

VISION
Violence • Health • Society

Workplace bullying and harassment: prevalence, nature and associations with mental health conditions in a cross-sectional probability sample survey of England

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What is workplace bullying and harassment (WBH)?

WBH encompasses:

- physical violence
- shouting
- unwelcome remarks
- persistent unwarranted criticism
- spreading malicious rumours
- regularly picking on or undermining someone
- overloading people with work
- denying someone training or promotion opportunities



Systematic and prolonged exposure to repeated negative acts, primarily of a psychological nature.

(Chartered Institute of Personnel and Development, 2020; UK Government, 2022; NHS, 2019; Nielsen and Einarsen, 2012)

Literature: the scale of WBH and associations with mental health



- Prevalence estimates vary
- Last representative UK sample (2008): 5% of respondents reported having experienced WBH in the past two years
- Some quantitative evidence that WBH harmful to mental health, but weak methodologies
- Qualitative findings- health consequences of WBH can be lifelong; longer the bullying continues, lesser chance of recovery for victims

(Martino, Hoel & Cooper, 2003; UNISON, 2010; Fevre et al., 2009; Einarsen et al., 2020; Conway et al., 2018; Hallberg & Strandmark, 2006)



Research gaps

- Over a decade ago, the UK government initiated national projects aiming to ‘place the issue of bullying at work on employer’s agendas’... no major initiative since...
- Lack of nationally representative population-based studies
- Lack of studies examining associations between WBH and mental health outcomes measured using robust clinical assessments

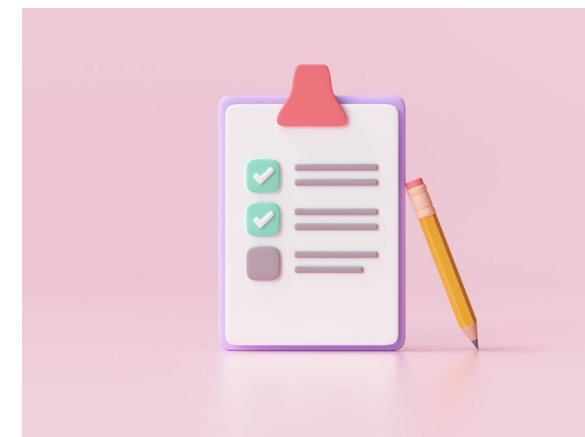
Study aims

1. To estimate the overall prevalence of WBH among people in paid work in England
2. To examine the nature of WBH – the form it took, who it was perpetrated by
3. To compare the prevalence of WBH between groups, e.g. by characteristics protected in law (gender, age, ethnicity, sexual identity), and socioeconomic factors
4. To examine associations with indicators of poor mental health, after adjustment for potential confounders

Methodology

Data from the England 2014 Adult Psychiatric Morbidity Survey

- Random probability household sample
- Face-to-face fieldwork in 2014/15
- 7,546 survey participants
- Analytical sample: 3,838 16-70 year-olds in paid work in the month before interview
 - Demographic characteristics: 46.8% female; 45.5% aged 35 to 54 years; 12.4% from an ethnic minority background
 - Economic characteristics: 34.0% rented their home; 6.8% in debt; 5.9% unable to afford to keep their home warm in winter



Measures

Main exposure: WBH

Participants asked if they had personally experienced bullying or harassment at work in the past 12 months → If 'yes' then asked: 'Who was the person or people responsible for the bullying' and 'What form did the bullying take'

Main outcome: Poor mental health

Common mental disorders (CMDs; depression and anxiety disorders): The Clinical Interview Schedule-Revised (CIS-R)

Post-traumatic stress disorder (PTSD): civilian version of the PTSD Checklist (PCL-c); a 17-item measure covering diagnostic criteria for PTSD.



