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How does bullying in the workplace impact mental health professionals : a project based upon an independent investigation

Hilary Sara Garrison-Botsford
Smith College

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Workplace Impact Mental
Health Professionals?

ABSTRACT

Numerous forms of aggression in the workplace have been systematically studied in recent years; however, there is a gap in the literature with regards to the mental health field. The present study used a mixed method approach to examine the impact of workplace bullying on mental health professionals (n=48). Data were collected using an anonymous online survey containing The Negative Acts Questionnaire (NAQ), a standardized measure of workplace bullying. The NAQ assessed frequency of exposure to bullying behaviors during the previous six months while multiple choice questions and comment/essay boxes obtained further information about participants' experiences with bullying, perceptions of the problem, characteristics of targets and perpetrators, and the personal and professional impacts of negative workplace dynamics.

The major findings were that many professionals in the mental health field were exposed to or witnessed negative acts in their workplaces during the past six months and over the course of their working lives. Of further significance was participants' unwillingness to self-identify as being targets of workplace bullying, despite reporting repeated exposure to negative behaviors. These conflicting responses suggest that mental health professionals who persistently encounter negativity at work may not perceive their experiences as fitting into the construct of "bullying," or they may be unwilling to categorize themselves as being victims.

HOW DOES BULLYING IN THE WORKPLACE IMPACT MENTAL HEALTH

PROFESSIONALS?

A project based upon an independent investigation
submitted in partial fulfillment of the requirements
for the degree of Master in Social Work.

Hilary Garrison-Botsford

Smith College School for Social Work
Northampton, Massachusetts 01063

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TABLE OF CONTENTS

CHAPTER I

INTRODUCTION

Aggression and violence in the workplace have increasingly become an area of public interest and attention due to accounts in the media of serious incidences of violent behaviors on the part of disgruntled employees or brutal bosses, such as assaults and homicides. Although these violent occurrences are very concerning and tend to garner much attention and upset, research indicates that a range of abusive and aggressive workplace behaviors, both overt and covert, are much more prevalent and deserve special consideration as they are an underreported occupational phenomenon with serious consequences. The problem has been described using various terms such as *workplace abuse*, *harassment, mobbing, employee abuse, psychological aggression, emotional abuse, mistreatment, and bullying*; however, all of these constructs tend to refer to the same repeated patterns of negative behavior that cause psychological harm, including but not limited to: put-downs, intimidation, ignoring, belittling, direct or indirect threats, creating feelings of powerlessness, and setting up situations for failure. Employees are the most common targets of this behavior from their managers or supervisors; however, it can also occur between coworkers. For the purposes of this research, the term "workplace bullying" is most frequently applied simply because it is the most commonly used in the literature.

The bulk of the research on workplace bullying has been conducted internationally and several countries in Europe have created codes and introduced

legislation as a result of the compelling findings that occupational bullying is a widespread problem. Despite the documented negative consequences of workplace bullying on individuals and organizations, scholars in the United States have paid less attention to the problem until recently, and there are few established policies or resources available to protect victims. The existing literature suggests that workplace bullying is indeed a problem for the US workforce, although more data are needed to discern the frequency with which workers in various disciplines experience these behaviors. For instance, little is known about the topic with respect to mental health employees. To date, only one study has been conducted on workplace bullying directed at social workers.

The impetus for this research comes from both the dearth of information specific to the field, and from personally observing and experiencing difficult and upsetting dynamics while working in human services. Particularly disconcerting was an ongoing situation during my employment as a counselor/advocate for survivors of domestic violence, in which my direct supervisor treated employees under her in ways that uncannily paralleled the emotionally and verbally abusive tactics used by our clients' batterers. Yet because of my supervisor's ability to distort the situation by intimidating and disorienting those below her (including clients) while presenting a very different story and face to the administration, our complaints were not received or addressed for many months. As a result, numerous talented advocates ended up resigning because they saw no other way out of dynamic and the personal consequences were substantial.

Founded on these personal, professional, and research-related concerns, the present investigation will attempt to add to the growing body of knowledge about bullying in the United States workplace and serve as a preliminary effort to specifically

2

describe the experiences of mental health workers. It is important for these professionals to understand the nature and dynamics of persistent hostility and abuse at work in order to assist clients who may be victimized, and it is essential that mental health employees and employers have an awareness of workplace bullying as it may play out in their own occupational experiences. Although individual employers may not have specific policy to address workplace bullying, these types of behaviors are a clear violation of ethical standards in most mental health professions.

CHAPTER II

LITERATURE REVIEW

Research has repeatedly demonstrated that abuse in the workplace is prevalent in

many countries and in a wide variety of job settings. Examination of the phenomenon of

workplace bullying began in the 1980s in Sweden and soon became a topic of research

attention in Norway, Finland, Germany, and Great Britain. Interest in workplace bullying

caught on later in the United States following a seminal study on negative occupational

experiences faced by medical students in the early 1990s (Lutgen-Sandvik, Tracy, &

Alberts, 2007).

Definitional/Measurement Issues in Studies of Workplace Abuse

There have been widely differing terms and classifications applied to the study of

harmful, aggressive behaviors in the workplace; thus, definitions may vary between

countries and in the literature (Rayner, 1997). Despite this lack of exact comparability,

the core behavioral dimensions of most definitions appear to be similar and generally

refer to "repeated negative acts" such as harassment, scapegoating, manipulation,

coercion, social exclusion, ridicule, offensive remarks, and physical abuse or the threat of

it (Einarsen, 2000).   Bullying is distinct from ordinary workplace conflict in the respect

that it consists of recurring, prolonged, and systematic acts that intrude on victims'

dignity and causes victims to feel powerless to defend themselves against these actions

(Mikkelson & Einarsen, 2001). When it first occurs, workplace bullying can be difficult

to pinpoint because the perpetrator's behaviors often are indirect and discrete. If victims

are fearful, isolated, not believed, or unsupported in making a complaint, they may be attacked more frequently and with harsher tactics (Einarsen & Skogstad, 1996). Thus, bullying appears to be a phenomenon that can occur in gradations (Lutgen-Sandvik, Tracy, & Alberts, 2007).

Based on a summary review of the literature in which proposals for important conceptual elements in workplace bullying were presented, Salin concludes that bullying at work specifically means

> *Repeated* and *persistent negative actions* toward one or more *individual(s),* which involve a *perceived power imbalance* and *create a hostile work environment.* Bullying is thus a form of interpersonal aggression or hostile, anti-social behavior in the workplace (Salin, 2003, p. 1214; emphasis in original, as cited in Lutgen-Sandvik, Tracy, & Alberts, 2007, p. 838).

Although the absence of a standard definition and well-validated and reliable measures of abusive workplace behaviors in the literature over the last three decades are limitations when comparing research findings, studies on the prevalence and dynamics of occupational bullying tend to consistently demonstrate that the problem exists and has widespread negative ramifications (Lutgen-Sandvik, Tracy, & Alberts, 2007).

Physical Violence in the Workplace

In the mid-1990s The International Labour Office undertook an extensive study of workers in 32 countries using the International Crime Victim Survey, which included inquiries about violence in the workplace. The survey was distributed yearly to a random sampling of the households in each country and items included questions about individuals' experiences with crime and victimization in a number of areas including the workplace. The data showed that in the United States between 1987 and 1992, close to one million employees were assaulted at work each year which was about 15% of the

5

total violence reported overall (International Labour Office, 1996). The Bureau of Labor

Statistics collects data on rates of death and injury due to work-related assaults in the

U.S. and found that in the year 2003 alone, 631 workplace homicides occurred, which

was the third leading cause of work-related deaths that year (Bureau of Labor Statistics,

2004). Survey results from nonfatal occupational violence research have found that 15%

of employees in the U.S. reported that they had been physically attacked at some time

during their working life (Northwestern National Life Insurance Company, 1993).

The results of these studies are striking as they represented the commonness of

work related physical violence alone, and did not account for the experience of emotional

or psychological abuse. While incidents of physical aggression are certainly dramatic and

cause for alarm, other forms of aggression may be more frequent in many organizations

(Baron, & Neuman, 1996).

Non-physical Violence in the Workplace

Most U.S. literature addressing "violence at work" focuses primarily on acts of

direct physical aggression that may happen just one time or transpire between strangers

(Rayner & Hoel, 1997); thus, more exact research is necessary to describe the phenomena

of repetitive, covert forms of aggression in the workplace, which may be equally harmful

to victims and occur with much greater frequency. In fact, the majority of aggressive acts

within the workplace are thought to be non-physical in nature (Keashly & Harvey, 2004).

Scandinavian researchers who recognized the importance of studying non-violent

hostile workplace behaviors initially concentrated their efforts on determining the

incidence and frequency of bullying. Rates of victimization appeared to vary

considerably across cultures, however, likely due to differences in definitions of bullying

(Dawn, Cowie, & Ananiadou, 2003). In Sweden the highest percentage of workers identified as victims of "mobbing" when the frequency was "ever in my career" (25%) compared to "once a week within the last six months" (3.5%) (Leymann's study, as cited in Dawn, Cowie, & Ananiadou, 2003). In Norway, Einarsen and Skogstad (1996) surveyed employees from a broad range of professions including teachers, clerks, electricians, psychologists, healthcare, restaurant, and industrial workers, and found that 8.6% of the 7,986 respondents experienced ongoing bullying and non-sexual harassment at work during the last six months. Bullying rates were higher in Finland where Björkqvist, Österman, and Hjelt-Bäck, (1994) found that 24% of female university employees and 17% of male university employees were regarded as victims of harassment at work (as cited in Einarsen, 2000).

The first survey attempting to establish the incidence of workplace bullying in the United Kingdom found that 53% of the population studied identified having been the target of bullying at their jobs, and 77% reported witnessing bullying occurring in the workplace (Rayner, 1997). The method used in this study was the distribution of an anonymous questionnaire to a population of 1137 part-time adult students at a university setting. The definitional criterion for frequency of bullying was fairly wide, as participants were asked to consider their worst situation at any point during their working lives and were instructed to indicate whether they thought they had ever been bullied.

In addition to the pervasiveness of occupational bullying, the results of Rayner's (1997) study also revealed that the more frequently people were targeted by negative actions at work, the more likely they were to label the behavior as "bullying," leading to the suggestion, "the frequency of negative events is an important aspect in definition,

with bullying being seen as more than one event" (Rayner & Hoel, 1997, p. 205). Similar results about the repetitive nature of mistreatment when it occurs in the workplace were obtained in a study of emotional abuse present in the U.S. Department of Veterans Affairs (Keashly & Neuman, 2002). Based on data from a survey with 4,790 respondents, 36% of workers reported that they were exposed to persistent hostility, which included at least one aggressive behavior per week for one year. Data from a national survey conducted by the National Center on Addiction and Substance Abuse at Columbia University (2000) found comparable results, specifically that 33% of all respondents from a sample of Americans reported experiencing verbal abuse at work.

A recent U.S. study by the Workplace Bullying Institute in collaboration with Zogby International (2007) sought to determine the prevalence and other information about workplace bullying on a national scale. The study was conducted via online interviews with 7,740 adults creating a sample the pollster claimed represented all adults in the U.S. The poll ran for three days in August 2007 and had a margin of error of +/- 1.1 percentage points. Individuals who were under age 18, and those who were self-employed, student not working, or other/not sure were screened out. Respondents were asked to indicate whether they has experienced or witnessed bullying (without explicitly using the term "bullying") using the following definition: "At work, have you experienced or witnessed any or all of the following types of repeated mistreatment: sabotage by others that prevented work from getting done, verbal abuse, threatening conduct, intimidation, humiliation?"

The study findings revealed that 12.6 % of participants reported they were currently experiencing bullying or had during the past year; 24.2% indicated that it had

happened during their work life but not in the past year; 12.3% had only witnessed it; 44.9% said they had never witnessed it or been the target. Combining the 'currently experiencing' and 'ever experienced' categories the researchers concluded that 37% of American workers have been bullied at work, which was estimated to represented 54 million adults when the survey was conducted (Workplace Bullying Institute, 2007).

Possible Underestimates of Workplace Bullying Due to Stigma in Self-Labeling?

Although the Workplace Bullying Institute study did not ask respondents to specifically label themselves as victims of bullying, the researchers' determination that listed categories of "repeated mistreatment" comprised workplace bullying seems consistent with previous research on bullying. Lewis (2006) points out that the issue of labeling and identifying bullying remains problematic: "The term 'workplace bullying' itself is not neutral and has different meanings and uses, which are likely to be variable and shift across contexts, time, and persons…for targets naming experiences as bullying seems to be a complex process which may challenge their perceptions of their work organizations" (p. 120).

Underestimates of Workplace Bullying

Targets of workplace bullying may be unaware that they are being bullied or unwilling to admit that they are victims; thus, prevalence rates based on participant's self-identification as a target may be low (Einarsen, 2000). For instance Mikkelsen and Einarsen (2001) found that only 2-4% of the individuals they surveyed classified themselves as victims when given a definition of workplace bullying while between 8-24% of participants in the same sample were determined to have been exposed to at least one negatively defined act for at least 6 months, thus meeting the criteria for the

operational definition of bullying used for the research. Studies that rely solely on the self-identification of victimization by respondents tend to underestimate the prevalence of bullying; however, when researchers use behavioral checklists to classify bullying their results seem to accurately identify almost all of the individuals who label themselves as bullying victims (Lutgen-Sandvik, Tracy, & Alberts, 2007).

Using the Negative Act Questionnaire to Reduce Underestimation of Workplace Bullying

The Negative Acts Questionnaire (NAQ) is presently the most commonly used valid and reliable measure of exposure to workplace bullying (Einarsen, Hoel, & Notelaers, 2009). This instrument allows researchers to operationally define bullying based on respondents' self-reports of exposure to negative behaviors as well as allowing respondents to determine whether they *feel* bullied. Lugen-Sandvik, Tracy, and Alberts (2007) noted the need for data collection in the United States using standardized tools, and employed the NAQ for their online study of the prevalence of bullying in the American workforce. A 403-person sample was obtained that included employees from a variety of industries, including: administration, health and human services, education, service sector, finance, and professional and scientific fields. Based on the NAQ operational definition of workplace bullying as being composed of two or more negative acts occurring at least weekly for six months or longer, the survey results showed that 23% of respondents were bullied. Out of the entire sample only 9.4% of respondents self-identified as victims, however, leading the researchers to conclude

> Although U.S. workers in this study reported persistent negativity in the workplace, they did not always equate that negativity with the concept of *bullying*. Although we cannot say definitively why this difference occurred, it could be that respondents have naturalized bullying as a normal part of the job, that "bullying" terminology has not made its way into popular American

language, or that U.S. workers in this study associated the term with weakness or passivity and therefore avoided self-labeling. Indeed, the competitiveness of the U.S. culture may contribute to perceptions that being bullied reflects weakness (Lutgen-Sandvik, Tracy, & Alberts, 2007, p. 854).

Further research is needed using standardized definitions and measures to determine the extent and scope of the problem of workplace bullying, particularly in the U.S.; however, the available literature provides considerable evidence that a significant proportion of working adults may be experiencing - or have experienced - abuse at work.

Workplace Bullying Impacts and Costs

After reviewing the existing data on workplace bullying, Keashly & Harvey (2004) posed the question "Now that we know emotional abuse is indeed part of many workers' working experience, what does it cost them, their organizations, and others with whom they are connected?" (p. 98). In their review of the literature on workplace bullying, the authors found that the impacts of undergoing emotional abuse at work tended to be pervasive and comprehensive, affecting people's functioning in multiple areas of their lives. Increases in substance use were found as well as psychological effects that ranged from anxiety to depression to PTSD symptoms. Similarly, the Workplace Bullying Institute (2007) study found that among workers who had experienced or witnessed workplace mistreatment, 45.2% reported that the target suffered psychological or physical stress-related health complications. McIntosh (2005) likewise concluded that participants in her qualitative study of workplace bullying in rural Canada "agreed that bullying affects the whole person, impinges on all aspects of life, and leaves a residual effect, even when it is over" (p. 902).

