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Bullying at work: a review of the literature

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EXECUTIVE SUMMARY

Research indicates that bullied employees report significantly more symptoms of psychological stress and mental fatigue than non-bullied employees. Bullying seems to have a number of negative individual consequences in the form of stress and poor mental health.

The HSE Management Standards on Work-related Stress (Management Standards) were launched on 3rd November 2004. During the development phase of the Management Standards it was agreed between HSE and its stakeholders that there would be a zero tolerance approach taken to bullying at work.

HSE currently offers little guidance to organisations on what primary interventions should be considered to address bullying at work. The aim of this report is to review current publications and research in the area of bullying at work to identify gaps in current knowledge to help HSE plan future research.

Results

The report discusses definitions of bullying at work, and highlights a number of tools that have been used to investigate bullying at work. It also briefly examines other areas of literature including studies on counterproductive behaviours, the psychological contract and organisational justice which may contribute to HSE's understanding of bullying at work.

The report also summarises an exercise undertaken by the authors to identify the commonly described unacceptable behaviours that constitute bullying, and concludes that many of these behaviours are similar to those poor management practices highlighted in HSE's Management Standards.

Antecedents of bullying are examined, and particular attention is paid to the literature on the health effects of bullying. It is concluded that there appears to be an association between experiencing bullying and experiencing psychological and physical ill health, despite some limitations of the research base.

Finally, the literature on effective interventions to address bullying at work is examined, with particular emphasis being placed on those interventions targeted at an organisational level.

Directions for future research are suggested including quantifying the true size of the problem within the workplace and the effects of bullying on the performance of the individual and organisation. The need for proper evaluation of interventions is also raised as an area where current knowledge is weak.

1 INTRODUCTION AND CONTEXT

By David Palferman, HSE.

Many books and articles on bullying start with a discussion of the definition of bullying to ensure a common understanding is shared with the reader. As this report is concerned with bullying at work, it is appropriate that before discussing a definition, (see later sections of the report) we consider behaviours that are often confused with and have been used to justify bullying at work. These include terms such as ‘strong management’, ‘tough management’, assertiveness etc. It is suggested that the use of bullying as a management tool is a clear indication of poor management practice. It is clear from the figures quoted below that bullied employees are unlikely to be operating at the maximum level of productivity. They are unfortunately more likely to be suffering psychological stress and possibly be absent from work. There is also a negative impact on those employees who witness bullying within the workplace to take into consideration. Those who witness bullying are unlikely to have a positive view of an organisation that permits such behaviour to continue. The underlying message here, as used in the HSE Management Standards on Work-related Stress, is that ‘good management is good stress management’.

Research indicates that bullied employees report significantly more symptoms of psychological stress and mental fatigue than non-bullied employees. Bullying seems to have a number of negative individual consequences in the form of stress and poor mental health. We know, based on published data¹, that each year in this country there are over half a million cases of work-related stress, costing UK employers an estimated £3.7 billion. On average each case of work-related stress involves 29 working days lost, an annual total of 13 million days. This means that work-related stress is now the biggest cause of working days lost through occupational injury and ill health. The contribution of bullying as a cause of stress to these figures is estimated to be between 10-20% dependent on source and variations in measurement criteria. It is clear from these figures that there is a positive business case for tackling bullying at work both at the organisation and national levels.

1.1 THE MANAGEMENT STANDARDS

The Health & Safety Commission (HSC) and the Health & Safety Executive (HSE), in consultation with key stakeholders, has taken a partnership approach to tackling the issue of work-related stress. This has involved the development of tools and guidance aimed at helping organisations tackle work-related stress. The HSE Management Standards on Work-related Stress (Management Standards) were launched on 3rd November 2004, National Stress Awareness Day. The Management Standards use a risk assessment methodology to evaluate the risk of work-related stress within an organisation against six stressor areas. These six primary areas identified by research are demand, control, support, role, relationship and change. The Management Standards provide a benchmark against which organisations can judge their performance, with the goal being to reduce the gap between current performance and that described in the Management Standards over a period of time.

During the development phase of the Management Standards it was agreed between HSE and its stakeholders that there would be a zero tolerance approach taken to bullying at work. The HSE Indicator Tool (questionnaire) and its associated Analysis Tool² are used to alert organisations if bullying is an issue based on the response of employees to a single question within the questions

¹ See the research and statistics pages on the HSE website: www.hse.gov.uk/stress/research.htm

² Both available from HSE’s website: www.hse.gov.uk/stress/standards/step2/index.htm

for the stressor 'relationships'. The analysis tool highlights how many employees gave a positive response to the relationship question "I am subject to bullying at work" i.e. sometimes, often or always. There are also questions within the question set for other stressors such as support, demand & role that can be used as a diagnostic indicator for bullying at work.

1.2 EUROPEAN CONTEXT

EU Social Partners are working towards a voluntary agreement on harassment at work, which, after a request made by the Commission, includes violence and bullying within its terms of reference. There remain many issues to be resolved, particularly regarding the definition of bullying; whilst there is some convergence on what behaviour constitutes bullying, there is at present no agreement on issues around intent. It is estimated, based on current progress, that a Social Partners agreement on harassment at work will be launched sometime in 2006. This agreement will follow on from the Social Partners agreement on work-related stress that was launched in the United Kingdom in July 2005. The HSE Management Standards on Work-related Stress, outlined above, are a significant component of the UK implementation of the Social Partners agreement on work-related stress.

The majority of research in the area of bullying has focused on the causes of bullying, with less attention being paid to evaluating interventions. There is now a growing consensus that, as with stress, we have models of bullying behaviour that are well understood. However, the concern is that much of this research is based on the experience of the person being bullied and the behaviour they attribute to the bully. We know precious little about the bully and what motivates them or their intentionality: are they aware of their actions and the consequences? It is suggested that it is now time to focus our research efforts on gaining a better understanding of the bully and how to prevent bullying occurring. To achieve this more work needs to be done on evaluating interventions and the dissemination of best practice.

It would appear, if recent press coverage were to be believed, that bullying at work is on the increase. This suggests that current approaches to tackling the issue are failing. The first stage for many organisations in tackling bullying is to write a policy document stating the views of the organisation. Is having a policy document enough? It would appear not; in a survey published by the Chartered Institute of Personnel and Development (CIPD) titled "Anti-bullying policies failing" it was noted that 83% of organisations taking part in the survey had anti-bullying policies in place, however, they were spending an average 450 days of management time a year resolving conflict. It is argued that having a policy on bullying is a good starting point but unless it is effectively communicated and resourced then it is no more than words on a piece of paper. Taking this view at face value it would appear that having a policy is failing as a primary intervention to prevent bullying. The challenge for the future is to identify primary interventions that work.

The issue facing HSE is that it currently offers little guidance to organisations on what primary interventions should be considered to address bullying at work. The aim of the report is to review current publications and research in the area of bullying at work to identify gaps in current knowledge to help HSE plan future research.

2 WHAT IS BULLYING?

2.1 BRIEF HISTORY OF WORKPLACE BULLYING RESEARCH

Whilst it is likely that bullying at work has been happening for many years, research into the topic started relatively recently.

Heinz Leymann is generally credited with establishing research into workplace bullying in the 1980s in Scandinavia. He was a family therapist by training, and went on to investigate conflict in the workplace, writing a book on the subject (in Swedish) in 1986.

Pre-dating Leymann was Carol Brodsky. Based in the USA, she wrote a book entitled 'The Harassed Worker' in 1976. However, this gained importance only years later when interest in workplace bullying began to spread.

Bullying was brought into the public domain in the UK by Andrea Adams, a journalist who wrote a book on the subject in 1992 and also produced radio documentaries discussing workplace bullying.

Throughout the 1990s, interest and research in workplace bullying began to spread, and there is now a growing literature on the subject from researchers coming primarily from European countries, the US and Australia. Within the UK, there is also a growing interest in the subject from government departments, trade unions, employers and employees.

2.2 TERMINOLOGY

There is clearly some debate about what constitutes workplace bullying. An examination of the literature highlights the number of different terms used to describe what this report will call workplace bullying. For example:

- Bullying
- Mobbing
- Harassment
- Employee abuse
- Emotional abuse
- Mistreatment
- Incivility
- Aggression
- Hostile behaviours
- Unacceptable behaviours
- Aversive behaviours

The difference in terms often reflects where the research was carried out. For example, in the UK and Ireland the term bullying is used, in Germany, Austria, and Scandinavia it tends to be called mobbing, and in the US, it has been referred to as emotional abuse.

2.2.1 Is everyone talking about the same thing?

Researchers such as Andreas Liefoghe argue that the different theoretical backgrounds and paradigms used by researchers from the different countries and traditions mean that we cannot be sure the same construct of workplace bullying is being used. For this reason, research findings cannot necessarily be drawn together.

Different stakeholders define bullying differently. The following definition summarises much of the current thinking:

“Bullying at work means harassing, offending, socially excluding someone or negatively affecting someone’s work tasks. In order for the label bullying (or mobbing) to be applied to a particular activity, interaction or process, it has to occur repeatedly and regularly (e.g., weekly) and over a period of time (e.g. about six months). Bullying is an escalating process in the course of which the person confronted ends up in an inferior position and becomes the target of systematic negative social acts. A conflict cannot be called bullying if the incident is an isolated event or if two parties of approximately equal ‘strength’ are in conflict” (p15, Einarsen, Hoel, Zapf & Cooper (2003) *Bullying and Emotional Abuse in the Workplace: International perspectives in research and practice*. Taylor and Francis).

However, debate continues over aspects of the definition. For example

- Subjective vs. objective bullying
- Intentionality
- Interpersonal vs. organisational bullying.

Not all researchers use the above definition with its ‘weekly’ and ‘about 6 months’ criteria. Recent findings (Notelaers et al, 2003) from a study in Belgium suggest that experiencing two or more negative acts per week (compared to one act per week) has a greater power with regard to discriminating the relative influence of different organisational antecedents of bullying.

2.3 MEASUREMENT TOOLS

Some of the measurement tools are outlined below.

2.3.1 Questionnaires

2.3.1.1 Leymann Inventory of Psychological Terrorization (LIPT)

Leymann developed 45 items representing various ‘mobbing’ behaviours, based on clinical experience with targets. For bullying to occur, one or several of the actions must occur over half a year or longer, and at least once per week. No definition of ‘bullying’ is presented; rather bullied respondents are identified according to the above criteria. Zapf et al (1996) have used a modified version of the LIPT (1990) which they have factor analysed. They used two scales with two samples, asking whether bullying had been experienced:

- (a) Often, sometimes, never; and
- (b) Daily, at least once a week, at least once a month, more seldom, never

2.3.1.2 Negative Acts Questionnaire (NAQ)

E.g., Einarsen and Raknes, (1997)

This questionnaire consists of a number of items, each written in behavioural terms with no reference to 'harassment'. It was derived from 2 sources – literature studies and accounts by victims. No definition of 'bullying' is given. Respondents are asked to rate how often they have experienced the negative acts over the past 6 months: never, now and then, about monthly, about weekly, about daily.

Coyne et al (2003) describe using a set of behaviours or measurement tools as an *operational approach* to measuring bullying.

2.3.2 Bullying experienced according to specific definition

Other studies define bullying for respondents, and then ask respondents if they feel they have been bullied, and for what period of time and frequency (referred to as a *subjective approach* by Coyne et al, 2003). This way of measuring bullying can also be combined with methods outlining specific behaviours.

For example, the **Work Harassment Scale (WHS)** (e.g., Björkqvist et al, 1994) consists of 24 items, which participants assess on a five-point scale (never, seldom, occasionally, often, very often). It asks 'How often have you been exposed to the following activities from your colleagues during the last year? The activities must have been experienced as a means of harassment, and not as normal communication or in exceptional circumstances.' Björkqvist et al define harassment as: "*Repeated activities, with the aim of bringing mental (but sometimes also physical) pain, and directed towards one or more individuals who, for one reason or another, are not able to defend themselves...*" (p174)

The recent study by Coyne et al (2003) discusses the impact the measurement tool can have on research findings, noting how the incidence of bullying can vary depending on how it is measured. They also note that there is a lack of verification of bullying incidents (e.g., from peer nominations).

This is highlighted in their study with 288 participants in a UK public sector organisation. They asked participants to report whether they were bullied (according to a definition), how frequently and for how long, and also whether they had been a perpetrator of bullying. Participants were also asked to rate (anonymously) their team and indicate who they thought had been bullied and who had been the bully. Personality and perceptions of the working environment were also measured.

They found that incidence rates varied considerably depending on the measurement method. Rates for victimization ranged from 3.9% to 39.6% and for perpetrators they ranged from 2.7% to 19.3%. To detail the victimization rate: self-reported experience/involvement of being bullied = 39.6%, self-reported victimization almost weekly or daily for at least 6 months = 3.9%, peer reported (two or more peer nominations) = 11.3% and self-reported plus peer nominations = 7.4%. Their results also suggest that victims are not a homogenous group and neither are perpetrators.

2.3.3 Interviews

Other researchers have investigated the effects of bullying on health using interviews. These can either be within a research or clinical/rehabilitation setting (e.g., Leymann and Gustafsson 1996; O'Moore et al, 2002).

2.3.4 Other methods

Cowie et al (1999) highlight other methods, and their associated strengths and weaknesses that have been used / could be used to investigate bullying. These include:

- Case studies
- Observation of human relationships
- Critical Incident Technique
- Bubble Dialogue
- Focus Groups
- Collaborative research with HR departments

2.4 OTHER RELEVANT LITERATURE

Despite the relative lack of clarity of the construct, workplace bullying has emerged as a distinct topic for study. However, some authors suggest that other areas of research may usefully contribute to our understanding of workplace bullying. This section of the review summarises some of these potential areas, paying particular attention to ill health outcomes.

