

Participative Leadership Model and Mobbing Syndrome in Nursing

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Abstract

Introduction: The participative leadership model appears to be associated with the occurrence of mobbing syndrome, which refers to continuous bad interplay.

Aim: The aim of the present study was to highlight the relationship of participative leadership model and the appearance of mobbing syndrome in nursing.

Methodology: A systematic review has been carried out in the electronic databases Pubmed, Medline, Scopus and Iatrotek. Criteria for the selection of research studies - reviews were published in the period 2006 - 2016, in Greek and English.

Results: Of the 80 articles collected, after reading the full article 31 articles were selected for the writing of the systematic review. The results showed that the characteristics of a participative leadership model such as good communication and collaboration among nursing team members help to quickly identify and cope with the mobbing syndrome.

Conclusion: The participative leadership model promotes and respects moral values, strengthen dialogue and avoid the abuse of power. It seems to be appropriate for the prevention and avoidance of bullying syndrome. It is necessary to train the leader before their administration position about this syndrome, as seems to occur, which allows the management model.

Keywords: Participative Leadership Model; Working Groups; Leader's Role; Mobbing Syndrome; Addressing Bullying Syndrome

Introduction

Leadership is the process of influencing an individual in a group or organization and implies setting objective goals of the team or organization, creating incentives for project production, contributing to the maintenance of the team and its culture. The different types of leadership have a similar influence on the nursing team. Leadership (authoritarian) leadership is characterized by the cultivation of relationships of aggression, apathy, annihilation of the initiative in the nursing team. Participatory (democratic) leadership orients nurses in teamwork and human values. Liberal (non-universal) leadership leads to staff dissatisfaction and low levels of productivity. The Reform brings revolutionary changes and contributes to the evolution of the members of the nursing team [1,2].

Participatory leadership and its benefits

More specifically, participatory leadership strongly supports participation in decision-making. The level of participation in decision-making depends on the type of decision. For decisions in implementing goals, leadership can be highly participatory. Can the leadership itself (goal management) propose the goals and the team decide how to implement them. In another variant, the team can set goals and leadership can decide how to implement them, after putting them in dialogue. But in making decisions about evaluating the performance of nursing team members, leadership may be less involved as decisions are more likely to be made by the leader alone [3,4].

There are many benefits to participating in leadership. The approach to the nursing team is also known as the consultation approach. It aims to strengthen team members, joint decision-making, democratic management of goals, dialogue and the distribution of power. Nurses are less competitive and more cooperative when they work towards common goals and experience professional satisfaction. Participatory leadership in its implementation can develop into a sham, when bosses while having a dialogue with team members then they ignore their opinion and their joint decisions. This is likely to lead to cynicism in the team members and feelings of betrayal [5].

An important role of the leadership, during the last fifteen years, is the timely recognition of the phenomenon of moral harassment, as the incidents are constantly increasing. The first scientifically substantiated studies show that moral harassment refers to the constant anti-peer behavior from the boss to the subordinates, between nurses of the same rank but also from one or a group of subordinates to the boss [6,7].

The syndrome of moral harassment (mobbing)

The phenomenon of moral harassment, called “mobbing”, is an inhibitory factor for the mental balance of nurses. Abusive treatment leads many nurses to long absences due to incapacity for work or forces them to resign. The “perpetrator” of moral harassment is usually a personality who is satisfied by hurting his fellow human beings and develops self-esteem, passing on to others the pain he is unable to feel but also his inner contradictions that he refuses to process [7].

Effects of ethical harassment syndrome on nurses’ health

The effects of ethical harassment on nurses’ health are remarkable. They are manifested both with psychopathological symptoms, with psychosomatic diseases and with changes in behavior. Indicative psychopathological symptoms are the manifestations of anxiety, apathy, avoidance of reactions, concentration problems, depressed mood, phobic reactions, the resurgence of unpleasant events, overstimulation, insecurity, insomnia, obsession, obsession melancholy and sudden mood swings. The following psychosomatic illnesses include hypertension, asthma, heart arrhythmias, coronary heart disease, dermatitis, hair loss, headaches, muscle aches, imbalance, migraines, stomach aches and ulcers. The behavior of nurses who have suffered moral harassment is characterized by aggression, eating disorders, increased alcohol consumption, increased smoking, sexual dysfunction, and social isolation [8-10].

