Review Article

ACADEMIC MOBBING: HIDDEN HEALTH HAZARD AT WORKPLACE

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ABSTRACT

Academic mobbing is a non-violent, sophisticated, 'ganging up' behaviour adopted by academicians to "wear and tear" a colleague down emotionally through unjustified accusation, humiliation, general harassment and emotional abuse. These are directed at the target under a veil of lies and justifications so that they are "hidden" to others and difficult to prove. Bullies use mobbing activities to hide their own weaknesses and incompetence. Targets selected are often intelligent, innovative high achievers, with good integrity and principles. Mobbing activities appear trivial and innocuous on its own but the frequency and pattern of their occurrence over long period of time indicates an aggressive manipulation to "eliminate" the target. Mobbing activities typically progress through five stereotypical phases that begins with an unsolved minor conflict between two workers and ultimately escalates into a senseless mobbing whereby the target is stigmatized and victimized to justify the behaviours of the bullies. The result is always physical, mental, social distress or illness and, most often, expulsion of target from the workplace. Organizations are subjected to great financial loss, loss of key workers and a tarnished public image and reputation. Public awareness, education, effective counselling, establishment of anti-bullying policies and legislations at all levels are necessary to curb academic mobbing. General practitioners (GPs) play an important role in supporting patients subjected to mental and physical health injury caused by workplace bullying and mobbing.

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INTRODUCTION

Job satisfaction is strongly connected with good interpersonal relationships. The social support one receives at work helps to build up self esteem and confidence.¹ Workplace bullying is a widespread and enormous problem, wreaking havoc on personal lives and organizational effectiveness. Surveys of bullying in United Kingdom (UK) indicate that between 12%-50% of the workforce experience bullying.²

Work related stress presenting as physical complaints of anxiety depression is a common problem encountered in general practice. Through understanding the cause and mechanism of workplace mobbing, General Practitioners (GPs) are better equipped to recognize and diagnose this "social illness" and will be in a better position to empower targeted patients to deal with it in a practical way to prevent further mental and physical health injury. To the academicians, early recognition of this entity with its stereotypical pattern and progression of psychological abuse is essential to break the cycle and to stop the mobbing activities before they proceed too far.

DEFINITION OF ACADEMIC MOBBING

Davenport *et al.* describes "mobbing" as a form of organizational pathology in which co-workers essentially "ganged up" and engaged in an ongoing rituals of humiliation,

exclusion, unjustified accusations, emotional abuse and general harassment in their malicious attempt to force a targeted worker out of the workplace.³ It usually begins with one person who decides that he or she is threatened by a colleague and thus begins a desperate campaign that spreads through the workplace like a disease, infecting person after person with the desire to eliminate a target.⁴ People resort to mobbing to cover up their own weaknesses and deficiencies.⁵ The term "bullying" describes attack by a single individual; it does not capture the particular grievousness of "mobbing" that refers to a group attack on a worker.⁶

College and university campuses are common grounds for this non-violent, polite, sophisticated kind of academic mobbing culture. If professors aim to put a colleague down, a clever and effective strategy is to wear the target down emotionally by shunning, gossip, ridicule, bureaucratic hassles and withholding of deserved rewards.⁷ Women faculty members who are outspoken about ethical and unjust matters are usually the targets being mobbed. Their competence and professional success are perceived as threats by the bullies.⁸

MANIFESTATION AND RECOGNITION OF MOBBING BEHAVIOR

Mobbing targets may find that they are subjected to a series of bullying and mobbing activities as listed in Table 1. Leymann Malaysian Family Physician 2010; Volume 5, Number 2 ISSN: 1985-207X (print), 1985-2274 (electronic) ©Academy of Family Physicians of Malaysia Online version: http://www.e-mfp.org/

identified and summarized these bullying activities into five categories depending on the effects to the target. 5

Targets have legal protection when experiencing some of the behaviours associated with categories 3 and 5. But majority of behaviours in categories 1, 2 and 4 are considered an organization's prerogative.³

Table 1: Bullying activities:^{5,11}

I - Attacks on target's self expression

Target is constantly criticized. Subjected to nit-picking and trivial fault finding. Intimidation, humiliation and threats behind closed doors.

