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The impact of moral harassment (mobbing) on the job satisfaction of the medical and nursing staff of the two major hospitals in Patras, Greece

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Abstract

The study investigates ethical harassment and its impact on job satisfaction among healthcare professionals in two large hospitals in Patras. Conducted from January to March 2024, the research utilized an anonymous, structured questionnaire. The LIPT (Leymann Inventory of Psychological Terror) assessed workplace harassment, while the KUHJSS (Kuopio University Hospital Job Satisfaction Scale) evaluated job satisfaction. Out of 220 professionals (physicians and nurses) approached, 180 (82%) responded. Results showed that 44.4% of respondents experienced moral harassment within the last 12 months, with 96% reporting psychological violence. Additionally, 63.3% witnessed psychological violence against colleagues. Among those harassed, 25% encountered it weekly, and 15% nearly daily, with 55.8% still facing harassment. Supervisors or higher-level employees were the main sources of harassment (58.9%), and 33.3% of incidents involved women. Notably, 41.7% of victims discussed the incidents with colleagues. In terms of job satisfaction, healthcare professionals were more content with motivation, leadership, and team spirit, but less satisfied with their work environment. Additionally, those who had not experienced moral harassment in the past 12 months reported higher satisfaction with their work environment compared to those who had been harassed. Secondary school graduates were more likely to have experienced moral harassment in the past 12 months than those with a master's or doctoral degree. Finally, nurses reported experiencing psychological harassment more frequently over the past year compared to doctors. The high prevalence of moral harassment and its negative impact on job satisfaction highlight the urgent need for hospital management to implement preventive measures and foster a supportive work environment.

JEL Classifications: I19, M12, M14.

Keywords: Moral Harassment, Psychological Violence, Nursing Staff, Job Satisfaction

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1 Introduction

Workplace satisfaction is essential for an individual's mental well-being and positively influences both employees and employers. A critical component of organizational performance is the implementation of reliable measures of employee job satisfaction (Cranny et al., 1992). According to Locke (1976), job satisfaction can be defined as the pleasurable or positive feeling derived from positive work experiences.

The importance of deriving pleasure from positive work experiences is universally applicable to employees across all sectors, including the healthcare industry. When health professionals enjoy favorable working conditions and experience high levels of job satisfaction, they are more likely to remain committed to their roles, experience reduced stress, and gradually meet their higher-level needs (Bhatnagar & Srivastava, 2012; Halawani et al., 2021).

However, various factors can influence job satisfaction among health professionals, either positively or negatively. One such factor is "mobbing," which refers to moral harassment through verbal psychological violence, including threats, intimidation, and insults that undermine an individual's personality and dignity. These repeated behaviors can lead to marginalization and ultimately resignation (Tong et al., 2017) Typical manifestations of mobbing include the isolation of the targeted individual and the presence of other forms of psychological abuse (Tatar & Yüksel, 2019). The negative consequences of mobbing among medical and nursing staff are multifaceted, including anxiety, depression, increased risk of burnout, and other physical health issues (Karatuna et al., 2020). Prolonged exposure to such harassment often results in a deadlock for individuals, leaving resignation as the only viable solution (Galanis et al., 2024). Moreover, witnesses of these incidents may also experience negative effects (Nielsen & Einarsen, 2012). A relevant systematic review has highlighted that nurses—particularly women—are the healthcare professionals most likely to experience mobbing, closely followed by doctors (Colaprico et al., 2023).

The objective of this study was to document the prevalence of moral harassment among employees at the two public hospitals in Patras and to examine its potential impact on job satisfaction among medical and nursing staff.

2 Hypotheses

This research examines the following two core hypotheses:

- There is a significant inverse relationship between exposure to moral harassment and job satisfaction among hospital employees, indicating that higher levels of harassment are associated with lower job satisfaction.
- Employees with lower educational attainment experience and report higher rates of moral harassment compared to their counterparts with higher educational qualifications, suggesting

that educational background may act as a protective factor against workplace harassment.