The role of leadership in eliminating the syndrome of moral harassment

Moral harassment syndrome can be prevented by applying healthy leadership behavior to team members. Such healthy behaviors are the support of clear roles for the members of the nursing team, the cultivation of a spirit of cooperation, common goals, clear interpersonal relationships and dialogue to resolve occasional frictions and conflicts. On the contrary, behaviors such as ambiguity of roles, boycott, lack of foresight, ambiguous interpersonal relationships, endless and systematic non-ethical acts promote the phenomenon of moral harassment. In a healthy leadership model, conflicts between team members are open and tackled with honest strategies, dialogue and direct communication. Moral harassment, on the other hand, is promoted by suspicious and questionable strategies, covert behaviors and conflict denial, lateral and pretext communication [9,10].

According to researchers, one way to prevent the onset of the syndrome is to exercise appropriate leadership and more specifically to exercise the participatory leadership model [10].

Purpose of the Study

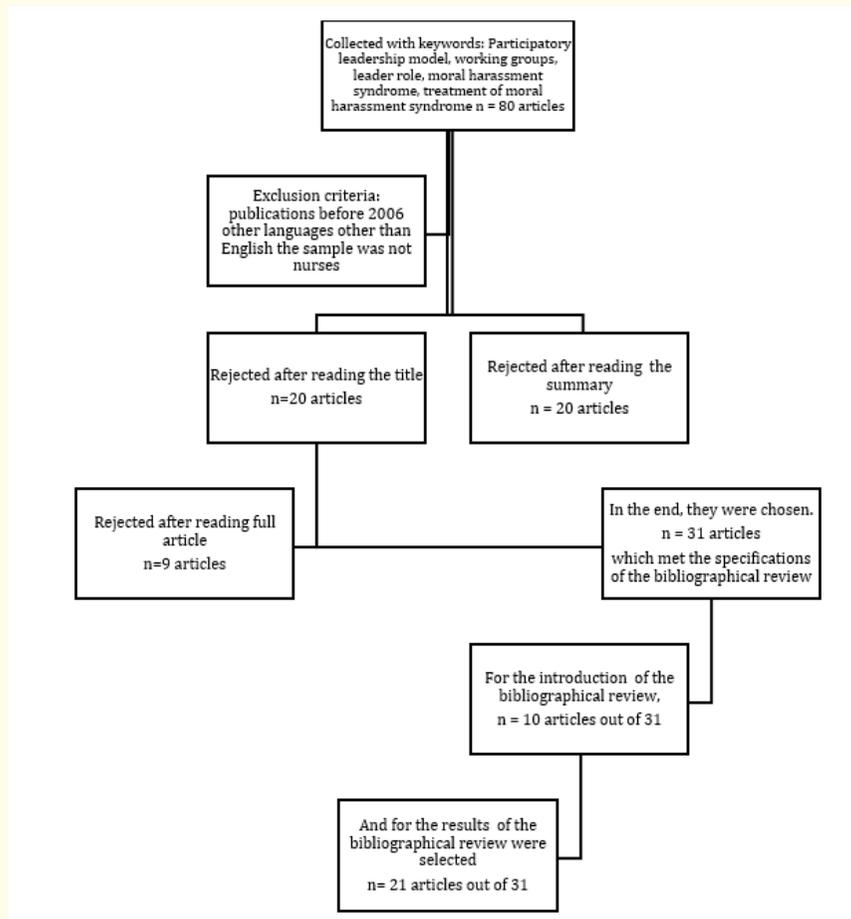
The purpose of this systematic review was to investigate the relationship between the participatory leadership model and the ethical harassment syndrome in nursing.

Materials and Methods

The systematic review of the literature was done in Greek and English, in the period 2006-2016, in the international databases (Pubmed, Medline, Scopus) and in Greek (Iatrotek) and concerns researches and reviews that referred to the participatory leadership model and the syndrome. ethical harassment in nursing.