Victims report that workplace bullying has numerous physiological health impacts such as frequent headaches, tearfulness, dry throat, exhaustion, decreased concentration, changes in weight, and sleep disturbances (McIntosh, 2005). Targeted employees report significantly more somatic complaints such as dizziness, stomachaches, and chest pain than do others (Mikkelsen & Einarsen, 2001) and may take more sick days from work (Kimimäki, Elovainio, & Vahtera, 2000). Sheehan, Sheehan, White, Leibowitz, and Baldwin (1990) established that 40% of medical students in their study of mistreatment at medical school reported negative effects on their physical health due to abusive experiences in their training. Lewis (2006) found that victims of bullying reported physical symptoms of illness that were validated by health professionals; however, many did not recognize these symptoms as effects of bullying:

> Sickness explanations were used both by participants and others within and outside the workplace, including by mental health professionals, to explain the difficulties participants were having at work. Illness was an available, powerful and accessible *explanation* for participants' difficulties at work, based on their apparent 'symptoms' and pathologizing them as individuals. (Lewis, 2006, p. 128, emphasis in original.)

In addition to the adverse health consequences of workplace bullying, research reveals that targets suffer from increased mental and emotional health problems such as depression and anxiety (Mikkelsen & Einarsen, 2001; Kaukiainen, Salmivalli, Björkqvist, Österman, Lahtinen, Kostamo, & Lagerspetz, 2001; McIntosh, 2005; Hansen, Hogh, Persson, Karlson, Garde, & Orbaek, 2006), damaged self-esteem and a sense of inadequacy at work (Lewis, 2006), hostility, hypersensitivity, nervousness and social avoidance (Brodsky, 1976), and drinking problems (Richman, Flaherty & Rospenda, 1996). Workplace bullying has also been linked to high levels of Post Traumatic Stress

Disorder (PTSD) symptoms such as avoidance, hyperarousal, and reliving the experience (Leymann & Gustafsson, 1996; Tehrani, 2004). For example, Matthiesen and Einarsen (2004) assessed symptoms of PTSD and psychiatric symptoms using three established testing instruments among 102 victims of workplace bullying and compared the results to contrast samples of other groups under stress including medical students, recently divorced persons, recently laid off postal workers, war zone personnel, and parents of children who had been in a major bus accident. High levels of distress and symptoms of PTSD (between 60% and 77% scored above recommended threshold scores) were found among targets of bullying according to all three measures and in comparison with the other sample groups.

Workplace Bullying Not Captured in Current PTSD Diagnostic Criteria in DSM IV

Despite these findings it is interesting to note that workplace bullying typically does not meet the specific criteria set out by the American Psychiatric Association (1994) required for an diagnosis of PTSD; most workplace bullying does not include overt physical violence or the threat of death or serious injury; thus, victims cannot be formally diagnosed with PTSD although many victims do appear to display symptoms consistent with PTSD. Tehrani (2004) points out that "complex PTSD" may be a more fitting descriptor of the impact of workplace bullying because it tends to be prolonged and inter-personal in nature rather than consisting of one acute traumatic event, which are characteristics associated with the experiences of psychologically abused women and victims of childhood abuse thought to suffer from complex PTSD. Matthiesen and Einarsen (2004) similarly draw attention to a study of domestic violence which indicated

that even subtle forms of psychological abuse can generate PTSD symptoms

(Vitanza,1995 as cited in Matthiesen & Einarsen, 2004).

Similarities in Bullying and Domestic Abuse

Indeed, there are many clear similarities between the dynamics of workplace

bullying and emotional abuse within intimate partner violence situations, including the

power differentials between victims and perpetrators, the tactics used by perpetrators, and

the psychological and emotional impact of these behaviors on victims. Although

domestic abuse typically occurs between romantic partners or family members, the tactics

of power and control that perpetrators direct towards their victims are not unlike the

manner in which some supervisors or colleagues repeatedly mistreat and victimize other

employees.

For example, based on their review of the literature on domestic violence, Mauiro

and O'Leary (2004) operationally define psychological abuse as "acts of recurring

criticism and/or verbal aggression toward a partner, and/or acts of isolation and

domination of a partner" (p.23). Psychological or emotional abuse is a means of gaining

and maintaining control over a partner and may take the form of criticism, humiliation,

isolation, threats, exploitation, financial control, coercion, ignoring, and "mind games,"

such as contradicting the victim's perceptions, fabricating stories, and denying or

minimizing abuse (Champagne, 1999).

The resemblance of this description of domestic abuse to the phenomenon of

workplace bullying is indisputable: "Employee abuse includes put-downs, intimidation,

harassment, shame, coercion, exerting values of power, lying, condensation, creating

feelings of powerlessness, excessive demands…depriving of rights/benefits,

14

ignoring…setting up situations for failure, and double binds" (Wynne, 2005, p. 285).

The theory of the double bind offers a particularly germane framework for conceptualizing the abusive dynamic, either in domestic or workplace relationships. The double bind refers to a repeated pattern of communication within a significant relationship in which a more powerful person victimizes a less powerful person by communicating conflicting messages (i.e., a subtle or covert message often conveyed non-verbally that contradicts the overt spoken message). This mystifying communication confuses the victim and leaves him or her unable to comment on the discrepancy or leave the relationship given its importance in the victim's life and the disguised threat of punishment in the covert message. This verbal pattern is a "crazy-making" experience for victims, who tend to feel intense distress including anxiety, rage, isolation, doubt about their perceptions, and a sense of being trapped (Bateson, Jackson, Haley, & Weakland, 1968).

Multiple researchers have found that psychological aggression in domestically abusive relationships occurs more frequently and has a greater long term negative impact than physical abuse on victims, unless they experience severe violence (Maiuro & O'Leary, 2004). Similarly, in a longitudinal study of workers exposed to hostile work environments, Richman, Rospenda, Flaherty, & Feels (2001) found that emotional abuse occurred more frequently than physical violence, and that employees exposed to recurrent and long lasting abusive treatment experienced negative health outcomes, as well as engaged in negative drinking behaviors, that did not diminish over time even after they had left bullying situations. The authors point out that the impacts of structural stressors associated with work tend to diminish over time in comparison with interpersonal

15

stressors (abuse), leading them to conclude that these types of workplace stressors are markedly different. Interpersonal workplace stress seems to have a more negative impact on employees' individual coping capacities, leading to a more prolonged detrimental impact (Richman, et.al, 2001).

Clearly the "work trauma" that can result from bullying in the workplace parallels the adverse psychological effects of domestic violence in many ways. Just as emotional abuse in intimate partner relationships is more difficult to classify than overt physical violence and thus victims are often not protected by law (Champagne, 1999), victims of workplace bullying in the United States typically have no legal recourse unless the abuse falls under the category of sexual harassment or discrimination. Brodsky (1976) points out that in order for harassment to take place in the workplace there must be elements within the culture that implicitly permit or even support this kind of behavior. The lack of anti-bullying policy in the United States presents a major barrier to correcting the problem and may play a part in enabling the continuation of such behaviors.

Currently there is substantial evidence demonstrating that bullying is a problem affecting workers in many countries, including in the United States. There is strong evidence that victims' health and psychological well-being are negatively impacted when these employees are exposed to repeated, systematic hostile behaviors in their workplaces. Even when bullying acts do not consist of physical violence or the threat of bodily harm, many targets seem to experience severe emotional reactions that parallel PTSD symptoms found in other trauma victims.

The Impact of Workplace Bullying on Mental Health Professionals

The mental health professions are generally concerned with the treatment of individuals who have been victimized, and providers should be familiar with the dynamics of bullying and abuse; yet the issue of how workplace bullying impacts mental health professionals in *their* working environments appears to be unfamiliar territory.

Existing research on workplace bullying indicates that the problem pervades a wide range of occupational sectors; however, there is a noticeable gap in the literature when it comes to the discipline-specific experiences of mental health professionals. Van Heugten (2009) noted that the topic of workplace bullying remains unexplored with respect to social work and undertook a qualitative study of seventeen social workers from New Zealand. Van Heugten published invitations to participate in confidential interviews in a widely circulated professional social work publication in five cities in New Zealand. In-depth interviews were conducted as the primary source of data collection, using a "conversational style" of interviewing to inquire about the experiences of violence in the workplace and the impact of bullying on employees including how they dealt with these experiences.

The results of van Heugten's (2009) study showed that most participants were exposed to workplace bullying for lengthy amounts of time, ranging from six months to up to four years. Eleven participants were described as "highly experienced" in their professions with over seven years of work experience, while only five were relatively new to social work when they began to experience bullying at work. Ten participants were employed in the public sector and the remaining individuals worked for non-profit organizations. Sixteen participants described bullying as perpetrated by their supervisors

17

with eight identifying the bullying as starting soon after they received a promotion. Bullying behaviors included personal attacks, verbal threats, social isolation, and interference with the social workers' tasks. The study participants described numerous ways that the bullying had negatively impacted their lives including personal health effects such as problems with sleep, eating, and muscle tension, and psychological problems such as stress, anger, fear, loss of confidence, and isolation from colleagues. Twelve participants reported that the workplace bullying they experienced took a toll on their relationships with family and friends as well. Van Heugten's (2009) findings about the experiences of social workers appear to be consistent with previous literature that indicates that workplace bullying is common and has negative effects on employees.

Despite the apparent scope of the problem of workplace bullying, there do not appear to be any empirical, quantitative studies that have specifically addressed the ways in which mental health professionals may experience this phenomenon in the United States. The research just cited, conducted with New Zealand social workers as subjects, begins to address the issue of workplace abuse in the discipline and provides a beginning foundation for future research; yet the problem of workplace bullying as it impacts mental health professionals in the U.S. clearly warrants much more attention, thus the present study aims to address this need.

CHAPTER III

METHODOLOGY

This exploratory, descriptive study used a mixed method approach to examine how the problem of workplace bullying impacts mental health professionals. As the literature review revealed, much has been written in the past three decades about workplace bullying that indicates this phenomenon occurs with considerable frequency spanning countries and occupations, and has numerous detrimental ramifications. The current study of a sample of U.S. workers in the mental health professions seeks to build on the existing knowledge of aggression at work and strives to expand the literature to include the specific experiences of professionals occupied in the mental health fields, which has—until this point—received minimal research attention. Given the current scarcity of discipline-specific information about workplace bullying, the aim of the present study was to investigate the following questions: Have mental health professionals felt targeted by bullying in their places of employment? What types of bullying behaviors most frequently occurred? Have mental health professionals witnessed other employees in their workplaces being bullied? If bullying is a problem experienced by mental health professionals, what were the dynamics in these situations (i.e., type of abuse, rate of recurrence, characteristics of victims/perpetrators, etc)? How did experiencing and/or witnessing bullying impact mental health professionals in their occupational and personal lives? What coping strategies were used?

Sample

Forty-eight participants were included in the sample. Participants were recruited by email, online social networking sites, and posted fliers on community bulletin boards. The recruitment email also contained a request that recipients forward the recruitment email and study link to other potential participants in the mental health field. The following criteria were used to determine which respondents were included in the sample: participants had to affirm that they were at least 21 years of age and self identify as currently working in a mental health affiliated position. It was also necessary for participants to work for a professional agency or organization rather than in a solo private practice, as this study sought to examine workplace interactions between employees rather than interactions with clients or consumers. Diversity of gender, race, professional experience, and work setting were represented as much as was possible through the sampling technique employed; however, these variables were not specifically recruited for due to feasibility issues.

Data Collection

The current study was conducted via an anonymous online survey administered by Survey Monkey with the intent of attracting mental health professionals from a variety of occupational settings. The specific verbiage "workplace bullying" was avoided in all correspondence and recruitment materials to minimize the likelihood of deterring non-abused workers or individuals who might endorse experiences relevant to the study but might not consider themselves part of a workplace bullying dynamic.

The survey included quantitative and qualitative portions. Quantitative data were collected using a series of multiple choice and matrix of choice questions about

demographics, experiences with and perceptions about being bullied or witnessing

bullying, responses to bullying, characteristics of targets and perpetrators, and other

questions based on those used in previous research on workplace bullying (See Appendix

D for a copy of the complete survey). The Negative Acts Questionnaire (NAQ), a

standardized measure of workplace bullying (Einarsen & Hoel, 2001), was embedded in

the survey questions. Permission to use the NAQ was obtained from the Bergen Bullying

Research Group with the condition that raw data without any identifying information

about participants from the NAQ portion of the current survey will be shared with the

Research Group, which aims to assemble cross-cultural comparisons using these data (see

correspondence, Appendix C). The NAQ was selected for this study due to the fact that it

is the only known standardized measurement tool used by researchers of workplace

bullying and has adequate reliability and internal stability (Einarsen & Hoel, 2001). The

scale has high internal stability, ranging from as .87 to .93 as measured by Cronbach's

alpha in studies (Einarsen, Hoel, & Notelaer, 2009). Cronbach's alpha for the NAQ in

this study was .962.

The NAQ section of the survey included 22 questions written in behavioral terms

in which participants were asked how often they experienced 22 negative acts during the

past six months. Participants could chose response categories for each negative act:

0=never, 1=now and then, 2=monthly, 3=weekly, 4=daily. Examples of negative acts

included: "persistent criticism of your work or effort"; "having your opinions and views

ignored"; and "being shouted at or being the target of spontaneous anger (or rage)." The

NAQ item that asked participants about being "ignored, excluded, or sent to Coventry"

was changed to "ignored or excluded," as "being sent to Coventry" is a British term not commonly used in the United States.

The NAQ does not specifically refer to "bullying" in the 22 questions which allows participants to respond to the each item without having to label themselves as bullied or not. The NAQ includes an additional question after the 22-item inventory, however, to measure participants' perceptions of being the target of workplace bullying; A definition of bullying at work is provided and respondents are asked to state whether or not they consider themselves as victims of bullying at work based on this definition.

Qualitative data were obtained through comment/essay boxes throughout the survey that allowed participants to more fully describe their experiences with bullying and how it impacted their personal and occupational lives. These boxes provided participants with the opportunity to elaborate on and address relevant factors that may have not have been included in the survey questions, and provided a more complex, nuanced insight to the problem.

Data Analysis

Data were gathered by Survey Monkey and reported using descriptive statistics. Quotes were drawn from the narrative data obtained from the dialogue boxes and were categorized and reported according to identified themes, differences, and similarities in responses.

Permission to use of the NAQ was granted for this research, however instructions for scoring results were not included with the measure. As it has not been possible to obtain scoring instructions at this time, a scoring technique was created based on extrapolations from other research using the NAQ as a measure of workplace bullying.

First, a summary of the variables of the 22 NAQ frequency questions (daily through

never) was created. Cronbachs alpha indicated strong internal reliability (alpha=.962,

N=46, n of items-22) so items were combined into a NAQ scale by taking a mean score

of the 22 questions. The resulting variable (NAQ) was interpreted the same way the

individual questions can be interpreted: a higher score indicates less experience with

bullying behavior at work and a lower score indicates greater exposure. NAQ responses

were also categorized according to the number of NAQ questions answered "daily"

through "now and then" and those who indicated more than three behaviors in these

frequency categories were deemed as exposed to a pattern of bullying behaviors. An

independent t-test was used to compare how mean NAQ scores related to participants

perceptions of whether they had been bullied at work.

CHAPTER IV

FINDINGS

Demographic characteristics of participants included in the sample will be described first, followed by quantitative results of the survey. Participants' narrative responses will be interspersed with qualitative findings as well as highlighted in their own sections with illustrative quotes from text boxes.

Sixty-one mental health professionals responded to the survey and those who did not respond to the NAQ questionnaire or the majority of the survey questions were filtered out of the final sample. Some participants also elected to omit answers to certain questions so the totals reported will vary.

Demographics of Participants

Forty-eight participants were included in the sample, which included 42 women, 6 men and 0 transgender individuals. As shown in Table 1, the majority of participants were female (42 or 87.5%) and white (39 or 81.3%). While there may be more women than men employed in the mental health field, there is a clear overrepresentation of females in this study and the lack of racial diversity among participants is similarly not reflective of the greater population of mental health professionals. Participants' ages ranged from 24-65 with the mean and median age both being 41 and the mode being 43 (Table 2). The sample included highly educated participants; all had completed a college degree and 81.4 percent had obtained a graduate degree (Figure 1). Additionally, 54.2 percent of participants had received processional licensure in their fields of work (Figure

2). There was a range in the number of years participants had been employed as mental health professionals, with least experience being one year and the greatest experience being 30 years in the field. Ten years was the mean, seven the median, and three the modal number of years participants had been working in mental health (Table 3).