2.4.1 Counterproductive Behaviour (CPB)

“CPB is defined as any voluntary organizational behaviours that affect an individual’s job performance or undermine organizational effectiveness. The term CPB is often used as equivalent to deviant or antisocial behaviour... the latter refers to any behaviour that brings harm, or is intended to bring harm, to an organization, its employees, or stakeholders (Giacalone and Greenberg, 1997)” (p 74, Lau et al, 2003).

Could bullying be equivalent to anti-social behaviour that brings harm to employees? Lau et al (2003) recently published a meta-analysis of the antecedents of CPB. A meta-analysis is a statistical technique where findings from a number of studies are combined to determine whether significant trends emerge (Reber, 1995). It appears that many of the criteria used in the studies to measure CPB may not, in fact, be totally relevant to what is often meant by bullying. For example, the empirical studies reviewed tended to use criteria such as employee theft, production deviance, drug or alcohol use, absenteeism and lateness. It does not seem intuitively likely that these kinds of CPB necessarily are the same as bullying behaviours reported in the literature. However, the paper highlights some interesting variables that have been assessed in the CPB literature that could be developed to assess antecedents of bullying behaviour. For example, ‘perceived certainty of detection/sanctioned threat’ i.e., what is the likelihood to engage in the CPB behaviour and not get caught?, and deviant work group norms.

2.4.2 The Psychological Contract (PC)

The psychological contract has been defined in a variety of ways. One definition highlighted by Arnold et al (1998) is derived from Robinson and Rousseau, 1994, p 246:

“An individual’s belief regarding the terms and conditions of a reciprocal exchange agreement between that focal person and another party ... a belief that

some form of a promise has been made and that the terms and conditions of the contract have been accepted by both parties.”

The PC has been used in terms of ‘career psychology’, for example, choices and decisions about careers. However, it could well be relevant at the interpersonal level: that there is a belief that an implicit set of terms and conditions for behaving acceptably (i.e. not bullying) in the workplace operate, and that there are consequences if they are broken.

What does the PC literature tell us about what happens when a psychological contract is broken and how can this help inform our understanding of bullying? Writing in the context of changing PCs between employee and the employer in traditional employment (for example, trust, loyalty, long term relationship) and the new short term contracts of the current global, competitive economic climate, Herriot and Pemberton (1995, reported by Arnold et al, 1998) report that people have responded very negatively to these PC changes. Outcomes have included fear, anger and anxiety. Are these reactions to PC violation relevant to the interpersonal PC violations that occur in a bullying situation? Is the model of PC violation that is being developed within the literature helpful and does it have any practical relevance for HSE?

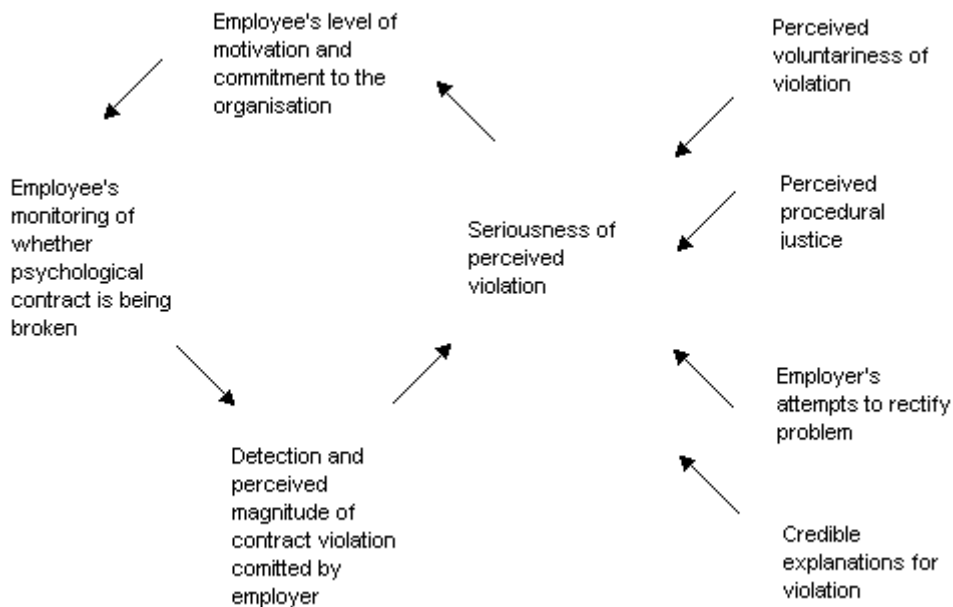


Fig 1: Psychological contract violation

Taken directly from p. 389 of Arnold et al, 1998, which is in turn cited as “Source: adapted from Rousseau (1995, p118)”

This model suggests that the seriousness of perceived violation of the PC, which in turn presumably could then impact on possible outcomes, including ill health, may be mediated by those factors down the right hand side of the diagram. These factors may help inform the development of appropriate interventions to target PC violation (which may include bullying).

2.4.2.1 Debates within the PC literature

There is some discussion over the assertion made by some people that violation of the PC involves the break of a promise and that this is something that is very ‘emotionally charged’. Some researchers (e.g., Arnold, 1996 as reported in Arnold et al, 1998) have questioned whether using this highly emotional construct is more helpful than explaining things in more neutral ‘unmet expectations’ way. It could be argued that bullying is a hugely emotional situation, and not solely neutral unmet expectations, and therefore information derived from PC violation could be relevant.

Conway and Briner (2004) in a recent paper presented at a recent British Psychological Society conference discuss theoretical issues around the PC construct. They question whether the assumption that investigating a phenomena (e.g., the PC) by examining what happens when it goes wrong (e.g., when the PC is violated) is valid. This is an important point with regard to the bullying research as a whole. Bullying is studied as an interpersonal work relationship that has ‘gone wrong’ in some way. Can we usefully learn about bullying and its impacts by studying healthy interpersonal work relationships?

Conway and Briner (2004) also argue that there is potentially a need for the fundamental constructs involved in the PC (e.g., exchange relationships) to be clarified and refined.

2.4.2.2 Trust and betrayal

The issues highlighted by Conway and Briner (2004) were examined in another paper presented at the BPS conference. Clinton and Guest discuss a study involving 197 workers from the UK. They note that the PC is based on a notion of exchange, which is likely to involve perceptions of fairness in that exchange and trust in continuation of the relationship, hypothesising that fairness and trust can buffer the impact of a breach of the PC.

From their questionnaire study, they found that fulfilment of the PC was positively associated with organisational commitment, job satisfaction and a lower intention to quit. They also found a fully mediating role for trust, and a partially mediating role for fairness. In other words, the association of positive outcomes and fulfilment of the PC can be explained by trust, and to some extent, fairness. Can our understanding of bullying be enhanced by this finding? Is the notion of trust and fairness relevant to bullying? Is the PC literature, where the organisation is often conceptualised as an anthropomorphic (Conway and Briner, 2004) half of the exchange relationship, relevant to bullying? These questions require further thought.

Trust at work and the betrayal of that trust is the subject of a recent textbook on well being in organisations (Cooper and Robertson, 2001). Information from the betrayal literature suggests that betrayal is thought to lead to ‘strong negative emotion’ such as outrage, bitterness, anger, and resentment. Attribution will affect the emotion felt, as will culture (for example, without blame there is very little anger). Can bullying be thought of as an act of interpersonal betrayal?

2.4.3 Organisational justice

Organisational justice is another substantial body of research that may be relevant to workplace bullying.

Colquitt et al (2001) conducted a meta-analysis of 183 studies of organisational justice published since 1975. Within the literature, several facets of organisational justice have been examined. These include distributive justice (the fairness of outcome distributions or allocations), procedural justice (the fairness of the procedures used to determine outcome

distributions or allocations), and, more recently, Bies and Moag (1986) have focused on the examination of interpersonal treatment at work. More specifically:

- Interpersonal justice: “the degree to which people are treated with politeness, dignity and respect by authorities of third parties involved in executing procedures or determining outcomes” (p 427) and
- Informational justice: “explanations provided that say why procedures implemented in a certain way and why outcomes are distributed” (p 427).

Colquitt et al’s analysis found that there were actually three different justice constructs (with different correlates): procedural, interpersonal and informational justice.

It could be that interpersonal justice relates closely to bullying. How relevant is this literature and is it of any help? Whilst a separate construct, there are relatively few studies on the topic. Ill health outcomes are particularly relevant to HSE’s interest in bullying, and at the time of Colquitt et al’s analysis, ill health outcomes had not been studied. Therefore, in this way, the interpersonal justice literature may be of limited help. On the other hand, it may be prudent for bullying researchers to maintain an awareness of this literature.

In a more recent paper, which looked at ill health outcomes for the first time, Elovainio et al (2002) refer to a procedural component of organisational justice (decision making procedures are accurate, ethical, correctable, consistently applied etc) and also relational justice (which involves individuals being polite, considerate and engaging in fair treatment of individuals). Again, this notion of relational justice may relate to bullying.

Using a large number of questionnaires they collected from Finnish hospitals (N = 4076) in 1998, they measured both procedural justice and relational justice. Six items were used to measure relational justice, all concerning how the supervisor related to an individual, and which may be relevant to bullying. For example, “Your supervisor treated you with kindness and consideration”.

They found that justice (both procedural and relational) was associated with various aspects of health. When other psychosocial factors were controlled for (ie social support, workload and control) they found that among women there was a significant association between relational justice and minor psychiatric disorders. Relational justice was also significantly associated with self-certified and medically certified sickness absence with men and women, but the association with medically certified sickness absence was significantly stronger in men than women. They discuss that the gender differences may reflect the different make up of the various jobs and roles in the organisation (e.g, over 90% of nurses are female) and that organisational justice may have different meanings depending on the role. They suggest that organisational justice, although overlapping sometimes with other constructs, may provide a useful additive element to explaining the impact of psychosocial factors on health outcomes.

If there are parallels with relational justice and bullying, this is an interesting study and adds to the literature we have examining links between ill health and bullying.

2.4.4 Psychological climate

Many studies within occupational psychology and other disciplines have measured psychological climate. In a recent meta-analysis of the psychological climate literature, Parker et al (2003) note that there has been some confusion over the construct of psychological climate, with researchers measuring organisational climate, and organisational culture for example. Parker et al (2003) define psychological climate as employees’ descriptors of their work

environment. There are a number of models within the literature as to what constitutes psychological climate, and Parker et al highlight one which describes five domains of climate:

- Job characteristics
- Role characteristics
- Leadership (e.g., goal emphasis and support)
- Work group and social environment characteristics (e.g., cooperation, pride and warmth)
- Organisational and sub-system attributes

It is possibly the leadership and work group domains that bear most resemblance to bullying. Within the literature, various outcomes have been assessed, including psychological well-being. From their meta-analysis (of 94 studies), the authors conclude that psychological climate does have reliable relationships to various workplace outcomes. Of particular relevance to ill-health consequences, the authors report that perceptions about job and leader climate provide the strongest link with psychological well-being. Work group perceptions are also significantly correlated in general with psychological well-being.

Within the psychological climate field, there is no accepted model for psychological climate. Parker et al (2003) discuss whether psychological climate is an umbrella term or a useful and specific construct. Can this help to inform our understanding of bullying? Initial impressions from their meta-analysis indicate that there is a link between psychological climate and psychological well-being, and that different facets of work, including those that are perhaps related to bullying, will impact so maybe the field will be helpful.

2.4.5 Conclusion

Several other fields of literature within occupational psychology can potentially contribute to our understanding of workplace bullying. Other topics that may benefit from consideration include emotion at work, retaliatory behaviour, whistle blowing, violence and positive employee relations. Keashley and Jagatic (2003), highlight other fields of study that may yield useful information. These include the areas of organisation and management, substance abuse, public health, sociological, nursing, medical, and legal.

3 UNACCEPTABLE BEHAVIOURS

Whilst the debate about what constitutes bullying and how it is measured is important, as bullying is reported by targets to be causing them ill health, it is important for stakeholders to move to address the problem.

One useful approach is to concentrate on those observable behaviours, those “negative social acts” highlighted in Einarsen et al’s (2003) definition, that constitute bullying. HSE asked HSL to produce a set of key unacceptable or ‘bullying’ behaviours that have been highlighted in the literature. The original aim of this work was for the list of behaviours to be piloted on a small sample of industry prior to being put on HSE’s website. However, continuing work on HSE’s stress management standards ‘states to be achieved’ and initial results from the behaviours work has suggested a new direction for this work: namely, to what extent are the unacceptable behaviours captured by the existing HSE stress management standards?

3.1 METHOD

For this project, determining a set of unacceptable behaviours commonly found within the literature has not involved any serious scale development. Developing scales of behaviours is a major task involving large samples and various procedures to check for reliability and validity. HSL has not conducted factor analysis on any data either. This is a group of statistical techniques whereby data are reduced to a set of separate factors or clusters. Academic researchers have conducted this procedure on various measurement scales. The results of some factor analyses are contained in the table at Appendix 1. It should also be noted that it is not appropriate to split up certain measurement tools. Scales such as the Negative Acts Questionnaire (NAQ) and Leymann’s LIPT should remain as coherent scales, as they have been developed over time and have norm group data.