The keywords used were: participatory leadership model, working groups, leadership role, ethical harassment syndrome, dealing with ethical harassment syndrome.

80 articles were collected based on the title of the systematic review. Exclusion criteria: all articles published before 2006, those that were in a language other than English and Greek and those that referred to other types of professionals than nurses of these 40 articles were rejected after reading the summary. The full article of the remaining 40 articles was then studied and the 31 that met the search requirements were selected. Finally, 21 articles were included in the systematic review (Flowchart 1). No quantitative synthesis of the results was performed and no evaluation of the quality of the studies was attempted, based on specific tools, because the purpose of this systematic review was descriptive.



Flowchart 1: Illustration of the steps of the systematic review of the literature.

Results

The results of this systematic review study showed that the participatory leadership model seems to help reduce the phenomenon of ethical harassment in nursing (Table 1).

Authors	Year	Sample	Type Investigation	Purpose	Results
Bakella P, Giagou E, Brachantini K	2013	521 Nurses	Research	Exploring the dimensions of morality harassment in Greek hospitals and its effects on the health of nurses	The need to inform nurses about the timely recognition of the syndrome and the creation of a safe working environment
Corporal L, Palese A, Bortoluzzi G	2012	175 Nurses	Research	The association of the leadership model with the elimination of the phenomenon of moral harassment	The importance of the role of the coordinator-leader in preventing the emergence of 'negative actions', which is a possible source for the onset of moral harassment syndrome
Bortoluzzi G, Corporal L, Palese A	2014	175 Nurses	Research	Evaluate participatory leadership as the appropriate leadership model to reduce the occurrence of moral harassment between working groups	Moral harassment remains a multidimensional and difficult phenomenon to deal with, and the leadership model cannot be seen as a panacea for solving this problem
Cummings GG, MacGregor T, Davey M, Lee H, Wong CA, Lo E, Muise M, Stafford E	2010	53 studies	Systematic review	Which model contributes to the smoother functioning of nursing departments and to limiting the occurrence of moral harassment, as well as other negative effects	Efforts to implement participatory leadership are necessary to enhance the satisfaction of nurses, prevention and maintenance healthy working environment and to reduce moral harassment
Cevik Akyil R, Tan M, Saritas S, Altuntas S	2012	180 Nurses	Research	Nurses' perceptions of the causes and moral perpetrators harassment, reactions and factors affect the moral harassment	Nurses are often subject to moral harassment. They proposed the participatory leadership model for smoother operation of the nursing departments
Yildirim A, Yildirim D.		505 Nurses	Research	The determination of the percentage of nurses experience moral harassment	Nurses working in private hospitals faced statistical significantly more ethical behaviours harassment. Showed a variety of emotional and social reactions. 10% stated that they were being pushed into the suicide
Vessey JA, Demarco RF, Gaffney DA, Budin WC	2009	303 Nurses	Research	To validate perceptions about the frequency of moral harassment face nurses in the United States	The moral harassment was mainly brought by the leadership team. A lot of people left the workplace. It is necessary to develop and to implement innovative strategies and model participatory leadership

Montano D	2016	19272 Nurses	Research	Highlight the participatory model leadership like the appropriate for the prevention and ensuring the health care nurses	The participatory leadership model contributes to the reduction of cases of moral harassment. Recommendation was made on the need for systematic control and assessment of the behaviour of members of the working groups but and the behaviour of the leader to them
Zaheer S, Ginsburg L, Ghuang YT, Grace SL	2015	2319 Nurses	Research	The ease of reporting errors, ensuring the transparency, and the implementation of the model participatory leadership	The participatory model management ensures that nurses can communicate freely with the their safety concerns, with total transparency without the fear of punishment or punishment ridicule, thus contributing to the and limiting morality harassment
Danet A, March JC, Romera IG	2014	730 Nurses	Research	The collection of proposals nurses for the improving the emotional climate, leadership model, the quality of the information and internal communication to the workspace	The need to implement the model of participatory leadership as the parameters of emotional climate, quality of information and internal communication appeared improved. The limitation of moral harassment was evident
Bobbio A, Manganelli AM	2015	711 Nurses	Research	The association of the leadership model with moral harassment, professional burnout and the intention of nurses to resign from hospitals	Have highlighted participatory leadership as necessary to reduce the burnout and moral harassment that leads to it.
Mosadeghrad AM, Ferdosi M	2013	814 Nurses	Research	The emergence of the leadership model related to the best possible management of conflicts of moral harassment and job satisfaction	Participatory management is not always a good style leadership. Administrators should choose the leadership model in accordance with the organisational culture and employee maturity.
Frederick D	2014	28 studies	Review	Guidance as an effective way to deal with moral harassment in surgery	Guidance, part of participatory leadership, can have a direct impact on the quality of life of nurses
Terzioglu F, Temel S, Uslu Sahan F	2016	772 Nurses	Research	Identifying the variables that affect the performance and productivity of nurses, and exposure to moral harassment	Improving the performance and productivity of nurses as well as properly managing moral harassment are related to participatory leadership
Granstra K	2016	8 studies	Systematic review	The complete treatment and solution horizontal moral harassment to nurses	In order for effective solutions to the problem, it is necessary to include participatory leadership

