

Journal Of Business Research Turk www.isarder.org

# The Effect of Mobbing on Organizational Commitment

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# **Extensive Summary**

# Introduction

Relationships with colleagues and the top in the organizations, builds employees' relations with their social environment. Employees are affected by the social environment. Gokce (2008) suggests the natural form of communication established between the workers is more important than the formal communication. People who provides satisfaction from social environment in organization, also shows the organizational commitment. Therefore, while positive social environment in the organization increasing organizational commitment, conflicts create stress sources. Leymann (1996) had used the concept of mobbing to describe the employees' behaviors to disturb, to uneasy and the ill-treatment to each other in the workplace. Tinaz (2006) suggests mobbing is a phenomenon which occurs with competitive pressures from within the organization but the size and severity of it often leads to the resignation of the job.

Meyer and Allen (1997) define organizational commitment as individuals to believe in the organizational goals and values, to accept them, to make an effort to be a part of the organization and a behavior shaped with the relationship with the organization and enable individuals to take a decision to become a permanent member of the organization. This organizational commitment model, developed by Allen and Meyer, has in common with each other. But they have three different dimensions from each other. These dimensions consisting of emotional, continuance and normative commitment are intended as a response to the question of "why an individual is to stay in the organization? (Saglam Arı and Ergeneli, 2003:131). The survival of the organization depends on the organization's resources are used efficiently. Human is the most important resource. In order to use them efficiently, the resource must feel themselves belong and connected to the organization.

In this study, the effect of healthcare workers mobbing experience's on emotional, continuance and normative commitment were investigated.

## Method

The purpose of this study is to determine the effect of mobbing on organizational commitment of healthcare workers. General screening model was used in the survey. This research has targeted 49.388 healthcare workers located in the province of Ankara (TUIK, 2015). The study was limited to a coincidental sample group of 390 healthcare workers.

The data collection tool is survey. Its results were entered into SPSS 20.0 and MS Office Excel 2013 software packages. To analyze the hypotheses has benefitted from independent sample t test, one way ANOWA, corralation and linear regression analyses.

### Findings

In this study, if healthcare workers exposed to mobbing creates a significance difference in term of demographic variables (gender, marital status, age, education, duration of service in the organization they work for, sector of organization, title, income) were investigated. The analyze results show gender, marital status, education and income have no significant difference in terms of (p>0,005). However, employees are exposed to mobbing shows a significant difference in terms of age, duration of service, sector and title variables (p=0,003; 0,018; 0,016; 0,024<0,005). While employees between 21-30 ages are most exposed to mobbing; 50 age and older people are the least exposed to mobbing. The employees in the range of 11-15 years duration of service in the same organization are the most exposed to the mobbing. 21 years and over time is working in the same organization in terms of the duration of service are the least exposed to mobbing. Public workers are more exposed to mobbing than private sector employees. Health officials and staff are most exposed group to mobbing. On the other hand administrators are exposed to at least.

In this study, if healthcare workers organizational commitment create a significant difference in term of demographic variables (gender, marital status, age, education, duration of service in the organization they work for, sector of organization, title, and income) were investigated. The analyze results show marital status and sector have no significant difference in terms of (p>0,005). Employees' emotional commitment shows a significant difference in terms of education, duration of service and title variables (p=0,016; 0,029; 0,005<0,005). Continuance commitment shows a significant difference in terms of service, title and income variables (p=0,004; 0,026; 0,008; 0,004<0,005). Normative commitment shows a significant difference in terms of age, education, duration of service, title and income variables (p=0,046; 0,000; 0,001; 0,021; 0,027<0,005).

While primary school graduated participants have the lowest level emotional commitment, secondary school graduated ones have the highest level. While primary school graduated participants have the highest continuance and normative commitment, post graduated participants were found to have the lowest level of commitment in these two dimensions. As a result, organizational commitment decreases with increasing education level can be said.

Employees in the range of 11-15 years have been found to be working with the highest commitment in all dimensions. On the other hand, the employees in the range of 6-10 years were found to be working with the lowest affective and normative

commitment. Employees working 16-20 years in the same company have the lowest normative commitment.

The doctors were found to have the lowest emotional commitment, while administrators have the highest average emotional commitment. Staff group have the highest continuance and normative commitment; while health workers have the lowest.

It's investigated that does healthcare workers exposed to mobbing effect emotional commitment and have been found to mobbing affects 2% in the formation of emotional commitment ( $R^2 = 0.022$ ). With the increase of mobbing exposure, healthcare workers emotional commitment decreases (p<0,005;  $\beta$ =-0,150).

It's investigated that does healthcare workers exposed to mobbing effect continuance commitment and have been found to mobbing affects 3% in the formation of continuance commitment ( $R^2 = 0.035$ ). It's observed that, while mobbing exposure increases, continuous commitment also increases (p <0.005;  $\beta = 0.188$ ).

It's also investigated that does healthcare workers exposed to mobbing effect normative commitment and have been found to mobbing affects 3% in the formation of normative commitment ( $R^2 = 0.033$ ). Mobbing also has a negative effect on normative commitment (p < 0.005;  $\beta = -0.181$ ). With another expression; when mobbing exposure increases, normative commitment decreases, too.

#### Discussion

According to this study;

- There is no difference at mobbing according to gender. But Polat (2011) has been found in her study that gender makes a significant difference.

- There is no difference in mobbing according to marital status. Unlike to this study, Polat (2011), Mansur (2008) and Mutlu (2013) have found that the marital status variable makes a significant difference on mobbing.

- There is statically significant difference in mobbing according to sector and duration of service variables. In similar studies observed no difference at mobbing according to duration of service and sector variables.

- There is statically significant difference at employees' continuance commitment according to gender. In similar studies say otherwise.

- There is no significant difference at organizational commitment according to marital status. Unlike to this study, Polat (2011) has found marital status variable makes a significant difference on organizational commitment. Gulle (2013) has found that this difference is in the identification dimension.

- It was found that employees exposed to mobbing effects emotional, continuance and normative commitment. Tuncel (2009) has found mobbing doesn't affect emotional and normative commitments and continuance commitment increases with mobbing exposure. Mansur (2008) has suggested mobbing has no effect on continuance commitment.