HSL searched through academic literature, information from websites and official sources to find a good selection of bullying behaviours. We then attempted some basic qualitative analysis on these behaviours with the aim of highlighting the most prevalent behaviours, or categories of behaviours, and condensing the large amount of information we found into a manageable form.

Once the behaviours had been refined and condensed, two ‘expert panels’ were conducted to see how these behaviours mapped onto the existing HSE stress management standards. The first expert panel consisted of three members of the Work Psychology section at HSL, the second panel included both HSE and HSL representatives working to the latest (as at February 2004) version of the HSE stress management standards ‘states to be achieved’. A quote from Hoel and Salin (2003) highlights the potential utility of mapping the behaviours onto the existing stress management standards:

“In some cases it can also be argued that the presence of work stressors in themselves may be perceived as harassment, particularly when they are attributed to hostile intentions (Brodsky, 1976; Einarsen et al, 1994)” (p. 207)

3.2 RESULTS

3.2.1 Sources of behaviours

The behaviours were found in a number of distinct sources of information. We categorised these sources into the following four groups:

1. *Academic*

This group includes 10 different papers by various authors such as Hoel, Rayner, Einarsen, Zapf. Included are scales such as NAQ, Work Harassment Scale (WHS), Leymann's Inventory of Psychological Terrorization (LIPT).

2. *Unions*

Behaviours taken from unions such as Usdaw, UNISON, Amicus. There are five in this category.

3. *Health and Safety organisations/official*

Behaviours in this category include HSE and ACAS, NHS, Queensland Taskforce (Aus) and the Irish Health and Safety Authority. There are 8 different sources in this category.

4. *Bullying groups*

There are four in this category, and they include campaigning groups such as The Andrea Adams Trust and Tim Field.

3.2.2 General observations

Overlap. There is a great deal of overlap within the sources regarding the different behaviours. This suggests that there is some shared understanding of what bullying is. However, it may also reflect the way some sources have based their behaviours on other sources. For example, unacceptable behaviour as described in HSE's staff handbook is the same as the description provided by ACAS.

Level of detail. Some sources suggest very general categories of behaviours or use very general descriptors such as 'criticism', whereas others are very specific e.g., 'Denying or being difficult over compassionate leave to attend to seriously or terminally ill relatives, especially in contradiction of agreed procedures'. This range highlights the important point about context. Certain behaviours will be perceived as bullying depending on the context and culture in which they are happening.

Origins of behaviours. Primarily self-reports of targets and observations by clinicians e.g., therapists.

'It just isn't fair'. Whatever the theoretical perspective of the research, whether we are discussing organisational or interpersonal bullying, it seems that the underlying concept revolves around a perceived sense of injustice by the target (and witnesses?).

Language. Care must be taken to ensure that any behaviours are understandable and generally 'user friendly'. For example, some behaviours that have been translated into English may not use the most appropriate words.

3.3 BULLYING CATEGORIES

In line with Hoel and Cooper (2001), we found that most of the bullying behaviours fall into two general categories: **personal** and **work-related**. For example, personal behaviours include 'Repeated offensive remarks about you or your private life' or 'Giving someone the 'silent treatment''. Work-related behaviours could include 'Failing to transmit information needed by the target' and 'Given meaningless tasks'. However, in some cases the behaviours described can be very ambiguous, fitting easily into 'personal' or 'work-related', depending on the context. For example, where does 'having opinions and views ignored' fit? Bearing this in mind, we

attempted to conduct a very rough tally of whether behaviours were personal or work-related, with the following results:

Source	Personal	Work-related
Academic	60%	40%
Unions	40%	60%
Health and Safety organisations/official	60%	40%
Bullying groups	60%	40%

Table 1: Rough percentages of personal or work-related behaviours from the various literature bodies.

Categorising behaviours into personal/work-related may be particularly useful for HSE, who are concerned with ill health outcomes. Interesting findings are emerging from work done by Rayner and colleagues: Their data suggest that attacks on work occur before attacks on the person. As it is these latter behaviours that appear more likely to lead to ill health, there is a timely opportunity for organisations to intervene and reduce the risk of an ill health outcome:

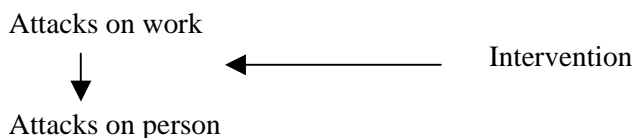


Figure 1: Suggested time for bullying interventions.

The Andrea Adams Trust categorise their behaviours into ‘obvious’ and ‘less obvious’. If we apply the personal and work-related categories to their behaviours, most of the obvious behaviours are personal, and the less obvious are work-related. If we take this and Rayner’s findings together, this suggests that it would be helpful for organisations to be aware of what unacceptable work-related bullying behaviours are.

Bullying as a process is also highlighted in a recent book (Einarsen et al, 2003) where the authors note:

“During the early phases of the bullying process, victims are typically subjected to aggressive behaviour that is difficult to pin down because of its indirect and discrete nature. Later on more aggressive acts appear (Bjorqvist, 1992).” (p13)

3.3.1 Other categories

Different sources have categorised behaviours in different ways. For example:

- Passive or active aggression (e.g. Barron)
- Verbal, written, physical, intimidation, displays of offensive material (NHS)
- Overt, covert and hostile (Queensland)
- Obvious and easy to identify, more subtle and harder to recognise (Andrea Adams/USDAW)
- Other categories (see attached table)

3.4 PERSONAL BEHAVIOURS

The initial list of personal behaviours can be seen in the following table, with the most prevalent behaviours at the top of the table:

Ignoring/excluding/silent treatment/isolating
Malicious rumours or gossip
Belittling remarks/undermining integrity/ lies told about you/ sense of judgement questioned/ opinions marginalized
Public humiliation / eg making someone look stupid
Ridiculing/insulting/teasing/jokes/ 'funny surprises'/sarcasm
Shouted or yelled at / 'Bawling out'
Threats of violence (or threats in general)
Insulting comments made about your private life
Physical attacks
Attacking person's beliefs, attitudes, lifestyle/appearance / devaluing with ref to gender / accusations of being mentally disturbed
Persistent criticism (often in front of others)
Using obscene/offensive language/gestures/material
Ganging up Colleagues/clients encouraged to criticise you or spy on you / Witch hunt/dirty tricks campaign / Singled out
Intimidation / acting in a condescending or superior manner
Intruding on privacy e.g., spying, stalking, harassed by calls etc when on leave/weekends
Sexual approaches/offers (unwanted) or unwanted physical contact
Verbal abuse
Inaccurate accusation
Insinuating glances/gestures/dirty looks
Tampering with personal effects / Theft/destruction of property
Encouraged to feel guilty

Table 2: Personal unacceptable behaviours

3.5 WORK-RELATED BEHAVIOURS

The behaviours that were work-related can be seen in Table 3 below. Again, the most prevalent behaviours are at the top of the table:

Giving unachievable tasks/impossible deadlines/overloading/demands/'setting up to fail' / unmanageable workloads
Meaningless tasks / unpleasant jobs / Belittling person's ability / Undermined
Withholding information deliberately / info goes missing / concealing information / failing to return calls / failing to pass on messages
Undervaluing contribution / No credit where due / Taking credit for work that is not their own
Constant criticism
Under work / working below competence / removing responsibility / Demotion
Unreasonable/inappropriate monitoring
Offensive administrative penal sanctions e.g., denying leave
Exclude/isolate/views ignored
Changing goalposts/targets

Not providing enough training/resources
Reducing opportunities for expression / interrupting when speaking
Negative attacks on person for no reason/sabotage
Supplying incorrect / unclear information
Making threats/hints about job security
No support from manager
Abuse/threats
Denial of opportunity
Judging wrongly
Forced/unjustified disciplinary hearings
Lack of clarity re. Role
Not trusting
Scapegoating

Table 3: Work-related unacceptable behaviours

3.6 RESULTS OF MAPPING EXERCISE

This exercise was done using the draft 'States to Be Achieved' from the Stress Management Standards on 11th Feb 2004.

Demands
DS1: The organisation provides employees with adequate and achievable demands in relation to the agreed hours of work <i>Giving unachievable tasks/impossible deadlines/overloading/demands/'setting up to fail' / unmanageable workloads</i> <i>Under work</i> <i>Removing responsibility</i> <i>Changing goalposts/targets</i>
DS2: People skills and abilities are matched to the job demands <i>Meaningless tasks / unpleasant jobs</i>
DS3: Jobs are designed to be within the capabilities of employees
DS4: Employees' concerns about their work environment are addressed <i>Meaningless tasks / unpleasant jobs</i>
Control
<i>Reducing opportunities for expression / interrupting when speaking</i>
CoS1: Where possible, employees have control over their pace of work
CoS2: Employees are encouraged to use their skills and initiative to do their work <i>Undermining integrity</i> <i>Sense of judgement questioned/ opinions marginalized</i>
CoS3: Where possible employees are encouraged to develop new skills to help them undertake new and challenging pieces of work <i>Denial of opportunity</i>
CoS4: The organisation encourages employees to develop their skills
CoS5: Employees have a say over when breaks can be taken <i>Offensive administrative penal sanctions e.g., denying leave</i>
CoS6: Employees are consulted over their work patterns <i>Offensive administrative penal sanctions e.g., denying leave</i>

Support
SS1: The organisation has policies and procedures to adequately support employees <i>Not providing enough training/resources</i>
SS2: Systems are in place to enable and encourage managers to support their staff <i>Not providing enough training/resources</i> <i>No support from manager</i>
SS3: Systems are in place to enable and encourage employees to support their colleagues <i>Not providing enough training/resources</i>
SS4: Employees know what support is available and how and when to access it
SS5: Employees know how to access the required resources to do their job
SS6: Employees receive regular and constructive feedback <i>Undervaluing contribution / No credit where due</i> <i>Taking credit for work that is not their own</i> <i>Shouted or yelled at / 'Bawling out'</i> <i>Persistent criticism (often in front of others)</i> <i>Inaccurate accusation</i>
Relationships
<i>Public humiliation / e.g., making someone look stupid</i>
ReS1: The organisation promotes positive behaviours at work to avoid conflict and ensure fairness <i>Supplying incorrect / unclear information</i> <i>Making threats/hints about job security</i> <i>Taking credit for work that is not their own</i> <i>Judging wrongly</i> <i>Scapegoating</i> <i>Intimidation / acting in a condescending or superior manner</i> <i>Intruding on privacy e.g., spying, stalking, harassed by calls etc at work</i> <i>Inaccurate accusation</i>
ReS2: Employees share information relevant to their work <i>Withholding information deliberately / info goes missing / concealing information / failing to return calls / failing to pass on messages</i> <i>Ignoring/excluding/silent treatment/isolating</i>
ReS3: The organisation has agreed policies and procedures to prevent or resolve unacceptable behaviour <i>Negative attacks on person for no reason/sabotage</i> <i>Abuse/threats</i> <i>Belittling remarks</i> <i>Lies told about you</i> <i>Threats of violence (or threats in general)</i> <i>Insulting comments made about your private life</i> <i>Using obscene/offensive language/gestures/material</i> <i>Ganging up/Colleagues/clients encouraged to criticise you or spy on you / Witch hunt/dirty tricks campaign / Singled out</i> <i>Verbal abuse</i>
ReS4: Systems are in place to enable and encourage managers to deal with unacceptable behaviour <i>Negative attacks on person for no reason/sabotage</i> <i>Abuse/threats</i> <i>Malicious rumours or gossip</i> <i>Belittling remarks</i> <i>Lies told about you</i> <i>Threats of violence (or threats in general)</i>

Insulting comments made about your private life Verbal abuse
ReS5: Systems are in place to enable and encourage employees to report unacceptable behaviour Shouted or yelled at / 'Bawling out' Malicious rumours or gossip Belittling remarks Lies told about you Ridiculing/insulting/teasing/jokes/ 'funny surprises'/sarcasm? Using obscene/offensive language/gestures/material Ganging up/Colleagues/clients encouraged to criticise you or spy on you / Witch hunt/dirty tricks campaign / Singled out
Role
RoS1: The organisation ensures that, as far as possible, the different requirements it places upon employees are compatible Demotion
RoS2: The organisation provides information to enable employees to understand their role and responsibilities Lack of clarity re. Role
RoS3: The organisation ensures that, as far as possible, the requirements it places upon employees are clear
RoS4: Systems are in place to enable employees to raise concerns about any uncertainties or conflicts they have in their role and responsibilities
Change
ChS1: The organisation provides employees with timely information to enable them to understand the reasons for proposed changes
ChS2: The organisation ensures adequate employee consultation on changes and provides opportunities for employees to influence proposals
ChS3: Employees are aware of the probable impact of any changes to their jobs. If necessary, employees are given training to support any changes in their jobs
ChS4: Employees are aware of timetables for changes
ChS5: Employees have access to relevant support during changes

Some of the behaviours did not map onto the above standards. It was thought that the following behaviours could map onto a 'new' **culture standard**:

- Supplying incorrect / unclear information
- Not trusting
- Encouraged to feel guilty – or opposite is 'having contribution valued'
- Attacking person's beliefs, attitudes, lifestyle/appearance / devaluing with ref to gender / accusations of being mentally disturbed

The following behaviours did not map onto existing standards (further work may be required to further develop the standards):

- Unreasonable/inappropriate monitoring
- Ridiculing/insulting/teasing/jokes/ 'funny surprises'/sarcasm?