Castronovo MA, Pullizzi A, Evans S	2016	7 studies	Review	Highlighting the critical need to solve the problem of moral harassment in nurses	In order to solve the problem of moral harassment in nurses, it is necessary to highlight the problem and to deal with it through participatory governance and incentives
Aksakai FN, Karasahin EF, Dikmen AU, Avci E, Ozkan S	2015	538 Nurses	Research	The determination of the frequency and risk factors for the exercise of ethical harassment in the hospital	The prevalence of moral harassment was high among nurses and it is necessary to implement participatory leadership
Alkorashy HA, Al Moalad FB	2016	370 Nurses	Research	Determining the prevalence of moral harassment in the workplace, in the most common type of offender as well as the factors contributing to that	The prevalence rate of moral harassment was extremely high among nurses. The management of health by the management of hospitals must adopt and implement participatory leadership to prevent the impact and control the prevalence of
Bobbio A, Bellan M, Manganelli AM	2012	273 Nurses	Research	The impact of participatory leadership in moral harassment and dealing with it	Participatory leadership provides empowerment and trust in the leader. The trust was strengthened by the leader's support and information to the nurse who has been subjected to moral harassment
Rothlin F	2013	23 studies	Review	Identifying ethical harassment and health risks for nurses	Participatory leadership provides important organisational opportunities for health promotion
Tonso MA, Prematunga RK, Norris SJ, Williams L, Sands N, Elsom SJ	2016	1600 Nurses	Research	Investigation of moral harassment in the workplace and the effects on mental health	To examine and implement strategies health care management and policy makers to reduce and prevent violence.

Table 1: The results of the systematic review of the participatory leadership model and the ethical harassment syndrome in nursing are as following.

Discussion

In a research by Bakella, *et al.* [11] in nurses of 7 hospitals of the 6th RAE, in February 2013, in Greece, it was found that the nurses fell victim to the syndrome of moral harassment at a rate of 71%. It is important that 72.6% did not know that there was an organized, scientific network for dealing with the phenomenon. It was deemed necessary to create a safe working environment, as only for 9.2% of the nurses he found the supervisor as a source of help.

Caporale, *et al.* [12] conducted research aimed at correlating the leadership model as a means of eliminating the phenomenon of moral harassment.

The sample of this study was 175 nurses in Northern Italy and the results confirmed that the adoption of a non-participatory leadership model leads to a greater diffusion of “negative actions” among nurses. The participatory leadership model allows the reduction of anxiety in the workplace and therefore the reduction of the factors associated with it. In addition, it provides the nursing team with quality and relief. This study also highlighted the importance of the role of coordinator-leader in preventing the occurrence of “negative energies”, which is a possible source of the occurrence of moral harassment syndrome.

In another study in northern Italy, Bortoluzzi, *et al.* [13] attempted to evaluate participatory leadership as the appropriate leadership model for reducing the incidence of ethical harassment among working groups. The sample consisted of 175 nurses from various public hospitals. The results confirmed that the contribution of a participatory leadership model to the weakening of moral harassment was significant. The participatory leadership model allows the reduction of tensions in the nursing team. However, moral harassment remains a multidimensional and difficult to deal with phenomenon, and the leadership model cannot be considered a panacea for solving this problem.