Participants held a variety of professional positions including: psychiatrist, case manager, domestic violence advocate, administrator, forensic counselor, group facilitator, and community educator. Participants were most often employed as therapists, social workers, and in supervisory/leadership positions (Table 4). Participants also worked in a variety of occupational settings including: schools, hospitals, courts, residential programs, and private service agencies or offices, although they most often worked in community mental health centers or non-profit organizations (Table 5).

Exposure to Specific Negative Acts in the Workplace

The Negative Acts Questionnaire was embedded in the survey and asked participants to indicate how frequently they experienced each of twenty-two negative behaviors during the last six months. Frequency rating choices were: daily, weekly, monthly, now and then, and never. Table 6 presents the complete summary of responses to each item in the NAQ.

Overall, for most of the negative acts, the greatest response counts fell within the "never" category, indicating that the majority of participants had not experienced these bullying behaviors during the past six months. However, the response counts were highest in the "now and then" frequency category for the negative acts "someone withholding information which affects your performance" (19 or 39.6%), "having your

25

opinions and views ignored"(23 or 47.9%) and "being exposed to an unmanageable

workload" (37.5%).

It is also interesting to note that for each negative act, at least one participant

indicated that he or she experienced the behavior on a daily basis. Nine participants (or

18.9%) were exposed daily to an unmanageable workload, six (or 12.8%) were ordered to

do work below their competence every day, and five (or 10.4%) had key areas of

responsibility removed or replaced with more unpleasant or trivial tasks on a daily basis.

Perceptions of Being the Victim of Workplace Bullying

Participants were asked to state whether they had been bullied at work during the

last six months using the provided definition of bullying: "A situation where one or

several individuals persistently over a period of time perceive themselves to be on the

receiving end of negative actions from one or several persons, in a situation where the

target of bullying has difficulty in defending him or herself against these actions. We will

not refer to a one-time incident as bullying." The clear majority of participants (39 or

81.3%) felt that they had not been bullied over the past six months, while four (8.3%

responded "yes, but only rarely," four others (8.3%) responded "yes, now and then," and

one participant responded "yes, several times per week." None of the participants in the

sample believed that they had been bullied on a daily basis during the last six months

Participants' overall exposure to bullying behaviors at work during the past six

months was measured by averaging each response to the 22 NAQ questions. The

resulting variables were scores between 1-5, where a higher score indicated less

experience with bullying behavior at work and a lower score indicated greater exposure.

A t-test was then used to determine if there was a significant difference in the mean

response to the NAQ scale by whether or not they had experienced bullying and a significant difference was found (t(7.214)=3.232, p=.014, two-tailed). Those who said they had been bullied had a lower mean score on the NAQ (m=3.17) than those who said they had not been bullied (m=4.59). This suggests that those who felt they had been bullied had, in fact, experienced more negative behaviors at work.

Further Analysis of Participants' Exposure to Negative Acts

In accordance with the NAQ operational definition of bullying, we may understand people as having been targeted by bullying if they experience *multiple* negative acts *repeatedly* and *regularly* over a period of time (i.e., for this measure, six months). In addition to calculating the average score of the 22 NAQ questions, the amount of actual exposure to bullying acts that participants had experienced was further examined by identifying participants who indicated that they had experienced more than three behaviors (indicating repetition of multiple acts) in the frequency categories "daily" through "now and then" (indicating regularity). One response set was removed from this tally, as this participant did not answer all of the NAQ questions. The results of this breakdown yielded a very different representation of participants' exposure to bullying behaviors --, here, only 32.6% (n=15) of participants actually reported three or fewer negative acts. This finding is particularly notable in light of the finding that 81.3% (n=39) said they did not consider themselves to have been bullied at work during the past six months when asked using that term. Participants' perceptions of being bullied (yes/ no) were then cross tabulated with whether or not participants reported exposure to negative acts (three or fewer versus more than three) and the results demonstrated that 60.5% of those who said they had *not* been bullied reported *more* than 3 negative acts (Table 7).

27

Clearly, over 60% of participants reported enough specific negative acts to consider

themselves as having been bullied using the NAQ definition; the finding that they did not

endorse bullying as having happened to them when the word "bullied" was used in the

question demands explanation. Some interpretations that may apply are offered in the

following DISCUSSION chapter.

Workplace Bullying Not Captured by the Negative Acts Questionnaire: Other Behaviors

That Cause People to Feel Mistreated

The Negative Acts Questionnaire is designed to measure exposure to workplace

bullying during a limited time frame (i.e., the past six months), so with the intent of

capturing a more comprehensive, long-term perspective on the problem, participants were

also asked to indicate whether they had EVER experienced any of the listed negative

behaviors in their work lives while employed in a mental health field, but NOT in the last

six months. This question yielded more evenly divided responses as shown in Figure 3,

with twenty-three participants who had experienced bullying behaviors (47.9%), twenty-

two participants who had not (45.8%). Three participants were unsure whether they had

experienced negative behaviors in their working lives (6.3%). Participants' written

comments provide examples of behaviors that caused them to feel mistreated at some

time during their mental health careers, as well demonstrating the nuances of negative

workplace dynamics:

> "Persistent criticism, intimidation, sarcasm, screaming in my face or in front of
> clients (all in a different setting than the one I am in now)."

> "I received an e-mail, after work hours on my personal/home e-mail account,
> from a supervisor, asking me to submit a report by the next morning, when I was
> supposed to leave for vacation the next day. A reasonable amount of time for me
> to complete the task she was asking of me would have been one week, and this

was the first time I'd been asked to compile this report. Not only did I feel [intimidated] by the content of the e-mail because of the supervisor's choice of words as well as the fact that certain parts of the e-mail were in all caps, bold, and sometimes red. I felt as I was being blamed/punished/my job was in jeopardy."

"I worked with an individual for six months who intimidated me and yelled at me. I felt nervous and uncomfortable around her and started second guessing myself."

"I had a co-worker at a former job who would bolster her own self esteem by trying to let me know of my "mistakes"- she would often times refer to me being in a graduate program, while she had not yet enrolled."

"By a supervisor - yelled at, humiliated, written up for things I didn't do and told I had to sign it - not allowed to give a rebuttal, ordered around like a child and overall treated with verbal abuse -pretty much placed in a position where I knew I'd be fired if I didn't quit… By co-workers - both of them watched it all happen and did nothing, didn't even back me up when I tried to report it or confront it - much less taking any initiative around it… "

"Supervisor intimidation and limitation of dialogue with co-workers."

"Excessive monitoring of my work (reading my emails before they could be sent to other agencies); personal attacks (name-calling); being asked to work below capacity (regularly being asked to work extra hours to cover for the receptionist); being subject to outbursts of anger and/or irrational behavior (being yelled at, with personal attacks and with respect to work-related tasks)."

"Had my office searched when I was not there. Had my use of treatment methods monitored and certain validated treatment methods not "allowed" even when they promised to be the best for the client."

"Being told my input doesn't matter when part of a team. Being directly intimidated when I refused to do something I thought was unethical."

"Coerced into accepting a corrective action… as a retaliation for a legitimate position I held. It was demeaning and humiliating and I had no recourse if I was to keep my job."

Witnessing and Perpetrating Bullying of Colleagues

Participants divided evenly divided in terms of whether or not they that they had

witnessed their colleagues being bullied while working in the mental health field; twenty-

two (46.8%) stated "yes", twenty-two stated "no" (46.8%), and three participants (6%) were "unsure" whether they had witnessed bullying (Figure 4).

Interestingly, three participants (6.5%) acknowledged that they considered themselves as being perpetrators of work place bullying. None of the participants were unsure if they were, and forty-three (93.5%) stated that they were not perpetrators (Figure 5). One participant gave the following description of involvement in mistreating a colleague:

> "…I have participated in bullying. I have NEVER said anything directly to this one particular individual. However, there is one individual at work who, over the past 2 years, has consistently complained that she doesn't know how to do her job, and regularly calls with inappropriate questions, or relies on inappropriate sources (i.e., volunteers at volunteer training) to express her frustrations with the agency. I have shared with co-workers, many times in a sarcastic and demeaning way, my frustrations with this individual."

Perceptions of Workplace Bullying as a Problem in the Mental Health Professions

In light of the number of mental health professionals in this sample who indicated that they had experienced bullying behaviors at some time during their careers (23 or 47.9%) or witnessed bullying of colleagues (22 or 46.8%), participants were surprisingly unsure whether workplace bullying is a problem in the mental health professions, as twenty-two (43.5%) replied that they did not know whether bullying is a problem. The remaining responses to this question were evenly divided, with thirteen (28.3%) participants who thought that workplace bullying clearly is a problem, and thirteen (28.3%) who did not see it as a problem in the field (Figure 6).

Comments in response to this question correspondingly ranged from "Maybe sometimes by clients but not by colleagues" to "It can be a problem anywhere and in any profession." One participant noted that there may be variations in how much bullying is a

problem for agencies/organizations, depending on the nature of the work and the

disposition of the perpetrator: "For the most part I believe that people are considerate and

know the stresses of the work and can appreciate other's people's work… But if a person

is not well trained in the profession and unable to cope with the intensity [of the work],

the stresses can also lead to bullying [of] someone they see as inferior or on the same

level as themselves." Another participant similarly noted, "Not every practitioner is

healthy…sometimes being placed in a supervisory role, or in an atmosphere where there

is a sense of competition, can lead to serious issues."

Characteristics of Perpetrators and Victims

In this sample, perpetrators of workplace bullying tended to be women in

positions of power relative to their targets. Twenty-six participants (76.5%) had been

bullied by or witnessed bullying by a female perpetrator; seven by male perpetrators

(20.6%); and one (2.9%) had experience with a transgender bully (Figure 7). The

majority of perpetrators (24, or 68.6%) were in a position of authority (boss, supervisor,

manager, etc) over participants, compared with perpetrators who had equal status (10 or

28.6%) or were subordinates (one or 2.9%) (Figure 8).

In some instances mistreatment at work is based on discrimination due to race,

gender, ethnicity, religion, disability, or age. Based on these categories, some people are

provided legal protection. Considering the negative behaviors that they had been

subjected to, witnessed, or participated in, participants indicated that primary perpetrators

and targets belonged to protected groups according to the patterns presented in Figure 9.

Further information would be necessary to understand how targets' and perpetrators'

group membership status may have played into bullying dynamics and whether specific

behaviors could be distinguished as discrimination or sexual harassment. For example, a female participant who was bullied by her female supervisor might have indicated that both she and the perpetrator belonged to a projected group although the nature of the bullying behavior was not related to either party's gender.

It is also notable that in some instances the primary perpetrator was not the only person engaged in bullying behaviors; 14 (37.8%) of participants indicated that the perpetrator operated with others, 13 (35.1%) stated that the perpetrator operated alone, and 10 (27.0%) participants were unsure (Figure 10).

Policy Addressing Bullying in the Workplace

Approximately half of the participants (21, or 47.7%) in this sample were aware that their employer had a specific workplace policy addressing bullying (as opposed to sexual or racial harassment). A slightly smaller number of participants (19, or 43.2%) did not know if such a policy existed, and several (four, or 9.1%) indicated that their workplaces did not have one (Figure 11). Among those whose workplaces had a specific policy in place to address bullying, only four participants (12.9%) felt that the policy was effectively enforced, while eight (25.8%), felt it was not, and 19 (61.3%) were unsure (Figure 12).

Impact of Bullying in the Workplace

Table 8 demonstrates the variety of personal and professional impacts that bullying had on those participants who were exposed to it at work. The most prevalent effect seemed to be "taking it home at the end of the day," with twenty-seven participants (or 79.4%) indicating that this was an outcome. Participants' personal relationships were also detrimentally impacted, including relationships with colleagues (22 or 64.7%),

relationships with friends or family outside of work (12 or 35.3%), and relationships with clients/patients/consumers (10, or 29.4%).

Experiences with bullying had an impact on participants' emotional well-being as well; 23 participants (67.6%) felt anger, 19 participants (55.9%) frequently worried about the situation, 10 participants (29.4) experienced symptoms of depression, 14 participants (41.2%) suffered from decreased self-esteem, and two individuals (5.9%) had panic attacks. Ten participants (29.4%) experienced physical health problems and the bullying disturbed 13 participants' (38.2%) sleep patterns.

In terms of the impact of bullying on participants' professional lives, 13 (38.2%) feared losing their jobs (38.2%), 13 (38.2%) felt that their job performance was impaired, and 8 (23.5%) avoided going in to work or took extra time off. Equally concerning is the number of participants who lost confidence or doubted their ability to perform their job (14 or 41.2%) and those who experienced burnout with their professions (19 or 55.9%).

In response to the bullying, three participants (8.8%) required legal counsel, four participants (11.8%) increased their use of alcohol, tobacco, or other drugs, eight participants (23.5%) sought mental health counseling, and many participants (22, or 64.7%) looked for another job.

Coping Strategies Employed

Twenty-nine participants volunteered narrative responses describing how they dealt with the negative workplace experiences. Given that the sample were all mental health professionals, it is not surprising that common coping strategies included obtaining support from trusted others such as family, friends, and co-workers and practicing self-care. In contrast, one participant alarmingly stated, "I drink."

It is also notable that many participants said they avoided the perpetrator(s), left, or contemplated ways to escape or avoid the hostile work environment. Surprisingly few participants mentioned directly addressing the problem with the perpetrator or the perpetrator's supervisor, which may speak to the subtle destructiveness of workplace bullying dynamics, and the difficulty targets have resolving the problem through means typically encouraged in a professional work environment, particularly in the mental health field.

Below is a sample of participants' descriptions of the coping strategies they employed in response to negative workplace experiences:

> "Talking to partner for perspective, hobbies, casually looking for other jobs to remind myself that I have options (and the reasons I'm staying), talking with coworkers."

> "Changed jobs & for a period of time fields. Tried to exercise more. Talked to friends (who mostly didn't understand) and colleagues (who mostly did). Seriously considered drinking (I don't b/c of a family history of alcoholism). Considered working with a therapist."

> "Reached out to family and friends. Journaling. Taking better care of myself"

> "Calendar to count days until I gave notice. Isolated at work with the exception of people I was certain were trustworthy (though there were few). Avoided the perpetrators. Filled my schedule to reduce time available for perpetrators to engage with me."

> "Found another job."

> "Confront the person, sometimes ignore and most important report to supervisors, managers, union if any or other office that works with described issue."

> "Didn't answer phone calls when they called (used caller ID). Easier to speak to them when not caught off guard."

> "Talking with colleagues, other professionals, and friends writing about the issues to gain clarity; offering support to colleagues; personal meditation and prayer."

"Talked to co-worker experiencing the same problems, talked to family and friends, found another job."

"Venting with a trusted co-worker."

"Talking to friends, tried to organize co-workers so that we could take it to the perpetrator's supervisor -- the whole strength in numbers idea, but they backed out. Talked to my husband, deep breathing."

"In one instance, looked for and got a new job; in the second instance, made complaint against my direct supervisor and she was let go."

"Made sure to take care of myself both at work and at home, exercise, eat well, plenty of sleep, extra baths and movies sometimes. Removed myself as much as possible from the situation when it became clear that it wasn't going to be resolved at work."

"Extensive use of therapy, use of positive coping strategies such as exercise, fun with friends and family, meditation and yoga, and for a time, increased use of alcohol. In addition, per therapist recommendation, I consulted a psychiatrist who prescribed an anxiolytic. I noticed I only took it on the days I would be having direct interaction with my immediate supervisor."

Individual Stories of Bullying

Quotations from participants' comments in the dialogue can offer a qualitative

sense of the experience of being bullied, which seems to have contributed to many

participants departing the jobs where they were targeted, or other, more insidious

consequences:

"Rather than rehash specific events at this point, I would like to offer that for me, one of the most difficult aspects of this experience was to witness the response of the members of my team…those therapists who were not targeted chose not to acknowledge what was happening. Over time, each became more compliant and willing to rationalize decisions made by the supervisor. In private, one of these therapists stated that she was bothered by events, but she needed her job. It may sound extreme, but I began to feel that I was witnessing the process by which fascism takes hold -- people who do not feel safe choose to acquiesce and allow division rather than to risk standing together. Although this team daily encouraged clients to learn to advocate for themselves in the face of internal and environmental obstacles, we did not do this for ourselves. My team worked with clients who had experienced intense trauma in their lives and often been silenced,

intimidated and invalidated. It often felt to me that we were enacting the same dynamic within our team."