3 Material and Method

3.1 Study Population

This was a cross-sectional research that was conducted at two major public hospitals in Patras: the University General Hospital of Patras and the General Hospital of Patras "O Aghios Andreas," during the period from January to March 2024. The study sample included all medical and nursing staff at these hospitals, irrespective of their employment status (permanent, contract, or auxiliary). A total of 220 questionnaires were distributed, and 180 completed questionnaires were returned, yielding a response rate of 82%.

3.2 Measuring tools

Data collection was conducted using a structured questionnaire. The questionnaire comprised three sections: the first section solicited demographic information related to the participants' work and economic status. The second section included questions regarding workplace moral harassment, utilizing the Leymann Inventory of Psychological Terror (LIPT), while the third section assessed job satisfaction using the Kuopio University Hospital Job Satisfaction Scale (KUHJSS).

To evaluate the prevalence of moral harassment in the two hospitals, the LIPT questionnaire was employed. This quantitative tool, developed by Leymann (1990), is designed to assess the extent of moral harassment in the workplace and has been translated and validated for the Greek and Cypriot populations (Zachariadou et al., 2018). The questionnaire consists of 15 items categorized into five categories that measure the phenomenon's impact on communication, social relationships, individual reputation, professional status, and health (Theodorou et al., 2023). Each criterion pertains to a specific type of moral harassment (Žukauskas & Vveinhardt, 2011).The calculation of Cronbach's alpha index yielded a value of 0.822, indicating a high level of reliability and validity for the questionnaire.

To investigate the degree of job satisfaction among healthcare staff (doctors and nurses) at the two hospitals, the Kuopio University Hospital Job Satisfaction Scale (KUHJSS) (Kvist et al., 2013) was utilized. This scale has been translated and validated for the Greek population (Sapountzi-Krepia et al., 2017). It comprises 27 closed-ended questions divided into four categories: Leadership, Work Environment, Motivation, and Team Spirit. Responses are provided on a five-point Likert scale, ranging from 1 ("I strongly disagree") to 5 ("I strongly agree"). The total score is calculated by summing the responses to all questions. The Cronbach's alpha reliability index ranged from 0.825 to 0.959 across the four dimensions, indicating very good internal reliability and validity for the

questionnaire.

3.3 Ethics

Prior to data collection, approval was obtained from the Boards of Directors of the aforementioned hospitals. The questionnaires were administered anonymously, and all principles of research ethics, as outlined in the Helsinki Declaration of 1975, were upheld to ensure the protection of personal data.

3.4 Statistical analysis

Descriptive statistics, including mean, standard deviation, median, minimum, and maximum values, were employed to summarize the quantitative variables. For categorical variables, absolute frequencies (n) and relative frequencies (%) were utilized. The Kolmogorov-Smirnov test was conducted to assess the distribution of the quantitative variables, confirming that they adhered to a normal distribution.

To investigate the relationship between a quantitative variable and a dichotomous variable, a t-test was employed. Analysis of Variance (ANOVA) was utilized to explore the relationship between a quantitative variable and a categorical variable with more than two categories. Spearman's correlation coefficient was calculated to assess the association between a quantitative variable and an ordinal variable. The chi-square (χ2\chi^2χ2) test was applied to evaluate the relationship between two categorical variables, while the chi-square test for trend was used to examine the association between a categorical variable and an ordinal variable.

The variables "job role" and "work sector" were excluded from the analysis due to insufficient variability. Additionally, age, total years of service, and years of service in the hospital exhibited high correlations ($r > 0.8$, $p < 0.001$). Consequently, only the variable representing total years of service was selected for further analysis. For job satisfaction, independent variables that demonstrated statistical significance at the 0.2 level ($p < 0.2$) were included in a multiple linear regression model, with coefficients (b), corresponding 95% confidence intervals, and p-values presented. For the analysis of moral harassment, independent variables that were statistically significant at the 0.2 level ($p < 0.2$) were incorporated into a multiple logistic regression model, reporting odds ratios, corresponding 95% confidence intervals, and p-values. The significance level for all tests was set at 0.05. Data analysis was performed using IBM SPSS version 21.0 (Statistical Package for Social Sciences).