- Insinuating glances/gestures/dirty looks

The following behaviours were thought to be more appropriately addressed through existing law that was relevant to either the DTI or the Home Office (and not HSE):

DTI

- Forced/unjustified disciplinary hearings
- Insulting comments made about your private life
- Attacking person's beliefs, attitudes, lifestyle/appearance / devaluing with ref to gender / accusations of being mentally disturbed
- Sexual approaches/offers (unwanted) or unwanted physical contact

Home office

- Physical attacks
- Intruding on privacy e.g., spying, stalking, harassed by calls etc when on leave/weekends
- Tampering with personal effects / Theft/destruction of property

3.6.1 Dignity at Work initiative

It is useful at this point in the report to detail the Dignity at Work initiative that is currently underway (it was started in 2004 and is scheduled to last three years). The initiative is jointly sponsored by DTI and AMICUS (trade union). Steering group members are drawn from British Telecom, Remploy, ACAS, DTI, HSE, Royal Mail, AMICUS, BAE Systems, Legal & General and others. The aim is to focus on interventions that work in practice. To this end research is being carried out by Portsmouth University Business School (Charlotte Rayner & colleagues) to identify current best practice plus relevant contextual information. This information is being gathered by means of an extensive questionnaire and interviews with a number of organisations.

A measurement tool is being developed based on questions drawn from existing research. This tool should be available in 2006. The question set will concentrate on the negative interpersonal behaviors associated with bullying at work i.e. it will not explicitly ask if someone is being bullied.

An anti-bullying web site is being planned for launch at the end of September 2005. Initially the material on the website will include some guidance for employees and employers in respect to bullying at work. The web site will act as the primary mechanism for the distribution of the tool and future case studies highlighting examples of best practice.

4 PREVALENCE AND ANTECEDENTS OF BULLYING

4.1 PREVALENCE

The different definitions of workplace bullying mean that estimates of the prevalence of bullying vary considerably between studies. Zapf et al (2003) provide a comprehensive review of the available European literature on prevalence. They note how prevalence rates for studies where respondents are asked ‘Have you been bullied over the last 6 months?’ typically yields a rate of bullying of around 10-25%, whereas prevalence as measured by tools such as the NAQ and the LIPT tend to suggest a prevalence of around 3-7%. After reviewing around 30 different studies, Zapf et al conclude that in the sense of the definition highlighted earlier in this report, a prevalence of around 1-4% of workplace bullying is likely within European workplaces.

A recent UK survey of workplace bullying (Hoel and Cooper, 2000), sponsored by the British Occupational Health Research Foundation, found the following levels of bullying depending on how frequently respondents experienced bullying:

No	Yes, very rarely	Yes, now and then	Yes, several times a month	Yes, several times a week	Yes, almost daily
89.4%	1.9%	6.2%	1.0%	0.8%	0.6%

Table 1: Rates of reported bullying from Hoel and Cooper’s (2000) BOHRF study

Taking the definition of bullying highlighted at the beginning of this report, this equates to an approximate prevalence of 2.4%. The results are based on 5288 returned questionnaires from a variety of organizations from different industry sectors in the UK.

To quote another UK study, Coyne et al (2003) found that incidence rates varied considerably in their sample of 288 public sector workers depending on the measurement method. Rates for victimization ranged from 3.9% to 39.6%.

The lack of studies which have examined bullying as perceived by the accused bully also limits any conclusive estimates of prevalence.

4.2 ANTECEDENTS OF BULLYING

Certain characteristics of individuals, social interactions and the work environment have been found to correlate with the presence of bullying across several organisational contexts. The following table summarises these antecedents. It is based on a review of the available literature, primarily by Hoel, Salin, Neuman, Baron, Zapf and Einarsen (2003).

<i>Individual</i>	<i>Social</i>	<i>Organisational</i>
Characteristics of bully: <ul style="list-style-type: none"> • Protection of self esteem • Lack of social competence • Micro-politically motivated behaviour 	Perceptions of injustice – violations of the norms of reciprocity and fairness. Hostile cultures and climates ‘Toughness’ of modern work cultures	Change at work: <ul style="list-style-type: none"> • Of supervisor or manager • Of job • Wider organisational change Role conflict Role ambiguity Quality of leadership
Characteristics of victim: <ul style="list-style-type: none"> • Being in a salient 		

<ul style="list-style-type: none"> • position • Being low on social competence and assertiveness • Overachievement and high conscientiousness 		<ul style="list-style-type: none"> • Low satisfaction with leadership • Laissez-faire management style • Autocratic management style <p>“Negative work environment” Lack of control or autonomy</p>
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Table 3: Antecedents of bullying

It is arguably the organisational antecedents that are most relevant to HSE in the context of the Stress Management Standards, and for this reason, they warrant further investigation in this report. How the SMS sources of stress relate to bullying is highlighted in a report to the European Parliament (Andersson, 2001) where the author describes the results of the 1999 Swedish working environment survey. In this survey, the highest proportion of people reporting bullying also reported a work environment that was high in demands and low in control. The same report also suggested that those who experience a lack of support from both manager and colleagues also seem more likely to experience bullying.

The relevance of the SMS sources of stress are also highlighted in Quine’s (2001) study on UK nurses, which found that nurses who reported one or more types of bullying were more likely than others to be critical of aspects of organisational climate. Specifically, they reported:

- Higher workloads,
- Greater role ambiguity,
- Less participation in decision making,
- Lower job control.

It is worth noting that perceptions of the work environment may well be mediated by various factors, including negative affect and other personal variables. This relationship is touched upon in this chapter, specifically in relation to Coyne et al’s (2003) study, and also more fully in the chapter on health effects.

It is also worth highlighting again the lack of data that examines the perceptions and experience of accused bullies.

It should also be noted that, compared to other areas of bullying literature, for example, the relationship between bullying and ill health, the number of studies that have examined organisational antecedents of bullying are relatively few. Any conclusions in this chapter are therefore based on a rather insubstantial amount of evidence.

4.3 ORGANISATIONAL ANTECEDENTS

4.3.1 General measures of organisational environment/climate

Teasing out the specific SMS sources of stress and their relationship to bullying is not simple, as some studies employ measures of the global organisational environment or culture. Some

of these are highlighted below. A summary of the relevant studies, including their limitations, can be found in the Appendix.

4.3.2 Negative work environment

Studies employing measures of global organisational environment have tended to find an association between a negative work environment and bullying.

Bjorkqvist et al (1994) noted that previous studies by Leymann (e.g., 1986, 1992) indicate risk factors for bullying such as a strict hierarchical organisation, an authoritarian atmosphere and poor communication. In his 1996 paper, Leymann reported that an analysis of around 800 case studies of workplace bullying suggests that 'extremely poorly organised production and/or working methods and an almost helpless or uninterested management were found'.

Hoel and Salin (2003) reported that studies by Keashly and Jagatic (2000) and Vartia (1996) suggest that communication and cooperation problems, low morale and negative social climate are associated with the presence of workplace bullying. Hoel and Cooper (2000), in their large survey of UK workplaces, found that experience of bullying was related to a negative work climate. Around 83% of the self-referred victims of bullying in O'Moore et al's (1998) study reported the work environment to be competitive, and 77% said their work environment was strained and stressful. In Einarsen et al's (1998) study on assistant nurses in Norwegian hospitals, bullied nurses had a negative assessment of various aspects of their daily work.

In their recent study, Coyne et al (2003) found that self and peer nominated victims of bullying perceived the working environment to be characterised by more negative aspects (e.g., strained, stressful, regular change, authoritarian management and competitive) than other groups. However, they also found that other groups of victims (e.g., just self labelled victims) did not differ from the control group in their perceptions of the work environment. This led Coyne and colleagues to hypothesise whether organisational variables interact with personal variables (e.g., personality) to promote bullying.

4.3.3 'Formal' and 'informal' organisational culture

It has been hypothesised (see Hoel and Salin, 2003) that work cultures that contain close knit groups and with traditional autocratic management and leadership cultures (for example, the military) can be environments where bullying can flourish as social and organisational norms are difficult to challenge. This hypothesis is supported by results from surveys such as that of Rayner et al (2002, cited by Hoel and Salin, 2003) whereby bullies were believed to bully because they 'could get away with it'.

However, in a paper discussing the concept of 'incivility' in the workplace, Andersson and Pearson (1999) hypothesised that 'climates of informality' – an informal and casual workplace – could actually encourage disrespectful behaviour. They suggest that in an informal setting, it is more difficult to determine what are acceptable and unacceptable behaviours, and therefore there is the potential for 'incivility', which may foster bullying.

4.4 DEMANDS

There appears to be relatively less information on the relationship between demands and bullying. Hoel and Cooper (2000) found that bullying was related to a high workload and unsatisfactory relationships at work. They speculate that the emphasis on customer satisfaction can mean that employees are increasingly exposed to unnecessary demands, with their rights being secondary. Evidence to support this hypothesis includes findings from their survey that show that high levels of bullying by clients were evident in service sectors.

Vartia (2001) found that aspects of the work environment, including work tasks that were too difficult, were a significant explanatory factor for being a target of bullying.

4.5 CONTROL

The 1999 Swedish work environment survey (as reported by Andersson, 2001) suggested that bullying is related to low control and high demands. Another study that has looked specifically at the relationship between control and bullying is that of Zapf et al (1996). They compared perceptions of job control and task complexity between bullied and non-bullied samples (doing different jobs) and found that victims had a higher degree of task complexity to one control group and a higher degree of work control compared to the other control group.

Interestingly, they also found that the victim group had less control over time than one of the control samples. However, the impact of the hierarchy and different jobs that people did could impact on these findings. They hypothesise that in a situation where there is little control over time, people have less time for conflict management, which can mean these conflicts escalate to a bullying relationship. They also hypothesise that high cooperation requirements are a possible source of latent conflicts.

Vartia (2001) found that 'haste at work' was among those aspects of the work environment that were associated with bullying. However, it appears that the evidence is inconclusive at this stage as to the impact of time pressure and control on bullying.

4.6 SUPPORT

There does not appear to be a great deal of literature concerning the relationship between support and the risk of bullying. However, Zapf et al's (1996) study found that from their self-selected sample of bullied people in Germany, those who reported bullying also reported lower supervisor and colleague social support compared to those who were not bullied.

The 1999 Swedish working environment survey (as reported by Andersson, 2001) also suggested that a lack of support from colleagues and manager is related to the presence of bullying. In another study, Einarsen et al (1994), as cited by Hoel and Salin (2003) found an association between bullying and dissatisfaction with the amount of feedback/instructions/guidance from management.

4.7 RELATIONSHIPS

This concept of a global measure of a negative work climate may relate to the relationships SMS source of stress. Hoel and Cooper (2000) also found that the presence of bullying was associated with 'unsatisfactory relationships at work' in their UK sample.

4.8 ROLE

Another SMS source of stress that has received some specific attention is that of role ambiguity and role conflict.

Hoel and Rayner (1997) in their review of the literature, concluded that correlations have been found between various organisational factors, including role conflict, and bullying. Einarsen et al (1994) reported from a survey of Norwegian trade union members that victims and observers of bullying were more likely to report higher levels of role conflict than those not being victimised. They also reported role ambiguity being associated with higher levels of bullying.

Vartia (1996) found some evidence for role ambiguity in that victims in her study reported less clarity of goals compared to other employees.

Lack of clarity of command structures and roles was found by Leymann (1996) to be associated with bullying. He describes the command structures relevant to nurses in hospital settings to illustrate this point. Focusing again on nursing, Quine (2001) found that among her sample of UK nurses, those who reported bullying were more likely to report more negative aspects of the organisational climate, including greater role ambiguity.

4.9 CHANGE

Organisational change has been studied by a number of researchers.

The Irish Code Of Practice on the Prevention of Workplace Bullying (HAS, 2002) asserts that organisational change at a number of different levels has been associated with bullying. For example, change of manager/supervisor, of ownership of company, company reorganisation, and the introduction of new technology.

Different types of organisational change have been examined within the literature. These are summarised below. However, these studies are correlational and use a variety of definitions of bullying or aggression so care should be taken to not generalise these results too far. For example, Rayner (1997) found that, from her sample of part-time students in the UK, for people who reported they had been bullied in their life, 51% said the bullying had coincided with a recent change in job, and 31% said it had coincided with a recent change in manager.

<i>Type of change</i>	<i>Evidence</i>
A change in management	Associated with aggression for Baron and Neuman (1996), and also for bullying for Hoel and Cooper (2000); Unison (1997); Rayner (1997).
A recent change in job	Hoel and Cooper (2000); Unison (1997); Rayner (1997).
Organisational change For example, budget or pay cuts, restructuring	Associated with aggression for Baron and Neuman (1996, 1998), and for bullying for Hoel and Cooper (2000); Unison (1997).
Social change e.g., increase in diversity in work group	Associated with aggression for Baron and Neuman (1998).

Table 4: Changes associated with bullying

Baron and Neuman (1996) hypothesise that different organisational changes can promote:

- Anger
- Anxiety (e.g., with increased computer monitoring)
- Perception of unfairness (e.g., when there has been a pay cut)
- Negative affect (e.g., from unpleasant physical conditions)
- Frustration

These emotions and cognitions are documented within the general aggression literature to be associated with aggression.

4.9.1 Organisational change in a global context

There are a number of hypotheses in the literature as to whether processes associated with the changing nature of work in the current global market, for example, trends such as downsizing, has made bullying more likely. Hoel and Salin (2003) discuss these in detail, citing evidence. These include:

- Fewer opportunities for promotion, therefore increasing competition (with subsequent conflict);
- Fewer job opportunities in general, therefore employees do not feel empowered to challenge aggressive management;
- Highly politicised and competitive working environments (possibly due to unclear power relationships);
- Self-directed and autonomous team working may increase conflict because of increasing pressure between team members;
- Increasing pressure and responsibilities on line managers to instigate and enact change could lead to more authoritarian ways of managing.