"I had worked at an agency-sponsored event one night, and was asked to stay late to help clean up because there was limited help. I told my supervisor that I had to call home to make sure that my babysitter could stay, but that it should not be a problem. The next day, my supervisor called me in to her office and very loudly and aggressively told me that I was 'dishonest' and 'shifty.' I was shocked and asked what the basis was for these statements. She said that when she asked me to stay late, I hesitated and looked up to the side, which meant I was clearly not being honest about my issues with staying late. I explained that I was simply taking a moment to think of what the considerations were (logistics related to the time of night and the needs of my babysitter and kids) and what I needed to do to make sure it would be OK. She said I was clearly lying and said I was 'secretive' and that she couldn't trust me. This is one example of the problem. I was consistently anxious before going to work, and extremely nervous when speaking to my supervisor (who was also the head of the agency), which she later interpreted as proof that I was hiding something. I began to second-guess myself in spite of having a record of outstanding performance (there was absolutely no concrete basis for any of the attacks or accusations), and ultimately had to quit my job because of this kind of scrutiny and hostility."

"The bullying I experienced happened at my first job in the mental health field, so I was already anxious to learn and insecure about my position, but ready to learn. The bully in this case I believe liked that someone came in younger than her and new to the environment, easy to manipulate and make feel inadequate."

"A few years ago, I had a supervisor who was cruel. She humiliated me in front of my colleagues on many occasions. Her expectations were unrealistic and I could never please her. I have learning and physical disabilities and my supervisor was extremely insensitive. Due to the stress of my supervisor's behavior, I ended up having to take a medical leave."

"There is a fine line between supervisors giving directives and bullying. I can't think of a specific incident but I left a previous job because the director, who was not a psychologist, enforced impossible job requirements on the staff that prevented us from taking vacations, forced us to work, uncompensated, for up to 80 hours a week, and when the demands were not met, our pay was docked the following month."

"I was told, when I asked a supervisor for assistance with a difficult case 'if I need to do your job what do I need you for.' When I expressed a difference of opinion on a directive on how to handle a long-term case I was shouted at (red faced and spitting) that I was not the supervisor -he was, and my exit from an office was barred by a very large man who physically stood in the doorway, requiring me to ask him to please step aside and let me pass, as I was not willing

to have the conversation in this manner, and I reported the situation it to his supervisor."

"I found it a sad commentary that an agency whose mission is to help people would support (and management does) treating its employees so badly. Community mental health seems to be run like any other for-profit business with no professionalism and no concern for employees. Employees are treated like chattel, regardless of level of training and expertise. It is not the professional environment I expected to find."

"I was (I feel) made to feel uncomfortable to the point that I left the agency. For example, I wasn't told about meetings I needed to attend, my every decision and judgment were questioned, people stopped talking when I walked into a room, my work was constantly checked, etc, etc. Second instance, my direct supervisor…became angry with me and would yell at me for trivial or inappropriate things, such as coming in to work a few minutes late (when I regularly completed all my work and stayed late), calling in sick or making suggestions she didn't like during meetings. She slammed doors in my face and said things like "you need to wipe that fucking expression off your face."

In contrast, several participants made a point of commenting that bullying was *not* a factor in their work lives: "Very few of the situations apply to me or anyone I work with," "Haven't experienced it or witnessed it," and one professional made the general assessment "Not a problem as far as I see."

The subject of workplace bullying clearly has the potential to generate a variety of passionate responses about a spectrum of lived experiences and differing perspectives about the scope of the problem. Workplace bullying generally seems to be a controversial or "hot" topic to address. In my own experience conducting this study I encountered a noteworthy challenge with recruiting participants, which is pertinent to the research findings. When I sought permission from the administration of one community mental health agency to invite their employees to participate in my research, I was asked to provide a copy of my survey and within ten minutes my request was denied without explanation: "It has been decided that we cannot support you, [we] are not authorizing

37

the contact of our staff regarding this particular matter. I am sorry for any inconvenience this causes you." I then initiated a follow-up conversation to better understand the concerns, and was informed, "The survey was very negative." When I asked for clarification, I was again informed that the subject matter was negative and that it had the potential to generate a "negative environment" that the agency did not want should staff be exposed to such a negative topic by taking my survey. I fully intended to honor this decision; however, my recruitment email was inadvertently sent to employees at the agency when an outside acquaintance forwarded it through her contact list. Immediately after my recruitment email was forwarded to employees at the agency, the administration responded by emailing that the agency did not sanction my research, and agency employees were encouraged not to participate in the research. I subsequently learned that there was a negative dynamic, possibly bullying, going on within a work group at the agency, so the response I received was interpreted by several frustrated staff members as evidence of the administration "sweeping the problem under the rug" and trying to prevent dialogue about a thorny topic (albeit one that many clinicians were already familiar with as an aspect of their professional training). I also had several agency employees approach me in private to express incredulity that the administration attempted to dictate whether or not they could choose to participate in anonymous research.

CHAPTER V

DISCUSSION

The findings from this study of the problem of workplace bullying in the mental health field contribute to the growing body of literature on workplace bullying in the United States in numerous ways, including: assessing the frequency of negative acts in human service settings where the respondents worked; investigating participating professionals' perceptions of bullying behaviors; examining characteristics of targets and perpetrators in the settings where the participants worked; and exploring the impact for respondents of bullying, and their reported coping responses to being targets of bullying. The mixed method design used for this study also allowed for individual participants to reveal their stories, which provides a compelling, personal view of mental health professionals' lived experiences with negative behaviors in their workplaces.

Discrepancies Between Perceptions of Bullying and Exposure to Negative Acts

In terms of frequency of exposure, responses to the NAQ revealed that thirty-one out of forty-six mental health professionals who participated in this study had experienced more than three negative acts during the past six months on a daily, weekly, monthly, or "now and then" basis, indicating that the majority of participants were recently exposed to bullying behaviors according to the operational definition used. Furthermore, roughly half (47.9%) of participants had experienced negative acts at some point during their working lives prior to the last six months. Together these data strongly

support previous research findings that workplace bullying is widespread; professionals in the mental health field do not appear to be exempt from this problem.

While these findings are illuminating by themselves, it is perhaps more striking that among the same respondents who endorsed exposure to multiple bullying behaviors, only eight people were willing to self-identify as being bullied. While the clear majority of participants did not view themselves as targets, twenty-three (60.5%) participants who said they had NEVER been bullied did, in fact, report repeated exposure to negative behaviors in their occupational settings. Additional inconsistencies arise when participants' individual responses to the NAQ items are compared with their stated opinion about being the victim of bullying. For instance at least one participant stated that he/she had experienced each category of negative behavior listed on the NAQ "*daily*"; however, when asked whether he/she had been bullied the response given was "yes, *now and then*." Further incongruity was found between the number of participants who endorsed being bullied during the last six months (8) or those who had ever experienced bullying behaviors (23) and the number of participants who provided responses to describe how they coped (34). For those who reported so little bullying, a startlingly larger number reported coping strategies for dealing with it.

Overall, these conflicting responses suggests that mental health professionals who persistently encounter negativity at work may not perceive their experiences as fitting into the construct of "bullying," or they may be unwilling to categorize themselves as being a victim. This view of victimhood is in line with other studies. For example, Dawn, Cowie, and Anadiandou (2003) found that one third of their sample had experienced bulling behaviors but only one-fifth defined themselves as victims. Lugen-Sandvik,

Tracy, and Alberts (2007) similarly found that 23% of American workers who participated in their research were bullied as measured by the NAQ, however only 9.4% of the entire sample self-identified as victims (the authors' interpretation of these results are presented in the LITERATURE REVIEW).

It is difficult to accurately determine why this inconsistency occurs; however, it may point to the influence of a social desirability response bias, or peoples' tendency to present a favorable image of themselves in surveys. It could have been uncomfortable for participants in this research to acknowledge that they had been bullied, because the stereotype of a victim of bullying includes unattractive personal attributes such as vulnerability, passivity, and powerlessness--qualities that are not usually connected with mental health professionals, and qualities cognitive dissonance may make it difficult for these workers to own. It is also possible that the bullying terminology may be closely associated with childhood bullying, which often includes more overt forms of aggression and verbal harassment. Anecdotal evidence for this disconnect comes from my own experience conducting this research; when I spoke to colleagues in the mental health field about the topic, many people were unfamiliar with the concept of workplace bullying, although they had worked with victims of other types of maltreatment or abuse.

The individual negative acts that participants most frequently reported may offer a further clue about the way mental health professionals perceive bullying and difficult workplace dynamics. Although many employees routinely had information withheld that affected their performance, had their opinions and views ignored, and were exposed to an unmanageable workload, these working conditions may unfortunately be all too common in many settings devoted to mental health services. Thus workers may perceive some

behaviors--that would be considered bullying according to the established definitions used in this research--as unavoidable realities for employees in the field. It seems clear that many professionals struggle with distinguishing the fine line between being asked to improve performance and being subtly targeted in ways that are destructive.

Indeed, roughly half of the participants in this study were unsure if bullying is a problem in the mental health professions, while the other half were evenly divided between opposing opinions. Although the respondents' uncertainty may reflect a wish not to express sureness about the prevalence of bullying in the field overall if they did not have firsthand knowledge, it may be that their reluctance also relates to aversion about knowing and identifying the problem. This incongruity clearly points to the need for improved education and information among mental health workers about the phenomenon of workplace bullying—its specific characteristics, and the damaging impacts resulting from it. Interestingly, as suggested in the findings of this study, perpetrators may also sustain damage, even if not immediately.

Further Questions About Witnessing Bullying

Workers in this study, who by and large did not define the negative behaviors they had been subjected to as bullying, were more willing to indicate whether they had witnessed their colleagues being bullied. Furthermore, a surprising discrepancy arises when the number participants who affirmatively viewed bullying as a problem (13) is compared to the number of participants who affirmatively witnessed bullying of colleagues (22)—the data seem to indicate that some professionals who are certain they have witnessed bullying of colleagues *while employed in a mental health profession,* do not deem workplace bullying to be a problem in the field. Is it possible that witnessing

42

bullying did not seem like a problem to mental health professionals who were presumably trained to support and assess clients who are targeted by damaging interpersonal dynamics? Or did these professionals witness bullying but conclude that it represented a unique or rare occurrence unrepresentative of a problem in the field? A number of concerns with respect to participants' perceptions and judgments about workplace bullying clearly remain, and could be addressed in future research.

Impact of Bullying and Coping Responses

In terms of the kinds of impacts workplace bullying had on targets, the findings in this study are consistent with research reviewed in the literature that highlights increased levels of stress and negativity. It is especially disconcerting that so many participants in this research offered accounts of how they were impacted by negative acts in the workplace, even though many did not actually acknowledge experiencing them as bullying. This suggests that even those workers who do not consider themselves to be victims suffer from exposure to negative behaviors. Of particular concern to the mental health field are the potential repercussions that could result from distressed employees who are "taking it home" at the end of the day, feeling increasingly angry or anxious, experiencing burn out, or focusing energy on leaving their jobs. For instance, how might these negative emotional states or preoccupations impact mental health professionals' abilities to engage in work that can be demanding and stressful in and of itself?

Although most participants in this study endorsed the use of coping strategies that would be considered adaptive (e.g., using social supports or other forms of self-care), there were also several troubling responses, such as that provided by one participant who simply stated "I drink." There also seemed to be a notable pattern among respondents of

43

coping with bullying dynamics by leaving their jobs. With regard to their current work settings, a surprising number of participants were aware that an anti-bullying policy was in place, so perhaps this became an important criterion when mental health professionals searched for new jobs. Only a few participants believed that this policy is effectively enforced however, so workers may not feel that asking for help or directly confronting bullying problems is an effective coping strategy for which they will receive organizational support.

Limitations and Directions for Future Research

There are a number of limitations that should be noted with regard to the conclusions that can be drawn from this study, given that it represents a first attempt to explore a sizeable issue and uses a small sample. Although the sample included participants from a broad range of professions and work settings, it was heavily weighted towards white females. The use of additional recruitment procedures beyond convenience sampling might have allowed for improved diversity and greater generalizability to the population of mental health professionals.

Additionally, there is the possibility that use of a snowballing technique may have attracted an unrepresentative number of mental health professionals who had experienced negative dynamics at work. For instance, respondents who completed the survey and knew that it addressed workplace bullying may have been more likely to forward it to others who had negative or abusive workplace experiences. Future researchers should consider these limitations and ideally conduct much larger scale studies to assess workplace bullying among mental health professionals.

Furthermore, although use of the Negative Acts Questionnaire was a strength in this study because it is standardized measure of exposure to bullying, it was also restrictive since the NAQ focuses so narrowly on acts that took place within the last six months. As many respondents revealed in their narratives, by the time of participation in this study, they had already left their positions where the bullying occurred. The current study sought to address this limitation by asking about negative behaviors that occurred during respondents' entire working lives; however, an important direction for future research would be to improve assessment tools for workplace bullying beyond the six-month duration measured by the NAQ.

Another issue concerns operationalization of workplace bullying. For this study bullying was defined as exposure to greater than three negative acts at least "now and then" for six months; however, other researchers have used a different operational criterion or measure of prevalence (Lugen-Sandvik, Tracy, & Alberts , 2007). This makes data comparison with other studies of workplace bullying complicated, and more research is needed to fine-tune a universally acceptable definition of workplace bullying.

In this vein, future researchers are also advised to focus attention on better understanding employees' subjective interpretations of the bullying experience, as well as devoting resources to identifying and reducing the apparent differences in conceptualization that workers and researchers have of workplace bullying. A social desirability scale might be used in this process to clarify if this phenomenon plays into participants' responses to questions about victimization.

Implications for the Mental Health Professions

In recent years there have been considerable efforts at consciousness raising around sensitivity and respect for issues of diversity in the workplace. Employees in most occupational settings in the United States have legal protection from discrimination and harassment if they can prove they are targeted for reasons of race, gender, religion, or disability. However, when it comes to the negative acts that constitute bullying in the workplace, there is a striking lack of legal protection for affected employees unless they can prove they were targeted for a reason protected under existing laws. Workplace bullying rarely meets the criterion of being considered illegal, despite its significant adverse effects on individuals and businesses. Sixteen states have introduced legislation to address anti-bullying concerns since 2003, but none has successfully been passed (Catalanello, 2009).

The absence of legal remedies is clearly problematic in light of the growing body of evidence that suggests there is a considerable incidence of workplace bullying in many occupational settings in the United States. Quantitative data and numerous narrative accounts from the current study provide evidence that the problem also afflicts the mental health professions. This presents a remarkable concern to the field as a whole which is known for its extensive education and training on the dynamics of abuse and other social injustices. Professionals with advanced mental health degrees are generally expected (and usually required by their codes of ethics) to treat others with beneficence, justice, and respect. For instance the National Association of Social Workers (NASW) explicitly mentions respect for colleagues as an ethical responsibility in their Code of Ethics (2008)

which outlines values, principles, and standards to guide social workers in their every day

professional conduct:

> 2.01 Respect (a) Social workers should treat colleagues with respect and should represent accurately and fairly the qualifications, views, and obligations of colleagues. (b) Social workers should avoid unwarranted negative criticism of in communications with clients or with other professionals. Unwarranted negative criticism may include demeaning comments that refer to colleagues' level of competence or to individuals' attributes such as race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, belief, religion, immigration status, and mental or physical disability.

Furthermore, mental health professionals are expected to possess strong skills for

identifying and responding to unhealthy interpersonal dynamics and to have the ability to

communicate with and manage people effectively. The irony that mental health

professionals might engage in, witness, and be victimized by bullying *in their places of*

employment is astounding, and clearly could have important implications for future

research, professional training, and agency as well as state or federal policy.