Given silent treatment. Bully refuses to communicate, avoids eye contact (indicator of abusive relationship), instructions received only via email, memos or yellow stickers.

II - Attacks on target's social relations

Target is subjected to excessive monitoring, snooping.

Conspiracy (other staff coerced into fabricating allegations. Complaints are often trivial and bizarre, bear striking similarity suggesting common origin).

Target is overruled, ignored sidelined, marginalized, ostracized.

Isolated and excluded from what is happening.

Subtle threats to other staff that are on good terms with target.

Use of target's friends to be bearers of bad tidings or as informants.

III - Attacks on target's reputation

False allegations and pathological lies against target.

Defamatory remarks are directed at target's character rather than on environmental factors.

Stigmatization of target's reputation within the department, institution and other institutional network.

Target is subjected to unjustified disciplinary action based on trivial or false charges.

Truths are distorted to justify wrongdoing of the bullies and to project the blame onto the target.

Resistance to independent, outside review of sanctions imposed on target.

Outraged response to any appeals for outside help the target may take.

IV - Attacks on target's professional life

Target's explanations of achievements are ridiculed, overruled, dismissed or ignored.

Starved of resources while others receive more than they need.

Work plagiarized, stolen and copied. Bully then presents their target's work to the superior as their own.

Either overloaded with work or have their work taken away or replaced with inappropriate menial jobs.

Request for leave have unacceptable and unnecessary conditions attached. Previous approval may be overturned. Annual leave, emergency leave and sick leave are denied.

Do not have clear job description. Bully deliberately makes the person's role unclear.

Invited to informal meetings that turn out to be disciplinary hearings.

Promotion blocked and sabotaged. Target may be degraded and demoted to a lower position instead.

Subjected to unwarranted and unjustified verbal or written warnings.

Under frequent threats of verbal or written dismissal based on fabricated charges or flimsy excuses often using trivial incidents from the past.

Coerced into reluctant resignation, enforced redundancy, early retirement or ill health retirement.

Denial of target's rights to earn a livelihood (prevention of his/her getting another job) even after target has left the institution.

V - Attacks on physical and mental health of target

Target is belittled, degraded, demeaned, ridiculed, patronized.

Undermined, threatened, shouted and humiliated especially in front of others.

Harassed with intimidating memos notes or emails with no verbal communication.

Encouraged to feel guilty and to believe they are at fault.

Mental health trap.

FACTORS CONTRIBUTING TO MOBBING ACTIVITIES

Organizational dynamics particularly its culture and leadership, values and beliefs may foster and reinforce workplace mobbing. Management may participate in or actually initiate the mobbing or may know that a lower level manager is harassing employees but will not intervene.⁶

The most common trait of mobbing is that targets are highly achieving or superior in some arena (teaching, research, etc), blowing the whistle or having knowledge about a serious breach of ethics or wrongdoing by a powerful person in the workplace.⁹ People who are good at their jobs, are popular with colleagues or students, who speak out against unethical behaviour and are intolerant of hypocrisy are often targets of bullying. Those with integrity to withstand the efforts of the bully to create a group of "yes men or women" risk being victimized. It is often the person who is potentially an organization's best asset who becomes the target of bullying.¹⁰ Many mobbing targets love their work; they derive purpose and pleasure from it.9 Because targets tend to be forgiving, it is difficult for them to accept that another human being could knowingly cause such cruelty. They suffer grave injustices often for years without recognizing the problem as bullying.¹⁰

There is considerable consensus that workplace bullies are selfish, inadequate, insecure and totally insensitive. They can be evasive, manipulative, dishonest and convincing. They are

unable to fulfil the duties and obligations of their position but have no hesitation in accepting salary.⁸ Jealousy and envy (of talents, abilities, circumstances or possessions of others) are strong motivators of bullying.¹⁰ Bullying bosses frequently intimidate those who have the skills to do the job better than them. They diminish the confidence and integrity of others in order to deflect attention from their own inadequacies.¹⁰ Bully's inappropriate behaviours are dysfunctional means of dealing with their own problems of low self esteem and incompetence. Since childhood, bullies have learnt that they can avoid the unpleasant consequences of bad behaviour through the instinctive response of denial, blame and feigning victimhood.¹¹

