

# WORKPLACE BULLYING: A SAD REALITY, TOO COSTLY TO BE IGNORED

Zafar Ali<sup>1</sup>

<sup>1</sup> Department of Medicine, Lady Reading Hospital, Peshawar - Pakistan.

**Address for Correspondence:**

**Dr. Zafar Ali**

Assistant Professor,

Department of Medicine, Lady Reading Hospital, Peshawar - Pakistan.

E-mail: ali\_zafar1973@yahoo.com

This editorial may be cited as: Ali Z. Workplace bullying: A sad reality, too costly to be ignored. *J Postgrad Med Inst* 2019; 33(3): 179-81.

Workplace bullying or bullying among the working population is gaining increasing recognition as a serious concern. It has attracted the attention of academic research and is reflected in the mainstream media. Alternatively, it is described as incivility, mobbing and disruptive behavior. By definition, workplace bullying is a persistent and repetitive negative behavior occurring on regular basis against an individual that is degrading, intimidating, malicious or offensive and targeting the dignity, confidence and self-esteem of the recipient at work or in the course of employment<sup>1</sup>. Ultimately, it results in the creation of a toxic and hostile working environment. As opposed to harassment (which is usually limited to a single instance), bullying is characterized by negative behavior which is repeated over time.

The sad reality is that the magnitude of the problem of workplace bullying is quite high. It is experienced by 98% of all workers at some point in the career; 35% Americans report to be the victims of bullying and another 15% admit to witness it<sup>2</sup>. Globally, healthcare professionals are found to be more vulnerable to experience workplace bullying because of the demanding nature of the profession and increased emphasis on performance<sup>3</sup>. The prevalence of bullying among Junior doctors of UK study has shown as 37%<sup>4</sup>. In the United Kingdom (UK), every third staff member of National Health Service (NHS) community trust is reported having being bullied in the previous year<sup>5</sup>. The situation is similarly grave in Pakistan and >50% of medical students are reported to suffer bullying<sup>6</sup>.

Bullying can occur in various forms i.e. attacks on competence, reputation or integrity, unjust criticism, ignoring or excluding, discrimination, academic excellence denial, assigning meaningless tasks, giving unreasonable/impossible deadlines, unclear directions, unmanageable workloads, leveling baseless accusations,

perpetual interference and excessive performance monitoring<sup>7</sup>. Moreover, it might involve unreal performance reviews, threats of firing, demotion or transfer to another department and exhausting work schedule without taking care for time off or compensation. Different means of bullying may be used ranging from written communications, emails or telephonic conversations to confrontation or personal encounters. Sometimes, an apparently friendly person is the source of bullying and is doing a difficult to detect damage behind your back. Bullying is found to occur more frequently in stressful and unstable work environments with heavy workloads but undefined policies and communication gaps. When bullying is allowed or encouraged at a workplace, institutional bullying results in an extremely dangerous situation because of forced overtime, unrealistic goals, job security concerns and probable loss of employees.

Though there are myriad forms and tactics of bullying but the outcome is undoubtedly disastrous. The impact on employee's professional satisfaction cannot be overemphasized. There is loss of interest and lack of concentration in inner life or outer life, overthinking about work and feeling of fear towards the workplace<sup>8</sup>. The motivated, committed and willing workers are converted into non-willing workers. In a study of specialists in Pakistan, manifestations of bullying are shown as defamation, humiliation, threats, doubts regarding credentials, false accusations, overlooked for promotions and unkind or derogatory remarks. Similarly, self-doubt, belittlement, limitations of career opportunities and a sense of isolation are also reported<sup>9</sup>. It has been observed that 25% of the victims and 20% of the witnesses ultimately are compelled to resign and leave the job<sup>10</sup>.

Bullying is also associated with multiple somatic and psychological effects including sleep disturbance,

headaches, gastrointestinal symptoms, anxiety, depression and suicidal ideations in extreme cases. Extension of this workplace bullying related stress to home leads to harmful effects on family life and relationships with friends<sup>8,11-12</sup>. Importantly, patients are extremely affected by this poisonous work environment with serious concerns regarding patient safety and medication errors<sup>13,14</sup>. The contributing factors include loss of commitment, motivation and the ability to concentrate at work. Even employers have to pay for workplace bullying in the form of increases in the turnover, expenses of recruiting replacement personnel, absenteeism of employees with resultant work loss and decreased productivity and increased litigation cases<sup>10</sup>. Furthermore, it may result in reduced trust, loyalty and effort from employees and poor team dynamics.

The experience of being bullied leads to a feeling of insecurity. The fear of stigmatization, retaliation, tarnishing of image and career sabotage further complicates the matter. Consequently, there is silence and underreporting of bullying by the victims. Some of them might accept it as part of the job. Studies have shown that a formal complaint is submitted by only 9-18% of the victims<sup>15,16</sup>. Sometimes, bullying can be hard to recognize or prove especially when the bullying is subtle. Moreover, the victim needs to prove that the bullying occurred and the subsequent problems are directly related to it. At times, the bad attitude of the so called 'talented terrors' (bully who looks good on paper and has great performance reviews) is overlooked by the organization or institute.