The systematic review by Cummings, *et al.* [14] on which leadership model contributes to the smoother operation of nursing departments and the reduction of the occurrence of moral harassment, as well as other negative effects, led to the following conclusions: The development of supportive and participatory leadership enhance the satisfaction of the nursing team and help maintain a healthy work environment. Especially now that the situation in the health field has deteriorated due to the lack of nursing staff, it is considered necessary. Of the 53 studies included in the systematic review, 24 studies specifically stated that the ideal leadership model is participatory leadership as it focuses on the human being and the development of healthy relationships between nurses. It was associated with higher job satisfaction, while in 10 studies it was found that leadership models that focus on completing work alone were associated with lower job satisfaction and the occurrence of incidents of moral harassment. They recommended that efforts be made to encourage and develop a participatory leadership model and to hire new nurses in order to maintain a healthy work environment.

From a sample of 180 nurses in Turkey from July 2007 to January 2008, Cevik, *et al.* [15] found that nurses are often subject to moral harassment. The phenomenon was observed especially in younger nurses, with less institutional and professional experience. This was followed by nurses with lower levels of education, those who worked in closed wards. Higher levels of moral harassment were also observed in night shifts. Nurses cited the type of leadership exercise and poor working conditions as the most important causes of moral distress syndrome. They proposed the participatory leadership model for a smoother operation of the nursing departments.

The participants in the following study by Yildirim, *et al.* [16] were 505 nurses. The 325 (64%) worked in public hospitals and 180 (36%) in private hospitals. All participants were women. The vast majority (86.5%) of the nurses who participated in the survey report that they have experienced moral harassment in the workplace in the last 12 months. Nurses working in private hospitals experienced statistically significantly more behavioral harassment behaviors than those working in public hospitals ($p < \text{or} = 0.02$). Nurses who experienced moral harassment were found to have a variety of emotional and social reactions. The most common reactions of participants to avoid moral harassment were to work harder and more carefully. In addition, 10% of participants said it was like being pushed into suicide. They suggested that such behaviors in the workplace be controlled by leadership and restricted with appropriate policies. In addition, leaders need to adopt a participatory leadership model to prevent the development of these behaviors.

Research findings by Vessey, *et al.* [17] in a sample of 303 American nurses (mean age 49 years) showed that moral harassment was perpetrated primarily by the leadership team. More specifically, it is reported that the perpetrators were mainly nurses who held a leading position (24%), the same level of nurses (17%), lower level nurses (14%), and doctors (8%). Nurses reported being publicly humiliated, isolated, excluded, or over-criticized. In the problems they faced, they found support mainly from family, colleagues and friends and not from an appropriate service in the workplace with infrastructure to solve such problems. Many left the workplace, with or without jobs

waiting for them. Finally, they propose the implementation of a participatory leadership model and the implementation of innovative strategies to address the phenomenon.

The results of a large survey of Montano [18] in Europe showed that the participatory leadership model is appropriate for preventing and ensuring the health of nurses. Sound conflict resolution and the leader's ability to plan work have emerged as powerful factors in this direction. The participatory leadership model seemed to play an important role in preventing both musculoskeletal and psychosomatic problems. Psychological support from the leader, feedback about the work, encouragement for all members of the working groups to participate in decision-making, have become serious factors in preventing and protecting against occupational risks. It also appeared to help reduce cases of moral harassment. A recommendation was also made for the need for systematic control and evaluation of the behavior of the members of the working groups as well as the behavior of the leader towards them. Zaheer., *et al.* [19] study aimed to examine nurses' perceptions of three variables that according to the broader literature are important for improving patient safety. These variables were ease of reporting errors, ensuring transparency, and implementing the participatory leadership model. The results of the study showed that the ease of reporting errors, ensuring transparency and applying the participatory leadership model are positively related to nurses' perceptions of improving patient safety. All nurses must be involved in the management of health care and an easy and effective error reporting system must be implemented. Leaders of healthcare organizations need to be provided with learning opportunities about the benefits of participatory leadership. This way they will be able to immediately understand the ideas of the nursing staff and their concerns when making safety decisions. Finally, healthcare management must ensure that nurses can communicate their safety concerns freely, in complete transparency without fear of punishment or ridicule, thus helping to reduce moral harassment.