For example, mental health professionals ought to receive education about how to

identify and respond to the problem of workplace bullying in order to better serve their

clients. Given the evidence that bullying occurs in a wide array of occupations, it is

reasonable to assume that a proportion of professionals' caseloads will include abused

workers. Additionally, mental health employers might consider developing more

effective anti-bullying strategies in the workplace so that targeted employees have clear

recourse and potential perpetrators receive the message that negative acts will not be

tolerated. In consideration of the high number of participants in this study who mentioned

leaving their jobs or other personal and professional costs due to pervasive negativity at

work, mental health administrators (particularly human resources personnel) would be

well advised to consider the role of bullying in staff turnover, impaired well being, and lowered workplace morale.

Conclusion

Workplace bullying appears to be a concern in the mental health field just as much as it is in other disciplines, although it may regularly go unnamed or unaddressed. The fact that even eight respondents in the present study had experienced with some regularity a high number of negative acts and viewed themselves as targets of workplace bullying is disturbing and if accurate, reflects unethical practices; they clearly imply that these situations do occur in the mental health field. Fortunately, some professionals say they were never exposed to or targeted by bullying in their working lives; however, for workers who do face bullying, the harm may be significant. The dynamics of workplace bullying do not have a place in the helping professions and much work is needed, starting with consciousness raising, to address the problem at both the individual and organizational levels.

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Appendix A

Informed Consent Document

Dear Invited Participant,

My name is Hilary Garrison-Botsford and I am a graduate student at Smith School for Social Work in Northampton, MA. While working on my Master's Degree in Social Work, I am required to complete a thesis that will be used to fulfill graduation requirements and has the possibility of being submitted for publication. I am conducting a research study exploring mental health professionals' experiences with hostile or negative interpersonal dynamics in the workplace, whether between co-workers or in supervisor/supervisee relationships. I hope to identify the extent and scope of these situations as they impact our working lives, because previous research on the issue has largely overlooked the mental health professions. I would very much like to learn from you about this topic.

I am inviting you to participate in this study if you are over the age of 21 and are employed in a mental health profession (e.g., social work, case management, advocacy, mental health counseling, marriage and family therapy, psychology, expressive/arts therapy, psychiatry, school psychology/social work, etc.). It is necessary for you to *currently* work for a professional agency or organization (not be employed in a solo private practice). Participation in the study involves taking a brief anonymous survey online that asks you to respond to a series of questions about experiences you may have had – whether witnessing, being targeted by, or participating in negative work environments. It also asks you to provide basic demographic information including age, sex/gender, race, number of years in the field, and type of workplace(s), so that I will be able to discuss the diversity of my sample. The process of completing the survey will take about 15-20 minutes.

If you choose to participate in this study you may experience possible emotional discomfort as you reflect on difficult or distressing experiences. Some workplaces monitor internet traffic and/or have keystroke capture, thus you are encouraged to participate in this survey at home or on a non-workplace computer in order to minimize the risk that others could have access to your personal information. Benefits of participating in this study would be that you are contributing to knowledge about a topic that is important to the mental health professions and the results of this study could inform future research and preventative measures.

The responses in this survey are completely anonymous. A third party, Survey Monkey, will collect the completed surveys in an anonymous method for which no records will be kept regarding who responds to this survey, their email addresses, or their places of employment. The findings of this study will be presented in aggregate form and no identifying information will be included. Any Quotes or vignettes I use in the report will be carefully disguised.

Your participation in this study is completely voluntary. In addition, if you do decide to participate, you can choose not to answer certain questions and can withdraw from the survey without completing it at anytime which will stop your partial participation and survey responses from being recorded (an 'EXIT' button is clearly visible on the top of each page of the questionnaire). If you have any concerns about this study, please contact me via email (hgarriso@smith.edu) or the Smith College School for Social Work Human Subjects Review Committee at (413) 585-7974.

Your time, candor, and thoughtfulness are much appreciated. Thank you for considering participation in my research study.

Sincerely,

Hilary Garrison-Botsford

BY CHECKING "I AGREE" YOU ARE INDICATING THAT YOU HAVE READ AND UNDERSTOOD THE INFORMATION ABOVE AND THAT YOU HAVE HAD AN OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THIS STUDY.

Appendix B

Human Subjects Committee Approval Letter

March 5, 2010

Hilary Garrison-Botsford

Dear Hilary,

Your amended materials have been reviewed. They are fine and we are happy to give final approval to your study. There is one minor correction in the Consent we would like you to make. You say "Quotes used in the final report will not be connected with identifying information." You have already told them you won't have any identifying information. What you might say is "Any quotes or vignettes I use in the report will be carefully disguised." Please just send that one page to Laurie Wyman so she can put it in the permanent file.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your project. It is a very interesting study and I am glad you cut it down a little to make it more manageable. Maybe someday you will do a qualitative interview study to follow it up.

Warm regards,

Ann Hartman, D.S.W.
Chair, Human Subjects Review Committee

CC: Gael McCarthy, Research Advisor

Appendix C

Correspondence With Bergen Bullying Research Group

Dear Members of the Bergen Bullying Research Group,

I am writing to request permission to use the Negative Acts Questionnaire in my graduate research project examining experiences of workplace bullying among mental health professionals. I am a graduate student at Smith School for Social Work in Northampton, Massachusetts (USA) and my research is being done to complete a master's thesis which is a non-profit endeavor. I am willing to provide you with an SPSS 14 file containing the data from the survey that will include demographic information about participants who complete the survey. Prior to being my able to use the NAQ, my research project will have to be approved by the Smith College School for Social Work Human Subjects Review Committee. I agree to use the NAQ for this research project only and do not plan on translating it.

     If there is any other information you need about myself or the research project please let me know.

Thank you,

Hilary Garrison-Botsford
MSW '10
Smith College School for Social Work
Northampton, MA
USA

Dear Hilary,

Thank your for your interest in the Negative Acts Questionnaire. With our terms accepted, I have attached the English version of the NAQ, the demographic inventory, a spss database, psychometric properties of the questionnaire and the articles suggested on our website. You do not have to use the demographic questionnaire or the database, but it can be a good idea to use it as a guide for your work, and to see how we have done it. We are looking forward to receive the data when they are available.

If you have any questions, we will of course do our best to answer them.

Best regards,
Morten Birkeland Nielsen
Bergen Bullying Research Group

Appendix D

Survey

1. Welcome!

Thank you in advance for your participation in this study on negative workplace behaviors. Before beginning the survey please answer the following eligibility questions:

1. Are you at least 21 years old?

○ Yes

○ No

2. Are you currently employed as a mental health professional, working at least part time for a professional agency or organization (not in solo private practice)?

○ Yes

○ No

2. Informed Consent Document

Dear Invited Participant:

My name is Hilary Garrison-Botsford and I am a graduate student at Smith School for Social Work in Northampton, MA. While working on my Master's Degree in Social Work, I am required to complete a thesis that will be used to fulfill graduation requirements and has the possibility of being submitted for publication. I am conducting a research study exploring mental health professionals' experiences with hostile or negative interpersonal dynamics in the workplace, whether between co-workers or in supervisor/supervisee relationships. I hope to identify the extent and scope of these situations as they impact our working lives, because previous research on the issue has largely overlooked the mental health professions. I would very much like to learn from you about this topic.

I am inviting you to participate in this study if you are over the age of 21 and are employed in a mental health profession (e.g., social work, case management, advocacy, mental health counseling, marriage and family therapy, psychology, expressive/arts therapy, psychiatry, school psychology/social work, etc.). It is necessary for you to currently work for a professional agency or organization (not be employed in a solo private practice). Participation in the study involves taking a brief anonymous survey online that asks you to respond to a series of questions about experiences you may have had – whether witnessing, being targeted by, or participating in negative work environments. It also asks you to provide basic demographic information including age, gender, race, number of years in the field, and type of workplace(s), so that I will be able to discuss the diversity of my sample. The process of completing the survey will take about 15-20 minutes.

If you choose to participate in this study you may experience possible emotional discomfort as you reflect on difficult or distressing experiences. Some workplaces monitor internet traffic and/or have keystroke capture, thus you are encouraged to participate in this survey at home or on a non-workplace computer in order to minimize the risk that others could have access to your personal information. Benefits of participating in this study would be that you are contributing to knowledge about a topic that is important to the mental health professions and the results of this study could inform future research and preventative measures.

The responses in this survey are completely anonymous. A third party, Survey Monkey, will collect the completed surveys in an anonymous method for which no records will be kept regarding who responds to this survey, their email addresses, or their places of employment. The findings of this study will be presented in aggregate form and no identifying information will be included. Any quotes or vignettes I use in the report will be carefully disguised.

Your participation in this study is completely voluntary. In addition, if you do decide to participate, you can choose not to answer certain questions and can withdraw from the survey without completing it at anytime which will stop your partial participation and survey responses from being recorded (an 'EXIT' button is clearly visible on the top of each page of the questionnaire). If you have any concerns about this study, please contact me via email (hgarriso@smith.edu) or the Smith College School for Social Work Human Subjects Review Committee at (413) 585-7974.

Your time, candor, and thoughtfulness are much appreciated. Thank you for considering participation in my research study.

Sincerely,
Hilary Garrison-Botsford

3. BY CHECKING "I AGREE" YOU ARE INDICATING THAT YOU HAVE READ AND UNDERSTOOD THE INFORMATION ABOVE AND THAT YOU HAVE HAD AN OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THIS STUDY.

- I AGREE

- I DO NOT AGREE

Please print a copy of this page for your records.

3. Section I: Demographic Information

Please answer the following questions about yourself:

4. What is your gender?

- Female

- Male

- Transgender

5. What is your age?

[   ]

6. What is your race?

- African-American

- Asian/Pacific

- Hispanic

- Native American

- White

- Other/Mixed

(please specify)

[   ]

7. What is the highest level of education you have completed?

- ○ High School
- ○ Some College
- ○ College (Associates Degree)
- ○ College Degree (BA, BS, BSW)
- ○ Some Graduate School

- ○ Master's Degree
- ○ PhD
- ○ MD
- ○ Other Professional Training or Certification

If other please specify:

[   ]

8. Have you received professional licensure in your field of work?

- ○ Yes
- ○ No

9. What is your current profession?

[   ]

10. In what type of organizational setting do you work?

[   ]

11. For how many years have you been employed in the mental health field?

[   ]

4. Section II: Negative Acts Questionnaire

The following behaviors are often seen as examples of negative behavior in the workplace. Over the last six months, how often have you been subjected to the following negative acts at work?

12. Please indicate the frequency that best corresponds with your experience over the last six months:

	Daily	Weekly	Monthly	Now and Then	Never
1) Someone withholding information which affects your performance	○	○	○	○	○
2) Being humiliated or ridiculed in connection with your work	○	○	○	○	○
3) Being ordered to do work below your level of competence	○	○	○	○	○
4) Having key areas of responsibility removed or replaced with more trivial or unpleasant tasks	○	○	○	○	○
5) Spreading of gossip and rumors about you	○	○	○	○	○
6) Being ignored or excluded	○	○	○	○	○

13. Please indicate the frequency that best corresponds with your experience over the last six months:

	Daily	Weekly	Monthly	Now and Then	Never
7) Having insulting or offensive remarks made about your person (i.e. habits and background), your attitudes or your private life	⬚	⬚	⬚	⬚	⬚
8) Being shouted at or being the target of spontaneous anger (or rage)	⬚	⬚	⬚	⬚	⬚
9) Intimidating behavior such as finger-pointing, invasion of personal space, shoving, blocking/barring the way	⬚	⬚	⬚	⬚	⬚
10) Hints or signals from others that you should quit your job	⬚	⬚	⬚	⬚	⬚
11) Repeated reminders of your errors or mistakes	⬚	⬚	⬚	⬚	⬚
12) Being ignored or facing a hostile reaction when you approach	⬚	⬚	⬚	⬚	⬚

14. Please indicate the frequency that best corresponds with your experience over the last six months:

	Daily	Weekly	Monthly	Now and Then	Never
13) Persistent criticism of your work and effort	⬚	⬚	⬚	⬚	⬚
14) Having your opinions and views ignored	⬚	⬚	⬚	⬚	⬚
15) Practical jokes carried out by people you don't get along with	⬚	⬚	⬚	⬚	⬚
16) Being given tasks with unreasonable or impossible targets or deadlines	⬚	⬚	⬚	⬚	⬚
17) Having allegations made against you	⬚	⬚	⬚	⬚	⬚
18) Excessive monitoring of your work	⬚	⬚	⬚	⬚	⬚

15. Please indicate the frequency that best corresponds with your experience over the last six months:

	Daily	Weekly	Monthly	Now and Then	Never
19) Pressure not to claim something which by right you are entitled to (e.g. sick leave, holiday entitlement, travel expenses)	⌷	⌷	⌷	⌷	⌷
20) Being the subject of excessive teasing and sarcasm	⌷	⌷	⌷	⌷	⌷
21) Being exposed to an unmanageable workload	⌷	⌷	⌷	⌷	⌷
22) Threats of violence or physical abuse or actual abuse	⌷	⌷	⌷	⌷	⌷

5. Negative Acts Questionnaire

16. Have you been bullied at work?
We define bullying as a situation where one or several individuals persistently over a period of time perceive themselves to be on the receiving end of negative actions from one or several persons, in a situation where the target of bullying has difficulty in defending him or herself against these actions. We will not refer to a one-time incident as bullying.

Using the above definition, please state whether you have been bullied at work over the last six months:

⌷ No

⌷ Yes, but only rarely

⌷ Yes, now and then

⌷ Yes several times per week

⌷ Yes, almost daily

17. Have you EVER experienced any of the previously listed negative behaviors in your work life while employed in a mental health field, but NOT in the past six months?

◌ Yes

◌ No

◌ Unsure

◌ Comments:

(please describe specific examples)

18. Are there other negative behaviors at work that cause you to feel mistreated?

◌ No

◌ Yes

(please describe these behaviors)

19. Have you witnessed bullying of colleagues at work while employed in the mental health field?

◌ Yes

◌ No

◌ Unsure

◌ Comments:

(please describe specific examples)

20. Do you think that workplace bullying is a problem in the mental health professions?

- Yes
- No
- Don't know

Comments:

21. Would you consider yourself as being a perpetrator of workplace mistreatment?

- Yes
- No
- Unsure

6. Negative Acts Questionnaire

22. In some instances mistreatment at work is based on discrimination due to race, gender, ethnicity, religion, disability, or age. Based on these categories some people are provided legal protection. Considering the negative behaviors that you have been subjected to, witnessed, or participated in, please indicate the targeted individual's status regarding membership in a protected group with that of the perpetrator's status:

- ONLY the TARGET was a member of a protected group
- NEITHER the target or perpetrator belong to a protected group
- The target and perpetrator were BOTH members of a protected group
- ONLY the PERPETRATOR was a member of a protected group
- Unsure

Some people who have been bullied at work were targeted by multiple perpetrators. If you feel more than one person has bullied you at work please pick the one you perceived as worst for the following questions:

23. Did the perpetrator operate alone or with others?

- Alone
- With others
- Unsure

24. What is the gender of the person primarily responsible for the mistreatment?

- Male
- Female
- Transgender

25. What was the primary perpetrator's status in contrast to you?

- Perpetrator in position of authority (boss, supervisor, manager, etc)
- Perpetrator and I were of equal status
- Perpetrator was the subordinate

7. Negative Acts Questionnaire

26. Did the negative workplace dynamics impact you in any of the following ways? (check all that apply)

- Affected my relationships with friends or family outside of work negatively
- Anger
- Avoided going in to work or took extra time off
- Decreased self-esteem
- Experienced burnout with my profession
- Feared losing my job
- Frequent worrying about the situation
- Impaired job performance
- Impacted my sleep
- Impacted my relationships with clients/patients/consumers
- Impacted my relationships with co-workers
- Increased use of alcohol, tobacco or other drugs
- Looked for a new job
- Lost confidence or doubted my ability to do the work
- Physical health problems
- Panic attacks
- Sought legal counsel
- Sought mental health counseling for myself
- Symptoms of depression
- "Took it home with me" at the end of the day

Other (please specify)

27. Please describe any coping strategies you used in response to your negative work experience:

28. Does your employer have a specific workplace policy that addresses workplace bullying (as opposed to sexual or racial harassment)?

