



MOBBING MOBBING IN THE LABLOR TEAM OF A PHARMACY ESTABLISHMENT: CAUSES AND CONSEQUENCES



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Abstracts

1. The situation in pharmacies regarding the presence of mobbing in the workforce has been studied.
2. The reasons for mobbing in the staff of the pharmacy and the its reasons in the staff of the pharmacy by the employee who is subjected to mobbing are formulated.
3. Statistically significant relationships between the attitude of pharmacy staff to mobbing and age were identified; general work experience and work experience in a pharmacy; gender, managerial, professional and interpersonal tolerance and its identification-group component and commitment to the pharmacy Negative attitude to mobbing is manifested in the most loyal to the pharmacy staff.
4. The consequences of mobbing in the workforce of the pharmacy were determined

Introduction

1. The situation in the workforce of any pharmacy is characterized by a socio-psychological climate.
2. But in any team there are periodic conflict situations that lead to a deterioration of the socio-psychological climate in the workforce and the level of pharmaceutical services to pharmacy visitors.
3. The professional activity of a pharmacist should be based on value orientations, which are reflected in the attitude of pharmacists to visitors and colleagues and attitude to themselves, and minimizing conflicts with visitors to the pharmacy and with colleagues.
4. It should be noted that the unfavorable socio-psychological climate in the workforce may be characterized by the presence of such a phenomenon as mobbing.

The aim

Analysis the causes and consequences of mobbing that occurs in the staff of the pharmacy.

Materials and methods

1. The methods used in the study include methods of theoretical generalization, analysis and synthesis, content analysis, expert survey, correlation analysis.
2. To determine the causes the emergence of mobbing, its manifestation and consequences the sociological survey of pharmacy staff was conducted from March 2021 to January 2022 in Kharkiv (23.1% of respondents), Poltava (17.4% of respondents), Vinnytsia (4.9% of respondents), Sumy (14.2% of respondents), Zaporizhia (13.3% of respondents), Ternopil (5.6% of respondents), Zhytomyr (3.9% of respondents), Rivne (7.1% of respondents), Lviv (5.7% of respondents), Ivano-Frankivsk (2.9% of respondents) and Khmelnytsky (1.9% of respondents) regions of Ukraine.
3. The total number of respondents is 347.

Results

1. 31% of respondents in their professional activities encountered mobbing, and 47% said that such phenomena were quite common, and 44% often encountered insults and intimidation.
2. The reasons for mobbing in the staff of the pharmacy were: competition in the workplace (9.9±0.1 points); envy of a younger or more successful colleague (9.4±0.15 points); distribution of statuses in the labor collective (9.3±0.1 points); low level of communication skills (9.2±0.1 points); unhealthy socio-psychological climate in the workforce (9.1±0.2 points); age features (9.0±0.3 points); new job (8.9±0.22 points);management loyalty (8.6±0.25 points); professional achievements (8.3±0.12 points); personal intolerance (8.2±0.1 points); various requirements of the head of the pharmacy to the staff of the pharmacy (8.1±0.2 points); staff turnover (7.9±0.15 points); inadequate perception of one's own personality (overestimation or underestimation of self-esteem, inferiority complex or advantage) (7.7±0.3 points); the probability of taking the job of another member of the labor collective, who was loved in the collective and did not want her dismissal (6.4±0.4 points); ambitions and desire to feel power over others (6.1±0.12 points); general culture of labor collective members (5.3±0.2 points);indulgence of the head of the pharmacy to fans of intrigue and backstage games (5.0±0.1 points); non-acceptance of the rules established in the staff of the pharmacy (4.9±0.14 points); unwillingness to change the usual things (4.7±0.13 points); new team member (3.9±0.2 points); blurred boundaries of responsibilities and duties (3.6±0.14 points).
3. The survey allowed us to conclude that mobbing in the staff of the pharmacy may manifest itself in the boycott of the employee (9.1±0,15 points); constant and often unfounded criticism (8.4±0,1 points); unfair and offensive evaluation of work (7.9±0,17 points); aggressive attacks on the individual employee (6.3±0,12 points); encroachment on social authority (6.1±0,2 points); ridicule (5.7±0,18 points); doubts about the decisions of the subject (5.3±0.13 points); social isolation from the workforce (4.6±0,21 points); constant criticism and provocations (3.8±0,11 points); dissemination of knowingly false information (rumors and gossip) (3.2±0,19 points); attacks on political or religious beliefs (2.9±0,1 points); sexual harassment (1.7±0,09 points).
4. The consequences of mobbing, determined on the basis of questionnaires of pharmacy staff, which negatively affect the effectiveness of the pharmacy, are: the creation of an unhealthy socio-psychological climate in the workforce (9.2±0,25 points); high staff turnover (8.5±0,13 points); reduction of staff productivity (8.3±0,14 points); violation of communication links in the workforce (8.1±0,21 points); breach of communication between pharmacist and pharmacy visitor (7.6±0.18 points); outflow of regular visitors (7.3±0,19 points); deterioration of the reputation of the pharmacy (7.1±0,21 points); reduction in the number of visitors to the pharmacy (6.7±0,19 points); increase in the number of absenteeism (5.9±0,1 points); revenue reduction (5.1±0,08 points); causing material (theft, damage to personal belongings) damage (3.8±0,21 points); assignment to perform tasks not provided for in official duties (0.9±0,13 points); task of physical damage (0.2±0,05 points).
5. The consequences of mobbing for his an employee, who is being mobbed,are: inadequate underestimation of self-esteem and the emergence of inferiority complex (9.6±0,11 points); increased anxiety, stress, phobias, depression, neurosis (9.1±0,13 points); reduction of labor productivity (8.9±0,16 points); deviations in behavior (8.0±0,2points); reduction of creative thinking (6.7±0,21 points); reduction of motivation to perform professional duties (6.1±0,18 points); causing material (theft, damage to personal belongings) damage (5.3±0,14 points); aggression (4.7±0,19 points); distrust of people (4.3±0,1 points); addiction (alcohol, tobacco, drugs, psychology, etc.) (3.5±0,13 points); suicidal thoughts (1.1±0,08 points); the emergence of mental illness (0.5±0,04 points).

