

WORKPLACE BULLYING

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Negative interpersonal interactions exert a disproportionate influence on mental health, relationship outcomes, and overall well-being compared to positive social exchanges.

- Kowalski (2001)

TERMINOLOGY

Interactional Injustice

Incivility

Victimization

Disruptive Behavior

Bullying

Mobbing

Harassment

Horizontal Hostility

Generalized Workplace Abuse

Social Undermining

Lateral Violence

Abusive Supervision

Workplace Aggression

THE RANGE...

Incivility

Low-intensity deviant behavior with ambiguous intent to harm the target, in violation of workplace norms for mutual respect. Uncivil behaviors are characteristically rude and discourteous, displaying a lack of regard for others. (Andersson & Pearson, 1999)

THE RANGE...

Disruptive Practitioner Behavior

A chronic pattern of contentious, threatening, intractable, litigious behavior that deviates significantly from the cultural norm of the peer group, creating an atmosphere that interferes with the efficient function of the health care staff and the institution. (Joint Commission, 2008)

THE RANGE...

Bullying

All those repeated actions and practices that are directed to one or more workers, which are unwanted by the victim, which may be done deliberately or unconsciously, but clearly cause humiliation, offence and distress, and that may interfere with job performance and/or cause an unpleasant working environment. (Einarsen, 1999)

DEFINING FEATURES

- negative behavior directed at another
- repetitive and patterned
- occurs over a period of time
- unwelcome and unsolicited by target
- violations of a standard of appropriate conduct towards others
- exposure causes harm to the target
- power imbalance (formal v. informal)
 - ability to defend oneself

TYPES OF BEHAVIORS

1. Threatening or intimidating behavior

- Nonverbal (e.g. eye contact, gestures)
- Verbal (e.g. yelling, cursing)
- Threatening physical violence or job loss
- Used email or other online media to harass, threaten, or intimidate you ("cyber-bullying")

2. Demeaning behavior

- Insults and put-downs
- Excessively harsh criticism of job performance

Fox & Stallworth (2005)

TYPES OF BEHAVIORS

3. Isolation

- Silent treatment
- Exclusion from work meetings
- Intentionally leave room when you enter
- Failed to return your phone calls, e-mails

4. Abusive supervision

- Threaten with job loss or demotion
- Excessively harsh criticism of job performance
- Blamed you for errors for which you were not responsible
- Applied rules and punishments inconsistently
- Made unreasonable work demands

TYPES OF BEHAVIORS

5. Work sabotage

- Attacked or failed to defend your plans
- Intentionally destroyed, stolen, or sabotaged your work materials

6. Harm to reputation

- Spread rumors (personal or work-related)
- Took credit for your work
- Used email or other online media to attack your reputation or degrade you to others ("cyber-bullying")

WHO IS AT RISK?

- Psychiatric, ED, OR, ICU, nursing homes, home health care, geriatrics, long-term care
- Clinical and non-clinical staff
- Nurses/Nurse aides or assistants
- Nursing students/novice nurses just entering profession
- Home health care providers
- Men and women
- Supervisors and non-supervisors