- Yes
- No
- Don't know

29. If the answer to the previous question is yes, do you feel that this policy is enforced effectively?

- Yes
- No
- Unsure

8. Negative Acts Questionnaire

30. Your thoughts and comments about workplace bullying in the mental health professions are extremely valuable to this research. If you can spare just a few more minutes I would be most grateful if you could write a brief description in the space below about a SPECIFIC incident of a negative workplace behavior that happened to you or someone you know.

Your story will help bring the numbers in my survey to life so that readers can gain a better understanding of how these experiences impact people's lives. Any possibly identifying information will be altered to protect your confidentiality in the final paper.

Written comments/reflections:

9. Thank You!

Thank you for involvement in this study.

The time and effort you took to participate are much appreciated.

If you answered "no" to either of the eligibility questions or did not agree to the terms of the informed consent document unfortunately you were not eligible for this study. Please know that your interest is appreciated.

Appendix E

Table 1: Participant Gender and Ethnicity Distribution

Table 1.

	Response Count	Response Percent
Gender		
Male	6	12.5%
Female	42	87.5%
Transgender	0	0%
Ethnicity		
African-American	1	2.1%
Asian/Pacific	0	0%
Hispanic	3	6.3%
Native American	2	4.2%
Other/Mixed	3	6.3%
White	39	81.3%
Total	48	

Participant Gender and Ethnicity Distribution

Appendix F

Table 2: Central Tendencies of Participants' Ages

Table 2.

Central Tendencies of Participants' Ages		
	Mean	41
	Median	41
	Mode	43

Appendix G

Figure 1: Participants' Level of Education

Figure 1.
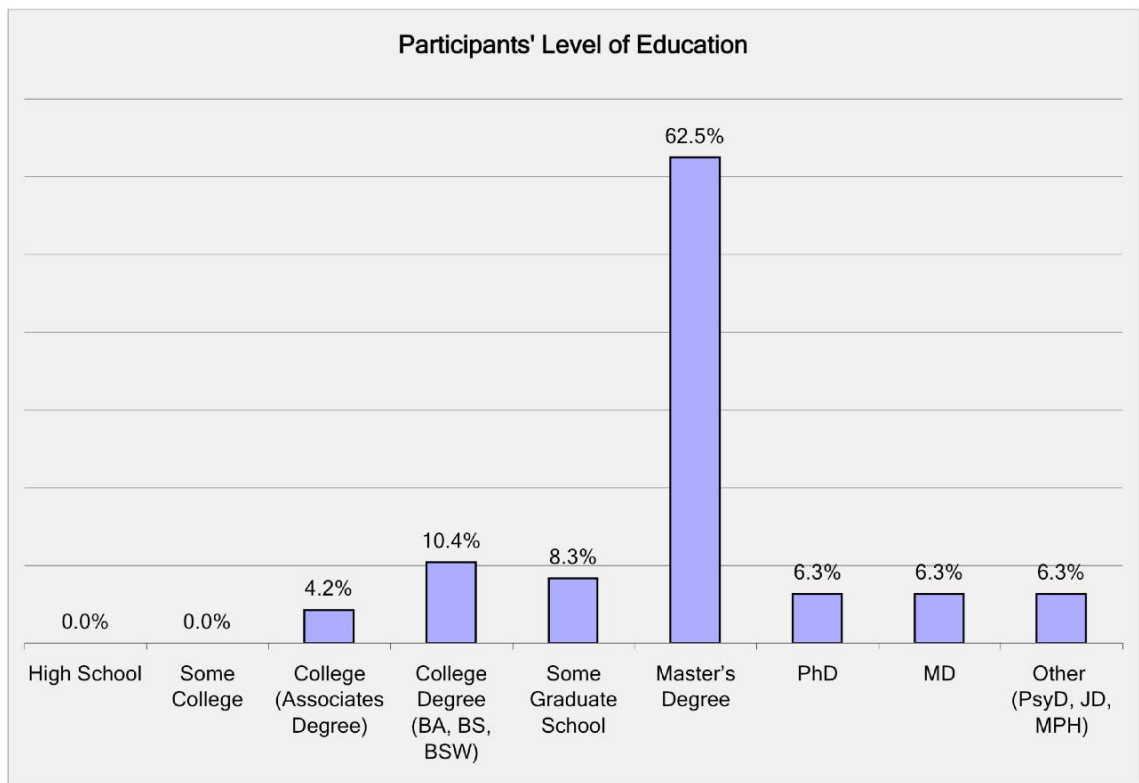
Appendix H

Figure 2: Have You Received Professional Licensure in Your Work?

Figure 2.

Have You Received Professional Licensure in Your Work?

No
46%

Yes
54%
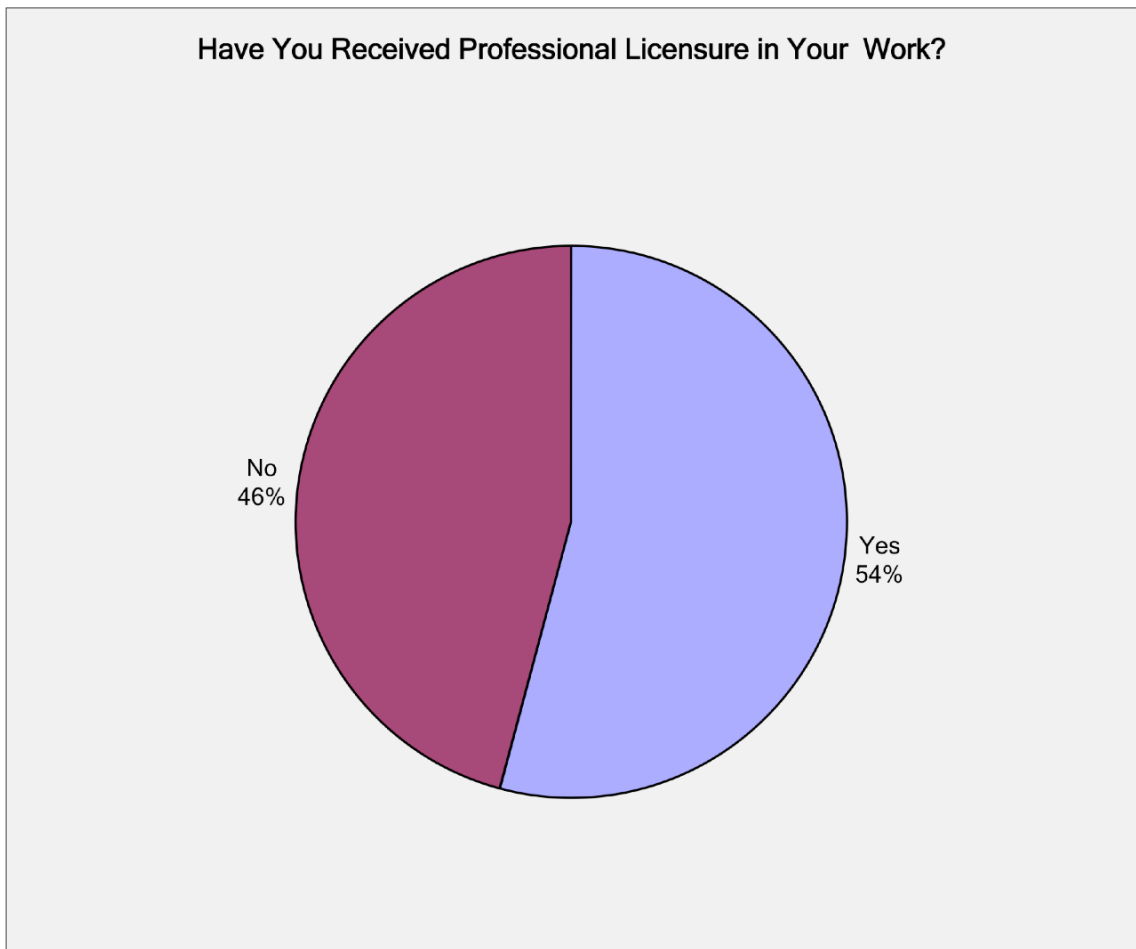
Appendix I

Table 3: Central Tendencies of Years Employed in the Mental Health Professions

Table 3.

Central Tendencies of Years Employed in the Mental Health Professions		
	Mean	10
	Median	7
	Mode	3

Appendix J

Table 4: Participants' Current Professions

Table 4.

Participants' Current Professions

	Response Count
Type of Profession	
Administrator	3
Autism Services	1
Case Manager	2
Community Educator	1
Congressional Aid	1
Domestic Violence Advocate	3
Forensic Counselor	1
Group Facilitator	1
Neuropsychologist	1
Nursing	1
Professor	1
Psychiatry	3
Scientific Manager	1
Social Worker	5
Staff Development	1
Substance Abuse Counselor	1
Supervisor/Team Leader/Program Director	4
Therapist	16

Appendix K

Table 5: Participants' Workplace Settings

Table 5.

Participants' Workplace Settings

	Response Count
Settings	
Community Mental Health Agency	8
Court/Corrections	2
Credentialing Agency	1
Hospital	7
Non-Profit	6
Office	5
Private Human Service Agency	2
Rehab/Substance Abuse Clinic	2
Residential Treatment/Transitional Living	3
School/College	6
Other Service Agency	4
Victim Service Organization	2

Appendix L

Table 6: Negative Acts Experienced at Work During the Last Six Months

Table 6.

Negative Acts Experienced at Work During the Last Six Months

Negative Act	Daily Count (Pct)	Weekly Count (Pct)	Monthly Count (Pct)	Now & Then Count (Pct)	Never Count (Pct)
Someone withholding information which affects your performance	2 (4.2%)	4 (8.3%)	7 (14.6%)	**19** **(39.6%)**	16 (33.3%)
Being humiliated or ridiculed in connection with your work	2 (4.2%)	1 (2.1%)	2 (4.2%)	9 (18.8%)	**34** **(70.8%)**
Being ordered to do work below your level of competence	6 (12.8%)	4 (8.5%)	5 (10.6%)	13 (27.7%)	**19** **(40.4%)**
Having key areas of responsibility removed or replaced with more trivial or unpleasant tasks	5 (10.4%)	2 (4.2%)	5 (10.4%)	13 (27.1%)	**23** **(47.9%)**
Spreading of gossip or rumors about you	2 (4.2%)	3 (6.3%)	1 (2.1%)	13 (27.1%)	**29** **(47.9%)**
Being ignored or excluded	3 (6.3%)	4 (8.3%)	6 (12.5%)	13 (27.1%)	**22** **(45.8%)**
Having insulting or offensive remarks made about your person (i.e. habits and background), your attitudes or your private life	1 (2.1%)	1 (2.1%)	2 (4.3%)	9 (19.1%)	**34** **(72.3%)**
Being shouted at or being the target of spontaneous anger (or rage)	1 (2.1%)	3 (6.4%)	0 (0%)	13 (27.7%)	**30** **(63.8%)**

Table 6 continued...

Intimidating behavior such as finger-pointing, invasion of personal space, shoving, blocking/barring the way	1 (2.1%)	1 (2.1%)	1 (2.1%)	7 (14.6%)	**38** **(79.2%)**
Hints or signals from others that you should quit your job	2 (4.2%)	1 (2.1%)	2 (4.2%)	1 (2.1%)	**42** **(87.5%)**
Repeated reminders of your errors or mistakes	2 (4.2%)	1 2.1%)	1 (2.1%)	14 (29.2%)	**30** **(62.5%)**
Being ignored or facing a hostile reaction when you approach	3 (6.3%)	1 (2.1%)	2 (4.2%)	12 (25.0%)	**30** **(62.5%)**
Persistent criticism of your work and effort	2 (4.2%)	3 (6.3%)	1 (2.1%)	11 (22.9%)	**31** **(64.6%)**
Having your opinions and views ignored	3 (6.3%)	3 (6.3%)	5 (10.4%)	**23** **(47.9%)**	14 (29.2%)
Practical jokes carried out by people you don't get along with	1 (2.1%)	0 (0%)	0 (0%)	1 (2.1%)	**46** **(95.8%)**
Being given tasks with unreasonable or impossible targets or deadlines	4 (8.3%)	3 (6.3%)	1 (2.1%)	18 (37.5%)	**22** **(45.8%)**
Having allegations made against you	1 (2.1%)	1 (2.1%)	1 (2.1%)	5 (10.4%)	**40** **(83.3%)**
Excessive monitoring of your work	2 (4.2%)	3 (6.3%)	5 (10.4%)	3 (6.3%)	**35** **(72.9%)**

Table 6 continued...

Pressure not to claim something which by right you are entitled to (e.g. sick leave, holiday entitlement, travel expenses)	2 (4.2%)	2 (4.2%)	4 (8.3%)	8 (16.7%)	**32** **(66.7%)**
Table 6. Continued…					
Being the subject of excessive teasing or sarcasm	1 (2.1%)	1 (2.1%)	0 (0%)	4 (8.3%)	**42** **(87.5%)**
Being exposed to an unmanageable workload	9 (18.8%)	2 (4.2%)	4 (8.3%)	**18** **(37.5%)**	15 (31.3%)
Threats of violence or physical abuse or actual abuse	1 (2.1%)	0 (0%)	1 (2.1%)	3 (6.3%)	**43** **(89.6%)**

Appendix M

Table 7: Participants Who Did and Did Not Report Bullying Cross Tabulated with

Whether More Than Three Negative Acts Were Reported

Table 7.

Participants Who Did and Did Not Report Bullying Cross Tabulated with Whether More Than Three Negative Acts Were Reported

---

	Yes, Reported Being Bullied	No, Did Not Report Being Bullied	
More Than 3 Negative Acts Reported	8 (100%)	15 (39.5%)	
Fewer Than 3 Negative Acts Reported	0 (0%)	23 (60.5%)	
Subtotal	9	38	Total
			N=47

Appendix N

Figure 3: Have You EVER Experienced Any Previously Listed Negative

Behaviors In Your Work Life but NOT in Past 6 Months?

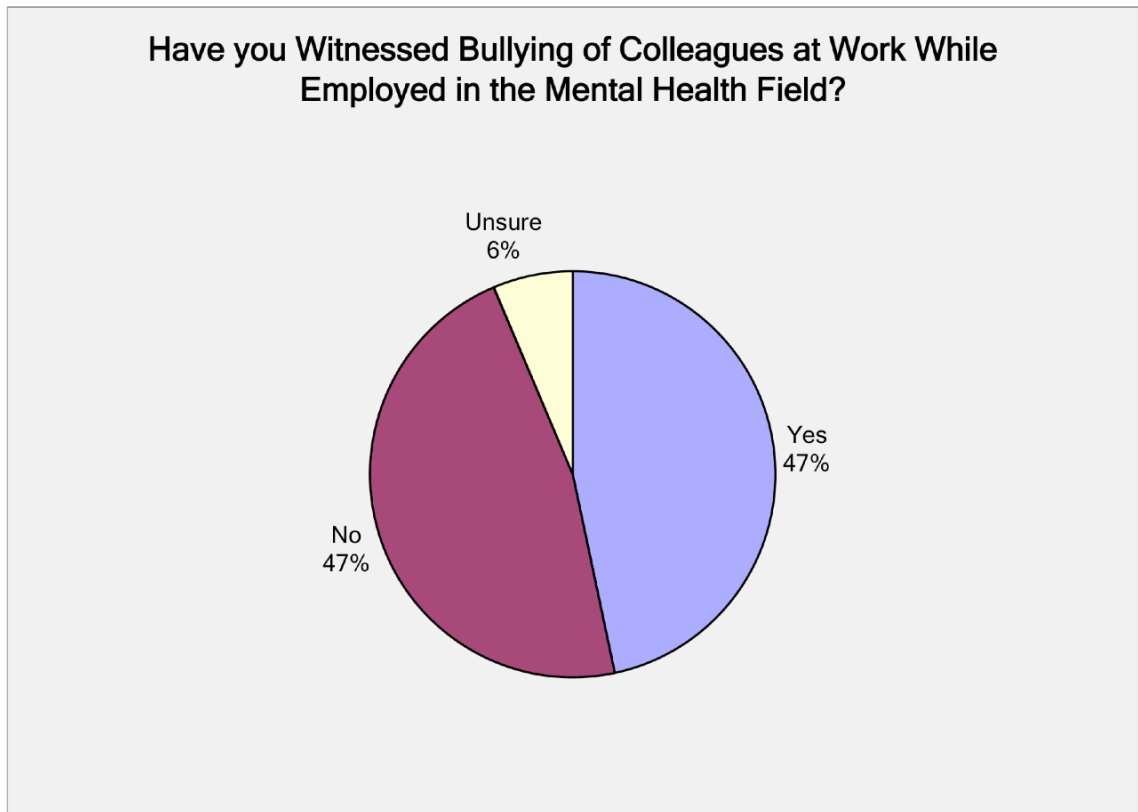Figure 3.