4 Results

The majority of the sample comprised women (72.8%), with ages ranging from 20 to 39 years (53.9%). A significant proportion of respondents was unmarried (45.6%) and had children (53.9%). Most participants were graduates of a technological institute or university (75.6%) and reported a monthly income within the range of €1001 to €1500 (46.1%). Nurses constituted 80% of the sample, with 23.9% employed in the pathology sector. Furthermore, a substantial percentage of respondents were not in supervisory positions (89.4%) and had a total work experience of 6 to 25 years (50.5%), with 41.7% of them having spent the same duration at their current hospital (Table 1).

Table 1: Demographic and occupational characteristics of health professionals

Characteristics	N	%
Sex		
Women	131	72.8
Men	49	27.2
Age		
20-29	55	30.6
30-39	42	23.3
40-49	40	22.2
50-59	37	20.6
>59	6	3.3
Marital status		
Unmarried	82	45.6
Married	73	40.6
Divorced	19	10.6
Widowed	6	3.3
Number of children		
0	83	46.1
1	31	17.2
2	45	25
3	16	8.9
>3	5	2.8
Educational level		
Highschool graduate	44	24.4
Technological institute graduate	59	32.8
University graduate	41	22.8
MSc holder	30	16.7
PhD holder	6	3.3
Monthly income (€)		
<800	11	6.1
801-1000	53	29.4
1001-1500	83	46.1

1501-2000	22	12.2
>2000	11	6.2
Specialization		
Doctors	36	20
Nurses	144	80
Professional role		
Director	3	1.7
Supervisor	25	13.9
Resident	8	4.4
Nurse	144	80
Sector		
Pathology	43	23.9
Surgical	36	20
Psychiatric	13	7.2
Intensive Care Unit (ICU)	9	5.0
High Dependency Unit (HDU)	3	1.7
Infarction unit	2	1.1
Operating theatre	8	4.4
Emergency department	11	6.1
Outpatient	15	8.3
Other	40	22.2
Supervisors		
Yes	19	10.6
No	161	89.4
Total years of work		
0-2	33	18.3
3-5	27	15
6-15	47	26.1
16-25	44	24.4
>25	29	16.1
Years of work in the hospital		
0-2	40	22.2
3-5	42	23.3
6-15	41	22.8
16-25	34	18.9
>25	23	12.8
Work relationship		
Permanent	78	43.3
Contract worker	50	27.8
Assistant	52	28.9

Table 2 provides a detailed account of the incidents of moral harassment experienced by health professionals over the past 12 months. The most prevalent forms of moral harassment identified include spreading false rumors (36.1%), speaking negatively about individuals behind their backs

(33.7%), assigning uninteresting tasks (27.2%), and consistently interrupting individuals while they are expressing themselves (26.7%).

Table 2: Incidents of moral harassment experienced by health professionals in the last 12 months

