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Examination of Mobbing and Other Psychosocial Risks in the Working Environment of a Patient with Major Depression

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ABSTRACT Mobbing, a hostile attitude systematically applied to one person by one or more people in a workplace, is a major psychosocial risk. Long exposure to hostile behaviors leads to mental and physical disorders. In addition, other psychosocial risks due to the working environment increase the risk of mental health disorders. Little regulation or control mechanisms exist in Turkey to prevent psychosocial risks in the workplace. In this case report, we aimed a 34-year-old patient with major depression referred to our occupational disease clinic and we discuss the effects of mobbing and other psychosocial risks in the workplace on major depression. The evaluations suggest that the experienced psychosocial risks of the patient can affect the occurrence of major depressive disorder. Thus, there are occupational diseases caused by psychosocial risks in Turkey. Psychosocial risk assessment and mental health surveillance should be performed in workplaces to identify work-related psychosocial disorders.

Keywords: Bullying; depression; employment; occupational diseases

In recent years, psychosocial risk assessments have become important in workplaces, particularly for working conditions where employees are under contract and uninsured, employee workloads increase, performance is monitored, and job controls decrease.[1,2] Poor job regulations, poor management, and dissatisfaction with working conditions cause extreme and uncontrollable demands and pressures, which lead to an increase in job stress and harm employee health.[3] Physiological resistance can partially mitigate work stress caused by psychosocial risks, but when the stress is constant over time, individuals cannot tolerate this overload and can become exhausted, which may result in the development of diseases such as anxiety and depression.[4] The presence of unbalanced job design, occupational uncertainty, lack of value and prestige, high job requests, low job control, high effort–reward imbalance, low social justice, role conflict, bullying, and low social support increases the risk of the development of mental health problems.[5] Hostile attitudes systematically applied to one person by one or more people in a workplace are defined as mobbing. The long exposure of a person to hostile behaviors leads to mental and physical disorders.[6] The job satisfaction level of individuals exposed to mobbing is low, and their anxiety and depression risk levels are high.[7] A study conducted in Germany sho-

wed that individuals exposed to mobbing suffer 4.3 times more depression.[8]

Although there is no regulation on psychosocial risk in workplaces in Turkey, Prime Minister's Circular No. 2011/2 on Psychological Harassment at Workplaces (Mobbing) Prevention was published in the Official Gazette on March 19, 2011. Consequently, the "Council for Combating Psychological Harassment" with the consent of the Ministry of Labor and Social Security dated May 21, 2012 was established.[9] Within the scope of the circular, ALO 170, the Communication Center of the Ministry of Labor and Social Security was opened and calls related to psychological harassment were received to strengthen the fight against psychological harassment.[9] Because of these efforts, the awareness of mobbing in Turkey has increased.

The aim of this case report is the assessment of a person working as a store manager in the retail sector admitted to the clinic with the complaints of shortness of breath, palpitation, numbness in hands and feet, and crying fits in terms of mobbing and work-related psychosocial risks is presented in this study.

CASE REPORT

A 34-year-old woman, P.A., applied to the clinic with the preliminary diagnosis of occupational disease via the Social Security Institution (SSI). Her complaints included shortness of breath, palpitation, numbness in hands and feet, crying fits, hand tremors, and tingling chin for 2 or 3 years. She realized her symptoms occurred during stressful situations in her daily life, especially when driving her car or talking with her friends, and her symptoms improved when the stressful situation disappeared.

No pathology was found in the assessments conducted at the health institution she visited with these complaints. Her medical history did not have any features other than 16 pack-years of cigarette use. Her physical examination findings were normal and a psychiatry and neurology consult was requested. In the psychiatry clinic, she was diagnosed with panic attacks, anxiety disorder, and depressive seizures. Her mood state was depressed, she was conscious with full orientation, and her attention was preserved. Because perceptual disorder or hallucination was not diagnosed, she was observed to preserve reality testing and judgment. Her mentality and speed of thought were normal, her associations were proper, she could orient to a target, and her thought content was related to her job. The patient was diagnosed with major depression and medical treatment was arranged. According to the psychiatric assessment, the patient felt unhappy, hopeless, worthless, and guilty. She had anhedonia and difficulty focusing and falling asleep because she had a problem with her supervisors and other employees in the workplace for the past year. Additional triggering psychiatric factors that may cause major depression were not identified in the case history.

According to the assessment of her work history, the patient worked in a retail firm for 18 years at 20 different sites in 3 different cities within this period. The shortest working duration in the same store was 1 month, whereas the longest working duration was 16 months. There was evidence of discrimination because of her relationship with individuals and supervisors, frequency of changing workplace, demands related to work flow, and working hours. The patient complained about the frequently changed work locations, especially because she was single and had a personal car. In addition, she was the only woman called to the store to take inventory at midnight. She stated that a top manager mandated her working hours and committed verbal violence against her in the last location she worked. The stores the patient worked at and her duties in these stores according to working periods are shown in Table 1.

The Mobbing Scale for risk assessment and the Copenhagen Psychosocial Questionnaire were used to determine the risk status at the firm she worked.[10,11] The results of the Copenhagen Psychosocial Questionnaire showed that the work pace for the patient was high. Her quantitative demands, cognitive demands, emotional demands, and demands for hiding emotions were high. Her influence at work, possibilities for development,

TABLE 1: Workplaces where case works by time.