Danet., *et al.* [20] studied the perceptions of 730 nurses at a university hospital in Andalusia, Spain about emotional climate, leadership style, quality of information, and internal communication. Their aim was to gather the suggestions of the nurses to improve these characteristics in the workplace. The results showed the need to apply the participatory leadership model as the parameters of the emotional climate, the quality of information and internal communication appeared improved.

The limitation of ethical harassment was evident and they observed that more training was needed to focus on participatory leadership and its benefits.

The aim of the contemporary study by Bobbio., *et al.* [21] was to correlate the leadership model with moral harassment, burnout, and nurses' intention to leave hospitals. The study was conducted in two major public hospitals in Italy. The sample had an average age of 42.06 years, while the overall average for working time was 12.99 years. Data were collected in 2012. The leadership model seemed important for job satisfaction and psychological support for nurses. The role of trust in the leader and the organization, highlighted participatory leadership as necessary to reduce burnout as well as the moral harassment that leads to it. Interestingly, the greater the cynicism, a consequence of the moral harassment, the higher the intention of the nurses to leave the hospital. The training of leaders was deemed necessary for the management of the nursing staff. The research of Mosadeghrad., *et al.* [22] in Iran is also interesting. The sample of the research consisted of 814 nurses of public hospitals, among whom some held leading positions. This study aimed to highlight the critical role of leadership in job satisfaction. The results of the research showed that while the dominant model of hospital leadership was participatory, employees were moderately satisfied with their work and there were several victims of moral harassment. Wages, bonuses, promotions, potential rewards, interpersonal relationships and working conditions were indicators of job satisfaction. The leadership model and job satisfaction were found to be closely intertwined. In this research, however, the participatory leadership model did not always appear to be a good leadership model. Leaders, the authors suggested, should choose the most appropriate leadership model depending on the organizational culture and organizational maturity of the employees.

The important role of the leader-mentor in reducing moral harassment is highlighted by Frederick's study [23].

The results of his study showed that the leader-mentor and the leadership model he adopts have a direct impact on the longevity of nurses in an organized health care unit. Guidance by a role model ensures that nursing team members have respect, open communication, trust, participation in decision-making and goal-setting, and limiting ethical harassment among members. The participatory leadership model is proposed to achieve this culture in the working group and to provide higher quality nursing care.

Identifying factors that affect nurses' performance and productivity, such as professional conduct, the organization of justice, culture, and moral harassment, were the focus of Terzioglu's research, *et al* [24]. This contemporary study included 772 working nurses. at a university hospital in Turkey, accredited by the International Commission. The results of the study showed that the identification of factors that affect the performance and productivity of nurses is important for the provision of effective health services. The professional behavior had a high score. However, the organization of justice and culture had a low score. The nurses suffered high levels of moral harassment. With the implementation of the participatory leadership model, the organization of justice increased, the culture improved, and moral harassment was reduced. The results of the study were considered significant for improving nurses' performance and productivity.

Granstra's study [25] addresses ethical harassment and finds that nurses experience the phenomenon to a disturbing degree. Sometimes, moral harassment is not exercised by the leadership but manifests itself among colleagues and is known as horizontal moral harassment, posing a serious issue for the nursing profession. Horizontal moral harassment has negative consequences not only for nurses but also for patients. He considers it necessary to solve this problem by the leadership by applying the model of participatory leadership. The first step is to determine what constitutes moral harassment and then to develop a clear process for dealing with the phenomenon.

Ethical harassment is an extremely common phenomenon that has negative consequences for nurses and health care institutions, Castronovo, *et al.* [26] conclude after their research. Their article highlights the need to address the problem as it has also been linked to increased patient mortality. They also stress that the efforts that have been made so far have been unsuccessful, as the necessary interventions, such as the participatory leadership model, are not being implemented. They believe that further research is needed to highlight the seriousness of the consequences of the phenomenon. These studies, they believe, will lead to solutions that will include incentives for hospitals to implement the necessary interventions and ensure that they will have an effect.