	N	%
Regarding your working relationships		
a) Your immediate superior forbids you to express yourself	31	17.2
b) You are constantly interrupted while you are expressing yourself	48	26.7
c) Other people prevent you from expressing yourself	41	22.8
d) You are insulted and shouted	33	18.3
e) You are constantly criticized negatively in relation to your work	22	12.2
f) You are constantly criticized negatively in relation to your personal life	8	4.4
g) They harass you by telephone	10	5.6
h) You receive verbal threats	14	7.8
i) You receive written threats	3	1.7
j) You receive contemptuous glances and/or contemptuous gestures	27	15.1
k) Disregard your presence by addressing yourself exclusively to others	17	9.4
They systematically isolate you		
a) Not addressing you	42	23.3
b) They do not want you to approach them	20	11.1
(c) They have placed you in a job which isolates you from others	10	5.6
d) They forbid your colleagues to talk to you	5	2.8
e) They act as if you do not exist	32	17.8
f) They only address you in writing	1	0.6
Your job duties have been modified as a punishment		
a) You are not assigned any tasks, you have no job	5	2.8
b) You are assigned tasks that are of no interest	49	27.2
c) You are assigned tasks far below your abilities	32	17.8
d) You are constantly given new tasks	22	12.2
e) You are assigned humiliating tasks	17	9.4
f) You are given tasks far beyond your abilities	8	4.4
Attacks on your person		
a) They talk badly about you behind your back	66	36.6
b) Spreading false rumors about you	65	36.1
c) Ridicule you in front of others	22	12.2
d) They suggest that you are mentally ill	7	3.9
e) They want to force you to undergo a psychiatric examination	1	0.6
f) Mock you for a weakness (physical or mental) that you have	7	3.9
g) They imitate your appearance, voice and gestures to make fun of you	8	4.4
h) Attack your political and religious views	7	3.9
i) They attack you or make fun of you because of your origin	7	3.9
j) You are forced to perform work that affects your conscience	6	3.3
k) They judge your work in an unfair and damaging way	18	10.0
l) They question your decisions	24	13.3
m) Insult you by using obscene or degrading language	10	5.6
n) Making verbal insinuations or suggestions of a sexual nature	8	4.4
Violence and threats of violence		
α) Forcing you to perform tasks that are harmful to your health	24	13.3
b) Despite your poor health, you are forced to do some work that is harmful to your health	15	8.3
c) They threaten you with physical violence	7	3.9
d) They use mild violence against you as a warning	24	13.3
e) They physically abuse you (pushing)	7	3.9
f) They cause you expenses by trying to harm you financially	4	2.2

g) They have caused damage to your home or workplace	0	0.0
h) They have sexually assaulted you	2	1.1

The findings regarding the incidence of moral harassment experienced by health professionals over the past 12 months are summarized in Table 3. Specifically, 44.4% of health professionals reported experiencing moral harassment, while 96% indicated that they had encountered psychological violence during the same period. Additionally, 63.3% of health professionals noted having observed psychological violence directed at another individual in the workplace within the last 12 months.

Table 3: Frequency of occurrence of moral harassment in the last 12 months

	N	%
How often have you faced one or more of the situations below in the past 12 months?		
Daily	10	5.6
Almost daily	27	15.0
At least once per week	45	25.0
At least once a month	22	12.2
Rarely	27	15.0
Never	49	27.2
Length of time the employee undergoes mobbing (months)		
Never	49	27.2
1-3 months	39	21.6
4-6 months	21	11.7
7-9 months	11	6.1
10-13 months	26	14.5
24 months	19	10.6
36 months	9	5.0
48-84 months	6	3.4
Do you still face today such situations? (N=131)		
Yes, I still deal with them today.	77	58.8
No, I have dealt with them in the past at this job.	37	28.2
No, I have with them in the past in a previous job.	17	13.0
During this time who was/are against you?		
Colleague(s)	65	36.1
Supervisor(s) or person(s) higher in the hierarchy than you	106	58.9
Employee(s)	9	5.0
What was the sex of this person(s)?		
Male	35	19.4
Female(s)	60	33.3
Both male and female	37	20.6
Number of people against the employee		
None	49	27.2
1	75	41.7
2	41	22.8
3	9	5.0
4-10	6	3.4
People employees share their mobbing issues with more frequently		
Colleague	75	41.7
Supervisor	38	21.1
Head of personnel /Human Resources Management	19	10.6
Staff representative/ Trade unionist	7	3.9

