A Literature Review of Workplace Bullying: A Serious Organizational Problem

2013 SEINFORMS Myrtle Beach South Carolina

Abstract

 In 1992, Andrea Adams, a BBC journalist, coined the term "workplace bullying" describing an ongoing harassing workplace behavior between employees, which can result in negative outcomes for the targeted employees (Adams, 1992). Workplace bullying is receiving increased attention worldwide as a negative behavioral that impacts an organization at both the individual and collective level. It is considered a serious and chronic workplace stressor (Hoel & Cooper, 2004). The literature review indicated this type of organizational behavior is a global problem which needs to be addressed. This review will focus on workplace bullying in the healthcare industry.

Introduction

Although this negative organizational employee behavior was first recognized in the 1980s in Sweden, the term "workplace bullying" was not coined until 1992 by Andrea Adams, a BBC journalist (Adams, 1992). Workplace bullying has been consistently defined in the literature worldwide as repeated and systematic negative behavior targeted to individuals or a group of individuals that perceive the behavior as unfair, threatening or embarrassing. Definitions also include negative verbal or non verbal behavior such as snide comments, verbal or physical threats or items being thrown. Employees have also reported less aggressive behavior such as demeaning their work or gossiping about them on a continual basis as workplace bullying. Although the definitions are similar worldwide, there are different labels that are used—mobbing is used in France, Germany and Sweden, harassment in Finland, and in the U.S and Australia, aggression or emotional abuse. In the health care industry, the term 'lateral violence' is used for bullying between nurses (Keashly, 2001; Sheehan, 1999). Workplace bullying can occur at all organizational levels. It can occur between same or different genders. The literature has reported an increased incident of bullying reported in healthcare organizations and in academe (Ayoko, Callan, & Hartel, 2003; Vartia, 2001; Djurkovic, McCormack & Casimir, 2008).

Literature Review

Similar to the literature, Wiedmer (2011) defines workplace bullying as repetitive negative behavior to one or more persons. Examples of workplace bullying are: verbal abuse, offensive conduct which can be perceived as threatening or hostile, and actions which prevent an employee from completing their work. A bully's goal is to intimidate another employee to jeopardize their

job. The reported prevalence of U.S. workplace bullying is 37% of the U.S. workforce according to the WBI-Zogby survey which is the largest scientific study of U.S. workplace bullying. McMullen (2011) also emphasizes the responsibilities of organizations to implement policies to punish this type of behavior. Yamada (2004) developed a journal for employee rights specifically targeted at workplace bullying.   Yamada indicates there is no federal legislation that specifically addresses workplace bullying although there are 47 states that have implemented ant-bullying laws in elementary and secondary schools.

Hauge, Skogstad & Einarsen (2010) survey research indicates that workplace bullying is a predictor for anxiety and depression as well as job dissatisfaction, turnover and absenteeism. Results indicate that those individuals who were bullied may also become bullies themselves. Situational factors such as work conflicts also resulted in bullying behavior. They recommend that management develop ant-bullying policies. Glaso, Matthiesen, Nielsen & Einarsen (2010) focused on whether there was a typical personality profile for bullied employees. Their research indicates that those individuals who were more likely to be bullied were characterized as more anxious and neurotic, less extroverted, less organized and less dependable.   De Cuyper, Baillen & DeWitte (2009) survey research examined the relationship between the job stressor, job insecurity, and workplace bullying.   Their research indicates that there is a correlation between job insecurity and bullying and being a victim of a bully. In both instances, because the employee is unsure of their job status, they may lash out at other employees or become a victim of a bully because of fear of losing their job . Bukspan (2004) indicated that workplace bullying has been a taboo subject in France for many years until the 1990s.   Unlike the U. S., in 2002, the French government passed a law recognizing workplace bullying as illegal with prison and sanctions.   Escartin, Rodriguez-Carballleira, Zapf, Porrua & Martin-Pena (2009) survey

research examine the different types of workplace bullying and the degree of harm they cause. They categorize workplace bullying into two types: direct and indirect. Direct bullying consists of emotional abuse and professional discredit. Indirect bullying consists of isolation of the victim, interfering with the victim's communications and creating a negative work environment. The survey results indicated that workers indicated that both categories were very severe with emotional abuse as the most severe category of bullying. Similar to other studies, the authors recommend organizational training against workplace bullying.