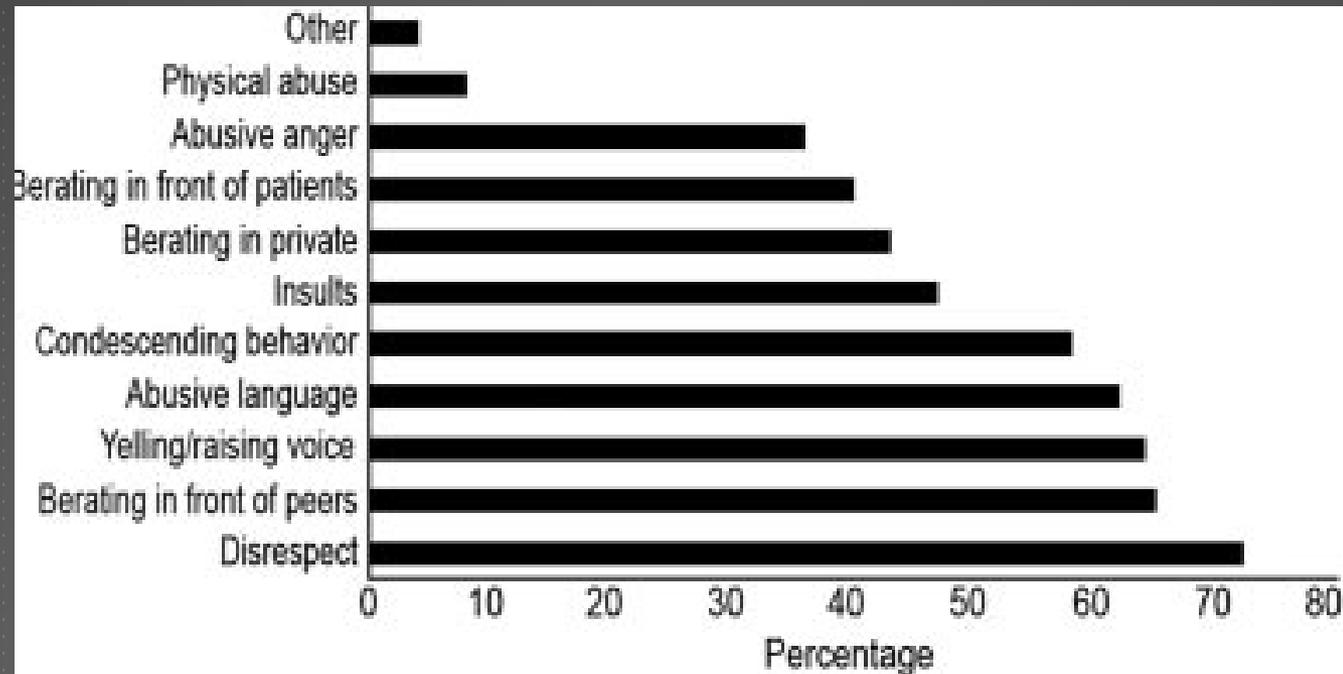
WHO IS DOING IT?

- Patients
- Patients' family members
- Managers/supervisors
- Physicians
- Nurses
- Other co-workers
- Strangers

PREVALENCE

- 21-31% nurses in U.S. studies report being bullied
- Much higher percentage report witnessing bullying
- 57% nursing students experienced bullying in an Australian study; 89% in Canadian study
 - Nursing faculty/staff nurses/How to be a “real nurse”
- Much higher rates than in the general workforce