Over 90% of the cases reported to the UK National Workplace Bullying Advice Line involve a serial bully. One in 30 people is a serial bully with sociopathic traits.⁹ Their behaviour profile includes compulsive lying, a Jekyll and Hyde nature, superficial charm, considerable capacity to deceive, an arrested level of emotional development and a compulsive need to control.² Serial bully likes to play people off against each other. They

Table 2: 5 Phases of mobbing^{3,6,10,12,13,21}

Phase 1 – Critical incident (Conflict phase)²¹

An organizational conflict that is not managed lingers on, and subsequently compounds into a mobbing process that escalates into a critical incident.³ Target is accused of anything from making an insensitive remark to committing an unethical act. Whether real or perceived, these accusations gave justification to the mobbers to take administrative actions against the target.

Phase 2 – Mobbing and stigmatizing²¹

Phase 2 consists of aggressive acts and psychological assaults against the target with the intent to "get at a person" or punish him or her.¹⁴ A bully's aggression often manifests itself in criticism, insulting comments, whispers and other insidious behaviour. The effect of this behaviour is humiliation, instillation of terror and fear in the target.¹⁰ By this time more people have been co-opted into the mobbing process.¹³

Phase 3 – Personnel management²¹

Phase 3 is the period in which administration seriously enters into the mobbing, usually after having ignored or minimized it in the earlier phases.^{6,13} Due to previous stigmatization it is easier for administration to misjudge, place the blame on the target and to do something to "get rid of the problem" that is the mobbed person.¹⁴ This often results in serious violation of the individual's civil rights. Because of fundamental attribution errors, colleges and management tend to create explanations based on personal characteristics rather than on environmental factors.¹²

Phase 4 – Incorrect diagnosis²¹

Phase 4 is the period in which administration allies with the mobbers in the construction of the target as "difficult", "under extreme stress", or "mentally ill".^{6,13} Employees who express concerns about inappropriate, unethical or bullying behaviours are frequently described as having a negative attitude, being paranoid or engaging in whistle blowing.¹⁰ If the target seeks contact with psychologist or psychiatrist, there is great risk that that he or she will be labelled with an incorrect diagnosis such as "paranoia', "adjustment disorder" or "character disorder". This judgment can destroy the person's chances of gaining anything from vocational or occupational rehabilitation.¹²

Phase 5 – Expulsion²¹

Phase 5 is the expulsion phase in which the target is forced to leave the organization either by being dismissed or through constructive dismissal because working conditions are intolerable.^{6,13} The mobbing process sometimes continues so as to justify the actions taken by mobbers and to concretely prove the organization's decision as the right decision. Targets may find that they are completely expelled from the labour market, unable to find another job.³

gain gratification from manipulating and watching others destroy each other. $^{11}\,$

PHASES OF MOBBING

Mobbing is the end result of a systematic eliminative process that hides behind a veil of lies and justification making it difficult to prove.¹² An important hallmark of mobbing is the length of time that the episode can go on and the psychological and physical wear and tear on the target.⁴

Leymann and Gustafsson outlined 5 phases of a mobbing episode as listed in Table 2.²¹ A mobbing process follows a predictable, stereotypical course according to research findings.¹² Davenport *et al.* noted that once the phases begin, they develop their own momentum. Phase 3 represents a circuit breaker to the cycle. Unfortunately, when targets finally seek assistance, they are inevitably labelled as a "troublemaker or mentally ill" based on rumours and gossip. This legitimizes senior management's decision to eliminate the target from the workplace.¹³

CONSEQUENCES OF ACADEMIC MOBBING

Effects on targets and family

Damage done to a person through academic mobbing is an injury, not an illness, and is a workplace safety and health issue – not an individual mental health issue.⁶ Mobbing is highly destructive and in extreme cases it can result in suicides.¹⁰

Targets' position and influence in the organization is destroyed.¹⁴ Workplace has its own web of social connections; mobbing targets tend to become ostracized and isolated. Colleagues shy away from targets as if somehow there is guilt by association.⁶ Targets exhibit profound feelings of self doubts, shame, worthlessness, humiliation, unhappiness and desperation.¹⁰ They become withdrawn and alienated from their colleagues, friends and sometimes their families.⁶ Academic mobbing may be responsible for anxiety depression and somatization syndrome that comprises of non-specific complaints such as headaches, dyspepsia, exhaustion, insomnia and dermatological disorder.