Nolfe, Petrella, Zontini, Uttieri & Nolfe (2010) survey research support other studies that indicate that the work environment, job insecurity and interpersonal conflicts are predictors of workplace bullying. Their research also indicates that depression is associated with workplace bullying. Rhodes, Pullen, Vickers, Clegg & Pitsits (2010) discusses the organization's ethical responsibilities to deter workplace bullying. Unlike other studies that focus on workplace bullying as an individual behavior, this study focuses on the organizational responsibility to prevent this activity. They believe that workplace bullying is unethical and therefore is the ethical responsibility of the organization to implement policies to prevent this negative behavior. Privitera, Psych & Campbell (2009) survey research assesses cyberbullying or bullying through electronic means, as another way to bully in the workplace. Cyberbullying consists of negative behavior such as withholding information via telephone or email to hurt the victim's job performance and electronic gossip. A victim could experience both face to face and cyberbullying.

Olaffson & Johannsdottir (2004) surveyed employees and categorized them by how frequent they were bullied and their coping strategies. The two most frequent types of bullying focused on unfairly increasing the workload and assigning work not included in the job description. Coping

strategies included seeking organizational help, avoidance such as taking sick leave and vacation, fighting back or doing nothing. Males tended to seek less help and fight back. Females sought more help and practiced avoidance. The older the employee, the more likely they would do nothing.

Hoel, Faragher & Cooper (2004) performed a national survey to assess the health impact of workplace bullying. Survey results indicate that victims experienced depression and anxiety as reported in other studies. Gender differences indicate that males' mental health was more impacted by the following bullying actions: persistent criticism, being ignored or finding faults with work. Female employees were negatively impacted by hints to quit their job, pressure not take a vacation, accusations against female employee. Coyne, Craig & Chong (2004) approached workplace bullying from a team context, examining fire fighter teams.   Surveys were given to personnel to identify both bullies and victims by self identification. Questions were asked about informal and formal networks in the organization. Results indicated that the majority of victims were often included in teams. Victims tended to bond more closely then bullies in a team. Bullies tended to not be included in teams.

Workplace Bullying in the Healthcare Industry

Halverson (2010) discussed the myths surrounding workplace bullying which include that the prevalence of bullying in health care is low, smart people are not targets, employers effectively deal with bullies, there are legal protections against bullying in the U.S, bullies are needed as part of maintain quality patient care and there is nothing to be done against bullying. Murray (2009) indicates that there is nurse to nurse bullying because one feels threatened by the other professionally. It continues to be a major issue because there are not enough policies in place to

protect employees against bullying. It can be financially costly to a healthcare organization because bullied nurses often feel frustrated from lack of support and quit. It has become a reason for work dissatisfaction, increased absences and lost productivity. Johnson (2009) discussed the international scope of this workplace problem citing that in the US and the UK, estimates of 10-38% exist. Research indicates that healthcare has one of the higher rates of bullying. Similar to the other studies, the physical effects of bullying are discussed which range from psychological to physical damage.   Johnson also indicates that bullying in the healthcare workplace can impact patient safety. The bullied nurses are feeling anxious and are afraid to ask questions which may result in poor patient care.

The U.S. American Nurses Association reports that between 18-31% of nurses experienced bullying behavior. In 2012, The ANA released a second edition of their booklet: *Bullying in the Workplace: Reversing the Culture*. The Emergency Nurses's Association (ENA) 2011 violence surveillance survey of 7200 indicated that many who were bullied did not file a complaint so the reported prevalence rates could be higher (Nurse Bullying, 2013).

In 2008, the Joint Commission developed a standard for workplace bullying which they call intimidating and disruptive behaviors in the workplace. They issued the following statement:

"Intimidating and disruptive behaviors can foster medical errors, contribute to poor patient satisfaction and to preventable adverse outcomes, increase the cost of care, and cause qualified clinicians, administrators, and managers to seek new positions in more professional environments. Safety and quality of patient care is dependent on teamwork, communication, and a collaborative work environment. To assure quality and to promote a culture of safety, health

care organizations must address the problem of behaviors that threaten the performance of the health care team".

