Psychologists in the midst of mobbing: the hereining of psychological factors of mobbing

Los psicólogos en medio del acoso psicológico: la identificación de los factores psicológicos del acoso laboral.

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Resumen

El acoso psicológico ocurre en una variedad de circunstancias, y frecuentemente es perpetrado por compañeros de trabajo y/o empleadores. Incluso cuando son acosados o hostigados, muchos empleados parecen minimizar sus efectos, basándose en la creencia de que deberían quedar bien con aquellos en el poder. Los efectos del acoso laboral no son solo psicológicos, que incluyen cambios cerebrales en áreas como el sistema límbico, los neurotransmisores, sino también el sistema inmunológico. Cuando el sistema inmunológico está comprometido, surgen problemas físicos como dolores de cabeza, síntomas musculoesqueléticos, afecciones cardiovasculares, síndrome intestinal y muchos otros. Objetivo: Este estudio tiene como objetivo identificar la prevalencia del acoso psicológico, depresión, ansiedad y estrés entre psicólogos que trabajan en instituciones gubernamentales en México. Métodos: Recopilamos datos de 21 psicólogos (85.7% mujeres y 14.3% hombres). Se utilizó la versión en español del Inventario de Terror Psicológico de Leymann (LIPT-60) y la Escala de Depresión, Ansiedad y Estrés -21 ítems (DASS-21). Resultados: El análisis de correlación reveló asociaciones moderadas y extremas en cada una de las subescalas del LIPT-60, y los resultados del DASS-21 mostraron depresión, ansiedad y estrés leves, moderados y graves.

Palabras clave: acoso laboral, depresión, Código de ética, estrés, ansiedad y bienestar

Abstract

Mobbing occurs in a variety of circumstances, and it is frequently perpetuated by coworkers and/or employers. Even when harassed or mobbed, many employees seem to minimize their effects, based on the belief that they should come off well with those in power. Mobbing effects are not just psychological which conceal brain changes in areas like the limbic system, neurotransmitters, but also the immune system. When the immune system is compromised physical issues such as headaches, musculoskeletal symptoms, cardiovascular conditions, bowel syndrome and many others arise. **Objective**: T**his study aims to identify the prevalence of mobbing, depression anxiety and stress among psychologists** working in government institutions in México. **Methods: We collected data of 21 psychologists (85.7% females and 14.3% males). A** Spanish version of the Leymann Inventory of Psychological Terror (LIPT-60) and Depression, Anxiety, and Stress Scale -21 items (DASS-21) were used. **Results**: The correlation analysis revealed a moderate and extreme associations on each of the LIPT-60 subscales, and DASS-21 results showed mild, moderate, and severe depression, anxiety, and stress.

Keywords: mobbing, depression, code of ethics, stress, anxiety and well-being

Introducción

Mobbing is increasingly being researched, but many victims remain invisible. Being an invisible mobbing victim can have severe consequences on a person's mental and emotional well-being. Without recognition and support, these victims may suffer in silence, experiencing increased levels of stress, anxiety, and depression. They may also struggle to assert themselves and address the issue, perpetuating the toxic work environment. Empowering invisible victims can be done by encouraging them to report and document mobbing incidents to higher authorities within the organization. Additionally, providing resources such as counseling services and creating a safe space is crucial to sharing their experiences without fear of judgment or retaliation. Creating a safe space fosters community and solidarity among victims, empowering them to take collective action against mobbing and advocate for change within the organization.

Despite international investigations into mobbing prevalence and recommendations, many countries, such as Mexico have a lack of understanding of what constitutes mobbing. In addition, there is a lack of stigma associated with reporting it. Fear of retaliation, negative perceptions, and potential consequences can discourage victims from moving forward. This perpetuates a culture of silence and allows mobbing to continue unchecked, posing a significant challenge in addressing and preventing workplace harassment in the country (Spector et al., 2014). This not only allows the problem to persist but also leads to increased psychological and emotional harm, absenteeism, and decreased productivity for those experiencing mobbing. For example, Namie et al (2014) study found that 57% of Hispanics have experienced mobbing in the workplace.