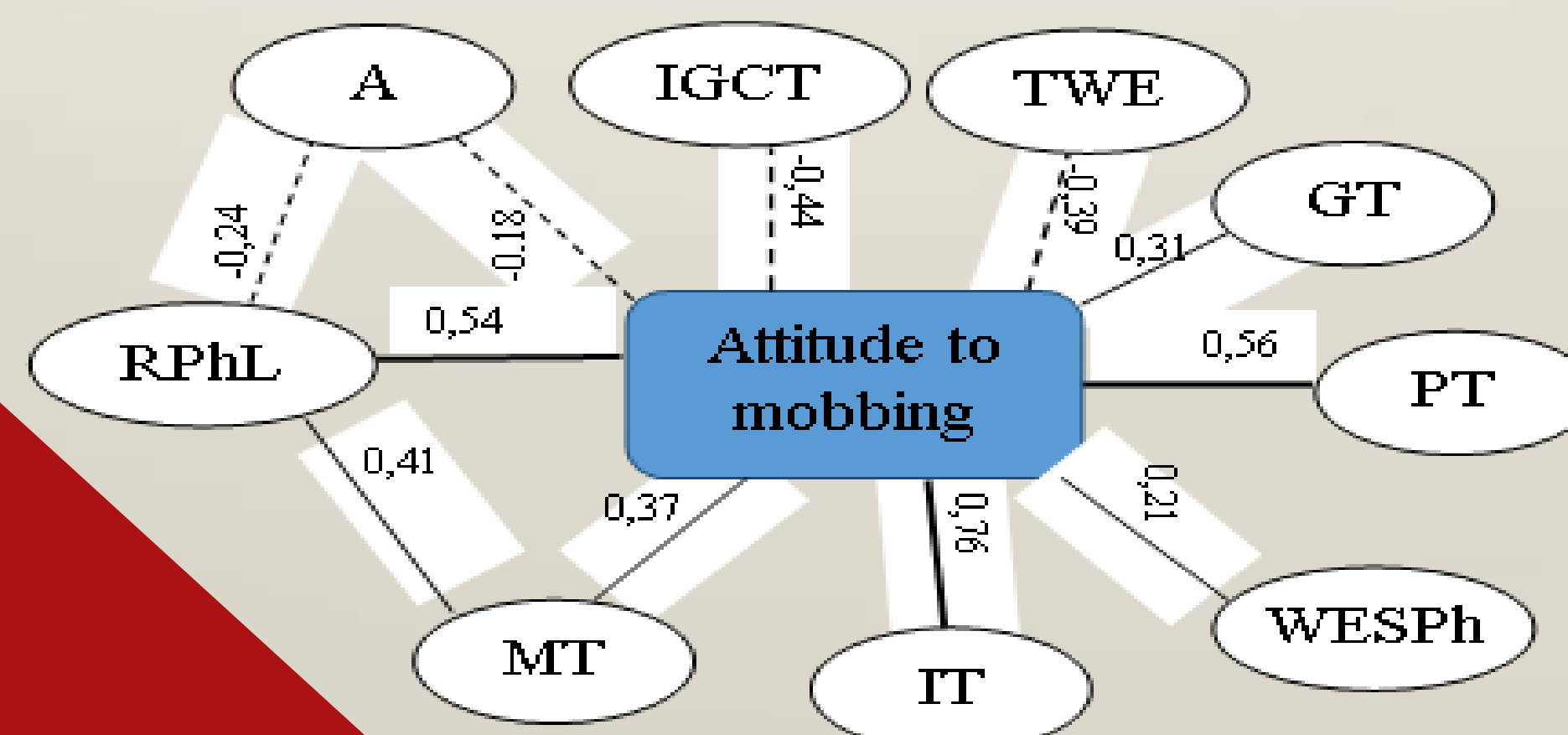


Fig. Correlation between demographic and psychological indicators inherent in the staff of the studied pharmacy and the attitude to mobbing, where demographic indicators: A – age; TWE – total work experience; WESPh – work experience in the studied pharmacy; GT – gender tolerance; psychological indicators: MT – managerial tolerance; IT – interpersonal tolerance; PT – professional tolerance; RPhL – loyalty to the pharmacy; IGCT – identification-group component of tolerance; * – statistically significant correlation (p≤0,05) (r=0,24)

Conclusions

The causes of mobbing in the pharmacy have been identified. In the perspective of the identified problems of mobbing in the pharmacy, its consequences for the pharmacy as a whole are determined