These remain, as yet, hypotheses as the evidence is somewhat sparse.

4.10 OTHER ORGANISATIONAL FACTORS

4.10.1 Size of business and sector

The evidence is not conclusive regarding the impact that the size of business and sectors of industry has with bullying. However, the Irish Code Of Practice (HAS, 2002) suggests that new, casual and temporary/contract staff may be regarded as easier targets for bullying, and there is the possibility that bullying goes unchecked in larger organisations compared to smaller organisations. There may also be a higher risk of bullying if there is a gender or age imbalance within the organisation or work group.

4.10.2 Employment contract

Results have been mixed as to whether part-time workers are at increased risk of bullying.

Hoel and Salin (2003) summarise the hypotheses as to why there may be a difference between employees on different contracts. One hypothesis is that managers may assess that the risk of retaliation for bullying part-time workers is reduced, as these workers have an increased level of job insecurity. In other words, managers can ‘get away’ with bullying these employees, as they are so grateful for the job, they will tolerate more (e.g., Bjorkqvist et al, 1994). Another explanation is that part time workers could be more isolated from colleagues, as they do not have as much time for socialising and conflict resolution (Knorz and Zapf, 1996, as cited by Hoel and Salin, 2003). Other explanations have also been postulated. For example, permanent workers taking on more responsibility and ‘covering’ for part-time colleagues in their absence may lead to resentment and disorganisation, with associated role conflict and increasing likelihood of bullying behaviour, (e.g., Quinlan, 1999, as cited by Hoel and Salin, 2003).

In contrast, Kivimäki et al (2000) did not find any differences in patterns of bullying between staff on different contracts in their hospital sample whether full-time or part-time contract and, Hoel and Cooper (2000) found that employees on full-time contracts were more likely to be targeted than part-time workers. This has been interpreted as some bullies being less likely to target part-time workers, because there is not the sustained interpersonal interaction that they need to continue exerting their dominance and control over the target (e.g., Hoel and Cooper, 2000; Rayner et al, 2001, cited by Hoel and Salin, 2003).

4.10.3 Leadership

The perceived leadership style within an organisation and its relationship to bullying has received a fair amount of attention.

Autocratic leadership and an authoritarian way of dealing with disagreements and settling conflicts has been associated with bullying (O'Moore et al, 1998, Vartia, 1996). However, there is still some debate regarding what different people perceive as autocratic leadership. Hoel and Cooper (2000) found an association between bullying and 'negative' management styles such as autocratic, laissez-faire, non-contingent and divisive. Einarsen et al, (1994) also found an association between bullying and a laissez-faire management style.

4.10.4 Procedural justice and surveillance

Greenberg and Barling (1998) found that two workplace factors predicted aggression against a supervisor: poorer perceptions of procedural justice and number of surveillance methods used to monitor employees. However, no workplace factors in their study predicted aggression against a subordinate (one of the more common forms of bullying). They also note that other factors, such as alcohol consumption and history of aggression, interact to predict aggression.

4.11 MECHANISMS

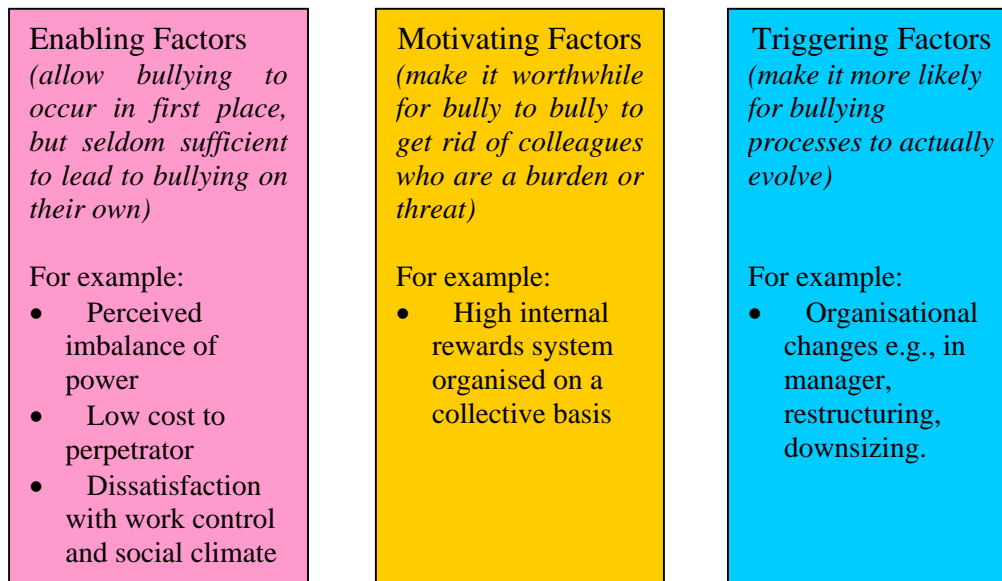
This 'negative work environment' containing different sources of stress has been suggested to promote bullying behaviours in a variety of ways. Hoel and Salin (2003) describe these in their chapter in psychological terms, but can be paraphrased thus:

- (1) Employees feel that they work in a stressful environment; therefore they complain, which then makes the manager retaliate, which starts and/or escalates the bullying process.
- (2) A stressful environment makes employees feel 'aroused', perhaps generally angry and resentful, which then, if they also feel generally negative about the world, can lead to frustration and then aggression (bullying).
- (3) A stressful environment can make people break or violate norms of behaviour, which then in turn can lead to bullying from others in response to this breaking of rules.

These explanations seem plausible, but they are, as yet, hypotheses requiring further investigation.

4.11.1 Salin's model of enabling, motivating and triggering factors

Salin has developed a model that suggests how these various organisational antecedents may interact:



This theoretical model can potentially help to develop and model interventions, particularly in 'at risk' organisations or teams. However, Hoel and Salin (2003) are careful to point out that it is not a 'one size fits all' model, and the bullying process is dynamic and dependent on those involved in it, with different antecedents taking on different guises in different organisational settings. This complex dynamism requires sophisticated research methods to uncover more fully the processes and antecedents of bullying.

4.12 QUALITY OF RESEARCH

Research designs that yield more reliable data, such as prospective studies, are practically non-existent in this area of the bullying literature. Those studies which are available have limitations that are common across much of the bullying literature: namely the cross-sectional and self report nature of the studies. Coupled with the fact that different organisational antecedents will affect different groups of staff, organisations, industries and cultures differently, care must be taken when generalising research findings.

4.13 CONCLUSION

Within the field of organisational antecedents of bullying, there appear to be relatively few studies looking at a limited number of organisations and work groups and little research focused on the accused bully's experience. The largest amount of evidence seems to relate to the relationship between bullying and measures of global work environment and organisational change. Other organisational antecedents, such as leadership, role and control, have been the focus of some studies, although not many. Initial findings suggest there may be some relationship between other SMS sources of stress and presence of bullying. There is clearly more work that remains to be done in this area. This work is vital, as effective interventions need to be based on a good understanding of the antecedents of bullying.

5 THE EFFECTS OF BULLYING ON HEALTH

HSE is particularly interested in the extent to which bullying can impact on an individual's health, both psychological and physical. Whilst the available evidence on the specific health effects of exposure to bullying is relatively small compared to the literature on other sources of work-related stress, there is a general consensus within academic literature that exposure to bullying can result in ill health. For example, Einarsen and Mikkelsen (2003) report that Einarsen and Hellestøy (1998) found that "bullying may have serious detrimental effects on targets' health and well-being" (p128) and also note that "...researchers have reached comparable conclusions (Einarsen, 2000): exposure to systematic and prolonged non-physical and non-sexual aggressive behaviours at work is highly injurious to the victim's health" (p127).

This chapter examines key studies on the health outcomes of workplace bullying on both targets and those who witness bullying, paying particular attention to methodologies used. The annex to this chapter summarises these studies, including detail on the methodology, sample, relevant findings and conclusions and limitations. The selected studies are not exhaustive.

5.1 THE LITERATURE

The key studies reviewed for this report primarily used questionnaires.

It is important to bear in mind how bullying is measured within each study. There may be problems generalising findings as we may not be comparing 'like with like', and we cannot always be sure we are measuring the same thing. However, it can be argued that definitions and constructs are sufficiently similar to allow meaningful preliminary conclusions to be drawn about the likely effects of bullying on health.

5.2 MEASURES OF HEALTH

A variety of measures of health are used within the literature. For example, Kivimäki et al (2003, 2001) have used doctor-diagnosed incidents of cardio-vascular disease and depression and sickness absence records respectively. Other studies have utilised well known norm-referenced scales for measuring health, for example, the General Health Questionnaire and Occupational Stress Indicator (used by Hoel and Cooper, 2000), or criteria for assessing Post Traumatic Stress Disorder (eg. Mikkelsen and Einarsen, 2002). Studies generally measure both psychological and physical health outcomes.

It is helpful that many studies have utilised norm-referenced scales as this helps to reassure that we are comparing 'like with like'; however, utilising scales with pre-defined criteria may mean that novel forms of ill health are not reported. Studies involving clinical observations and interviews, however, do supplement data from norm-referenced scales.

5.3 SAMPLE

The literature covers a variety of industries and countries. For example:

- Hospital workers in Finland
- General sample of UK industry
- Nurses in UK

- Swedish workers
- Danish manufacturing company
- Swedish workers
- Austrian hospital staff
- Workers drawn from adverts in magazines and papers
- University employees in Finland
- Male Norwegian shipyard workers
- Workers from Finland
- Care Professionals in UK
- Workers in Ireland

The variety of industries and countries studied may well mean there are cultural and contextual differences to take into account when generalising findings.

5.4 RESEARCH DESIGN

The design of a study will influence how confident we can be in its conclusions.

5.4.1 Cross-sectional design

Many studies within the bullying literature rely on cross-sectional design, whereby respondents are approached at one time only and asked about their experience of bullying and their health status. Responses are compared within the sample, and comparisons can be made between those respondents who were bullied and those who were not bullied etc. These studies are useful in that they are relatively easy to carry out and shed light on the possible effects of bullying. However, they do not provide information on causation, as variables (i.e. being bullied and health outcomes) correlate (i.e. are associated) and may be spurious or caused by a third variable.

5.4.2 Longitudinal design

A more robust design is that of the longitudinal prospective cohort study whereby a sample of people is followed over time and tested at various intervals on a variety of outcomes, including experience of bullying and health outcomes. Other potential 'third variables' can be controlled or adjusted for. For example, Kivimäki et al (2003) controlled for demographic variables such as being overweight, which can influence physical health outcomes. There appears to be two longitudinal studies reported in the bullying/health literature.

5.4.3 'Clinical' studies

Information from targets who have been bullied and who are attending some sort of clinical session or rehabilitation session provides valuable data regarding the potential effects of bullying. These targets form a highly self-selected sample, and data from these people may possibly provide information on the longer-term health effects of more extreme bullying. However, again, causation can be problematic here. There may be other variables that have

‘caused’ or at least contributed to the reported mental or physical ill health within these targets, or targets may miss-attribute bullying to be a cause of their ill health.

5.5 FINDINGS

Appendix 1 provides detail on a selection of studies that examine the relationship between bullying and health.

5.5.1 Nature of research designs

As noted above, a variety of research designs abound in the literature. The main limitations include:

- The majority of studies use a cross-sectional design
- The majority of studies rely on self-reports of both being a target of bullying and health outcomes
- There is a large difference in the definition of bullying used in the study (e.g., no information is provided on frequency of bullying behaviours experienced)
- Some samples comprise only self-selected targets of bullying.

However, some of these limitations are being addressed. For example, some studies are:

- Prospective
- Use norm-referenced measures of ill health
- Use objective measures of ill health
- Have a large sample size.

5.5.2 Findings

The studies suggest several conclusions, despite the limitations of the research base:

5.5.2.1 *There appears to be an association between experience of bullying and psychological and physical ill health*

Psychological ill health

Some studies include more general measures of psychological ill health, and report that bullying is associated with ‘poor or lowered psychological well-being’ and ‘mental ill health’. Other studies report more specific effects. These include:

- Anxiety
- Depression
- Suicidal thoughts
- Possibly PTSD
- Aggression
- Lowered self-esteem

- 'Stress'
- Irritation

Physical ill health

Again, some studies report that 'physical health is affected', or 'psychosomatic health complaints'. Others are more specific, these include:

- Chronic fatigue
- Sleep problems
- Concentration difficulties
- Stomach problems

Other reported effects

These have included effects such as sickness absence and ill health retirement, withdrawal, low self-confidence, aggression, burnout, smoking and drinking and worry/fear.

5.5.2.2 *Certain bullying or unacceptable behaviours may be more likely to be associated with ill health.*

Previous studies suggest behaviours associated with personal degradation (e.g., gossip, teasing, verbal abuse), destabilization (e.g., shifting goal posts, removal of areas of responsibility) and attacking the private person (e.g., making fun of someone's appearance or home life) may be more likely to be associated with ill health. However, more work still needs to be done on this area.

5.5.2.3 *Those people exposed to regular bullying over a longer period of time may be more severely affected in terms of ill health outcomes.*

However, there are relatively few studies addressing this issue.

5.5.2.4 *Observers/witnesses of bullying may also suffer ill health as a consequence.*

Again, this conclusion is based on relatively few studies.