Target's obsessive preoccupation with the mobbing experience may have negative impact on communication, intimacy and sex, work, parenting and household management within the family. If the target is forced out of job the resulting loss of income causes financial stress and ensuing feelings of shame and humiliation of not being the provider he or she was.⁶

Targets do not understand because they have no frame of reference, no language to describe what is happening. When their attempts to change the situation fail and they feel all avenues have been exhausted, they are pushed as far as committing suicide or even murder cum suicide.¹⁵ Leymann and Gustafsson estimated that 15% of suicides in Sweden were directly attributed to workplace mobbing.²²

Effects on organization

Destructive effects on the organization include lack of commitment of staff, higher absenteeism, increased personnel turnover and loss of motivation, vision, enthusiasm, creativity, loyalty, job satisfaction and morale. When employees have to protect themselves in abusive workplace, they have little time or mental energy for productivity. Abuse makes them disillusioned, despondent, exhausted and burnt out.^{2,10,14} Frequent leaves, insurance, workman's compensation claims coupled with legal fees often depletes organization's operational and legal funds. The organization's reputation, public relations and commitment from employees are all at stake.¹⁴

For most companies blaming the target is easier than doing the work of educating and helping the targets and bystanders. Often it is far easier for a company to remove the targets as they are seen as the "problem" for 'rocking the boat".¹⁶ Until organization begins to examine what is really going on and until problems can be brought to the surface for open and honest discussion, bullying will continue to thrive and destroy individuals and entire workplace.¹⁰

Bystanders and bullying

Sadly co-workers do not support the target. They are scared they may be the next victim, should they show any compassion. Research indicates that the longer the target endures the mobbing the more difficult it is for bystanders to remain neutral and they become implicated in the mobbing process.¹³ For perpetrators to be able to bully they need secrecy, cooperation and silent witnesses of bystanders.¹⁷ Co-workers are easily conned into following a strong charismatic leader.¹⁷

The various reasons why bystanders do not support the targets are listed in Table 3.

PREVENTION AND COPING STRATEGIES

Health injuries caused by academic mobbing are catastrophic and leave behind long term consequences. Effective counselling intervention must include all levels – the target, the family and the organization.⁶

The best possible ways of preventing academic mobbing is to ensure that workplaces are psychologically safe and healthy places to work in. All employees must be treated with respect and dignity, bullying is not to be tolerated.¹⁰ Management must be able to recognize early signs of mobbing and resolve the conflict before it escalates. Procedures must focus on the

Table 3: Reasons why bystanders do not support target^{11,20}

- 1. Work colleagues have no understanding or experience of bullying, manipulation, psychological violence, etc.
- 2. Few have integrity and moral courage to stand up against the bully. They pretend nothing is happening then it won't happen to them (their turn will come eventually).
- 3. They lack critical thinking skills and analytic abilities, cannot see through facade or bully's mask of deceit.
- 4. Bullies poison the atmosphere and actively poison people's minds against the target, to regard target a threat to organization, as having "mental health problem". They use implied threats of disciplinary action against anyone who is friendly to the target. They form alliance with colleagues with same behaviour profile.
- 5. When there is conflict, most people want to be on winning side or on side they think will survive.
- 6. Some gain gratification (perverse feeling of satisfaction) in witnessing the sufferings of the target.
- 7. Bystanders see Dr Jekyll's side of the bully, target sees Mr Hyde's side of the bully.
- 8. Bullying is subtle and behind closed doors. Comprises of hundreds of incidents which out of context and in isolation are trivial. Bystanders do not see the full picture.
- Bystanders are hoodwinked by bully's ruses for abdicating responsibility and evading accountability example, "that's all in the past, let's focus on future", "forgive and forget, you've got to move on", "what's past no longer relevant, make fresh start".
- 10. Colleagues are with own share of problems, they are not going to risk losing their job for someone else.