In a recent Joint Commission study, it was found that more than 50% of nurses have suffered some type of bullying with 90% observing some type of abuse. Their standard focused on the impact of these types of behavior on patient care quality. The Joint Commission requires healthcare institutions to create a code of conduct that defines appropriate behavior and has a system in place to manage inappropriate behavior such as workplace bullying. In addition to the stance of the Joint Commission, the Center for Professional Health at the Vanderbilt University Medical Center has developed a program for treating and remediating disruptive behaviors by physicians. Nurses' unions are also developing education programs on workplace bullying.

Two leadership standards are now part of the Joint Commission's accreditation provisions:

1)The first requires an institution to have "a code of conduct that defines acceptable and disruptive and inappropriate behaviors".

2) The second requires an institution "to create and implement a process for managing disruptive and inappropriate behaviors" (Workplace Bullying in Healthcare I, 2013).

Rocker (2008) examined this issue in Canada, indicating that workplace bullying is a major organizational issue because it has contributed to the nursing shortage in Canada. This behavior has effects on the victim such as nausea, anxiety, insomnia, depression, alcoholism and suicidal tendencies. Fortunately, the Canada Labor Code has amended its 2000 regulations to require healthcare organizations to develop policies to prevent this behavior. Workplace bullying exists

between two nurses and between physicians and nurses. Like the other publications, the

organization must develop specific policies to eliminate this issue.

Cleary, Hunt & Hosfall (2010) discuss workplace bullying in the nursing profession in Australia.

The most common bullying behaviors include an unmanageable workload, isolation, gossip, and

excessive criticism, humiliation in front of colleagues or being given impossible targets or

deadlines.   Consistent with the literature, they recommend the need for senior management to

develop a zero tolerance against workplace bullying. Hutchinson, Wilkes, Jackson & Vickers

(2010) also assess the organizational influences of bullying in the nursing industry which include

organizational tolerance, rewards for bullying and informal organizational structures . The

results indicate that bullying cannot be separate from organizational characteristics. In order to

remove this negative behavior, the organizational structure must change. The authors asked 26

nurses to identify the different types of bullying behavior: personal attacks, damage to

professional reputation and making work tasks difficult.   In their 2010 article, Bullying as

Circuits of Power, the authors examine the relationship of power and workplace bullying. Abuse

of both organizational and informal power in the workplace such as networks of alliances

enables   bullying to biome a normative as part of these alliances and organizational structure. In

the article, Workplace Aggression and Violence: Nurses and Midwives Say No (Anderson 2011)

support other Australian research that indicates nurses are exposed to workplace bullying.

Horizontal or lateral violence, nurse to nurse, is escalating but oftentimes underreported. Lateral

violence can also be covert such as giving a colleague the silent treatment or not providing

enough information to accomplish a task. Lateral violence results in increased absenteeism, high

turnover, and poor patient care because the employee is distracted. Fortunately, legislation was passed in Victoria and NSW which sends workplace bullies to prison for up to 10 years.

In Turkey, Yildiz (2007) performed a survey in the healthcare and higher education sectors—two industries that have issues with workplace bullying. In the healthcare sector, the most reported bullying category was excessive micro monitoring of daily activity. Being shouted at in front of others was also common in health care. Victim responses to bullying were anxiety, depression and loss of motivation. Katrinili, Atabay, Gunay & Cangarli (2010) discusses nurses' perceptions of workplace bullying. The authors emphasize that bullies in healthcare can not only impact the well being of the employee but also the quality of patient care. Their survey research indicates that nurses bullied other nurses for political power, enhanced work performance or was concerned about their job or life. Leadership must take a zero tolerance approach to workplace bullying. Yildrim (2009) discussed the effects of bullying on nurses. Their survey research indicated that the most common bullying tactic was attacks on professional behavior and personality and being blamed unfairly for poor work performance. The nurses' response s to bullying was lower energy level and less organizational loyalty. The authors indicate that regulations need to be implemented to control this negative behavior.

