

# The Interface



## WORKPLACE BULLYING: A Tale of Adverse Consequences

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This ongoing column is dedicated to the challenging clinical interface between psychiatry and primary care—two fields that are inexorably linked.

### ABSTRACT

Workplace bullying is defined as the repetitive and systematic engagement of interpersonally abusive behaviors that negatively affect both the targeted individual and the work organization. According to the findings of 12 studies, being bullied in the workplace affects approximately 11 percent of workers. Victims are frequently blue-collar and unskilled workers. However, there also appear

to be gender and milieu/management factors. Emotional/psychological consequences of workplace bullying may include increased mental distress, sleep disturbances, fatigue in women and lack of vigor in men, depression and anxiety, adjustment disorders, and even work-related suicide. Medical consequences of workplace bullying may include an increase in health complaints such as neck pain, musculoskeletal complaints, acute pain, fibromyalgia,

and cardiovascular symptoms. Finally, socioeconomic consequences of workplace bullying may include absenteeism due to sick days and unemployment. Clinicians in both mental health and primary care settings need to be alert to the associations between bullying in the workplace and these potential negative consequences, as patients may not disclose workplace maltreatment due to embarrassment or fears of retribution.

### KEY WORDS

Bully, bully victim, bullying, employment, job, work, workplace

### INTRODUCTION

Bullying among children and adolescents is well-known, with cyber bullying representing the newest frontier. However, bullying by peers can also occur among adults—particularly in the workplace. In this edition of *The Interface*, we discuss the definition, epidemiology, and various adverse consequences of bullying in the workplace. To gather the information for this article, we performed a PubMed search, using the term *workplace bullying*. We excluded prevalence articles on children, adolescents, and medical personnel (e.g., nurses, physicians, dentists, midwives, and various trainees) because of the concerns about the ability to generalize findings to other employee populations. We also excluded articles that focused on *mobbing* (a term that appears to refer to a variant of bullying) as well as articles written in a language other than English (if the abstract was unclear). Given these exclusions, we are about to disclose a story of bullying that is substantiated by uneven data. But, nonetheless, a story unfolds—a story of adverse emotional, medical, and

socioeconomic consequences that is relevant to both mental health professionals and primary care clinicians.

**A WORKING DEFINITION OF WORKPLACE BULLYING**

According to Askew et al<sup>1</sup>, workplace bullying is the repetitive and systematic engagement of interpersonally abusive behaviors that negatively affect both the targeted individual as well as the work organization. These behaviors oftentimes occur when there are actual or perceived power imbalances between the perpetrator and the victim. The behavioral repertoires of the perpetrators typically include intimidation, degradation, and humiliation of the victim.

**THE PREVALENCE OF WORKPLACE BULLYING**

In the extant literature, there are a number of studies on the prevalence of bullying in the workplace. However, these collective data are difficult to interpret and compare for various reasons. First, a number of studies do not specify for the reader the timeframe for the query on bullying, so we do not know if these are point-, 12-month-, or lifelong prevalence rates. Moreover, some prevalence queries seem to relate to the time period during which the individual was employed in a given work setting. Second, in addition to the nebulous nature of reported prevalence rates, there is the murky issue of clinically defining bullying. What constitutes clinical bullying—perpetration daily, several times per week, once weekly, or several times per month? Would there need to be an identifiable negative consequence of bullying? Finally, while there are criteria sets for clinical bullying,<sup>2</sup> these are rarely applied in the literature. Despite these limitations,

**TABLE 1.** Prevalence rates of bullying in the workplace

| FIRST AUTHOR/YEAR              | COUNTRY   | SAMPLE SIZE AND TYPE                | PREVALENCE RATE %     |
|--------------------------------|-----------|-------------------------------------|-----------------------|
| Voss <sup>3</sup> /2001        | Sweden    | 3,470 employees of the Swedish Post | 3.3                   |
| Varhama <sup>4</sup> /2004     | Finland   | 1,961 municipal employees           | 16.0                  |
| Niedhammer <sup>5</sup> /2007  | France    | 7,694 various workers               | 10.2 (12 months)      |
| Matthiesen <sup>6</sup> /2007  | Norway    | 2,215 various workers               | 8.3                   |
| Ortega <sup>7</sup> /2009      | Denmark   | 3,429 various workers               | 8.3 (past year)       |
| Giorgi <sup>8</sup> /2011      | Italy     | 3,112 various workers               | 15.2                  |
| Glaso <sup>9</sup> /2011       | Norway    | 1,023 bus drivers                   | 11 (past 6 months)    |
| Lallukka <sup>10</sup> /2011   | Finland   | 7,332 various city workers          | 5 (current workplace) |
| Notelaers <sup>11</sup> /2011  | Belgium   | 8,985 various workers               | 8.3                   |
| Perbellini <sup>13</sup> /2012 | Italy     | 449 workers                         | 30.1                  |
| Keuskamp <sup>13</sup> /2012   | Australia | 1,145 various workers               | 15.2                  |
| Niedhammer <sup>14</sup> /2012 | France    | 29,680 various workers              | 6.4                   |
| <b>Total</b>                   |           | <b>70,495</b>                       | <b>11.4</b>           |

we have summarized the majority of studies that describe prevalence rates for bullying in the workplace (Table 1).<sup>3-14</sup>

To synopsize these articles, most have been published within the past decade. Nearly all datasets are from European countries, with one exception (Australia). No study in Table 1 is from the United States. The majority of studies have examined

mixtures of various types of workers, rather than a specific type of worker (e.g., employees of the Swedish postal service). Of the more than 70 thousand employees in these 12 studies, approximately 11 percent reported histories of workplace bullying at some point in their careers. Thus, 11 percent appears to be an approximate baseline rate for bullying in the workplace.