5.6 EXPLAINING THE ASSOCIATION

Whilst there appears to be an association between exposure to bullying and ill health, the causal mechanisms involved are still being considered. Quine (2001) highlights three possible mechanisms:

- (1) Being bullied leads to psychological ill health, or
- (2) Being depressed leads to being singled out for bullying and then, in turn, bullied people are not able to cope and suffer ill health, or
- (3) Depressed people may be more likely to perceive themselves as bullied and to report lower levels of job satisfaction etc (negative affectivity).

Kivimäki (2000) posits explanations for the association by referring to prospective research where social conflict [bullying]/ isolation and poor social support are linked to morbidity and mortality (eg heart disease). She also highlights that problems in social relationships have

been thought to decrease a person's resistance to health problems through immunological and neuroendocrinological reactions.

The work by Coyne et al (2003), whilst not looking specifically at ill health outcomes, sheds more light on the importance of the perceptions of targets. They tested the personality of their study sample and also their perceptions of the working environment.

Self- and peer-reported targets of bullying differed significantly in how they perceived the negative work environment compared to controls and other bullying groups (e.g., just self-reported targets, or just peer-nominated targets). They reported the work environment to be more negative (strained and stressful, regular change, authoritarian management, competition). There were no significant differences as to how bullying groups and the control group perceived positive aspects of the work environment (e.g., pleasant, effective feedback, supportive and friendly). Looking at previous research (e.g., Spector et al's study examining negative affectivity, 2000), and their personality test results (where self and peer victims tend to be more anxious, suspicious and unable to cope with criticism), Coyne et al suggest three possible mechanisms whereby self- and peer nominated targets:

- May perceive the work environment more negatively,
- Feel more the negative aspects of the environment or
- Create more conflict/stressors for themselves.

Whilst highlighting a number of limitations with their study (e.g., definition of bullying used, small sample size and sample from one organisation), this difference in perception of the work environment may also relate to differences in how victims perceive their own health.

They note

"... due to their disposition, some victims' perceptions of the organizational environment will differ from what is the reality of that environment in terms of other individuals' views" (p 226),

Mikkelsen and Einarsen (2002), in their study on bullying and Post Traumatic Stress Disorder (PTSD) symptoms, note some interesting speculations on the association between bullying and PTSD symptoms:

- PTSD may be the result of shattered basic assumptions about the world (e.g., Janoff-Bulman, 1989),
- Exposure to bullying causes an increase in symptoms of depression and anxiety, which then may lead to changes in cognitive schemas [which we use to interpret the world] (Mikkelsen, 2001),
- A personality trait (e.g., individuals high in Negative Affectivity, who may be more likely to have negative views of themselves and the world) may be in part responsible for the relationship.

Clearly, explaining the association between bullying and ill health requires further work.

6 INTERVENTIONS

In order to design an appropriate intervention strategy, it is essential that it addresses the antecedents of bullying in that workplace. The antecedents, and more specifically the organisational antecedents, have already been highlighted in this report. For HSE, interventions to tackle workplace bullying will take place at the organisational level.

This chapter summarises available literature on effective interventions to prevent and manage bullying at work.

6.1 GENERAL COMMENTS ON EVALUATION

It appears that there are few, if any, ‘formal’ evaluations of bullying intervention programmes. For example, the recent HSE Research Report 024 reviewing supporting knowledge for stress management standards (Rick et al, 2002) found no studies examining evidence on interventions to reduce the bullying/harassment stressor.

Informal discussions with delegates at the recent Economic and Social Research (ESRC) seminar confirmed that there is a lack of evaluated interventions. There are many reasons why evaluations are seldom carried out. For one thing, it is often problematic to ensure an appropriate level of scientific rigour in the workplace. However, researchers are starting to acknowledge that some scientific rigour will have to be sacrificed if any evaluation is to be carried out in ‘the real world’.

The measures used to indicate the success of an intervention were discussed at the ESRC seminar, and delegates noted that ‘higher order’ measures such as social competency and self-efficacy may be useful to evaluate success. Delegates noted that the use of diary studies and examining the content validity of an intervention by use of expert panel could be useful methods of evaluation.

Peiro, writing in a publication of the European Agency for Safety and Health at Work, suggests that it would be helpful to try to establish common sets of indicators about what a useful intervention is across the EU.

6.2 GENERAL COMMENTS ON INTERVENTIONS

One of the strongest messages that came out of the ESRC seminar was that the organisational or team context is crucial when designing a bullying intervention. It was also considered vital to motivate people to engage in the intervention – measures must have a positive outcome for employees. For many, the main aim of an intervention is to ‘do things to create a positive psychosocial work environment’.

6.2.1 Principles of intervention programmes

Various authors have suggested that programmes should be aimed at three levels:

- Prevention
- Intervention
- Rehabilitation

A European Agency for Safety and Health at Work publication³ notes that interventions can be classified according to their level (i.e., individual, work group, organisation or wider community) and focus (prevention, reaction and rehabilitation or correction measures).

As there have been few evaluated intervention programmes, many of the principles for intervention are based on those used to address other risks at the workplace. Spurgeon (2003) notes that prevention measures for bullying are likely to run alongside those for other psychosocial risks such as stress.

6.2.2 Problems with interventions

Some authors (e.g., Rayner, Cooper and Hoel, 2001) have noted that interventions aimed at increasing employee control over their work have been difficult to implement in reality. There may also be problems with initiatives aimed at management level as they might serve to reinforce management control (a potential antecedent of bullying).

Initiatives aimed at the selection arena (i.e., selecting out bullies) are also problematic as selection tools can be unreliable and bullies can find ways around them.

6.3 GENERAL RECOMMENDATIONS FOR INTERVENTIONS

6.3.1 An anti-bullying policy

Some key suggestions from UNISON, ACAS, WHO, European Parliament reports, European Agency for Safety and Health at Work, Swedish ‘victimization at work’ Act are:

Involvement of all stakeholders

For example, Hubert (2003) conducted group discussions with various people such as trade unions, grievance committees, human resources departments to discuss what policies and strategies are effective in managing “undesirable interaction”. They concluded that a systematic approach should be taken, involving various aspects of an organisation such as management, HR dept, and OHS workers. An article in the European Agency for Safety and Health at Work publication also emphasises the need to involve social partners in dialogue and prevention programmes.

Know about the problem

Conduct a staff survey, group discussions, confidential or anonymous questionnaires, one to one discussion, follow up absenteeism, complaints and sick leave (nb, Spurgeon (2003) notes that in terms of conducting a risk assessment on bullying, quantitative data and methods may be most appropriate). The authors of *Bullying and Emotional Abuse in the Workplace* recommend that “diagnostic psychometric measures used to expose intra-organisational bullying” (p413) are needed.

Draw up a formal policy

- Include a definition of what bullying is. This should be drawn up with employees, and could include acceptable and unacceptable behaviours, and/or a ‘code of ethics’ or code of conduct.
- Include a statement of commitment and acknowledgement of the problem. This could include statements that bullying is not tolerated, that it may be treated as a

³ Forum 9 ISSN1681-4398 Preventing Psychosocial risks at work: European Perspectives. Closing event of the European week of safety and health at work 2002, Bilbao, Spain, 25th November, 2002

disciplinary offence, acknowledgment that bullying affects health and safety etc.

- Outline duties of managers
- Outline grievance and complaints procedure and disciplinary procedures
- Investigation and support procedures and provisions
- Monitoring of policy
- Maintenance of confidentiality and fairness.

Provision of information and training

- The policy should be disseminated to all staff, awareness campaigns could be implemented and terms could be included in work contracts. Publicity of the policy could include short posters, leaflets, intranet and email communication and the staff handbook.
- All staff should receive basic training to include details of the policy and related procedures, what bullying is and what the effects are (possibly using previous victims). A working paper for the European Parliament⁴ on bullying at work suggests that ‘general educational advertising’ is the most proven method for prevention of bullying. They suggest informing employees and employers about bullying through the following mediums: leaflets and posters, articles in internal magazines, intranet, videos, lectures and discussions and at meetings where the entire organisation is present. The report notes that it is particularly useful to target management. Compulsory discussions of the entire working group may be useful, as is informing those in the wider social context about bullying.
- Management could be trained in conflict resolution, the policy and related procedures.
- Management should lead by example and create norms of behaviour.

Secondary prevention

- Confidants, contact officers or bullying representatives should be appointed.
- Involvement of trade union reps
- Use of mediators

Other, less specific, examples of prevention from the literature include:

- social skills and conflict management training,
- work redesign,
- improving the organisational culture,
- leadership training.

⁴ Social Affairs Series, SOCI 108 EN, 8 – 2001

- encourage “corporate social responsibility”.

6.3.2 Investigating complaints of bullying

The first step can often be informal, with someone approaching the alleged bully to ask them about their behaviour (they may be unaware their behaviour is causing offence). Internal people or external resources can carry out an investigation. If appropriate, disciplinary procedures should be used.

6.3.3 Counselling and rehabilitation

Tehrani (2003) suggests using professionally trained counsellors. They can use a variety of techniques such as debriefing, narrative therapy and cognitive behavioural therapy, psychotherapy and self help groups. Occupational health services can also become involved in analysing a client’s situation, in a mediator role, or with design and provision of bullying training and policy design (Vartia, Korppoo, Fallenius and Mattila, 2003). Rehabilitation is often centred on minimising PTSD type symptoms.

Bullies, as well as targets, may also need rehabilitating.

There is a need to carefully consider individual circumstances, as it might not always be the best option to reinstate a victim to the workplace.

6.4 SPECIFIC EXAMPLES

A recent search of the Occupational Safety and Health database CD-ROM (OSH-ROM) by the HSE Search team yielded 146 articles on bullying from the last two years. Around 26 mention ways of tackling bullying. The vast majority of the abstracts recommend ways to tackle bullying, but do not appear to be evaluated interventions.

6.4.1 The Olweus Bullying Prevention Programme

A programme developed by Dan Olweus and used in Norwegian schools for over 20 years. It has been evaluated several times, the first being in the mid-eighties. The evaluation was an ‘extended selection cohorts design using contiguous cohorts’. The programme has found to be effective in reducing the percentage of children who are bullied and the percentage of children who bully. Other improvements such as a reduction in ‘antisocial behaviours’ and an increase in positive ‘social climate’ were also found.

The programme is based on research, with the basic tenet that bullying:

- (1) Is aggressive behaviour or intentional harm doing
- (2) Is carried out repeatedly and over time
- (3) There is an imbalance of power in the interpersonal relationship

Olweus describes the fundamentals of the programme:

There needs to be involvement of adults. Measures are taken at the school, class and individual level. At the school level, activities such as a school conference day, supervision of pupils, a coordinating group, questionnaires and teacher discussion groups are undertaken. At a class level, there are rules, and regular discussions with pupils and parents. At the individual level there are serious discussions with bullies and victims and their parents and individual intervention programmes.

The basic principles that the programme follows are:

Adults in the school environment should be warm and take a positive interest in pupils, while at the same time placing firm limits on unacceptable behaviour. There should be consistent non-physical and non-hostile sanctions if pupils violate the rules, and adults at home should continue to act as authorities.

One of the reasons that the programme is thought to be effective is that it results in fewer opportunities and rewards for bullying.

How applicable is this in the workplace context? Certainly, some aspects are not appropriate such as the need for a authority figure at home, but other aspects such as having clear rules about what is acceptable and what is not acceptable behaviour and what sanctions will be applied if rules are broken are applicable. Also, it may be helpful for employees themselves to get involved with the formulation of the unacceptable behaviours and sanctions.

6.4.2 European case studies

A report by the European Agency for Safety and Health at Work looking at the prevention of psychosocial risks and stress at work in practice (ISBN 92-9191-012-0, 2002) highlights the winners of the Good Practice Awards 2002, for those who are taking effective action against psychosocial risks in the workplace. Several of these awards were given to organisations that were tackling bullying at work. Although the interventions have been evaluated, this appears to be at a rather 'basic' level. The following summarises each case study.

6.4.2.1 Case study 1: Italy. 'Work Culture Agreement' to tackle harassment, bullying and discrimination.

Developed in a public transport and mobility services company. Developed the agreement in partnership as part of the development of effective human resource management. Key aspects to agreement – defines what is not acceptable, sets out procedures to follow in the event of a complaint, an independent Joint Equal Opportunities Commission carries out monitoring, provides for development of training and information. It is felt the agreement has sent out a clear message to employees and potential new recruits that bullying is not acceptable, and has made interpersonal relations clearer.

6.4.2.2 Case study 2: Finland. Large company working in base metal industry.

Saw need for guidelines and model for how to handle cases of bullying. Identified triggers for bullying, set up a working group with representatives from the entire organisation, with expert input from a psychologist. Produced a booklet of guidelines distributed to each employee. Included in the booklet are details about the supervisor's role. A campaign about bullying was also run, as were training sessions for supervisors and others (not employees), bulletin, and guidelines were incorporated into company's general regulations. Training highlighted warning signs, need for immediacy, and how to resolve bullying. Evaluation: targets (i.e., victims of bullying) who had not discussed being bullied before contacting employee health service. Needed to use contractual model to settle disputes three times in first year of operation – shows that procedure was necessary. The people affected were reported to be relieved and reassured. Information on cost benefit included. Notes: found it important for those involved to agree on what is acceptable and unacceptable and this needed to form part of the terms and conditions. Asserts that changes to the working environment will also reduce bullying behaviour so it is important to do this at the same time as the policy.