Randle & Stevenson (2007) discussed ways to reduce bullying in health care in the United Kingdom. Their research supports other research that indicates organizational culture plays a role in allowing workplace bullying. They suggested organizational rules to encourage collaboration and teamwork. Allan, Cowie & Smith (2009) discuss three cases of discrimination of overseas trained nurses that were perceived as bullying and that discrimination can be considered racist bullying. Racist bullying, like general workplace bullying, can occur as the result of abuse of power. The reactions to racist bullying were similar to workplace bullying. Victims' loss self

esteem which impacted their job performance.   Tehrani (2004) examined workplace bullying in the health care industry. Survey results are similar to other research: unfair criticism, intimidation and public humiliation. Over 50% were bullied by supervisors which impacted whether the victim would report the behavior.

Conclusion

The Workplace Bullying Institute was started in the 1990s in the U.S by Dr. Gary and Ruth Nanie as a result of Ruth Nanie being bullied in her workplace by a female supervisor. They established a website (http://www.workplacebullying.org) in 2002 as a venue to promote and educate the public on workplace bullying worldwide. In August 2007, they conducted the first study of all adult Americans on workplace bullying—the results indicating that workplace bullying was a major organizational issue.   Approximately, 8,000 respondents, representative of the U.S. adult population, indicated that 37% of the workers were bullied—12% of the employees witnessed the problem. Approximately 70% of the bullies were their supervisors with 60% of the bullies being women who targeted women in 71% of the cases. According to the survey, over 60% of the employers ignored the problem.   It was also reported by 45% of those who were bullied experienced stress-related health problems such as anxiety, depression, and panic attacks (Results of the 2010 CBI Survey, 2013).

The literature indicates that workplace bully targets can experience a range of physical and psychological symptoms such as work stress anxiety, lowered job satisfaction and loyalty to the organization, increase in absenteeism, lowered work productivity and depression (Ayoko et al, 2003).   A sense of powerlessness is often reported by the target. In order for a bully to be successful, the target must feel they cannot defend themselves against them which allow the

bully to continue the behavior. In two Australian studies, over 40% of the employees were bulled by their supervisors, over 10% were bullied by their peers, and 2% bullied by their subordinates (Ayoko et al, 2003). Workplace bullying also impacts other employees because if the bullying continues and is not addressed by management, it impacts the overall morale of the workforce. Low morale often results in high employee turnover which can be detrimental to the organization's success. It also can disrupt the professional career of the target as well as the personal life of the target. From an organizational perspective, continued bullying may result in the organization paying for litigation fees, counseling, worker's compensation and early retirement pay-outs (Kieserer & Merchant, 1999).

Unfortunately, 80% of workplace bullying incidents is not illegal. There is no specific legislation in the U.S. that forbids workplace bullying. Thirteen states have introduced bills. New York is the only state that has enacted legislation that forbids this type of behavior in the workplace. There are two federal laws that can be applied to workplace bullying activity: The Occupational Safety and Health Act of 1970 (OSHA) and Title VII of the Civil Rights Act of 1964. Under the OSHA Act of 1970, it states that the employer must provide a safe and healthful working environment for their employees. If an organization does nothing to stop this behavior, this could lead to violations under OSHA. Under Title VII of the Civil Rights Act, if a protected class employee is bullied by another employee, the action can be illegal based on the concept of a hostile work environment which is illegal under sexual harassment (Results of the WBI Survey, 2012).

The literature was in agreement on the definition of workplace bullying and the types of actions that are considered bullying. The literature was also in agreement on the negative impact bullying had on the victim's health including anxiety and depression. The literature also

indicates that bullying often occurs between a supervisor and supervisee and occurs because of a power struggle, issues in the workplace and job insecurity. Although some countries have passed legislation to ban workplace bullying, it has yet to happen in the U.S., although there continues to be a grass roots movement to encourage U.S. federal legislation. In addition to legislation, in order to reduce the prevalence of workplace bullying, the literature consistently indicates the organization should implement policies to eliminate this behavior. The following are recommendations for organizational programs:

1) adopt a policy of zero tolerance for workplace bullying and develop measures to discipline bullies in the workplace;

2) create an organizational culture that focuses on a positive work environment enabling all individuals to pursue their careers;

3) reward behaviors that encourage teamwork and collaboration among employees and their supervisors; and

4) develop an employee educational program on what constitutes workplace bullying and how to prevent it (LaVan & Martin, 2007).