Have You EVER Experienced Any Previously Listed Negative
Behaviors in Your Work Life but NOT in Past 6 Months?

Unsure
6%

Yes
48%

No
46%
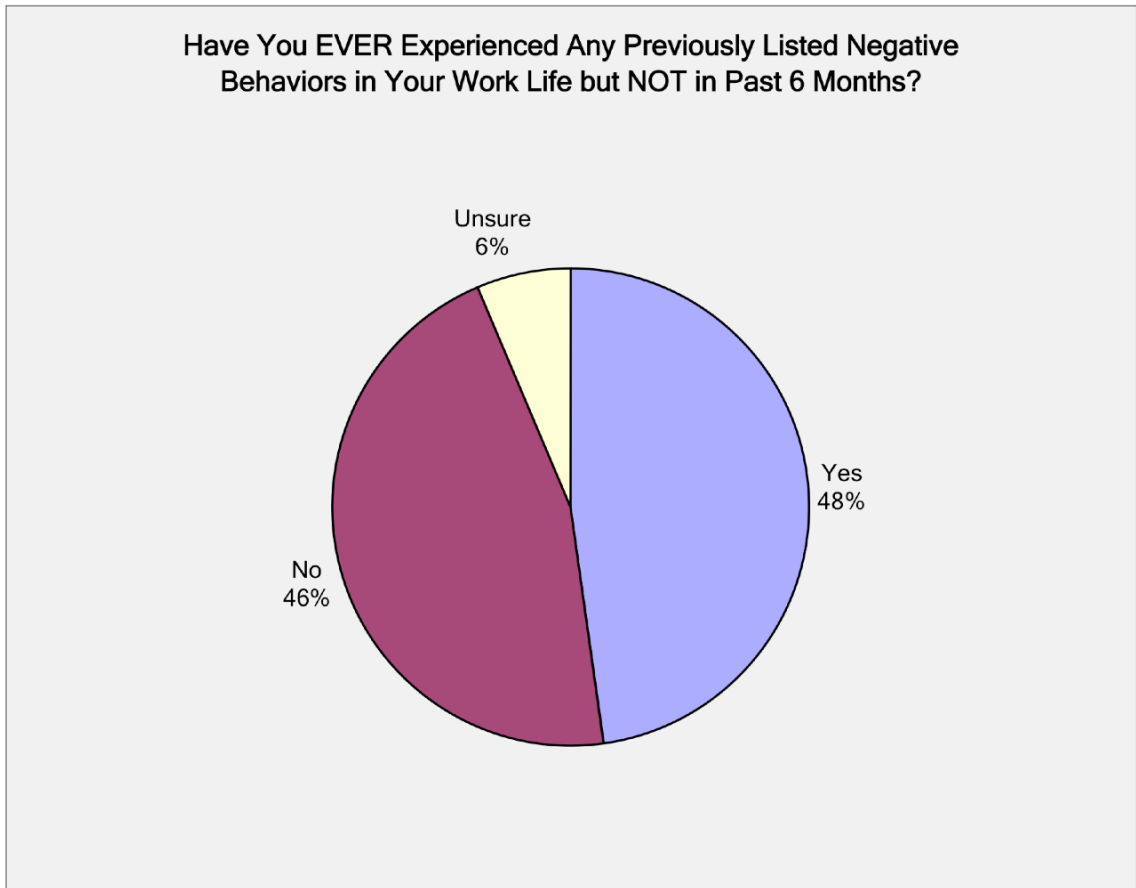
Appendix O

Figure 4: Have You Witnessed Bullying of Colleagues?

Figure 4.

Have you Witnessed Bullying of Colleagues at Work While Employed in the Mental Health Field?

Unsure 6%

Yes 47%

No 47%

Appendix P

Figure 5: Would You Consider Yourself a Perpetrator of

Workplace Mistreatment?

Figure 5.

Would you Consider Yourself a Perpetrator
of Workplace Mistreatment?

Unsure
0%

Yes
7%

No
93%
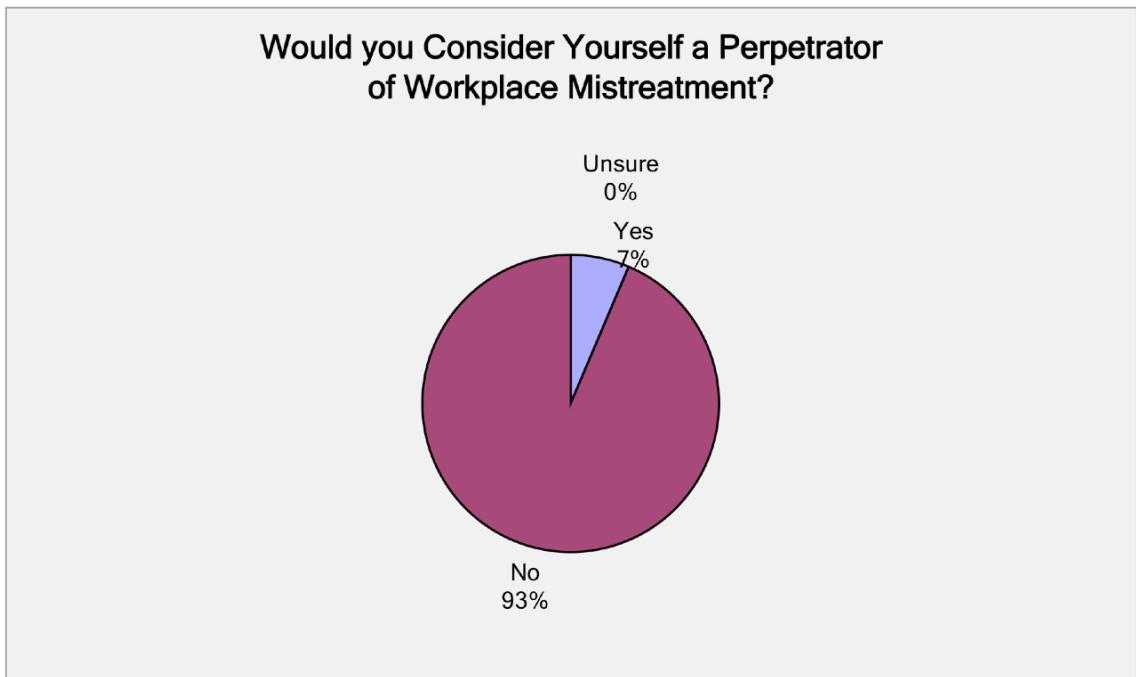
Appendix Q

Figure 6: Do You Think that Workplace Bullying is a Problem?

Figure 6.

Do You Think that Workplace Bullying is a Problem in the Mental Health Professions?

Yes
28%

Don't know
44%

No
28%
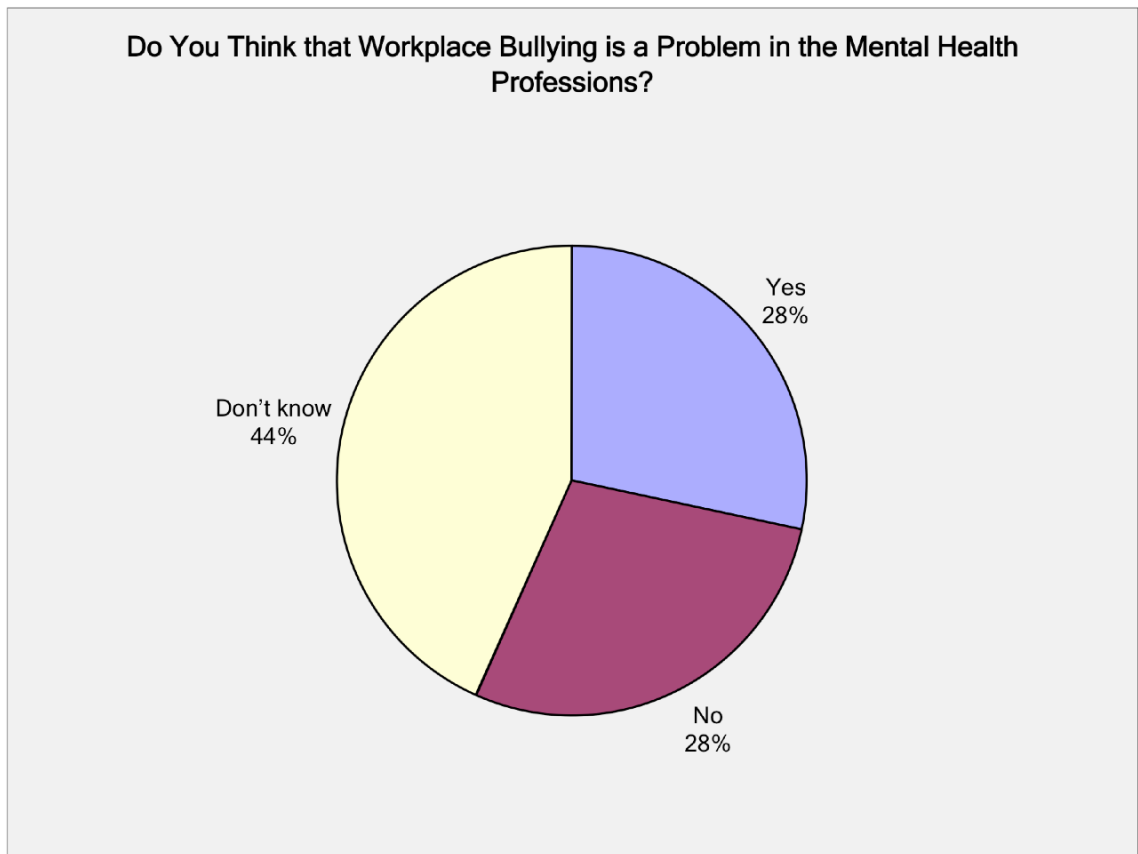
Appendix R

Figure 7: Gender of the Person Primarily Responsible for the Mistreatment

Figure 7.

What is the Gender of the Person Primarily Responsible for the Mistreatment?

Transgender 3%

Male 21%

Female 76%
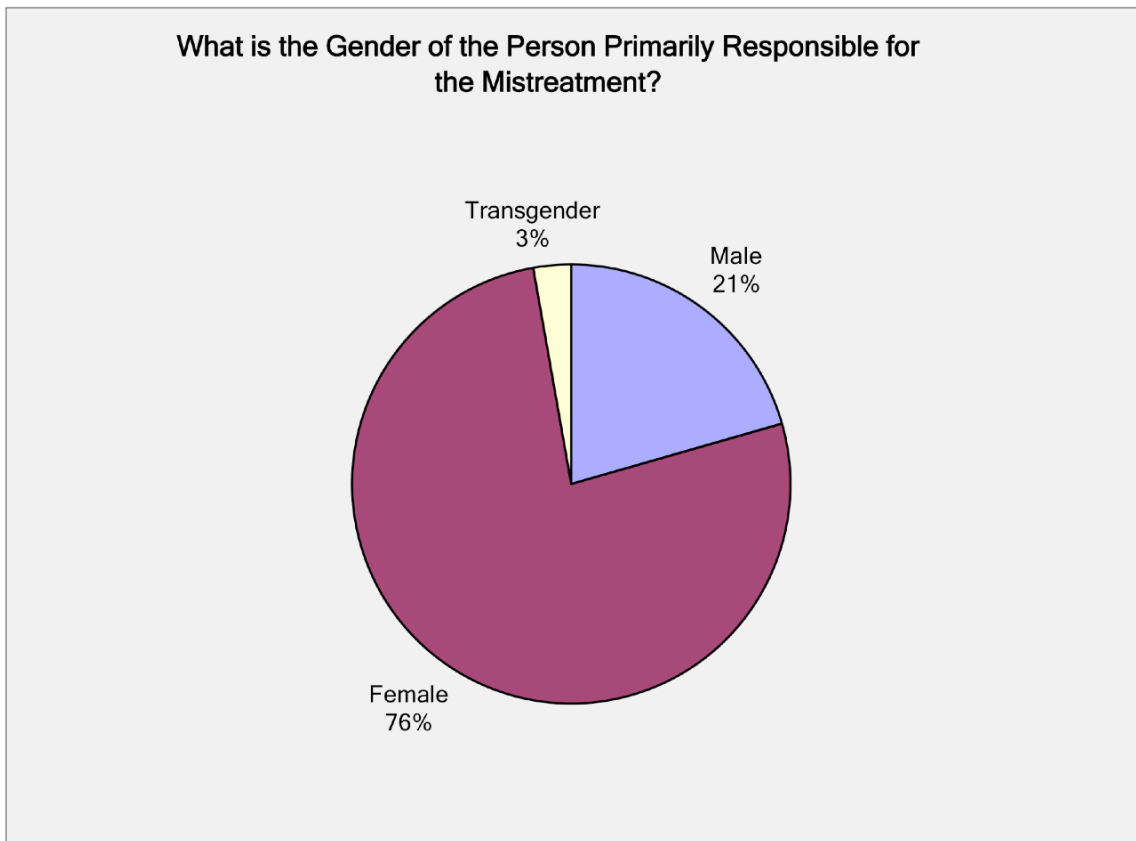
Appendix S

Figure 8: What Was the Primary Perpetrator's Status in Contrast to You?

Figure 8.

What was the Primary Perpetrator's Status in Contrast to You?