6.4.2.3 Case study 3: GiGA – Germany. A regional info campaign and joint initiative for healthier work.

Raised awareness across the region using key actors such as employers, insurers, journalists, and media. Used publicity, information provision, creating networks, creating and publicising good practice examples. Activities included: best practice awards for SMEs, telephone helpline for victims, website homepage, involvement of Minister for Labour. Created a manual to support helpline counsellors. The helpline was launched with an extensive media campaign. They are evaluating the campaign through responses from the adverts and telephone enquiries. Report that partnerships and networks are providing positive and cost effective results. Key points: networking and involving key actors have been crucial.

6.4.2.4 Case study 4: Ireland. Strategy by the Health and Safety Authority.

Very relevant to how HSE could take this issue forward.

Issues: found that there were no best practice standards, lack of relevant research on the extent of the problem in Ireland. Set up a task force operating independently, but under the auspices of the Health and Safety Authority. Produced and disseminated 'Dignity Charters' as statements of intent. Codes of practice drawn up (referencing relevant law). The COP is quasi legal and provides a best practice template. Inspectors have a role to ask for an anti-bullying policy as part of their risk assessment for organisations with over 100 staff. The Health and Safety Authority were coordinators for advice and assistance through a phone line and production of the guidance etc.

Evaluation: non-fiscal benefit to caller. 35 calls on average per week. 200 live cases where complainants are seeking redress, and inspectors have gone in to ask for policy. 16,000 charters and 10,000 codes of practice have been disseminated.

6.4.2.5 Case study 5: Finland.

Focus on a safety district authority. Inspectors needed a method for handling bullying cases. Is used to investigate complaints but also to identify problem areas that lead to bullying and what can be done to prevent it. Includes a recognition phase, fact-finding phase, stage to define organisation defects, and implementation. Utilises a questionnaire. Basically, it is a risk assessment. Asserts that the effectiveness of the model has been tested and it has been further developed in a variety of workplaces.

7 DIRECTIONS FOR FUTURE RESEARCH

Several future research directions are suggested in the literature. These are summarised below.

7.1 UNDERSTANDING WORKPLACE BULLYING

7.1.1 What is bullying?

Further development and agreement of the workplace-bullying construct is essential. The following suggestions may help with this:

- Continue to explore how research on other topics may usefully add to existing knowledge on workplace bullying.
- Try and integrate the different frameworks that past research has used e.g., personality factors, organisational factors to help us more fully understand what workplace bullying is.
- Qualitative research can highlight process/subtleties of a bullying relationship. Future research may usefully be done using a qualitative framework, exploring issues such as how people pass judgement on others' behaviour and assign meaning, and allowing observation of the mediation process.
- Why does bullying not exist in some environments? What are positive behaviours?
- Explore inter-rater reliability.
- Learn more about bullies themselves.
- Learn more about the role and reactions of bystanders or witnesses to the bullying process

7.1.2 How much of a problem is workplace bullying?

- Explore whether results from the HSE stress management standards can help to shed more light on how much of a problem workplace bullying is in the UK
 - As part of their Sector Implementation Plan, HSE are currently working to implement the Management Standards with 100 willing organisations. This work will help to understand the prevalence of workplace bullying within the UK.
- Explore how bullying is experienced differently by different groups of employees.
- Explore the impact of the organisational context on bullying. For example, how do organisational culture, size of business, industry, and market forces impact?

7.1.3 What are the effects of bullying?

- Which unacceptable behaviours impact most on health?

- Consider longitudinal and prospective studies to provide a more robust evidence base.
- Are there any differences in health between those who label themselves as bullied and those who report exposure to bullying acts?
- Explore how bullying affects the target's family and friends.
- Identify where in the bullying process that the target is most likely to experience ill health.

7.2 DOING SOMETHING ABOUT BULLYING

Interventions must be based on a sound theory and research base.

7.2.1 What are the causes of bullying?

- Investigate which workplace and other stressors impact most on the incidence of bullying and how they interact.
- Consider how much influence outside bodies such as HSE can have on these causes.

7.2.2 What factors moderate or mediate bullying?

- Explore the role of the organisation as an impediment or facilitator of bullying. What organisational factors inhibit or increase bullying? *'Bullying can only exist in a culture in which it is permitted'* (Brotsky, '76). How does an organisation's response to a bullying situation impact on the target?
- Further investigate the roles of negative affectivity, self-efficacy etc and how they mediate or moderate exposure to bullying and health effects.
- Shift focus to *"diagnostic psychometric measures used to expose intra-organisational problems"* (Hoel et al, 2003, p. 413). How much is HSE stress management standards doing this?
- Further explore the role of witnesses and observers. What makes people help or ignore the situation?
- Examine where resources/pressure best be placed in an organisation. At what point is it best to intervene?

7.2.3 How applicable is the literature on school bullying?

- Explore whether there any lessons/policies from schools that can be modified and used in a workplace context.

7.2.4 Do organisational interventions work?

- There are few evaluations that have addressed the impact that an organisation's bullying interventions/policies/actions have on the 'targets', bullies, or other workplace outcomes. This in an area that needs much more work. Some

suggestions include auditing bullying policies, exploring what blocks senior managers from tackling bullying.

7.2.5 Can we learn anything from the policies/guidance/laws of other countries?

- Take a systematic look at the guidance or experiences of other countries to help define how the UK government can approach the issue.
- Explore how applicable different approaches are, given differences in cultures, and social norms.
- Explore what HSE/LA inspectors can actually 'do' on the ground

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9 APPENDICES

Appendix 1: A selection of studies

Study	Sample	Methodology	Findings	Notes
Appelberg et al 1995 Interpersonal conflict as a predictor of work disability: a follow-up study of 15,348 Finnish employees	N = 15, 348 Variety of jobs in Finland	Questionnaire completed in 1981. Conflict measured by 'Have you ever had considerable difficulties with your coworkers/supervisors/inferiors during the last 6 months etc' Disability measured by results from a computerised national database of early retirement on medical grounds pension. This data was gathered 6 years after the initial study.	<ul style="list-style-type: none"> • 'Interpersonal conflict at work can be one of the risk factors for work disability among women' • The elevated risk was confined to married women with conflict at work and with the spouse • Interpersonal conflict not predictive for work disability among men • Life dissatisfaction also a significant risk among women. 	Large sample size. Objective measures of ill health. Is definition of interpersonal conflict sufficiently comparable to bullying definitions?
Baron and Neuman 1996 Workplace violence and workplace aggression: evidence of their relative frequency and potential causes	N = 178 Wide range of organisations in USA.	Anonymous questionnaire Measures of perceived forms of aggression (based on Buss' aggression theories and also other research e.g., Bjorkqvist et al, 1994) rated from never experienced to very often. 13 items measured the amount of perceived change in organisation within past 12 months (e.g., downsizing, technological change, use of computer monitoring etc) and demographic data.	<ul style="list-style-type: none"> • Verbal and passive forms of aggression reported as more frequent. • Types of change correlated with experienced and perceived 'workplace aggression' (e.g., computer monitoring related to experienced aggression). • Multiple regression analyses showed that both increased use of part-time employees and changes in management were significant predictors of perceptions of workplace aggression. • Use of part-time employees, increased workplace diversity and pay cuts or freezes were predictors of experienced aggression. • The greater the extent to which several changes had occurred, the greater likelihood of aggression. 	Little information on frequency of behaviour. Self-reports. Good response rate.
Björkqvist et al 1994 Aggression among university employees	N = 338 University employees in Finland N = 19 interviews	Used WHS and other items eg., style of communication in work group, experienced reasons for harassment, gender. Used scales to measure depression and anxiety. Open-ended clinical interviews also conducted.	<ul style="list-style-type: none"> • Victims experienced significantly more depression, anxiety and aggression than non-victims • NB Interviews with victims, victims claimed feelings of depression etc were a direct result of harassment. Also reported other ill health e.g. insomnia, apathy, lack of concentration, melancholy, various nervous symptoms and sociophobia. 	Cross sectional. Recall bias of victims.

Study	Sample	Methodology	Findings	Notes
Coyne et al 2003 Self and peer nominations of bullying	N = 228 Public sector organisation in UK	Questionnaire. Measures included self and peer nominations of perpetrator and target, referenced in relation to a union definition of bullying. Measures also included personality inventory and a scale to measure perceptions of working environment.	<ul style="list-style-type: none"> • Self and peer victims perceive the working environment to be characterised by more negative aspects (e.g., strained, stressful, regular change, authoritarian management and competitive) than other groups. • Only self and peer victims differed from controls, none of the other victim or perpetrator samples differed in perceptions. [May suggest organisational variables interact with personal variables to promote bullying]. 	Negative environment scale fairly low in alpha level, therefore not necessarily too reliable as a scale. Small sample size. Specific to one organisation.
Einarsen and Raknes 1997 Harassment in the workplace and the victimization of men	N = 464 Male employees in a Norwegian marine engineering industry	Questionnaire survey Used NAQ and measures of job satisfaction and a six item scale to measure psychological health and well- being.	<ul style="list-style-type: none"> • Those who experienced bullying behaviours, particularly when experienced consistently and systematically, had significant health consequences. • Poor psychological health was particularly associated with personal degradation type behaviours 	Cross-sectional
Einarsen et al 1998 Bullying, burnout and well-being among assistant nurses	N = 745 Assistant nurses in Norwegian hospitals	Anonymous postal questionnaire survey. Used definition of bullying and NAQ and measures of job satisfaction, burnout (included emotional fatigue, loss of self-esteem and difficulties with relationships at work) and psychological well-being. Job satisfaction scale included items measuring satisfaction with work pressure, work control, social climate, work content (variation, learning, persona growth) and pay and career possibilities.	<ul style="list-style-type: none"> • 4.8% currently experience bullying (self-classified, plus identified at least one behaviour on the NAQ). • ¼ had witnessed bullying. • Most common behaviours: serious slander, rumours, silent hostility (indirect/social manipulation). • Those bullied had significantly higher levels of burnout, lowered psychological well-being and lowered job satisfaction compared to non-bullied colleagues. • Bullied nurses have lowered job satisfaction and a 'negative assessment of various aspects of their daily work'. 	Cross sectional, self- reports (therefore common method variance, validity issues) No information to tease out whether particular aspects of job satisfaction related to bullying.

Study	Sample	Methodology	Findings	Notes
Greenberg and Barling 1998 Predicting employee aggression against coworkers, subordinates and supervisors: the roles of person behaviors and perceived workplace factors	N = 136 Males in full-time employment in a Canadian University	Postal questionnaires. Scales measured: alcohol consumption, history of aggressive actions, job security, procedural justice, distributive justice, a newly developed workplace surveillance scale. Also measured employee aggression – developed for this study – included ‘psychological aggression’, which appears similar to bullying behaviours.	<ul style="list-style-type: none"> • Two workplace factors predicted aggression against a supervisor: poorer perceptions of procedural justice and number of surveillance methods used to monitor employees. • Aggression against a co-worker was not predicted by any workplace factors, but was predicted by amount of alcohol consumed and history of aggression. • Aggression against a subordinate was not predicted by any variables. • Procedural justice interacted with alcohol, history of aggression to predict aggression. 	Definition of aggression could be different to the ‘conventional’ definition of bullying. Cross-sectional. Low response rate: selection bias? Self-report.

Study	Sample	Methodology	Findings	Notes
Hoel and Cooper 2000 Destructive conflict and bullying at work	N = 5288 UK	Postal survey. Gives definition of bullying and asks whether respondents believed they were bullied. Asks independently about being exposed to negative social acts. Also asked about management style, work environment using standardised tool.	<ul style="list-style-type: none"> • Health outcomes measured using General Health Questionnaire and Occupational Stress Indicator. 1 in 10 prevalence. • Compared to general population norms, there were much higher levels of mental and physical ill health for currently bullied people. • People who were previously bullied and who had witnessed bullying also reported high levels of ill health. • Regular exposure to bullying associated with higher levels of ill health than occasional exposure. • Experience of bullying related to higher scores of 'negative' management style, such as autocratic, divisive, laissez-faire and non-contingent. Groups who were previously bullied, or witnessed, reported v. similar patterns to each other. • Bullying found to be associated with negative work climate, high workload and unsatisfactory relationships at work (those currently bullied reported least satisfaction with environment). • Exposure to bullying significantly related to a number of organisational changes, with strongest being 'change of management'. Major organisational change, budget cuts, major technological change, and major internal restructuring were also significantly related. Results for those who had witnessed bullying also showed significant differences to the non-bullied group for a number of these. 	Cross-sectional study. <i>Use of norm-referenced health measures.</i>

Study	Sample	Methodology	Findings	Notes
Kivimäki et al 2000 Workplace bullying and sickness absence in hospital staff	N = 5655 Finland Hospital staff	Postal questionnaire to two hospital districts. Sickness records from hospitals. For their definition of bullying, see other entry for Kivimäki.	<ul style="list-style-type: none"> Presented definition of bullying and behaviours and asked whether staff had experienced such behaviours currently, or previously. 5% prevalence of bullying. Significantly higher levels (1.5 for medically certified absence and 1.2 for self-certified absence) of absence for victims (compared to non-victims). Ratios remained significant after adjustment for demographic data. No significant difference for absence of witnesses to bullying when adjusted for demographics. The ratio of 1.5 is higher or equal to ratios reported in relation to established psychosocial predictors of health and absenteeism (e.g., poor social support, low control, high demands). No difference between groups whether full time or part time, permanent or temp and occupational group. 	Good use of corporate data. Cross sectional, but see next study. Definition – no info regarding Frequency of behaviours.
Kivimäki et al 2003 Workplace bullying and the risk of cardiovascular disease	N = 5432 Finland Hospital staff	Prospective study Postal questionnaire sent at Time 1 and then two years later. Bullying measured using one question: “WPB refers to a situation where someone is subjected to social isolation or exclusion, his or her work and efforts are devalued, he or she is threatened, derogatory comments are made about him or her in his or her absence, or other negative behaviour that is aimed to torment, wear down or frustrate the victim occur. Have you been subjected to such bullying?” (p 779) Self-reported doctor diagnosis of various health measures (CVD and depression) were also taken.	<ul style="list-style-type: none"> Prevalence of bullying = 5% at first survey, 6% at second survey, approx 2% reported bullying in both. A strong (sig) association between B and subsequent depression suggests “bullying is an aetiological factor for mental health problems”. The longer the exposure to B, the greater the risk of depression. Depression at base line predicted subsequent B Targets also seem to be at greater risk for CVD, but this may be partially attributable to being overweight. 	Prospective cohort study is a strong design: eg. Self reports health outcomes, were able to test what can predict B. Poss limitations: Other vars could be controlled for e.g., self-efficacy etc. Definition of B: fairly general, no info on frequency of behaviours, although measuring B after 2 years does indicate prevalence.