Studies that measure factors of mobbing tend to focus on bullying in academic settings or between nurses and physicians, however, no studies have examined the occurrence or impact of mobbing on psychologists. The consequences of mobbing can be job performance, poor concentration, and a struggle to build trusting relationships with their clients, which can ultimately affect the quality

of care they provide. One of the many reasons psychologists do not report being mobbed is that their colleagues, clients, and Mexican society assume that competent psychologists can cope with and resolve the situation. Unfortunately, if a mobbed psychologist does not address and resolve abuses in their workplace, their ability to service their clients may suffer and result in harm to the well-being of their patients.

Studying the effects of mobbing can provide stakeholders with information that can guide them in seeking professional help for themselves, employees, or coworkers who experience mobbing. Additionally, promoting a culture of respect, empathy, and open communication can help create an environment where mobbing is less likely to occur. Moreover, it is essential to realize that psychologists are humans who are subject to many of the same life experiences as their patients and may need professional psychological help when dealing with mobbing situations. Also, psychologists have an ethical responsibility to seek help because of the consequences to their clients if they do not address factors like psychological issues, unsafe workplaces, job limitations, social issues, and sickness (Tong et al., 2017).

Mobbing is a rapidly growing phenomenon that affects the well-being of employees and can cost employers time and money; thus, organizations must understand the ramifications of mobbing (Rajalakshmi & Naresh, 2018). For example, studies that compared women and men exposed to mobbing show that there exists a significant impact on individuals´ health across gender and age groups (Metcalf, G. S., & JD, 2016). Zachariadou et al (2018) found that 49% vs. 35.7% of women experienced mobbing more often than men; nurses experienced mobbing 53.3% vs. 31.4% of physicians. In 56% of cases of reported mobbing, 34.4.% resulted in anxiety disorder, 2.1% in adjustment disorders, 36.5% in Post-Traumatic Stress Disorder (PTSD), and 46.4% were diagnosed with bullying syndrome (Tonini et al., 2011). In this research, the authors emphasize that the insidious nature of mobbing is difficult to overcome due to consequences present in places of employment and psychological, psychosomatic, and behavioral interpersonal dysfunctions (Cassitto, 2002). Despite the high percentage of mobbing conditions and implications on victim's health, studies investigating treatments and subsequent results are limited.

Mobbing terminology has been well documented and used in different areas of study (Craig, Wendy M. and Pepler, 2003). Schott (2014) identified three types of mobbing: "bullying as a form of individual aggression, bullying as a form of social violence, and bullying as a form of dysfunctional group dynamics," (p.27). While there is not yet an agreed-upon definition, there is a consensus among researchers that mobbing, or bullying, has mental and physical consequences (Mishna, Faye and Sawyer, 2012). The difficulty with this sensitive subject might be the ambiguous definition of bullying since many people`s understanding centers on depictions from media, their cultural surroundings, and socially acceptable ways of dealing with the problem (Schott et al., 2019). Some possible explanations of the social stigma of mobbing include victims and witnesses not knowing how to address the subject, fear of employment consequences, concerns with social normalization, and the unbalanced power structure of the situation (Bozeman, Jennifer and Hershcovis, Sandy, 2015).

It is important to contextualize the power of the negative and serious physical, emotional, and mental health effects of mobbing. Victim`s emotional reactions to mobbing strategies, like isolation as the result of rumors or others blaming failures on the victim`s /actions, can create impairments that can increase the risk of the victim developing serious mental health problems that impede their

progress as they try to maintain or advance in their career. For example, in a study of 300 mobbing cases, 71.5% were diagnosed with Post-traumatic Stress Disorder (PTSD), 6.9% with adjustment disorder, 78.6% with major depressive disorder, and 2.3% with multiple diagnoses (Baran Tatar & Yüksel, 2019). The symptoms of these diagnoses can make the victim vulnerable to negative ramifications in the workplace.

Hostile work environments created by mobbing lead to reduced productivity through the dissolution of teamwork, ineffectual communication, and not being able to meet employer expectations effectively. In mobbing situations, the victim is isolated by the recurring reinforcement stimuli of gossiping, slandering, criticism, meaningful glances, humiliation or meaningless work tasks, threats of being fired, and in some cases, violence (Leymann, 1990). As such, mobbing can play such a disruptive role in an individual's life that it creates a vulnerability that often leads to extreme levels of stress, frustration, and physical discomfort. Zafar (2016) study shows that 26 victims of mobbing were diagnosed with PTSD 15.4% after experiencing a physical attack, 39.33% with mental distress, and 42.4% with burnout (Zafar et al., 2016). Another study provides analytic results for understanding the significant dynamics of stress such as working conditions and coronary heart disease (Arnold, J., Randall, R., 2012). Facing difficult circumstances daily can lead to the destabilization of mind and body.

