Workplace Bullying

Workplace aggression has been defined as “any behavior directed by one or more persons in a workplace toward the goal of harming one or more others in that workplace (or the entire organization) in ways that intended targets are motivated to avoid (p.64) [1]. Investigators have recognized that there are many ways that employees can express aggression. The most obvious – and the most feared – is active, violent aggression against clients, coworkers, and managers. In human service organizations, the threat of physical violence is more likely to come from clients than colleagues.

For the most part, policies and procedures are in place in most workplaces to address the issue of physical violence and much has been written about safety policies in the workplace. In mental health and social service settings, steps are being taken to protect clients from injury at the hands of staff. The recent national emphasis on reducing seclusion and restraint is instrumental in reducing staff-client injury and unfortunately the impetus for this change has largely come from deaths of patients that have occurred in restraints.

Even more employees are stressed by chronic nonphysical aggression, such as verbal aggression and threats that may come from clients or coworkers. And many workers in social services are bullied – by coworkers, supervisors, government regulators and officials, the media, family members and sometimes clients themselves. Bullying and all forms of violence are well-established as having many negative consequences for health and well-being at an individual level, and at a group level bullying behavior creates an organizational culture that supports and encourages violence in a variety of forms [2-3].

Based on several large scale studies of bullying and harassment, workplace aggression is a significant problem. In research on work harassment, one study indicated that as many as 30% of men and 55% of women had been exposed to some form of work harassment in the previous year. In addition 32% said they had witnessed others being harassed in their workplace (being subjected to degrading and oppressive activities [4]. In a Michigan statewide labor survey, 27% of respondents reported mistreatment at work during the prior year and 42% indicated mistreatment had occurred at some point during their working career. In a sample of a number of VA facilities in the U.S., 36% indicated that they had experienced one or more instance of aggression on a weekly or daily basis over the preceding year and 58% indicated that they had experienced at least one act of aggression in the previous year [1].
In studies of workplace bullying based on data from 14 Norwegian studies, researchers found that as many as 8.6% of respondents had been bullied at work during the previous six months [5]. Later studies put that figure in Europe to be between 1-4% of serious bullying (weekly or daily) and 8-10% of workers, report occasional bullying episodes [6]. In a comprehensive series of workplace bullying studies in the United Kingdom, 10.5% of respondents from a cross section of business sectors, had some experience with bullying [7]. In a study connecting bullying and PTSD, 165 care professionals were surveyed on their experience of workplace bullying. The results showed that in a 2-year period 40% had been bullied and 68% had observed bullying taking place. Of the 67 care professionals that had been bullied 44% were experiencing high levels of PTSD symptoms [8]. In one large survey, 8.6% of respondents experienced ongoing bullying and non-sexual harassment at work during the six months prior to the survey [9].

There are no comparable figures available for U.S. health care settings but in a survey of 217,000 National Health Service staff in the United Kingdom, 10% of those surveyed had been bullied and harassed by colleagues in the 12 months to March 2005. This figure rose to 37% when abuse from patients or their relatives was included. Additionally, 1% had been physically assaulted by fellow employees, 42% of these workers across the UK would not report incidences of bullying in the workplace; 39% of UK managers say they have been bullied in the past three years; and 70% of managers believe misuse of power or position is the number one form of bullying [10]. We suspect the results would be worse if we surveyed the U.S. health and mental health care environment. Many different forms of bullying behavior have been supported, encouraged and condoned for decades in every domain of our society and as a result, our social norms have radically altered in the direction of increasing levels of bullying, authoritarian, and violent behaviors.


Link to Normal Stressors

Link to Workplace Stress

Link to Vicarious Trauma

RESOURCES:


References