This literature review indicates that workplace bullying continues to be a pervasive organizational problem worldwide. Although there are some countries with anti bullying legislation, no U.S. federal legislation has been passed. In the U.S., the Workplace Bullying Institute has developed a Healthy Workplace Bill which defines workplace bullying and extends protection to employees against this type of behavior. In 2012, there are 16 states that have introduced a Healthy Workplace Bill (Healthy Workplace Bill, 2013). In addition to legislation, organizations should implement workplace bullying educational programs and establish organizational policies to ensure that employees will be protected against this type of negative

behavior and there is accountability for workplace bullies. These types of activities are particularly important to the healthcare industry because this workplace bullying can impact patient safety. This author believes that this behavioral problem can be compared to the evolution of the concept of sexual harassment which eventually became illegal as part of the Civil Rights Act of 1964. Eventually, legislation will be passed that will ensure that this type of behavior is illegal and there will be accountability for those workplace bullies.

References

Adams, A, (1992). *Bullying at Work*. London: Vrago Press: pp. 1-20.

Allan, H.; Cowie, H. & Smith, P. (2009). Overseas nurses experience of discrimination: a case of

racist bullying? *Journal of Nursing Management*, 17:898-906.

Anderson, C, (2011). Workplace aggression and violence: Nurses and midwives say no. *Australian Nursing Journal*, 19(1): 26-29.

Ayoko, O, Callan, V. & Hartel, C, (2003). Workplace conflict, bullying and counterproductive behaviors.

International Journal of Organizational Analysis, 11: pp. 283-301.

Buskpan, E. (2004). Bullying at work in France. *British Journal of Guidance & Counseling*,

32(3): 397-406.

Cleary, Hunt & Hosfall (2010) Identifying and addressing bullying in nursing. *Issues in Mental*

Health Nursing, 31: 331-335.

Coyne, I.; Craig, J.; & Chong, P. (2004). Workplace bullying in a group context. British Journal

of Guidance & Counseling, 32(3): 301-317.

Djurkovic, N, McCormack, D & Casimir, G., (2008). Workplace bullying and intention to leave:

The modernizing effect of perceived organizational support.

 Human Resource Management Journal, 18(4): pp.405-420.

DeCuyper, N.; Baillien, E. & De Witte, H. (2009). Job insecurity, perceived employability and

targets' and perpetrators' experiences of workplace bullying. *Work & Stress*, 23(3): 206-224.

Einarsen, S, Hoel, H., & Zapf, D. & Cooper, C, (2003). *The concept of bullying at work*: the European Tradition.

Escartin, J., Rodriguez-Carballiera, A.; Zapf, D.; Porrua, C. & Martin-Perua, J. (2009). Perceived severity of various bullying behaviors at work and the relevance of exposure to bullying. *Work & Stress,* 23(3): 191-205.

Glaxo, L; Matthiesen, S.; Nielsen, B.; & Einarsen, S. (2007). Do targets of workplace bullying portray a general victim personality profile? *Scandinavian Journal of Psychology*, 48:313-319.

Halverson, D. (2010). Abuse in the medical workplace: Fact vs. myth. Available at http://www.workplacebullying.org/2010/02/20/medical-workplace. Accessed August 10, 2013.

Hauge, L., Skogstad, A. & Einarsen, S. (2010). The relative impact of workplace bullying as a social stressor at work. *Scandinavian Journal of Psychology*, 51: 426-433.

Healthy Workplace Bill (2013). Available at http://www.healthyworkplacebill.org/. Accessed August 15, 2013.

Hoel, H.; Faragher, B. & Cooper, C. (2004). Bullying is detrimental to health but all bullying behaviors are not necessarily equally damaging. *British Journal of Guidance & Counseling*. 32(3): 367-387.

Hutchison, M.; Wilkes, L.; Jackson, D.; & Vickers, M. (2010). Integrating individual, work group and organizational factors: testing a multidimensional model or bullying in the nursing workplace. *Journal of Nursing Management*, 18: 173-181.