situation, issue or behaviour, not on the people.¹⁴ Employees can be educated and committed to stop bullying. It has been found that when witnesses support the target, the negative emotional and physical effects of workplace trauma are reduced considerably.¹⁷

Education about mobbing is itself a remedy and vital therapy for targets. Laws will be changed if enough of us speak out against this "silent epidemic".¹⁶ The need for anti-mobbing legislation is paramount and has long been recognized in European countries.¹⁴

The ultimate objective is for target to recover his or her working life and get back on track whether through administrative reform, publicity of the wrong, redress in courts, removal to new workplace or therapy.¹⁴

TIPS FOR TARGETS

Workplace bullying takes place behind closed doors with no witnesses and no evidence. When called to account the bully uses charm and their Jekyll and Hyde nature to lie convincingly.¹¹ It is only when targets become aware of the nature of their problem that the chances of adequate diagnosis and treatment increase.¹⁰ Free expression should be actively encouraged as it is fundamental to any preventive strategy.⁹

One cannot handle bullying on his/her own. Bullies use deception, amoral behaviour and abuse of power. A serial bully has a completely different mindset, often one that will never change except to improve their skills of manipulation, deception and evasion of accountability.¹¹

Bullying behaviour cannot be explained in logical terms because it is neither logical nor decent. Thinking that it is a

personality clash is an infringement on target's human rights and a denial of his/her dignity. Nothing can justify bullying behaviour. Every employee is entitled to be treated with dignity and respect at all times.¹⁸

Tips for targets on how to deal with workplace bullying are listed in Table 4.

Pitfalls to avoid in general practice consultations when dealing with patients subjected to workplace bullying are listed in Table 5.

When it carries on

Though targets are encouraged to fight back, it is also not worth the damage should their emotional and physical health deteriorate to the extent that they become dysfunctional. Some targets resign and find another job, others claim constructive dismissal.¹⁸

Targets of mobbing can and do survive with their exceptional personal and professional integrity intact. These same qualities that make an individual vulnerable to mobbing can help the target to survive. View this challenge as an opportunity to use freed-up time and energy to focus on scholarly activities and/ or further professional development.¹⁹

CONCLUSION

Academic mobbing is an insidious, non-violent and sophisticated kind of psychological bullying that predominantly takes place in college and university campuses.⁷ Elimination process follows a stereotypical course whereby targets are humiliated, intimidated, terrorized, ostracized, wrongly accused and terminated. Academic mobbing causes targets intolerable suffering and despair, humiliation and death.¹² Academic

Table 4: Tips for targets of academic mobbing^{11,19,20}

- 1. Recognize that there is a name for what you are experiencing and that you could have done nothing to prevent it. Name it. Calling it bullying or psychological violence or harassment makes the problem external. Shame is reduced, healing can then begin.
- 2. Use available resources on the internet. Knowledge is power! Join support groups online.
- 3. Direct friends and family to websites so that they can understand what workplace bullying is and then they will be able to assist you with more knowledge and empathy.
- 4. Practice self care on physical and psychological health. Exercises and relaxation therapy help you through the day though will not take the bullying away. Practice emotional restraint, do not lose your cool even if you think it is unjustified.
- 5. Don't let your position and status define you. Realize you are more than your job or any professional title. If you find yourself marginalized and given fewer key assignments, use your time and energy to focus on other scholarly activities and on networking with professional organizations outside the institution.
- 6. Document down everything and keep documentation in a safe place. Small incidents build up in isolation it may not seem likely to constitute bullying but court does take the cumulative effect of these incidents into consideration. It's the pattern that reveals the intent.
- 7. Confront the bully. Be assertive and make it clear that you will be not treated in such a manner. Put it in writing. If the bully won't back off, tell him or her in no uncertain terms that you will take the matter further.
- 8. Take the matter to the bully's boss either in an interview or in writing. Let it be known to the bully that you have done so. Be clear on what you want. Put it in writing and keep copies of all correspondence. If your correspondence is ignored, send reminders at regular intervals, requesting a response and referring to your previous correspondence.
- 9. Grievance and disciplinary hearings can go wrong because of alliances in the organization. However this remains one of the safeguards provided for in the law that ensures that every possible effort had been made to solve the issue internally.
- 10. Medical records become relevant if you had been seeing your GP or psychologist about stress related illnesses as a result of the bullying. Most countries' laws require that the employer provides a safe and healthy place of work. Beware of mental health trap. It is common practice for employers to order target of bullying to see a psychiatrist and to have the employee diagnosed as being "mentally ill" in order to provide grounds for dismissal whilst thwarting a personal injury claim.
- 11. Give media interviews, write articles, contribute to research or write a book. Use those qualities of competence, popularity, integrity and courage of which the bully was jealous and envious. One of the best ways to raise awareness is to create your own website.
- 12. Consider legal advice. If all else fail, consider taking your employer to Employment Tribunal.