Workplace bullying needs to be proactively addressed because it is too costly to be ignored<sup>2,17</sup>. Measures or actions against workplace bullying include<sup>18</sup>: 1) workplace civility and performance expectations need to be defined precisely to run the workplace efficiently. Anti-bullying policies and its implementation, reporting procedure and actions against the bullying complaints need to be shared with the employees. Awareness among the employees need to be developed by organizing seminars, workshops and lecture series with focus on skills such as assertiveness, preempting intimidating requests, saying "no" and getting a mandatory report of any bullying event; 2) make sure the situation dictates workplace bullying; 3) timely address bullying to nip things in the bud; 4) respond (well-prepared) instead of react (emotional); 5) thoroughly document and keep track of all bullying actions in writing; 6) record your performance with quantifiable results and letters of appraisals; 7) follow the specified reporting procedure for workplace bullying; 8) save evidence (threatening letters, comments, messages or emails); 9) seek guidance (legal help, professional counselling and colleagues support); 10) Avoid taking stress outside of workplace; 11) logical conclusion (the situation either

resolved or be prepared for hard fight with the bullying person or in the worst-case scenario to leave the job); and 12) speak up (in case of witnessing workplace bullying). According to the Joint Commission on Accreditation, Healthcare and Certification, hospitals are required to have anti-bullying policies and codes and to promote an encouraging working environment with no fear of reporting incivility<sup>19</sup>.

Workplace bullying is a serious issue in health care workers because the working conditions are already stressful, demanding and emotionally exhausting. An unprofessional behavior that affects the dignity at workplace will remain a question mark. It is a fundamental right of all to provide them health care services without a fear of being a victim of workplace bullying. The working day of employees should not commence with worrying about being harassed, bullied or intimidated in the workplace. Similarly, days at the workplace should not be filled with bullying. It requires serious focus and priority to develop a healthy culture at the workplace. This will require measures to prevent or reduce the incidence of workplace bullying and appropriate disciplinary actions against responsible persons. Provision of a safe and positive work environment, where people thrive rather than distressed, is the responsibility of every employer. If employees have a sense of control, accomplishment and autonomy, it will definitely result in benefit of the organizations and improved health of employees. The bullying free work environment can increase the productivity of employees which will lead to enhanced work performance.

## PREFERENCES

1. Beswick J, Gore J, Palferman D. Bullying at work: a review of the literature. *Health Saf Lab*; 2006. Available at: [http://scholar.google.com.pk/scholar\\_url?url=http://www.workstress.net/sites/default/files/literature\\_review.pdf&hl=en&sa=X&scisig=AAGBfm38WEYt9pX5cJROGvB-CuVkmvXIFRw&nossl=1&oi=scholarr](http://scholar.google.com.pk/scholar_url?url=http://www.workstress.net/sites/default/files/literature_review.pdf&hl=en&sa=X&scisig=AAGBfm38WEYt9pX5cJROGvB-CuVkmvXIFRw&nossl=1&oi=scholarr)
2. Porath C, Pearson C. The price of incivility. *Harvard Bus Rev* 2013; 91:114-21,146.
3. Frank E, Carrera JS, Stratton T, Bickel J, Nora LM. Experiences of belittlement and harassment and their correlates among medical students in the United States: longitudinal survey. *Br Med J* 2006; 333:682.
4. Quine L. Workplace bullying in junior doctors: questionnaire survey. *Br Med J* 2002; 324:878-9.
5. Quine L. Workplace bullying in NHS community trust: staff questionnaire survey. *Br Med J* 1999; 318:228-32.
6. Ahmer S, Yousafzia AW, Bhutto N, Alam S, Sarangzai AK, Iqbal A. Bullying of Medical Students in Pakistan: A cross-sectional questionnaire survey. *PLoS One* 2008; 3:e3889.

7. American Nurses Association. Incivility, bullying and workplace violence. Am Nurs Assoc 2015. Available at: <https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/id/incivility-bullying-and-workplace-violence/>
8. MacIntosh J, Wuest J, Gray MM, Cronkhite M. Workplace bullying in healthcare affects the meaning of work. Qual Health Res J 2010; 20:1128–41.
9. Gadit AA, Mugford G. A pilot study of bullying and harassment among medical professionals in Pakistan, focusing on psychiatry: Need for a medical ombudsman. J Med Ethics 2008; 34:463-6.
10. Lieber L. How workplace bullying affects the bottom line. Employ Relat Today 2010; 37:91-101.
11. Johnson J, Trad M. Bullying behavior among radiation therapists and its effects on personal health. Radiat Ther 2014; 23:11–20.
12. lies R, Wilson KS, Wagner DT. The spillover of daily job satisfaction onto employees' family lives: the facilitating role of work-family integration. Acad Manag J 2009; 52:87–102.
13. Rosenstein A, O'Daniel M. Disruptive behavior and clinical outcomes: perceptions of nurses and physicians. Am J Nurs 2005; 105:54–64.
14. Institute for Safe Medication Practices. (March 11, 2004). Intimidation: practitioners speak up about this unresolved problem (part I). Inst Safe Med Prac 2004. Available at: <https://www.ismp.org/resources/intimidation-practitioners-speak-about-unresolved-problem-part-i>.
15. Reporting bullying behaviour. (Online) 2010 (Cited 2006 May 17). Available from URL: [www.bma.org.uk/employmentandcontracts/morale\\_motivation/b](http://www.bma.org.uk/employmentandcontracts/morale_motivation/b).
16. Scott J, Blanshard C, Child S. Workplace bullying of junior doctors: Cross sectional questionnaire survey. NZ Med J 2008; 121:10-4.
17. Needham AW. Workplace bullying: A costly business secret. New York: Penguin Group 2004.
18. Longo J. Combating disruptive behaviors: Strategies to promote a healthy work environment. Online J Issu Nurs 2010; 15:3.
19. Behaviors that undermine a culture of safety. Sentinel Event Alert 2008:1-3.