Perpetrator was the subordinate
3%

Perpetrator and I were of equal status
29%

Perpetrator in position of authority (boss, supervisor, manager, etc)
68%
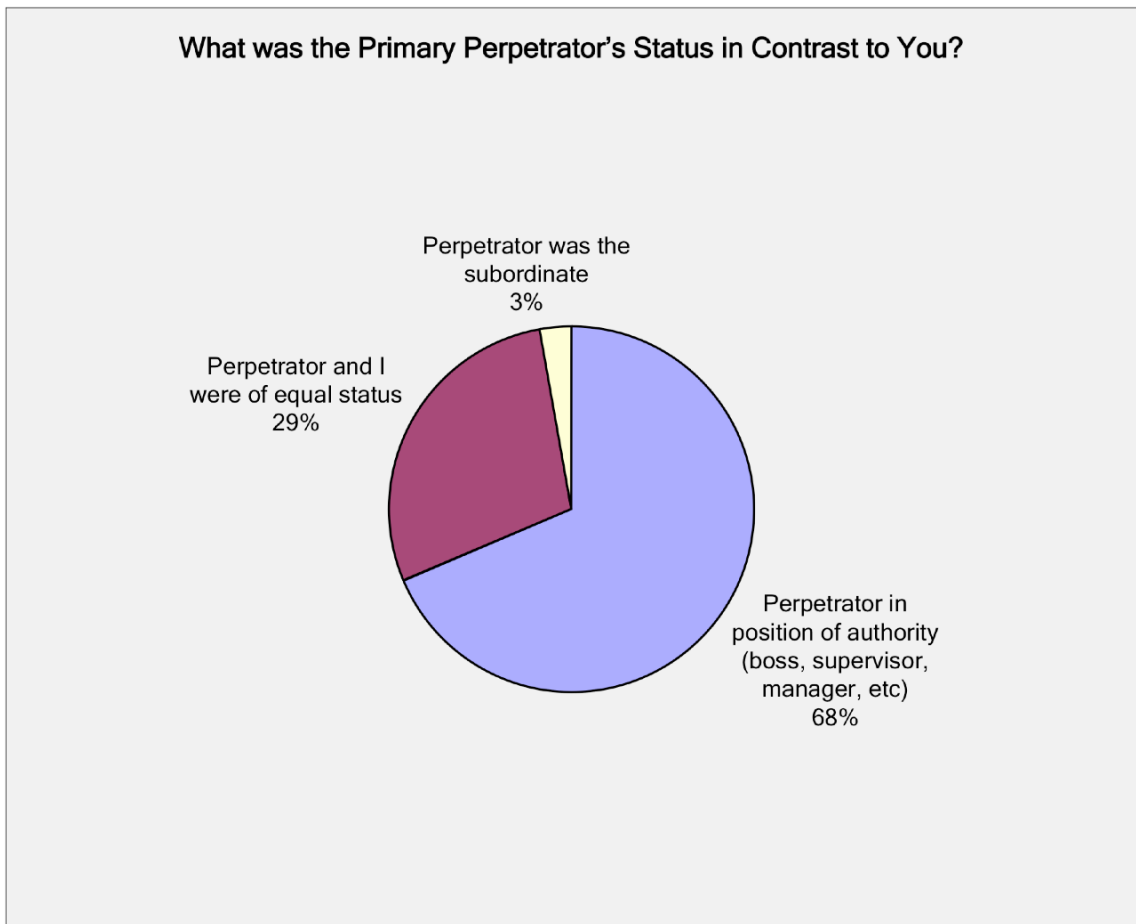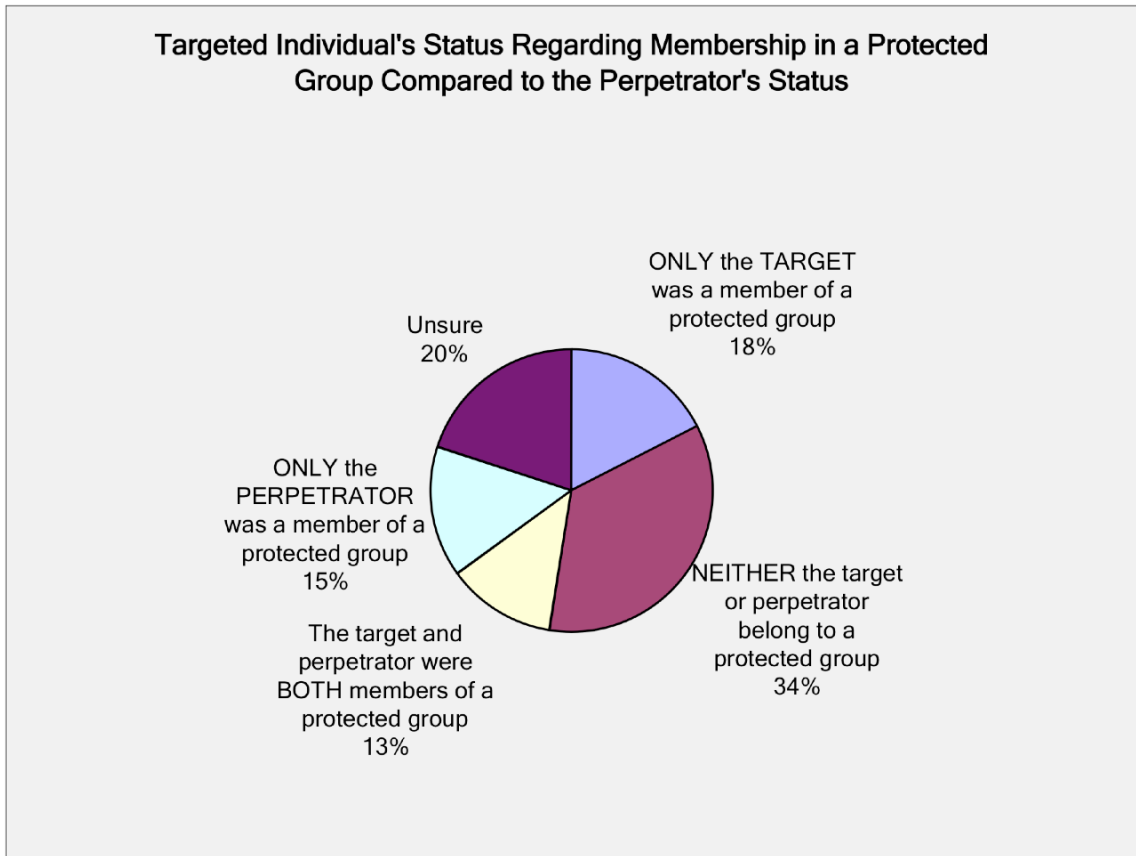
Appendix T

Figure 9: Targeted Individual's Status Regarding Membership in a Protected

Group Compared to Perpetrator's Status

Figure 9.

Targeted Individual's Status Regarding Membership in a Protected Group Compared to the Perpetrator's Status

ONLY the TARGET was a member of a protected group 18%

Unsure 20%

ONLY the PERPETRATOR was a member of a protected group 15%

The target and perpetrator were BOTH members of a protected group 13%

NEITHER the target or perpetrator belong to a protected group 34%

Appendix U

Figure 10: Did Perpetrator Operate Alone or With Others?

Figure 10.

Did Perpetrator Operate Alone or With Others?

Unsure
27%

Alone
35%

With others
38%
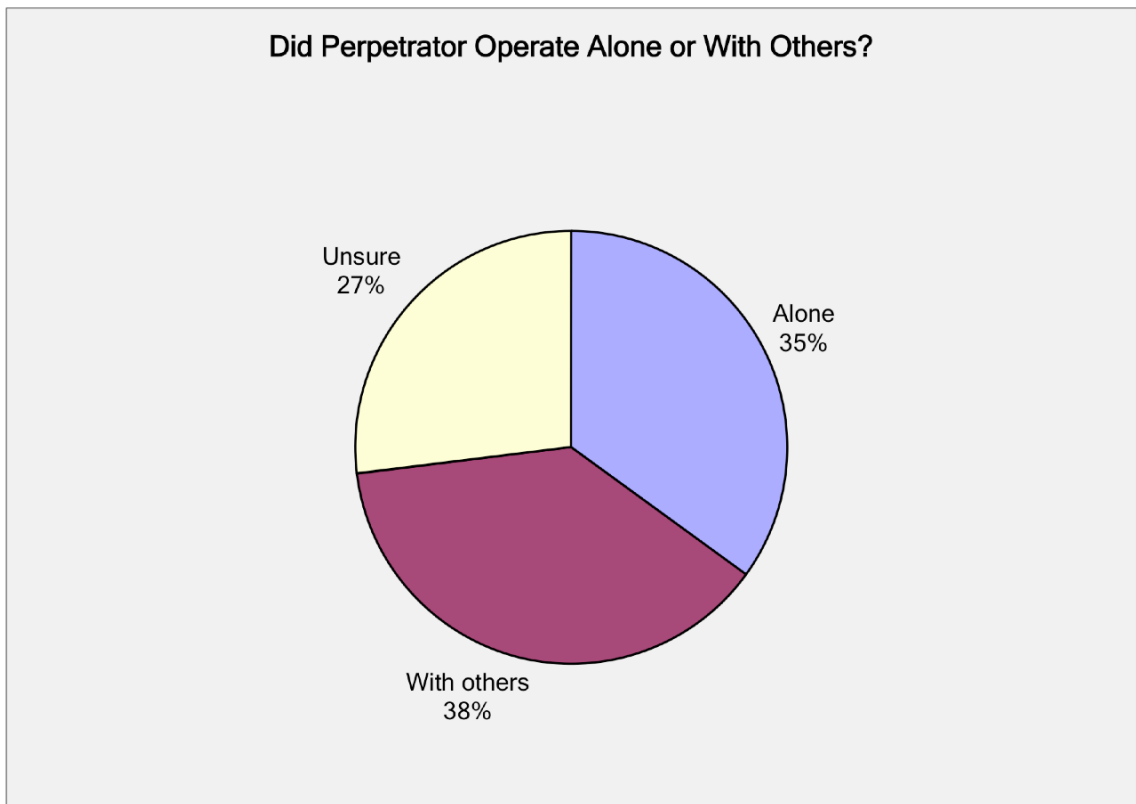
Appendix V

Figure 11: Participants' Knowledge of Workplace Bullying Policy

Figure 11.

Does Your Employer Have a Specific Workplace Policy that Addresses Workplace Bullying (as opposed to sexual or racial harassment)?

Don't know 43%

Yes 48%

No 9%
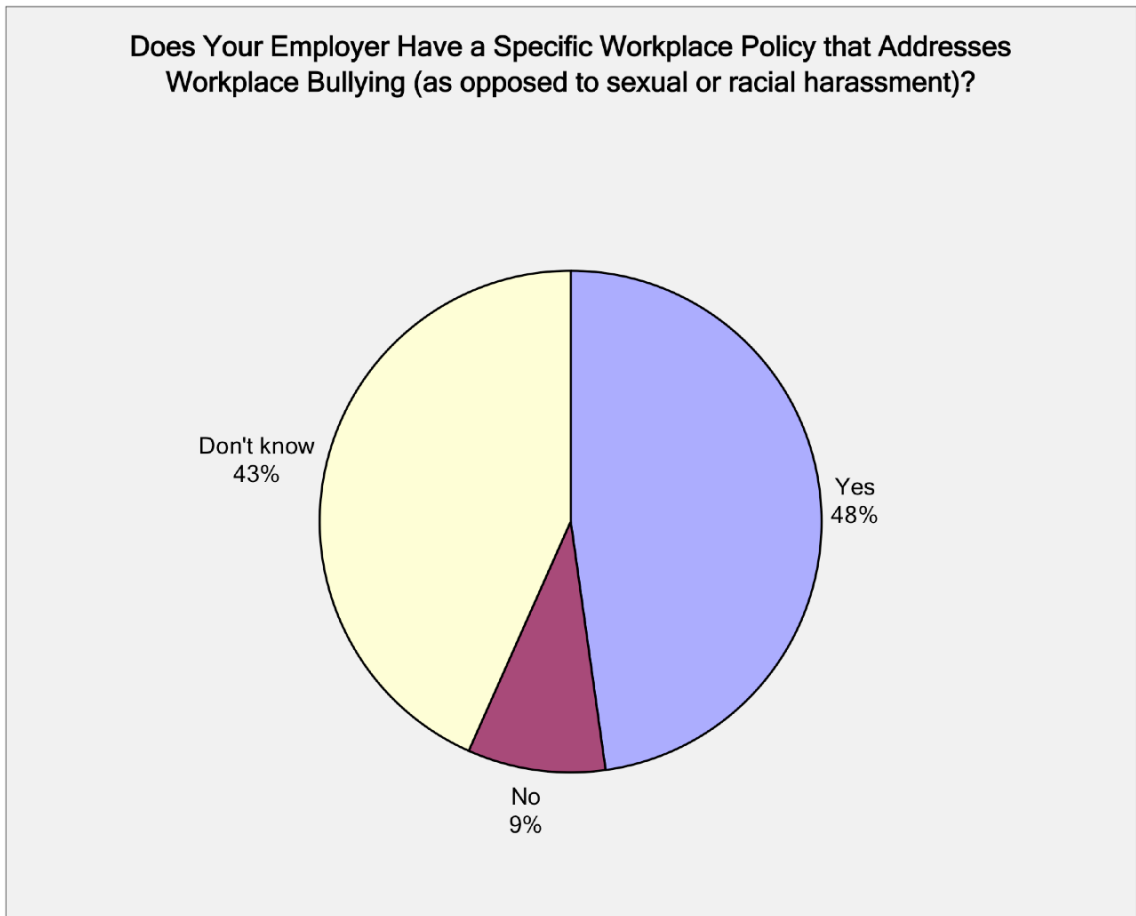
Appendix W

Figure 12: Participants' Perceptions of Workplace Bullying Policy Enforcement

Figure 12.

If Your Workplace has a Specific Policy Addressing Workplace
Bullying, Do You Feel that this Policy is Enforced Effectively?

Yes
13%

No
26%

Unsure
61%
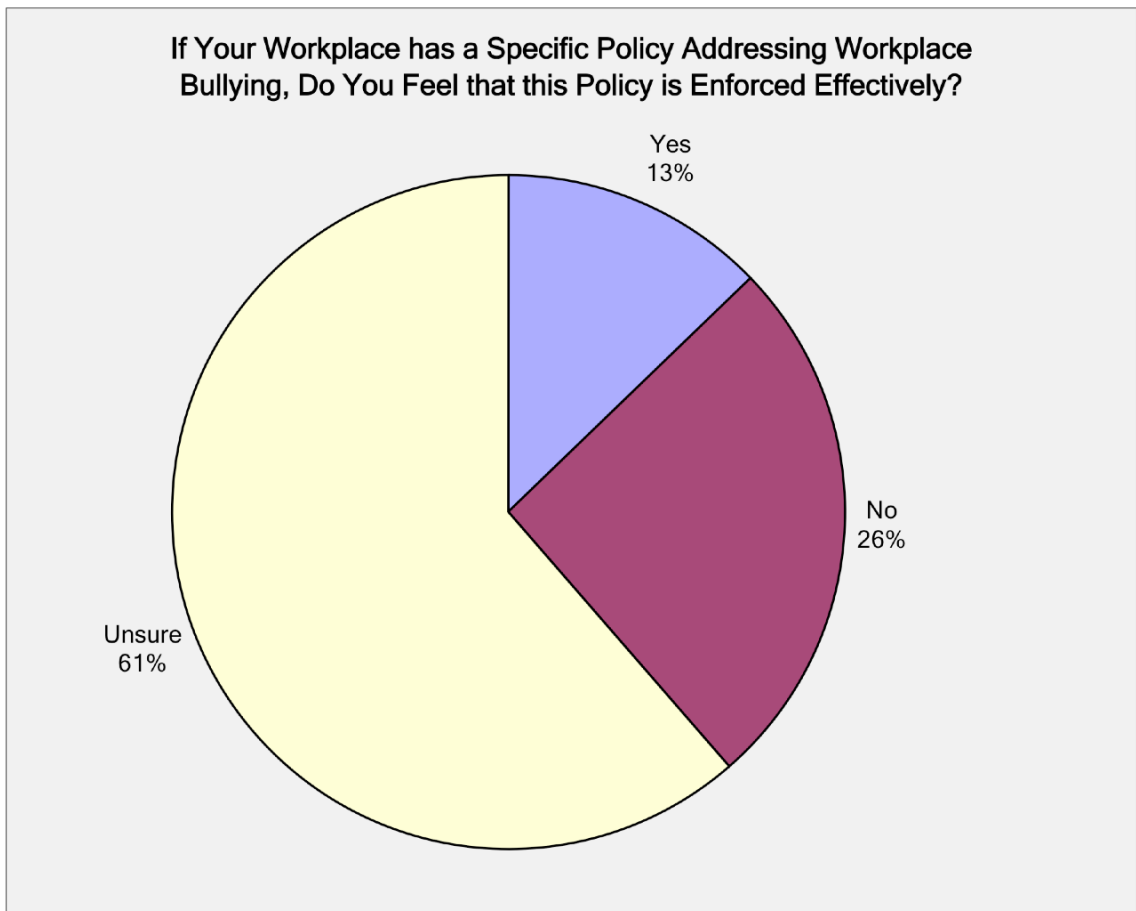
Appendix X

Table 8: Impact of Negative Workplace Dynamics

Table 8.

Impact of Negative Workplace Dynamics

	Response Percent	Response Count
Type of Impact		
Affected my relationships with friends or family outside of work negatively	35.3%	12
Anger	67.6%	23
Avoided going in to work or took extra time off	23.5%	8
Decreased self-esteem	41.2%	14
Experienced burnout with my profession	55.9%	19
Feared losing my job	38.2%	13
Frequent worrying about the situation	55.9%	19
Impaired job performance	38.2%	13
Impacted my sleep	38.2%	13
Impacted my relationships with clients/patients/consumers	29.4%	10
Impacted my relationships with co-workers	64.7%	22
Increased use of alcohol, tobacco or other drugs	11.8%	4
Looked for a new job	64.7%	22
Lost confidence or doubted my ability to do the work	41.2%	14
Physical health problems	29.4%	10
Panic attacks	5.9%	2

Table 8 continued...

Sought legal counsel	8.8%	3
Sought mental health counseling for myself	23.5%	8
Symptoms of depression	29.4%	10
"Took it home with me" at the end of the day	79.4%	27
Other		7