assignment to perform tasks not provided for in official duties (D9) (0.9 ± 0.13 points); task of physical damage (0.2 ± 0.05 points).

The consequences of mobbing for his an employee, who is being mobbed, are: inadequate underestimation of self-esteem and the emergence of inferiority complex (9.6 ± 0.11 points); increased anxiety, stress, phobias, depression, neurosis (9.1 ± 0.13 points); reduction of labour productivity (8.9 ± 0.16 points); deviations in behaviour (8.0 ± 0.2 points); reduction of creative thinking (6.7 ± 0.21 points); reduction of motivation to perform professional duties (6.1 ± 0.18 points); causing material (theft, damage to personal belongings) damage (5.3 ± 0.14 points); aggression (4.7 ± 0.19 points); distrust of people (4.3 ± 0.1 points); addiction (alcohol, tobacco, drugs, psychology, etc.) (3.5 ± 0.13 points); suicidal thoughts (1.1 ± 0.08 points); the emergence of mental illness (0.5 ± 0.04 points).

All of the above requires the head of the pharmacy to develop areas of preventive work that help avoid mobbing in the workforce and are specific to each institution. For example, measures to avoid mobbing include maintaining a positive status of the employee (potential victim of mobbing); encouragement of positive changes in personal growth; improving the socio-psychological climate in the pharmacy to provide victims of mobbing a positive experience of support and trust; strengthening the importance of joint work in the workforce; formation of skills of self-control, positive self-perception, confident behaviour, and positive attitude towards oneself; development of constructive communication skills and communicative competence; formation of tolerance, etc.

5. Discussion

Summarizing the results of research, we can conclude that mobbing occurs in organizations with an unhealthy socio-psychological climate. Scientists [6, 21]

believe that during the professional life every fourth employee is exposed to mobbing for six months.

This assumption has two debatable aspects; first, mobbing does not have a specific time interval relative to the action; secondly, the number of workers who are mobbed depends on the economic, social, demographic and political situation of the country in which the research is conducted. At the same time, it is worth agreeing with the approach [6] that the occurrence of mobbing does not depend on the type of organization or profession, but it is advisable to study the causes and consequences, both for the pharmacy and for a particular employee who is mobbed.

Comparing the results of the study with scientific publications on this issue, it should be noted that, scientists [10] believe that the consequences of mobbing are a decrease and blocking of creative thinking (68 % of respondents), motivation to work (63 % of respondents), increased morbidity (52 % of respondents) and the emergence of psychoneurological disorders (12 % of respondents). According to report made at the 107th session of the International Labour Conference [22], the consequences of mobbing are an increase in absenteeism, deterioration of professional duties and increased administrative costs. The consequences of mobbing also include negative consequences for the health of the employee [8], and for the organization – staff turnover and low profitability [23]. But our research shows that the main consequences of mobbing for the employee who is exposed to it are a decrease in self-esteem, the emergence of a complex of inferiority; increased anxiety, stress, phobias, depression, neurosis and decreased productivity. The appearance of mental illness ranks last in the ranking of consequences, which coincides with the results of scientists who have studied this issue [8, 10].

In modern business conditions it is necessary to study the consequences of mobbing not only for the employee but also for the pharmacy, because the coordinated work of the team and a favourable socio-psychological climate depends on the quality of pharmaceutical services provided to visitors and, consequently, profitability.

Significant consequences of mobbing, both for the staff of the pharmacy and for the pharmacy itself require the development of a preventive program for its prevention and constant monitoring of the socio-psychological climate in the workforce. It should be noted that currently scientists pay little attention to this issue.

Research limitations. The limitations of the research are the psychological secrecy of the respondents, insincerity of answers and fear of the head of the pharmacy, if he will study the completed questionnaires.

Prospects for further research. The prospect of further research should be the study of vertical and horizontal mobbing in the workforce of the pharmacy and the development of possible measures to minimize it. This will improve the effectiveness of the pharmacy by creating a healthy socio-psychological climate.

6. Conclusions

Based on the generalization of information on the research, it is determined that the socio-psychological

climate determines the mood and relationships in the workforce, promotes or hinders the joint activities and personal development of each employee and is based on interpersonal relationships. One of the manifestations of an unhealthy socio-psychological climate in the workforce is mobbing. It is determined that 31 % of respondents in their professional activities encountered mobbing, and 47 % said that such phenomena were quite common, and 44 % often encountered insults and intimidation.

The reasons for mobbing in the workforce of the pharmacy were identified, which respondents include: competition in the workplace, envy, distribution of status in the workforce, low level of communication skills, unhealthy socio-psychological climate in the workforce, age, new position, loyal attitude, professional success, personal rejection of a person, various requirements of the head of the pharmacy to the staff of the pharmacy, inadequate perception of one's own personality, the probability of taking the job of another member of the workforce, who loved in the team and did not want her dismissal; ambitions and desire to feel power over others, the general culture of members of the staff, indulgence of the head of the pharmacy to fans of intrigue and backstage games, failure to accept the rules set in the staff of the pharmacy, unwillingness to change things, a new team member, blurred responsibilities and duties languages.

The correlation between the demographic (age, total work experience, work experience in the studied pharmacy) and psychological (gender, managerial, interpersonal, professional and identification-group component tolerance; loyalty to the pharmacy), indicators inherent in the staff of the studied pharmacy and the attitude to mobbing is built. It is determined that the longer the length of service, the less the employee pays attention to problems in social relations and personal and industrial conflicts in the workforce of the pharmacy.

The manifestations of mobbing in the staff of the pharmacy have been studied and it has been proved that mobbing in the pharmacy is mainly manifested in the

boycott of the employee, unfounded criticism and unfair and offensive evaluation of work.

In the perspective of the identified problems of mobbing in the pharmacy, the consequences for pharmacy, and for an employee who will be mobbed. The consequences of mobbing, determined on the basis of questionnaires, for the pharmacy include: the creation of an unhealthy socio-psychological climate in the workforce; high staff turnover; reducing staff productivity; violation of communication links in the workforce; disruption of communication between the pharmacist and the pharmacy visitor; outflow of regular visitors; deterioration of the reputation of the pharmacy; reducing the number of visitors to the pharmacy; increase in the number of absenteeism; revenue reduction; causing material (theft, damage to personal belongings) damage; assignment to perform tasks not provided for in job responsibilities; the task of physical harm.

It is established that the consequences of mobbing for an employee who is subjected to mobbing are: inadequate underestimation of self-esteem and the emergence of a complex of inferiority; increased anxiety, stress, phobias, depression, neurosis; reduction of labour productivity; deviations in behaviour; reduction of creative thinking; reduction of motivation to perform professional duties; causing material damage; aggressiveness; distrust of people; emergence of dependence; suicidal thoughts; the emergence of mental illness.

It could be argued that the significant and diverse consequences of bullying, both for the pharmacy and for the employee being mobbed, require the head of the pharmacy to make appropriate management decisions and develop preventive and specific for each pharmacy measures to avoid mobbing in the workforce.

Conflicts of interest

The authors declare that they have no conflicts of interest.

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