Many developing countries have acted against mobbing; however, some countries, such as México, have not addressed this phenomenon. Human rights are part of the Mexican constitution and there is a provision for internal legal support in case of mobbing (Lugo, 2017); unfortunately, perpetrators are rarely prosecuted. Because there is little public work to address mobbing and few wins for victims, it is not surprising that mobbed psychologist does not report their experiences. Juárez psychologies often decide not to report labor mobbing behavior because the risk of losing their jobs is too high (Maureen, D. & Sperry, 2012). Additionally, the characteristics and causes of mobbing can be misconstrued when reported, and victims are too often blamed for the circumstances; thus, the perpetrators are seldom punished. Given the current social climate, it is difficult to predict if the Mexican government and private employers will become involved and be proactive in finding solutions.

Unlike Mexico, the UK is proactive in efforts against mobbing. In the UK, there are legal responsibilities on the part of the employer to protect workers from being fired, to defend civil rights, laws regarding harassment rules, and victims` rights under the Protection Harassment Act 1997 (Barmes, 2015). This research aims to increase the understanding of the consequences of mobbing psychologists in Ciudad Juárez, México, and provide unbiased scientific resources without attacking the values of mental health providers. We hope to show that assisting mental health care providers with their own well-being will enable them to better serve the mental health of their patients.

The prevalence of strict hierarchical business models in Mexican culture allows for a culture of unmitigated mobbing behaviors (Ruíz-González et al., 2020). This type of bullying, legally named (Mexican Nation Supreme Court of Justice) vertical descending, is when a person with a superior status harasses or bullies a subordinate employee (Lugo, 2017). Being in an unbalanced power relationship can cause psychologists to underestimate the serious nature of mobbing for the following reasons: 1. They might be afraid to admit they are being bullied. 2. They think admitting to being bullied is to admit that they do not have psychological resources to cope with the issue or

realize that they do not have the techniques and knowledge to stand up for themselves. 3. They do not want to report mobbing out of fear of losing their jobs (Ares Camerino & Ortega Marlasca, 2018). To be deemed competent enough to service people suffering from mental health issues, psychologists think they must be strong as they work with others who suffer from mobbing consequences (Sperry, 2009); however, even mental health professionals need to recognize the aspects of mobbing they face and seek professional help.

Methos and Materials

Study population

To advance our understanding of psychologists' experiences as victims of mobbing, (n=21) female and male psychologists from Ciudad Juárez government institutions were invited to participate in this study. The descriptive analysis included 85.7% females and 14.3% males; all participants identified as Mexicans. Participants` ages ranged from 26 to 54 (M=38.52, SD 7.019). 61.9% reported being single and 38.1% reported being married. Eighteen completed a bachelor's degree 85.7%, and three completed a master's degree 14.3%.

In keeping with la Universidad Autónoma de Ciudad Juárez (UACJ) research protocol and psychology ethics guidelines, informed consent was provided before participation. The parameters and objectives of the study and expectations of participants as well as the participants` rights were delineated in Spanish, and contain a full explanation about how the study results might benefit others, and the confidentiality records that describe the participants will not be disclosed. In addition, detailed information about any reasonably expected risk or displeasure was explained to the participants, as well as an explanation as to why there are no economic benefits attached to the study. In case the participants had questions, the researcher's contact information was provided. If they agreed to participate, a consent form was signed, and the LIPT-60 and DASS-21 scales were provided. Due to the workload and limited time, some decided to answer the scales at home after signing a consent form.