Hauge, L.; Skogstad, A. & Einarsen, S. (2009). Individual and situational predictors of workplace bullying: Why do perpetrators engage in the bullying of others? *Work & Stress*, 23(4): 349-358.

Johnson, S. (2009). International perspectives on workplace bullying among nurses: A review. *International Council of Nurses*, 34-39.

Katrinili, A.; Atabay, G.; Gunay, G.; & Cangarli, B.. Nurses' perceptions of individual and organizational political reasons for horizontal peer bullying. *Nursing Ethics*,17(5): 614-627.

Keashly, L., (2001). Interpersonal and systemic aspects of emotional abuse at work: The target's perspective. *Violence and Victims,* 16: pp. 233-268.

Kieseker, R. & Marchant, T. (1999). Workplace bullying in Australia: A review of current conceptualisations and research. *Australian Journal of Management and Organizational Behavior*, 2: 61-75.

LaVan, H. & Martin, W., (2007). Bullying in the U.S. workplace: Normative and process- oriented ethical approaches. *Journal of Business Ethics*, 83: pp. 147-65.

McMullen, J. (2011). Balancing the right to manage with dignity at work. *Perspectives: Policy & Practice in Higher Education*, 15(1): 3-6.

Murray, J. (2009). Workplace bulling in nursing: A problem that can't be ignored. *Medsurg Nursing*: 18(5): 273-276.

Nolfe, G.; Petrella, C.; Zontini, G.; Uttieri, S. & Nolfe, Giuseppe (2009). Association between bullying at work and mental disorders: Gender differences in the Italian people. *Soc Psychiat Epidemiol,* 45: 1037-1041.

Nurse Bullying: An ongoing problem in the health care workplace. Retrieved August 30, 2013 from http://www.nursezone.com/Nursing-News-Events/more-news/Nursing-Bullying-An-Ongoing-Problem-in-the-Health-Care-Workplace_41438.aspx.

Olaffson, R. & Johannsdottir, H. (2004). Coping with bullying in the workplace: the effect of gender, age and type of bullying. *British Journal of Guidance & Counseling*, 32(3): 319-333.

Privitera, C., Psych, M. & Campbell, M., (2009). Cyberbullying: The new face of workplace bullying? *Cyber Psychology & Behavior*, 12(4): pp. 395-400.

Randle, J. & Stevenson, K. (2007). Reducing workplace bullying in healthcare organizations.

Nursing Standard, 21(22): 49-56.

Results of the 2010 WBI U.S. Workplace Bullying Survey. Available at http://www.workplacebullying.org/wbiresearch/2010-wbi-national-survey/. Accessed August 22, 2013.

Rhodes, C.; Pullen, A.; Vickers, .; Clegg, S. & Pitsis, A. (2010). Violence and workplace bullying *Administrative Theory & Praxis,* 32(1): 96-115.

Rocker, C (2008). Addressing nurse-to-nurse bullying to promote nurse retention. The Online Journal of Issues in Nursing. Available at http://nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN. Accessed August 28, 2013.

Sheehan, M. (1999). Workplace bullying: Responding with some emotional intelligence. International

Journal of Manpower, 20(1/2): pp. 57-69.

Tehrani, N. (2004). Bullying: A source of chronic post traumatic stress? *British Journal of Guidance & Counseling*, 32(3): 357-366.

Vartia, M. (2001). Consequences of workplace bullying with respect to the well-being of its targets and the observers or bullying . *Scandinavian Journal of Work Environment and Health*, 27: pp. 63-59.

Wiedmer, T. (2011). Workplace bullying: Costly and preventable. *Morality in Education*, Winter 2011: 35-41.

Workplace bullying in Healthcare I: The Joint Commission standards (2013). Retrieved August 29, 2013 from

http://newworkplace.wordpress.com/?s=Joint+commission+.

Yamada, D. (2004). Crafting a legislative response to workplace bullying. Available at http://ssrn.com/abstract=1303725. Accessed January 28, 2013.

Yildiz, S. (2007). A new problem in the work place: Psychological Abuse (Bullying*). Akademik Arastirmalar Dergisi*, 34:113-28.

Yildrim, D. (2009). Bullying among nurses and its effects. *International Nursing Review,* 504-511.