Table 5: Pitfalls to avoid in general practice consultations

- 1. Do not tell the target to snap out of it. It is like telling a depressed person to get out of his depression.
- 2. Telling target that he/she was just being too sensitive will victimize him/her even further.
- 3. Attributing the problem to conflicts and personality clash between two parties does not give due respect and justice to target. It merely indicates ignorance and denial of bullying issues by the GP.
- 4. To comment that target was obsessed with past incidents and could not "let go" means abdicating the bullies of responsibilities of their wrongdoings. Bullying activities will continue and will not stop even if target is able to "let go" of the past.
- 5. To advice target not to talk about it supports the secrecy and confidentiality that is required for mobbing activities to carry on.
- 6. To advice target to submit to the bullying boss's demands to keep peace will not work. Bullies will not back away, they will continue till the target is completely eliminated. Confrontation and standing up to target's human and legal rights will be a better approach. Bullies back away once they realize they cannot win or when their bullying activities are exposed.
- 7. Do not assume that target is also partly responsible for the conflicts. Fear and guilt are two main emotional inflictions imposed on target by the bully to keep him/her silent just as in rape cases. Targets should be rid of these negative emotions and reminded that they just happened to meet the wrong people, at the wrong place, at the wrong time. They have no control over what is happening to them.
- 8. To suggest arranging for mediators to "diffuse conflicts" will not work in workplace bullying. It just gives the bully opportunity to put up a good front to deceive the mediator and to justify the bullying activities.
- 9. Just like in domestic violence, believe in what the target says. Do not be judgmental.
- 10. Psychological abuse is not obvious to the naked eyes. Each incident may appear petty and trivial but the pattern and progression of a sum of these events help in the recognition of workplace mobbing.

mobbing won't stop until colleagues and administrators say 'NO" to mobbing. The consequences of inaction are enormous for everyone, but the real losers in the academy are the students.⁸

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One in four women attending primary care possibly has female sexual dysfunction

Ishak IH, Low WY, Othman S. Prevalence, risk factors and predictors of female sexual dysfunction in a primary care setting: a survey finding. *J Sex Med*. 2010;7(9):3080-7.

This is a cross-sectional survey of 163 married women aged 18-65 years in hospital-based primary care clinic using a validated Malay version of the Female Sexual Function Index (MVFSFI). Sexual dysfunctions were detected as desire problem (39.3%), arousal problem (25.8%), lubrication problem (21.5%), orgasm problem (16.6%), satisfaction problem (21.5%) and pain problems (16.6%).

Two-thirds of perimenopasual Sarawakian women complains of hot flushes, a figure that is lower than Caucasion women (about 75%)

Syed Abdul Rahman SA, Zainudin SR, Lee VKM. Assessment of menopausal symptoms using modified Menopause Rating Scale (MRS) among middle age women in Kuching, Sarawak, Malaysia. *Asia Pac Fam Med.* 2010;9(1):5.

A cross-sectional survey of 356 Sarawakian women aged 40-65 years attending health centres in Kuching, Sarawak, using Menopause Rating Scale.