Recently, researchers have examined another form of bullying in the workplace—cyberbullying. According to Privitera and Campbell,<sup>15</sup> 10.7 percent of Australian manufacturing workers reported this novel form of workplace bullying ( $N=103$ ). Note that this percentage is nearly identical to the general prevalence rate for bullying in the workplace that we calculated in our summary.

### WHO IS LIKELY TO BE BULLIED IN THE WORKPLACE?

Several studies have examined epidemiological factors in the work environment in an effort to determine who is likely to be bullied. Job area or type appears to be one predictor. In this regard, Alterman et al<sup>16</sup> found that specific job areas posed a greater risk of bullying than others. These investigators reported that administrative and retail areas had the highest rates of workplace bullying in contrast to construction, finance and insurance, manufacturing, and the professional, scientific, and/or technical industries. As for specific jobs, workplace bullying was highest among community and social-service workers. Niedhammer et al<sup>5</sup> found that high-risk areas for workplace bullying included jobs related to services for men, various categories of associate professionals, low-level white and blue-collar workers for men, and government associate professionals for women. Oretaga et al<sup>7</sup> reported that unskilled workers had the highest levels of workplace bullying as well as male-dominated professions and employees working with clients/patients.<sup>7</sup> Notelaers et al<sup>11</sup> found that the highest levels of workplace bullying were among employees in public service as well as blue-collar, food, and manufacturing jobs. Finally, Keuskamp et al<sup>13</sup> found

that being in a professional occupation posed a higher risk of workplace bullying. While these data indicate diverse possibilities, blue-collar and unskilled workers appear to be consistently at risk.

Gender differences with regard to workplace bullying have also been examined. Oxenstierna et al<sup>17</sup> found that for both genders, organizational change and conflicting demands in the work environment were risk factors for workplace bullying; however, dictatorial leadership, lack of procedural justice, and the attitude of expendability were male factors for workplace bullying, whereas the lack of humanity was a female factor for workplace bullying. In an Italian study, Campanini et al<sup>18</sup> also found gender themes. Specifically, men were more likely to be bullied around their work performance, whereas women were more likely to be bullied around their personal values.

Beyond occupational areas/jobs and gender, researchers have also identified factors related to management and milieu. For example, Law et al<sup>19</sup> found that the “psychosocial safety climate,” defined as shared perceptions of the work structure that protect workers’ psychological health and safety, moderated relationships with workplace bullying. Punzi et al<sup>20</sup> found that company changes and organizational conflicts were the main antecedents for bullying in the workplace.

Interestingly, the possibility of a victim personality profile has been explored by Glaso et al.<sup>21</sup> These researchers found that 64 percent of their sample demonstrated no personality differences in comparison with nonvictim controls. In other words, there does not appear to be a consistent victim personality.

### NEGATIVE CONSEQUENCES OF BULLYING

Like bullying in childhood, bullying in adulthood is also associated with a number of negative consequences, affecting emotional/psychological, medical, and socioeconomic areas of functioning.

**Emotional/psychological consequences of workplace bullying.** Several studies have verified that increased stress and mental distress are possible psychological aftermaths of workplace bullying,<sup>22-24</sup> even up to two years later.<sup>24</sup> Investigators have also identified the consequences of sleep disturbances;<sup>10,25-27</sup> depression and anxiety;<sup>28-33</sup> fatigue in women and lack of vigor in men;<sup>34</sup> major depression;<sup>35</sup> mood, anxiety, and adjustment disorders;<sup>36</sup> and even work-related suicide.<sup>37</sup> Likely because of the preceding emotional difficulties, studies have also identified among the bullied a greater use of hypnotics<sup>38</sup> as well as greater use of psychotropic medications in general.<sup>39,40</sup>

In contrast to the preceding negative findings, one study identified among New Zealand social workers an increase in resilience following workplace bullying.<sup>41</sup> This was a qualitative study of 17 participants, and the ability to generalize findings to other types of worker samples is a potential concern.

**Medical consequences of workplace bullying.** In addition to emotional/psychological consequences of workplace bullying, researchers have identified a number of medical consequences, as well. These include greater general health complaints,<sup>42</sup> neck pain,<sup>43</sup> musculoskeletal complaints,<sup>44</sup> acute pain,<sup>45</sup> fibromyalgia,<sup>46</sup> and cardiovascular disease.<sup>47</sup> With regard to cardiovascular disease, the odds

ratio for bullied participants compared to nonbullied counterparts was 2.3 (95% confidence interval [CI], 1.2–4.6).

**Socioeconomic consequences of workplace bullying.** In addition to emotional/psychological and medical consequences of workplace bullying, there also appear to be socioeconomic consequences. These include an increase in absenteeism due to sick days,<sup>3,33,48-50</sup> greater likelihood of long-term absence due to sick leave,<sup>51-52</sup> and greater rates of unemployment through either job loss or leaving voluntarily.<sup>53</sup>

**CONCLUSION**

Workplace bullying is defined as the repetitive and systematic engagement of interpersonally abusive behaviors that negatively affect both the targeted individual and the work organization. According to the findings of 12 studies, the approximate prevalence rate of bullying in the workplace at some point in one’s career may be around 11 percent. Blue-collar and unskilled workers may be most at risk, but gender and management/milieu may also be salient factors. As expected, there are a number of negative emotional/psychological, medical, and socioeconomic consequences in the aftermath of workplace bullying. Clinicians in both mental health and primary care settings need to be alert to the associations between bullying in the workplace and these potential consequences, as workers may not spontaneously reveal these associations due to embarrassment or fears of retribution.

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