FREQUENCY OF DISRUPTIVE BEHAVIORS

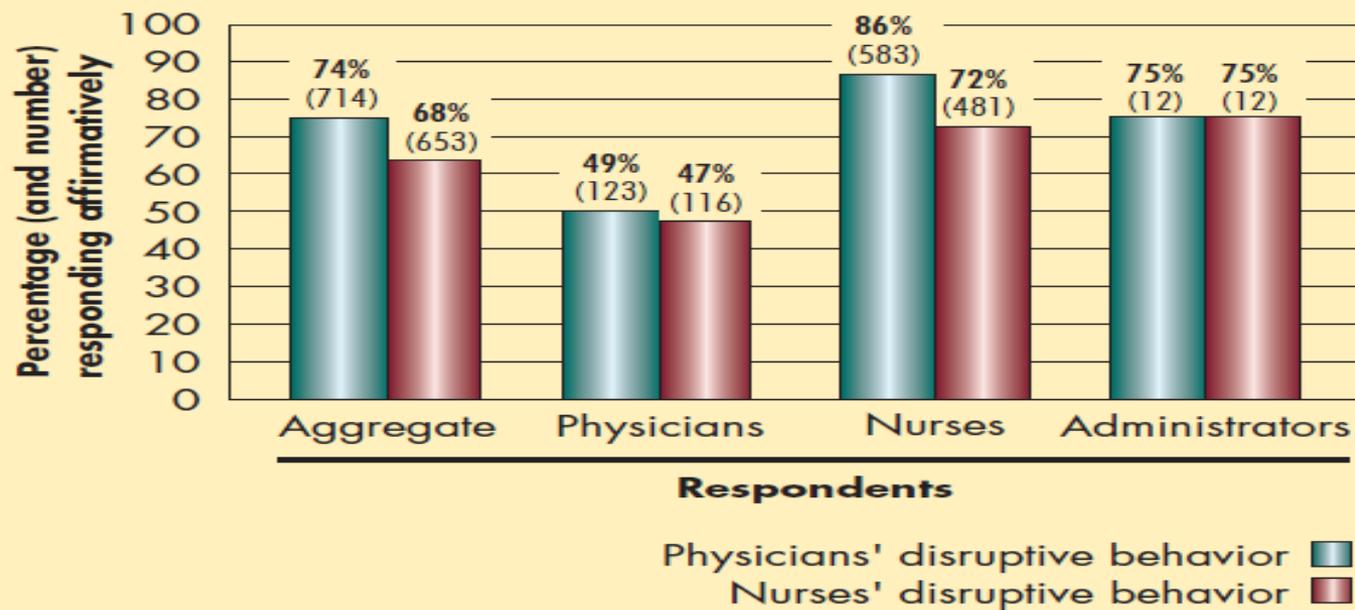


Rosenstein & O'Daniel, 2008

WITNESSING DISRUPTIVE BEHAVIORS

Figure 1

Respondents (Nurses, Physicians, and Administrators) Who Witnessed Disruptive Behavior in Physicians and Nurses*



Rosenstein & O'Daniel, 2005

GENERAL RISK FACTORS

- Inertia of management and higher level staff
- New management methods
- Chronic understaffing and extreme levels of work demand
- Badly defined tasks or disorganized work
- Excessive hierarchy
- Organizational culture that condones or fails to recognize aggression as a problem

GENERAL RISK FACTORS

- Abrupt organizational change
- Insecure employment
- Poor relationships between staff and management and low levels of satisfaction with leadership
- Role conflicts

RISK FACTORS IN HEALTHCARE

- High stake outcomes
- High emotion situations
- Fatigue
- Role conflicts
- Understaffing
- Shortage of experienced personnel
- Hierarchical systems
- Organizational culture

IMPACT ON INDIVIDUAL

Negative Mood/Cognitive	Physical	Behavioral
Anxiety reactions Apathy Avoidance Concentration problems Depressive mood Insecurity Insomnia Intrusive thoughts Irritability Lack of initiative	Arterial hypertension Asthma attacks Cardiac palpitations Coronary heart disease Dermatitis Hair loss Headache Joint and muscle pain Poor physical health (general)	Eating disorders Increase alcohol and drug intake Increased smoking Social isolation

IMPACT TO ORGANIZATION

- Reduced motivation, commitment, satisfaction, productivity, and “caring”
- Turnover
 - Leave profession all together
- Time and attendance problems
- Healthcare costs
- Adverse patient outcomes
- Difficulty recruiting to professions

NURSE/PHYSICIAN PERCEPTIONS OF IMPACT OF DISRUPTIVE BEHAVIORS*

- Stress
- Frustration
- Concentration
- Communication
- Collaboration
- Information transfer
- Workplace relations
- Adverse events
- Medical errors
- Patient safety
- Patient mortality
- Quality of care
- Patient satisfaction

*Rosenstein & O'Daniel (2005)

PREVENTION/INTERVENTION STRATEGIES

- Primary Prevention
 - Social skills training
 - Conflict management training
 - Work redesign
 - Improving organizational culture
 - Leadership training
 - Information and education
 - Guidelines
 - Code of ethics
 - Contracts

GENERAL RESOURCES

- Management Chain
- HR
- EEO
- Alternative Dispute Resolution
- Occupational Health Program (OHP)
- Employee Assistance Program (EAP)

WHAT CAN ORGANIZATIONS DO?

- Focus on developing healthy, respectful workplace climate
- “This is how we treat people here”

WHAT THAT MIGHT LOOK LIKE...