Materials

The Leymann Inventory of Psychological Terror (LIPT-60) scale is divided into six areas, professional discredit (desprestigio laboral, DL), progress interference (entorpecimiento del progreso, EP), communication blockage (incomunicación o bloqueo de la comunicación, BC), covert bullying (intimidación encubierta, IE), overt bullying (intimidación manifiesta IM), and personal disrepute (desprestigio personal DP). This scale was used to screen psychologists who have experienced mobbing within the past three years. The LIPT-60 was rated from 0 to 4-point Likert scale ranging from never to very frequently. The Spanish version of the Leymann (LIPT-60) was validated, applied, and modified throughout a research study by the Institute of Psychotherapy and Psychosomatic Research Madrid (Gonzalez de Rivera, J. & Rodriguez, 2005).

To screen for depression, anxiety, and stress, the Spanish version of the 21-item scale DASS-21 developed by Lovibond and Lovibond was used in this study. Each of the three DASS-21 scales contains 7 items, divided into subscales with similar content. The depression scale assesses dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest/involvement, anhedonia, and inertia. The anxiety scale assesses autonomic arousal, skeletal muscle effects,

situational anxiety, and subjective experience of anxious affect. The stress scale is sensitive to levels of chronic non-specific arousal. It assesses difficulty relaxing, nervous arousal, being easily upset/agitated, irritable / over-reactive, and impatient. The DASS-21 contains a 4-point Likert scale, 0 = did not apply to me at all, to 3 applied to me very much, or most of the almost always (Lovibond, S., Lovibond, 1995).

Results

Data was collected through a demographic self-report questionnaire, where (n-21) participants were asked to rate the following three questions: consist of frequency, intensity, and duration of mobbing incidents. The results are shown in (Table 1).

Table 1

Characteristics of the three questions of the study population (N = 21)

	Female (n=%)	Male (n=%)	(n=21)	%
Exposition to mobbing:				
Currently	1 (5.6)	0	1	4.8%
In the last three months.	2 (11.1)	0	2	9.5%
In the last six months.	4 (22.2)	0	4	19.0%
Three years ago.	4 (22.2)	2	6	28.6%
To the most productive life of work	2 (11.1)	0	2	9.5%
Never being mobbing	5 (27.8)	1 (33.3)	6	28.6%
Frequency of exposure to mobbing:				
I am not sure	2 (11.1)	0	2	9.5%
Never	2 (11.1)	1 (33.3)	3	14.3%
Sometimes	3 (16.7)	0	3	14.3%
Often	8 (44.4)	1 (33.3)	9	42.9%
Frequently	3 (16.7)	1 (33.3)	4	19.0%
Duration of exposure to mobbing:				
Never	5 (27.8)	1 (33.3)	6	28.6%
Approximately 6 months	2 (11.1)	0	2	9.5%
Approximately a year	5 (27.8)	1 (33.3)	6	28.6%
Approximately two years	4 (22.2)	0	4	19.0%
Approximately three years	2 (11.1)	1 (33.3)	3	14.3%

Note: Frequency analysis: exposition to mobbing (M= 4.81, SD = 1.9), Frequency: (M=2.48, SD=1.2), and Duration: (M=2.81, SD=1.4). Original data from Ciudad Juárez, Chihuahua, México. School of Humanities, UACJ

At the time of the assessment, the results of the first three questions mentioned above before answering the 60 LIFT questionnaire scale showed a surprisingly high prevalence of exposition, frequency, and duration of mobbing. Mobbing's long-term effects include chronic stress, anxiety, and depression, as evidenced later in this paper. Victims may even experience declines in work performance, and job satisfaction, and creates obstacles in maintaining future employment. They could also worry about the stigma associated with being targeted, which might affect their professional reputation. Also, they may fear that they will be regarded as troublemakers, or that they will be perceived as a weak or unable to handle workplace challenges. Thus, it is understandable why victims might be reluctant to come forward and report mobbing.

According to Góralewska-Słońska`s, (2019) study between mobbing and gender with 187 participants, it revealed that 63% of females and 58% of males experienced mobbing; such results concluded no significant relationship between mobbing and gender. In this study, women were more exposed to bullying than men. However, the number of men was too small to corroborate such a claim. Thus, further investigations should be conducted to gain a better understanding of this issue.

Furthermore, psychologists stated experiencing symptoms of fatigue, difficulty maintaining focus, sleep disturbances, irritability, and stress. According to them, these symptoms were caused by their work. This included seeing patients back-to-back without breaks and not receiving adequate support from supervisors, both of which negatively affect their performance.