Inspector of Labor, Commissioner of Administration	4	2.2
Lawyer	10	5.6
Staff physician	3	1.7
Another medical doctor	6	3.3
Social worker	2	1.1
Nurse	22	12.2
Friends or acquaintances outside workplace	47	26.1
Family members/ relatives	49	27.2
Other person	1	0.6
No, I didn't talk because (N=15)		
No, I didn't have a person I could talk to, but I would have liked to	10	66.7
No, I didn't have a person I could talk to, nor did I need to	5	33.3
Have you experienced psychological violence at work in the last 12 months?		
No	84	46.7
Yes	96	53.3
If yes, to what do you attribute these hostile attitudes towards you?		
To the generally bad atmosphere at work	55	30.6
To the poor organization of work	46	25.6
To problems of management, placement in a job	26	14.4
Problems of competition between individuals	33	18.3
Jealousy	49	27.2
Conflict or unresolved labour dispute	14	7.8
Why they want to make me leave my job	7	3.9
Because I am different from others because of my age	12	6.7
Because I am different from others because of my gender	5	2.8
Because I am different from others because of my nationality	4	2.2
Because I am different from others because of a weakness of mine	1	0.6
Have you experienced psychological violence against another person in your workplace in the last 12 months?		
No	66	36.7
Yes	114	63.3

Among the individuals who reported experiencing psychological harassment, 25% indicated that such incidents occurred at least once a week, while 21.6% noted occurrences within the range of one to three months. Simultaneously, 55.8% of respondents confirmed that they continued to experience incidents of moral harassment, with 64% stating that these incidents originated from a supervisor or individual in a higher hierarchical position. Additionally, 33.3% of participants reported that the perpetrators of moral harassment were women, 19.4% indicated men, and 20.6% identified both genders as perpetrators. Furthermore, 41.7% of respondents mentioned discussing the harassment incidents with their colleagues. Lastly, 30.6% attributed the incidents of moral harassment to a generally poor work atmosphere, 27.2% to jealousy, and 25.6% to inadequate work organization.

Table 4 presents the descriptive statistics for the factors assessed in the job satisfaction questionnaire. Health professionals reported higher satisfaction levels with motivation, leadership, and team spirit, while expressing lower satisfaction regarding the working environment.

Table 4: The descriptive results for the factors of the job satisfaction questionnaire

Scale	Mean	Standard deviation	Median	Minimum	Maximum
Leadership	3.73	1.06	4	1	5
Working environment	3.29	1.05	3.2	1	5
Motivation	3.80	0.94	4	1	5
Team spirit	3.68	1.02	4	1	5

Regarding the bivariate correlations between independent variables and the dimensions of the job satisfaction and moral harassment questionnaires, statistically significant relationships were identified across all scales. Specifically, multivariate analysis revealed that health professionals who had not experienced moral harassment in the past 12 months reported greater satisfaction with their work environment compared to those who had experienced moral harassment (b = 0.37, 95% CI = 0.62 to -0.11, p = 0.005). Additionally, health professionals who had not experienced psychological abuse in the past 12 months exhibited higher satisfaction levels with leadership (b = -0.70, 95% CI = -1.0 to -0.39, $p < 0.001$), work environment (b = -0.49, 95% CI = -0.77 to -0.19, p = 0.001), motivation (b = -0.59, 95% CI = -0.85 to -0.33, $p < 0.001$), and team spirit (b = -0.53, 95% CI = -0.91 to -0.36, $p < 0.001$), in comparison to their counterparts who had experienced psychological violence.

Simultaneously, health professionals who reported not having perceived any incidents of psychological violence against others in the workplace over the past 12 months showed greater satisfaction with leadership (b = -0.42, 95% CI = -0.71 to -0.12, p = 0.006), work environment (b = -0.31, 95% CI = -0.58 to -0.04, p = 0.027), and team spirit (b = -0.34, 95% CI = -0.62 to -0.07, p = 0.015) than those who had perceived such incidents.

Additionally, residents reported higher satisfaction with leadership (b = 0.43, 95% CI = 0.16 to 0.71, p = 0.002) and work environment (b = 0.43, 95% CI = 0.22 to 0.77, p = 0.001) compared to assistants. Health professionals with higher monthly incomes also reported greater satisfaction with motivation (b = 0.18, 95% CI = 0.02 to 0.35, p = 0.026).