- People treat each other with respect
- A spirit of cooperation and teamwork exists
- People I work with can be relied on when I need help
- Disputes resolved fairly
- People I work with take a personal interest in me
- Managers work well with employees of different backgrounds
- This organization does not tolerate discrimination

CLIMATE/CULTURE CHANGE



WHAT'S NEXT?

- Intervention Development
- Evaluation Studies
- Translation
 - r2p

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REFERENCES

- American Association of Critical-care Nurses. (2005). *AACN standards for establishing and sustaining healthy work environment: A journal to excellence*. Aliso Viejo, CA: Author.
- Berry, P.A., Gillespie, G. L., Gates, D., & Schafer, J. (2012). Novice nurse productivity following workplace bullying. *Journal of Nursing Scholarship*, 44(1), 80-87. doi: 10.1111/j.1547-5069.2011.01436.x
- Clarke, C.M., Kane, D.J., Rajacich, D.L., & Lafreniere, K.D. (2012). Bullying in undergraduate clinical nursing education. *Journal of Nursing Education*, 51(5), 269-276.
- Chippis, E.M., and McRury, M., (2012). The development of an educational intervention to address workplace bullying: A pilot study. *Journal for Nurses in Staff Development*, 28(3), 94-98.
- Einarsen, S. (1999). The nature and causes of bullying at work. *International Journal of Manpower*, 20(1/2), 16-27.
- Griffin, M. (2004). Teaching cognitive rehearsal as a shield for lateral violence: An intervention for newly licensed nurses. *The Journal of Continuing Education in Nursing*, 35(6), 257-263.
- Laschinger, H. K. S., Grau, A. L., Finegan, J., & Wilk, P. (2010). New graduate nurses' experiences of bullying and burnout in hospital settings. *Journal of Advanced Nursing*, 66(12), 2732-2742.

REFERENCES

Laschinger, H. & Grau, A. (2012). The influence of personal dispositional factors and organizational resources on workplace violence, burnout, and health outcomes in new graduate nurses: A cross-sectional study. *International Journal of Nursing Studies*, 49, 282-291.

Laschinger, H., Leiter, M., Gilin-Oore, & Mackinnon, S. (2012). Building empowering work environments that foster civility and organizational trust. *Nursing Research*, 61(5), 316-325

Leiter, M., Price, S., & Laschinger, H. (2010). Generational differences in distress, attitude, and incivility among nurses. *Journal of Nursing Management*, 18, 970-980.

Lewis, P., & Malecha, A. (2011). The impact of workplace incivility on the work environment, manager skill, and productivity. *Journal of Nursing Administration*, 41(1), 41-47.

Luparell, S. (2011). Incivility in nursing: The connection between academia and clinical settings. *Critical Care Nurse*, 31(2), 92-95. doi: 10.4037/ccn2011171

REFERENCES

- Rodwell, J., & Demir, D. (2012). Psychological consequences of bullying for hospital and aged care nurses. *International Nursing Review*, 59, 539-546.
- Rodwell, J., Demir, D., Parris, M., Steane, P., & Noblet, A. (2012). The impact of bullying on health care administration staff: Reduced commitment beyond the influences of negative affectivity. *Health Care Management Review*, 37(4), 329-338.
- Rosenstein, A., & O'Daniel, M. (2008). Managing disruptive physician behavior: Impact on staff relationships and patient care. *Neurology*, 70, 1564-1570.
- Rosenstein, A., & O'Daniel, M. (2005). Disruptive behavior and clinical outcomes: Perceptions of nurses and physicians. *American Journal of Nursing*, 105, 54-64.
- Rugulies, R., Madsen, I., Hjarsbech, P., Hogh, A., Borg, V., Carneiro, I., & Aust, B. (2012). Bullying at work and onset of major depressive episode among Danish female eldercare workers. *Scandinavian Journal of Work, Environment, & Health*, 38(3), 218-227.
- Stagg, S., & Sheridan, D. (2010). Effectiveness of bullying and violence prevention programs. *AAOHN Journal*, 58(10), 419-424.