The purpose of the study by Aksakai, *et al.* [27] was to determine the incidence of physical violence, verbal violence and moral harassment experienced by nurses in a university hospital. For this contemporary study, a form of questionnaire recommended by the WHO (World Health Organization) and the International Labor Organization was used to determine the occurrence of the phenomena in the last 12 months. The results showed that the prevalence of physical violence was 13.9%, verbal violence 41.8% and the phenomenon of moral harassment accounted for 17.1%. They recorded that nurses who worked more than 40 hours a week were 1.86% more prone to such behaviors than other nurses. They also note that less than the victims do not state what they have suffered. An important factor that contributes to the occurrence of the phenomena was the long working hours but also stressed the need to implement a participatory leadership model to prevent and address them immediately. A University Hospital in Riyadh, Saudi Arabia, conducted a study by Alkorashy, *et al* [28]. The sample consisted of 370 nurses. Nearly half of the participants had experienced moral harassment and violence in the workplace during the 12 months before the study began. The majority of participants had been morally harassed through verbal abuse. More than half cited lack of staff, workload, lack of leadership division of labor, lack of training of nurses, long wait for patients for service and lack of participatory leadership model for prevention. these phenomena by implementing similar strategies. Finally, they state that the phenomenon of moral harassment and violence is extremely intense in Saudi Arabia and consider that leaders need to show zero tolerance for these phenomena.

A team of 273 nurses from an Italian hospital took part in the simultaneous study of Bobbio, *et al.* [29] on a voluntary basis, by completing an anonymous questionnaire. This study aimed to highlight the leadership model that contributes to the proper functioning of the nursing service and reduces burnout. It was confirmed by the results of the research that the factors that determined the ideal leadership

model had the characteristics of the participatory leadership model. The adoption of the characteristics of the participatory leadership model such as trust in the leader, the organization of the nursing team through participation in decision making, the empowerment of its members, the planning of nursing work with the aim of patient safety and excellence in care, have been shown to be beneficial in ensuring a healthy work environment with the aim of avoiding burnout and moral harassment. They suggest that the results of the research be communicated to training programs aimed at health care supervisors and administrators.

Röthlin was concerned with the strategies for orienting hospitals towards health promotion [30]. The aim was to focus on the conditions in which hospitals operate, the organizational systems under which they are managed, and to develop a management strategy aimed at promoting health for both patients and nurses. Managers-leaders must manage the complexity of the problems, the contradictions and the structural changes that are necessary in order to promote health. In this context, the participatory leadership model is recommended as it seemed to support important organizational qualities that can contribute in this direction.

A random sample of 1600 Australian Health and Social Services workers were invited to participate in the Tonso, *et al.* [31] the study investigated exposure to violence in the workplace, and moral harassment, and how these phenomena are related to psychological health. Participants consisted of employees in many disciplines, including nursing, social work, occupational therapy, psychology and administration. A total of 411 members responded to the survey (response rate 26%). 83% of the total sample reported exposure to at least one form of violence in the past 12 months. The most commonly reported form of violence was verbal abuse (80%), followed by physical violence (34%) and then moral harassment (30%). Moral harassment and violence have been shown to be prevalent in the workplace. The impact is the appearance of serious psychological health problems in employees. Proposed participatory leadership strategies to be implemented by health care management and policy-makers to reduce and prevent moral harassment and violence.

Conclusion and Suggestions

The leadership model that seems appropriate to eliminate the phenomenon of moral harassment is participatory leadership. According to the studies mentioned, the participatory leadership model allows the reduction of conflicts and tensions in the nursing team, utilizes every potential of its members, provides encouragement and satisfaction, works with vision and clear goals and finally, presupposes the participation and cooperation of all members of the nursing team. This ensures a healthy working environment necessary to provide high quality health services.

New research is needed on the leadership model that will prevent the phenomenon of moral harassment. The training of nurses is also necessary both for the recognition of the phenomenon and for its management. The continuous effort to change the culture with open communication from the leadership and with the introduction of seminars and training programs are proposed to eliminate the phenomenon.

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