Lastly, secondary school employees reported experiencing moral harassment more frequently in the past 12 months than MSc/PhD employees (b = 2.78, 95% CI = 1.11 to 7.04, p = 0.030), nurses (b = 4.16, 95% CI = 1.59 to 10.95, p = 0.004), and contract workers (b = 3.56, 95% CI = 1.59 to 7.97, p = 0.002). Furthermore, auxiliary workers (b = 3.28, 95% CI = 1.51 to 7.14, p = 0.003) were more likely to have experienced psychological violence in the past 12 months compared to doctors and residents. Additionally, health professionals not in positions of responsibility were more likely to report having observed incidents of psychological violence against another person in the workplace

over the past 12 months than those in positions of responsibility (b = 8.09, 95% CI = 2.56 to 25.59, $p < 0.001$).

5 Discussion

Our findings indicate that the primary forms of moral harassment experienced within hospitals include the spreading of false rumors, speaking negatively about colleagues behind their backs, assigning uninteresting tasks, and interrupting others during discussions. These results align with a recent study conducted in Cyprus, which also identified interrupting speech and assigning new tasks as prevalent forms of moral harassment (Zachariadou et al., 2018). Similarly, a study involving 7,694 French employees across various organizations reported that the most common manifestations of moral harassment included rumor-spreading, assigning new tasks, and neglecting individuals' presence (Niedhammer et al., 2007).

In our study, 44.4% of participants reported having experienced some form of moral harassment in the past 12 months. Among those individuals, 15% indicated that such incidents occurred almost daily, while 25% reported that they occurred at least once a week. In comparison, a separate survey conducted in Greece found that 37% of participants had experienced moral harassment, with 22.7% reporting daily occurrences and 49.2% indicating that it happened almost daily (Gkagkanteros et al., 2022). Furthermore, additional recent studies in Greece and Cyprus reported rates of harassment among health professionals at 45.6% (Zachariadou et al., 2018), 62.3% (Theodorou et al., 2023), and 75.3% (Platis et al., 2024).

Regarding the duration of exposure to mobbing, 21.6% of participants indicated that it lasted between 1 and 3 months, 14.5% reported 10 to 13 months, and 10.6% stated it persisted for 24 months. This suggests a notable persistence of the phenomenon, corroborated by findings from another survey (Theodorou et al., 2023).

Moreover, 55.8% of participants reported currently facing incidents of moral harassment, while 28.2% stated they had encountered it in the past at their current job, and 13% reported similar experiences in previous positions. In a comparable survey of nurses in Turkey, 47% of respondents indicated that they still experience some form of mobbing (Dagli & Arslantas, 2022), while a related Greek study reported a corresponding rate of 55.2% (Theodorou et al., 2023).

With respect to the origins of moral harassment, 58.9% of participants indicated that the incidents stemmed from a supervisor or someone in a higher hierarchical position, while 36.1% identified colleagues as perpetrators, and 5% cited subordinates. These findings are consistent with other studies in Greece, which identified supervisors or senior employees as the most frequent perpetrators of moral harassment (Chatziioannidis et al., 2018; Hamzaoglu et al., 2022; Theodorou et al., 2023; Zachariadou et al., 2018). In contrast, some related studies found that the majority of

incidents were attributed to colleagues (Carnero et al., 2010; Plos et al., 2022).

Additionally, most incidents of moral harassment were reported to involve female perpetrators, a finding that aligns with other research (Awai et al., 2021; Chatziioannidis et al., 2018; Zachariadou et al., 2018). However, a similar Greek study indicated that moral harassment was perpetrated by both men and women, with incidents attributed less frequently to women alone (Theodorou et al., 2023).

Regarding the factors contributing to workplace bullying, our study identified a poor work atmosphere, jealousy, inadequate work organization, and interpersonal competition as significant contributors. These results corroborate findings from another Greek study (Chatziioannidis et al., 2018).