Study	Sample	Methodology	Findings	Notes
Leymann 1996 The content and development of mobbing at work	N = 2400 Swedish workers (representative sample)	Interviews. Bullying measured using LIPT	<ul style="list-style-type: none"> • 3.5% were mobbed • 10-20% of mobbing victims seem to contract serious illness or commit suicide. • Leymann (1987) “every 6th – 15th officially noted suicide in Sweden (1800 per year) may be caused by this kind of workplace problem. 	Self-reported ill health. Difficult to estimate cause of suicide. Latent mental health problems.
Leymann and Gustafsson 1996 Mobbing at work and the development of PTSDs	2 studies: N = 2428 N = 64 Swedish workers	1) Interviews with people (representative of Swedish population) using LIPT and stress symptoms 2) Patients at a rehabilitation clinic. Used lots of psychological tests eg., Beck Depression inventory	<ul style="list-style-type: none"> • Study #1 • 14.4% subject to mobbing • Symptoms reminiscent of PTSD or Generalised Anxiety Disorder eg., memory disturbances, chest pains. • Classified into groups: • Cognitive effects of stressors leading to psychological hyper-reactions; syndrome with psychosomatic stress symptoms; symptoms associated with production of stress hormones and activation of autonomic nervous system; muscular tension; sleep problems. • Study #2 • Confirmed diagnosis of PTSD with 92% of patients. • Conc: Bullying can lead to certain PTSD symptoms as severe as those experienced by rape victims, and worse than those experienced by train drivers who hit people on the tracks. 	Study #1 Use of LIPT (item generation v. subjective) Cross sectional Study #2 Sample v. skewed (ie bullied targets being rehabilitated), difficult to extrapolate whether bullying caused symptoms. Debate over PTSD

Study	Sample	Methodology	Findings	Notes
Mikkelsen and Einarsen 2002 Relationship between exposure to bullying at work and psychological and psychosomatic health complaints: the role of state negative affectivity and generalised self-efficacy	N = 224 Danish manufacturing company	Anonymous postal questionnaire Used NAQ to measure bullying. Other scales used to measure psychological health complaints, psychosomatic complaints (eg., dizziness, chest pains) self-efficacy etc.	<ul style="list-style-type: none"> • 8% report being victims of bullying • Exposure to bullying is sig related to increased levels of psychological health complaints and psychosomatic complaints • State negative affectivity acts as a partial mediator between bullying and health • Generalised self-efficacy showed no association with being bullied 	Cross-sectional Self-efficacy scale may not necessarily capture construct accurately.
Mikkelsen and Einarsen 2002 Basic assumptions and symptoms of post-traumatic stress among victims of bullying at work	N = 118 targets of bullying and N = 118 control Targets did a mixture of jobs, mostly teachers or nurses from Denmark (?)	Anonymous postal self-report questionnaire. Definition of bullying given and also NAQ used. Tools also measured PTSD, basic assumptions about the world (e.g., benevolence or world, meaningfulness, self-worth) and scale to measure distressing life events.	<ul style="list-style-type: none"> • 76% targets reported symptoms of PTSD, with 61.7% reporting moderate to severe, or severe level of impairment. • 80.%% reported that, at present time, no other event in their life had affected them more negatively than bullying. • Significantly higher percentage of targets (compared to victims not meeting PTSD criteria) reported feeling more negatively affected by an event other than bullying (exposure to other traumatic life event may increase victims' vulnerability?) • A significant difference between controls and targets suggests exposure to bullying may result in increased negative views of self, others and the world. 	Cross sectional. Self-report. Self-selected sample.

Study	Sample	Methodology	Findings	Notes
Niedl 1996 Mobbing and well-being: economic and personal development implications	N = 368 Austrian hospital staff	Postal questionnaire. Used revised version of LIPT and Mohr's scales for psychological impairment and well-being	<ul style="list-style-type: none"> Bullied significantly lower on anxiety, depression, irritation and psychosomatic complaints (but not self-esteem) than non-bullied 	LIPT Lowish response rate (29%) could mean data skewed. Cross sectional
O'Moore et al 1998 Victims of bullying at work in Ireland	N = 30 Variety of jobs in Ireland	Sample consisted of first 30 people who referred themselves to the Irish Anti-bullying research and resource centre One-to-one interviews (average of 3 hours in length)	<ul style="list-style-type: none"> All had experienced direct verbal aggression and felt humiliated by belittling remarks, and had experienced indirect aggression (e.g., rumours, criticism of work, unrealistic work targets, isolation). All had experienced psychological symptoms as a result of bullying e.g., anxiety, irritability, depression, withdrawal, lowered self-esteem etc. 93% had experienced physical symptoms: most common disturbed sleep, lethargy, stomach disorders, headaches. 87% had taken sick leave as a result of bullying. 90% reported leadership to be autocratic, 83.3% found environment was competitive, 77% said work environment was strained and stressful, and 40% were satisfied with feedback about work that they received. 	Small sample. Skewed as self-referred participants. Self-reports. May reflect experiences of a unique group of people (actively seeking redress for being bullied/extreme cases?).

Study	Sample	Methodology	Findings	Notes
Quine 1999 Workplace bullying in NHS Community Trust: staff questionnaire survey	N = 1100 NHS Community Trust staff in UK	Anonymous postal survey 20 item inventory of bullying behaviours (have you experienced these in past 12 months?) plus various other scales e.g., HAD scale, job satisfaction, support at work.	<ul style="list-style-type: none"> • 38% reported experiencing one or more types of bullying over past 12 months • 42% had witnessed bullying • Those who were bullied had significantly: • lower levels of job satisfaction • higher levels of job induced stress • higher levels of depression and anxiety (clinical levels) • higher levels of propensity to leave • Support at work seemed to protect from negative effects of bullying • 61 bullied people reported their health had been affected • 44% of smokers reported an increase in smoking as a result of bullying and 20% of drinkers reported an increase in drinking alcohol • (Most frequently reported bullying behaviours were shifting goal posts, withholding info, undue pressure to work, and ignoring/excluding. 	Cross sectional. Good response rate (70%). B measure: no info on frequency of behaviours experienced.

Study	Sample	Methodology	Findings	Notes
Quine 2001 Workplace bullying in nurses	N = 174 Nurses in UK reporting Bullying.	Anonymous postal survey Scales measured occupational health, support at work, propensity to leave, Hospital Anxiety and Depression Scale, perceptions of the organisational climate and experience of bullying behaviours.	22 types of bullying behaviour culled from literature. Asked whether persistently subjected to any behaviours over last 6 months. 26% reported their health had been affected by bullying. Most prevalent symptoms included misery and depression, increase in stress levels, feeling you don't want to go to work. Using T test/Chi Squared, bullied: <ul style="list-style-type: none"> • Significantly lower levels of job satisfaction • Significantly higher propensity to leave • Significantly more likely to suffer depression • Significantly more days off work through sickness absence • Highest correlations for pressure to overwork and 'destabilisation' bullying behaviours. • Nurses who reported one or more types of bullying were more likely than others to be critical of aspects of organisational climate: <ul style="list-style-type: none"> • Higher workloads • Greater role ambiguity • Less participation in decision making • Lower job control. 	Cross sectional. Self report.
Rayner 1997 The incidence of workplace bullying	N = 1137 Part-time students at Staffordshire University, UK	Questionnaire, completed in classrooms. Anonymous. Bullying scenario read out by tutor, items asked about whether respondents thought they had been bullied, by whom and other circumstances. Also asked to describe their 'worst working situation' in terms of a set of behaviours e.g., intimidation, ignoring/excluding etc.	<ul style="list-style-type: none"> • Half of sample believed they had been bullied during their working lives. • Bullying of groups was found. • For those who had been bullied, the following events coincided: <ul style="list-style-type: none"> • A recent change in job (51%) • Change in manager (31%) • Around 10% for other factors such as redundancies announced, returned from leave. 	Descriptive statistics. Self-report. Labelled themselves as bullied, frequency etc not specifically reported in study in relation to organisational antecedents.

Study	Sample	Methodology	Findings	Notes
Spratlen 1995 Interpersonal conflict which includes mistreatment in a university workplace	N = 810 Variety of jobs in a US university	Questionnaires Definition of mistreatment given (Behaviour or situations – without sexual or racial connotations – which the recipient perceives to be unwelcome, unwanted, unreasonable, inappropriate, excessive or a violation of human rights) and some forms were reported. Respondents rated how severe the effects of mistreatment were on 10 outcomes (e.g., personal health, self- esteem).	<ul style="list-style-type: none"> • 23% met criteria for perceived workplace mistreatment • Most profound negative effects of bullying were on job satisfaction • Moderate to severe effects were reported on self-esteem, self-confidence • 27% reported they had observed mistreatment 	Cross sectional. Self-report. Single item measures of self-esteem, self- confidence and personal health.
Sweeny Research Ltd 2003 Incidence of Workplace bullying in Victoria	N = 1000 Variety of jobs in Victoria, Australia	1000 telephone interviews conducted with a sample of Victorian households. Interviews covered a variety of topics connected with workplace bullying.	<ul style="list-style-type: none"> • 54% of those bullied thought it had negatively impacted on their physical health • 10% of those bullied said it increased their stress levels • 7% said it impacted on their mental health 	Cross sectional study. Self-reports.

Study	Sample	Methodology	Findings	Notes
Vartia 2001 Consequences of workplace bullying with respect to the well-being of its targets and the observers of bullying	N = 949 Variety of occupations from municipal sector in Finland	Survey Used revised LIPT and items measuring psychological health symptoms, mental health, psychological work environment etc. Single items measured psychological work environment. These included: Haste Goal clarity Excessively difficult tasks Amount of joint meetings at workplace Changes at work anticipated	<ul style="list-style-type: none"> • Targets and observers experienced more general stress and mental stress reactions. • Targets more likely to report low self-confidence • Stress reactions were predicted by bullying, haste, excessively difficult tasks, poor goal clarity • Bullied use sleep drugs and sedatives more often • Particular forms of bullying = ill health: • Judging a person's work performance wrongly/in an offending manner linked to general stress; assaulting private life and judging work wrongly = mental stress; meaningless tasks and restricting possibility to express opinions = low self-confidence • Features of work measured (psychological work environment and characteristics of work e.g., haste at work, work tasks that are too difficult) were a significant explanatory factor for being a target of bullying: 20-25% of variance of reported stress. Bullying alone = 5% of variance. • Bullying remained significantly related to stress after other work environment factors had been controlled for. 	Cross sectional. Self-report. Only used a limited number of work environment measures. Single item measures.
Voss, Floderus and Diderichsen 2001 Physical, psychosocial and organisational factors relative to sickness absence: a study based on Sweden Post	N = 2628 Workers for Sweden Post doing a variety of jobs	Postal survey and sickness absence records from company. Used Leymann's definition for bullying (" <i>harassing, ganging up on someone or psychologically terrorising others at work</i> "). Asked to say whether personally bullied or bullying occurs in organisation. 150 different variables measured in a variety of other areas.	<ul style="list-style-type: none"> • A variety of associations found. • For women: 16% reported bullying at workplace and this was associated with a twofold relative risk of sickness absence. (8% exposed themselves). • The 16% reflects the social climate? • No significant associations with males. 	Cross sectional. Large sample size. Associations may be artefact of large numbers of variables studied. Objective measure of sickness absence. Note sickness absence may be caused by illness or other non- health related outcomes.

Study	Sample	Methodology	Findings	Notes
Zapf et al 1996 On the relationship between mobbing factors, and job content, social work environment and health outcomes	N = 50 N = 99 Not random, participants drawn from adverts in papers etc. Germany	Used LIPT N = 50 utilised questionnaires and 19 were interviewed too, N = 99 used questionnaires. Other scales measure health outcomes e.g., Mohr's scale. Compares mobbed and control group. Work and job factors were measured: Complexity Control over tasks Variability Control over time Communication possibilities Co-operation requirements Social climate	<ul style="list-style-type: none"> • Confirmed Niedl's (1996) results: • All mental health variables (psychosomatic complaints, irritation, depression and self-esteem) showed significant differences between control and bullied group. (Notes there are dramatic individual differences with regard to health effects between bullied people). • Attacking private person is the key behaviour linked with poor health. • Bullied had significantly higher control over tasks (than worker samples, but not control group), cooperation requirements (ie, being forced to work together) and social stressors. They had lower control over time and lower supervisor and colleague social support. 	Small sample size and large number of variables can inflate some correlations. Self-selected sample.