Notably, the DASS-21 scale, which assesses stress, anxiety, and depression, reveals the following: 42.9% of respondents were symptomless, 28.6% exhibited mild stress, 23.8% showed symptoms of severe stress, and 4.8% displayed very severe stress. Concerning anxiety, 19.0% were asymptomatic, 23.8% reported moderate anxiety, 33.3% experienced severe anxiety, and 23.8% exhibited extremely severe anxiety. Moreover, 38.1% were asymptomatic, 9.5% suffered from mild depression, 23.8% had moderate depression, 9.5% reported serious depression, and 19.0% displayed extreme depression symptoms. Interestingly, when asked if they were undergoing psychological treatment, the psychologists in the study responded that they were not seeking treatment yet. They attributed their symptoms to burnout. There is no doubt that anxiety, depression, and stress are common symptoms experienced by victims of workplace bullying, in addition to being components of burnout (García-Campayo et al., 2016). Based on existing research, mobbing at the workplace is not just a one-time thing but a pattern that can cause physical and psychological symptoms over time (Penttinen et al., 2019, p43). These findings align with Yavuzer & Civilidag, (2014) who noted that mobbing directly and indirectly diminishes life satisfaction.

In addition, we conducted a correlation analysis to examine the relationship between LIPT-60 and DASS21. The findings indicated that professional discredit (DL) exhibited statistically significant associations with depression (95% CI: $r = 74\%$: P < 0.000), anxiety (95% CI: $r = 65\%$: P < 0.001), and stress (95% CI: $r = 83\%$: P < 0.000). Hindering progress (EP) was linked to stress (95% CI: r

= 66%: P < 0.001). Communication blockage (BC) demonstrated a correlation with depression (95% CI: r = 27%: P < 0.006), and stress (95% CI: r = 80%: P < 0.000). Covert bullying (IE) has been found to be related to depression (95% CI: r = 52%: P < 0.002), anxiety (95% CI: r = 44%: P < 0.044), and stress (95% CI: r = 66%: P < 0.001). Overt bullying (IM) exhibited associations with depression (95% CI: r = 66%: P < 0.002), anxiety (95% CI: r = 49%: P < 0.023), and stress (95% CI: r = 67%: P < 0.001). Personal disrepute (DP) showed connections with depression (95% CI: r = 44%: P < 0.043), anxiety (95% CI: r = 44%: P < 0.044), and stress (95% CI: r = 55%: P < 0.009).

Our small sample size (n-21) is not large enough to draw definitive conclusions, but our analysis suggests that workplace harassment is indeed correlated with higher levels of depression, anxiety, and stress among mental health professionals. Ibrahim's study, with a large sample size, also found a positive correlation between workplace harassment, anxiety and depression 43.30 + 19.74 (Ibrahim et al., 2024). Based on the study's correlation results, we found that participants do not seek mental health treatment. Consequently, they may be unable to provide their patients with the possible best care due to the challenging situation there are in. Meanwhile, the field of psychology has established a Code of Ethics that prioritized patient's well-being (Williams & Rialon, 2011). It is therefore recommended that psychologists take care of their psychological well-being and seek training in a supportive professional environment (Oden et al., 2009). The need for support and supervision is not just necessary, but urgent for psychologists dealing with potentially destabilizing situations that can impact others` mental health (Clifford, 2006).

In the absence of a proper understanding of the Mexican culture associated with psychologists manifesting mental health issues, few are willing to report the phenomenon or disclose any existing illness (Walker & Fincham, 2011). In cases where a psychologist develops mental health issues, it should be no different from a regular person who develops psychological disorders during their lifetime. Thus, it is pertinent to recognize Mexico's cultural nuances to provide adequate support to those affected. This is because mobbing complexity has been demonstrated in previous studies to result in psychological and physical disruptions. And, as Trujillo et al. (2007) explain, mobbing can significantly impact one's personality.

Discussion

This study marks an initial effort to investigate the impact of workplace bullying on psychologists' mental health, job satisfaction, and professional performance. Using the LIPT-60 and DASS21 scales, we examined the correlation between workplace bullying, stress, anxiety, and depression. The LIPT-60 scale measures workplace bullying frequency and severity. Together, these scales provide comprehensive insights into how bullying affects psychologists both emotionally and professionally. Overall, our results will help understand the potential psychological impacts of workplace bullying.