The results of this study empirically supported both initial hypotheses, showing that employees with lower educational attainment reported higher rates of moral harassment. Additionally, the findings revealed a negative relationship between exposure to moral harassment and job satisfaction, suggesting that greater harassment correlates with lower job satisfaction among hospital staff.

More specifically, in terms of educational background, employees with secondary school qualifications were more likely to experience moral harassment in the past 12 months compared to those with MSc or PhD degrees. While this finding is consistent with a study of nurses in China, which reported higher rates of moral harassment among lower-educated workers (Zhang et al., 2017), it contradicts other studies focusing on healthcare professionals (Plos et al., 2022; Zachariadou et al., 2018).

Regarding job satisfaction among health professionals, our results indicate that participants expressed greater satisfaction in areas such as motivation, leadership, and team spirit, while reporting lower satisfaction with the working environment. These findings are consistent with similar studies conducted in Greece (Sapountzi-Krepia et al., 2017; Vekili et al., 2024). This is considered a positive outcome, as higher levels of job satisfaction among employees in hospital settings are associated with increased work efficiency and enhanced patient satisfaction with healthcare services (Alshammari & Alenezi, 2023; Deshmukh et al., 2023; Perry et al., 2018).

Finally, health professionals who had not experienced any form of moral harassment in the past 12 months reported higher satisfaction with the dimensions of leadership, motivation, and work environment compared to those who had experienced mobbing. In line with this, research has shown a negative association between exposure to mobbing behaviors and job satisfaction (Erdogan & Yildirim, 2017). Similarly, a study conducted in Spain found that nurses who had faced mobbing incidents reported lower job satisfaction, dissatisfaction with leadership, and the work

environment, resulting in an increased rate of resignations (Ruíz-González et al., 2020). Furthermore, a significant correlation between bullying and the intention to resign was observed in a study involving Danish employees in the healthcare sector, particularly in hospitals and elderly care facilities (Hogh et al., 2011). Another study indicated that victims of bullying often expressed intentions to leave not only their current positions but also the healthcare profession entirely (Ribeiro & Sani, 2024).

As with all research, our study has several limitations. The data were based on a sample drawn from two hospitals in the Patras area, which may limit the generalizability of the findings. The social context in which these hospital units operate is relatively closed, with ongoing interpersonal relationships. Initially, concerns regarding the completion of the questionnaires were raised, which were alleviated once the confidentiality of the results was assured. However, it is important to note that many victims of moral harassment may not have reported their experiences due to fear of disclosure.

As the survey revealed, any worker, regardless of age, gender, or economic status, can be a victim of moral harassment. Additionally, it appears that perpetrators are often individuals in positions of authority; however, harassment can also be horizontal in nature. The impact of moral harassment on individuals' daily work lives and overall job satisfaction is substantial.

Consequently, it is essential for hospital administrations to implement and actively promote measures to mitigate and address incidents of workplace mobbing. Effective interventions include increasing awareness and disseminating information to employees, developing and enforcing clear policies and procedures for managing such cases, and establishing a dedicated office staffed with trained personnel to handle complaints related to harassment and interpersonal conflicts among staff.

In conclusion, the phenomenon of moral harassment is a significant issue within hospitals, both in Greece and internationally. The findings from the two large hospitals in Patras illustrate the extent of this problem, and this study aims to serve as a foundation for establishing measures to prevent and address moral harassment, thereby ensuring the well-being and optimal functioning of healthcare workers.

It is also becoming evident that there is an increasing need for studies involving larger, comprehensive samples that integrate both qualitative and quantitative methodologies. Such studies should aim not only to estimate the true prevalence of workplace mobbing but also to investigate its underlying causes, identify the groups most frequently targeted, and examine its broader impacts. To generate insights that are valuable to both the academic community and society at large, future research must prioritize the inclusion of data on vulnerable and

marginalized populations, including individuals with disabilities, LGBTQ+ individuals, and those from diverse cultural backgrounds.

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