1. Same firm Örnekköy, store manager, 01.02.2016/...
2. Same firm Koyundere Menemen, store manager, 01.10.2015/ 01.02.2016
3. Same firm Aliağa Şakran, store manager, 01.05.2015/ 01.09.2015
4. Same firm Çiğli, store manager, 01.12.2014/ 01.05.2015
5. Same firm Koyundere Menemen, store manager, 01.09.2014/ 01.12.2014
6. Same firm Aliağa Şakran, store manager, 01.06.2014/01.09.2014
7. Same firm Dikili Salihli, store manager, 01.06.2009/01.08.2009
8. Same firm Buca işçi evleri, store manager, 01.05.2009/01.06.2009
9. Same firm Bostanlı, store manager, 01.04.2009/01.05.2009
10. Same firm Nergiz Karşıyaka, store manager, 01.12.2008/ 01.03.2009.
11. Same firm Bodrum Akçaalan, store manager, 01.06.2008/ 01.11.2008
12. Same firm Çiğli, store manager, 01.04.2008/ 01.06.2008
13. Same firm Manisa Demirci, store manager, 01.11.2007/ 01.04.2008
14. Same firm Bodrum Akyarlar, store manager, 01.07.2007/ 01.11.2007
15. Same firm Karşıyaka, salesperson, 01.12.2006/01.07.2007
16. Same firm Nergiz Karşıyaka, salesperson, 01.11.2006/01.12.2006
17. Same firm Alaybey, Karşıyaka, salesperson, 01.06.2006/01.11.2006
18. Same firm Çiğli, salesperson; 01.01.2006/01.06.2006
19. Same firm Bostanlı, part-time salesperson, 01.03.2001/01.01.2006
20. Same firm Karşıyaka, part-time salesperson, 29.11.1999/01.03.2001

meaning of work, commitment to the workplace, predictability, and recognition were low. Her role clarity was moderate, role-conflicts were high, work-life conflict was high, trust level was low, organizational justice was low, job satisfaction was low, quality of leadership at the workplace was low, social support was low, sense of community was moderate, work-related job security was low, and burnout was high. In the mobbing scale, threats and harassment behaviors and obstacles related to work and career by the supervisor were high. The examination of mobbing and psychosocial risk assessment scales showed that the work environment-related psychosocial risks at the patient's workplace were high. The employment statement and periodic examination of the patients were demanded. However, the firm did not provide occupational health and safety services because each workplace was assessed individually and had only 3 or 4 employees each. Based on the assessments conducted, the working conditions the patient experienced may affect the development of major depression in her current situation. Informed consent was obtained from the case.

DISCUSSION

The development of major depression diagnosed in this patient may be affected by psychosocial risks, which can be identified as "negative discrimination" that results from the relationship of the patient with her supervisors, the frequency of changing her workplace, and demands related to work flow and working hours, which complied with the definition of mobbing. However, the case of this patient was not defined as mobbing because there was no information about a psychosocial risk assessment, which should have been conducted in the workplace, and the health status, which should have been recorded regularly at the beginning of and after the employment process.

A problem can be defined as "mobbing" only if: it occurs in the workplace, hostile behaviors are repeated at least several times, hostile and unethical behaviors continue for at least six months, the individuals are exposed to behaviors included in at least two of the five categories of hostile and unethical behaviors (Attacks on Communication, Attacks on Social Relationships, Attacks on Social Image, Attacks on Occupational and Special Position Quality, Attacks on Health), and the exposure to such behaviors is proven objectively.[12] The Supreme Court stated *"one hundred percent proof is not sought, especially for the allegations of mobbing, seeking proof beyond reasonable doubt belongs to the criminal proceedings, a proof which is enough for personal conviction to be formed in private law and labor law is sufficient, and it is necessary to apply the interpretation principle in favor of the employee in case of doubt in the authenticity and strength of evidence".*[13] This study found the patient had a psychological health problem. However, considering the relationship between work history and health problems, the case had many of the criteria necessary for a mobbing diagnosis.

Although occupational psychological diseases are not included in the list of occupational diseases in Turkey, it is possible for them to be regarded as occupational diseases when their relationship with work is determined.[14] Mental and behavioral disorders are included in the International Labour

Organization (ILO) List of Occupational Diseases as post-traumatic stress disorder. However, a diagnosis of occupational disease can be given through scientifically establishing a direct connection for diseases not included on the list or defining an appropriate link between the exposure to work-related risk factors and mental illness according to national conditions and practice.[15]

Thus, there are occupational diseases that result from psychosocial risks in Turkey. Psychosocial risk assessment and mental health monitoring should be performed in workplaces to identify work-related psychosocial disorders, and the necessary legal infrastructure should be strengthened to address these problems.

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Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

Idea/Concept: *Arif Hikmet Çımrın, Yücel Demiral;* ***Design:*** *Ceyda Şahan, Esra Aydın Özgür;* ***Control/Supervision:*** *Arif Hikmet Çımrın, Ceyda Şahan, Esra Aydın Özgür, Yücel Demiral;* ***Data Collection and/or Processing:*** *Ceyda Şahan, Esra Aydın Özgür;* ***Analysis and/or Interpretation:*** *Ceyda Şahan, Esra Aydın Özgür;* ***Literature Review:*** *Ceyda Şahan, Esra Aydın Özgür;* ***Writing the Article:*** *Ceyda Şahan, Esra Aydın Özgür;* ***Critical Review:*** *Arif Hikmet Çımrın, Ceyda Şahan, Esra Aydın Özgür, Yücel Demiral;* ***References and Fundings:*** *Ceyda Şahan, Esra Aydın Özgür;* ***Materials:*** *Ceyda Şahan, Esra Aydın Özgür.*

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