In order to evaluate the statistical interdependence between LIPT-60 and DASS21, the data were analyzed using the r-Pearson correlation coefficient using SPSS version 25.0. The r-Pearson correlation coefficient measures the strength and direction of the linear relationship between two variables. A higher correlation value indicates a strong positive correlation, while a higher negative value implies a strong negative correlation. The results of our study demonstrated that LIPT-60 variables are highly correlated (**See Table 2**). In the LIPT60, professional discredit is 19% (mean

2.33, SD 1.49), occupational progress is 4.8% (mean 1.76, SD 1.17), communication blockage is 9.5% (Mean = 2.00, SD 1.30), covert bullying is 9.5% (Mean = 1.62, SD .97), overt harassment is 14.3% (Mean = 2.43, SD 1.36), and personal disrepute is 9.5% (Mean = 1.62, SD .97). These percentages indicate the prevalence of various negative behaviors and experiences at workplace. In the surveyed group, high levels of professional discredit and overt harassment indicate the underlying interdependence between stress, anxiety, and depression. In contrast, occupational progress shows the lowest mean value, suggesting it may be less affected by workplace bullying. Communication blockage, covert bullying, and personal disrepute exhibit moderate correlation values. Our findings are not much different from Trépanier comprehensive review study that found a negative correlation between workplace bullying, depression, and anxiety (Trépanier et al., 2016).

Table 2

Estimated likelihood of mobbing clusters among psychologists

	1	**2**	**3**	**4**	**5**	**6**
Professional discredit DL	1	.813**	.924**	.813**	.933**	.813**
Hindering progress EP		1	.878**	.919**	.751**	.919**
Communication blockage BC			1	.867**	.872**	.867**
Covert bullying IE				1	.770**	.947**
Overt bullying IM					1	.770**
Personal disrepute DP						1

Note. N=21. **. Correlation is significant at the 0.01 level (2-tailed). (95% Coefficient Interval) Original data from Ciudad Juárez, Chihuahua, México. School of Humanities, UACJ.

Implementing comprehensive anti-bullying policies and regular training sessions can create a more respectful work environment. Establishing clear policies and procedures for reporting and addressing abuse incidents is also crucial (Valentine, R.S., Giacalone, A. R., & Meglich, 2024). Additionally, providing support resources such as psychological therapy services can help employees manage the stress and anxiety resulting from workplace bullying. In summary, these measures are necessary to create an environment that is safe, supportive, and free from bullying and harassment at work.

https://revistas.up.ac.pa/index.php/redepsic

Conclusion

Participants completed both the LIPT and DASS-21 scales. Data was then analyzed using correlation and regression analysis to identify the relationship between both scales. This approach allowed us to comprehensively assess the psychological impact of the symptoms observed. These symptoms were closely linked with depression, anxiety, and stress, as indicated by the DASS-21 scale. The reference in Nielson`s meta-analysis on health and well-being outcomes related to workplace bullying also found that bullying is linked to variables relating to mental health and well-being (Nielsen & Einarsen, 2012). To address this issue, therapeutic intervention is not just an option but necessary.

Furthermore, these findings should raise concerns for institutions regarding their employees' mental and physical health. Human rights and well-being of individuals should be recognized as national priorities. By raising public awareness, mobbing can be addressed rather than stigmatized. Ultimately, this is an important step towards creating an open and supportive work environment for all.

In addition, psychological therapy is a rapidly growing field. In any field with the objective of helping others must be accompanied by in-depth training to address issues of potential conflict with the clients. Considering the importance of the psychology field, specific rules and regulations were created to maintain the well-being of clients; hence, the Code of Ethics was developed to ensure professionalism (Williams & Rialon, 2011). Finally, it is always necessary to carry out the Code of Ethics and with this in mind, if psychologists undergo stages in their lives where they too may be in need of professional help, the main point to focus on is the fact that it is not only ethical to search for help when needed, but also to understand the consequences if such help is not addressed.

Finally, we must acknowledge our study's limitations. This means we recommend further research with a large group of participants to strengthen our funding validity.

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