Data analysis

-Weighted analyses

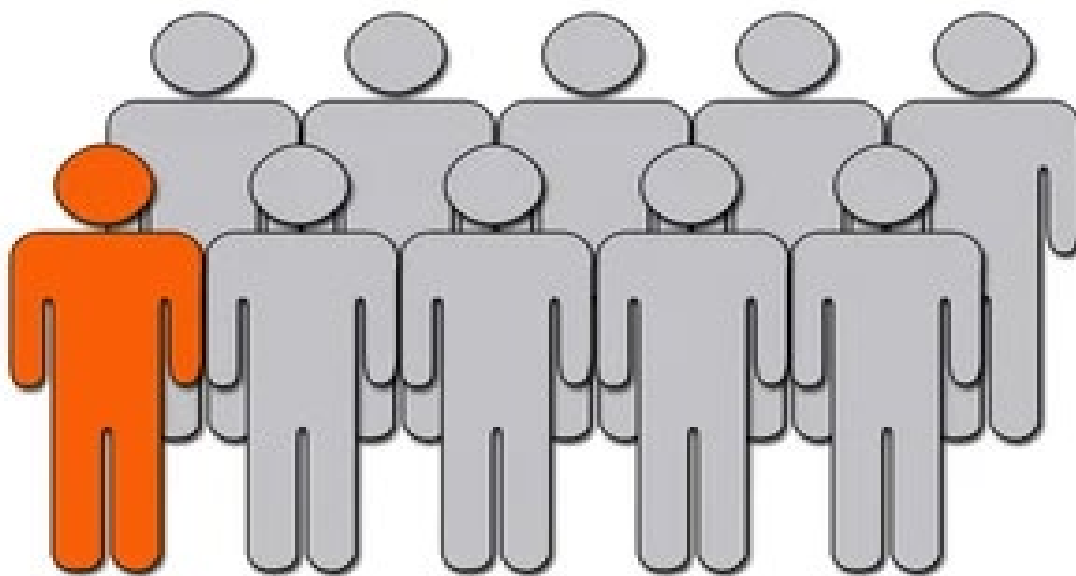
Examined:

- Prevalence of WBH
- Characteristics of those who experienced WBH
- Nature of WBH experienced
- Differences between subgroups
- Associations between WBH and poor mental health
- Missingness minor so missing cases excluded

Covariates:

- Age
- Gender
- Ethnicity
- Area level deprivation
- Marital/cohabitation status
- Housing tenure
- Whether can keep home warm in winter
- Having serious debt
- Being a carer
- English as first language

Findings: Prevalence of WBH



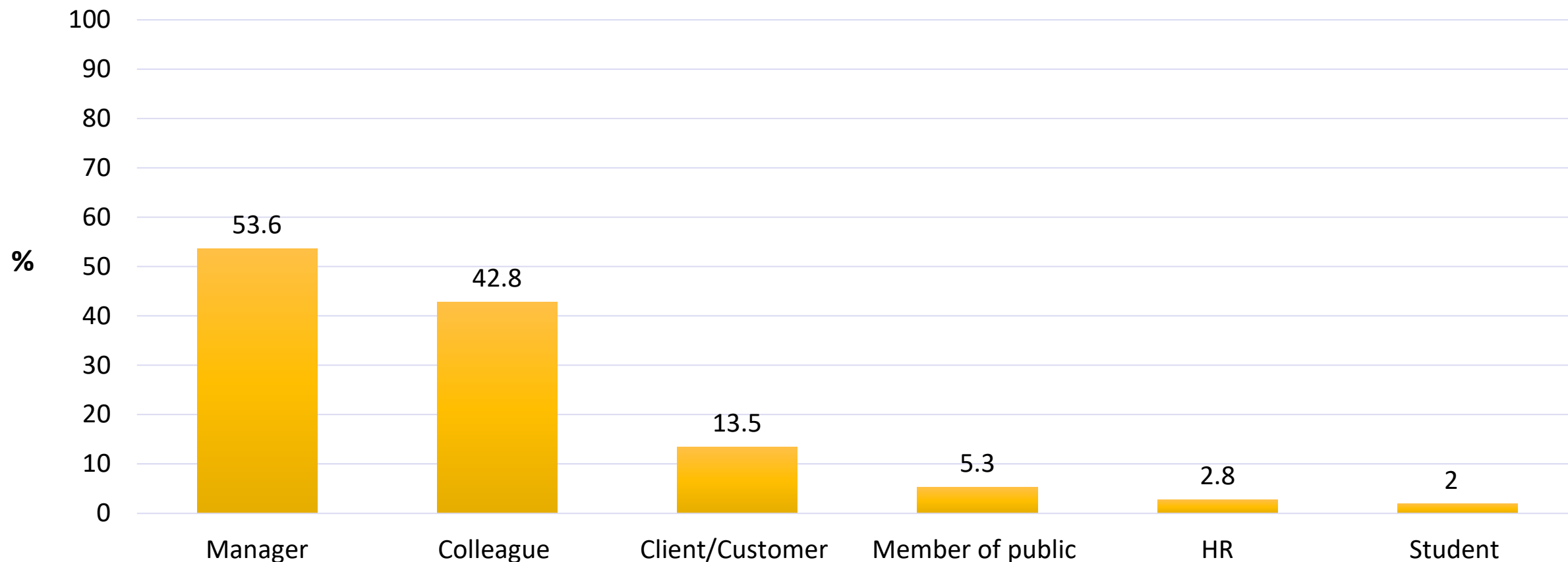
10.6% (n=444) of those in paid work reported WBH in the past 12 months

Findings: Inequalities in WBH

Groups significantly more likely to report experience of WBH:

- Women
- Those reporting a 'Mixed, multiple, or other' ethnicity
- The financially disadvantaged (those with serious debt or unable to keep their home warm during winter)

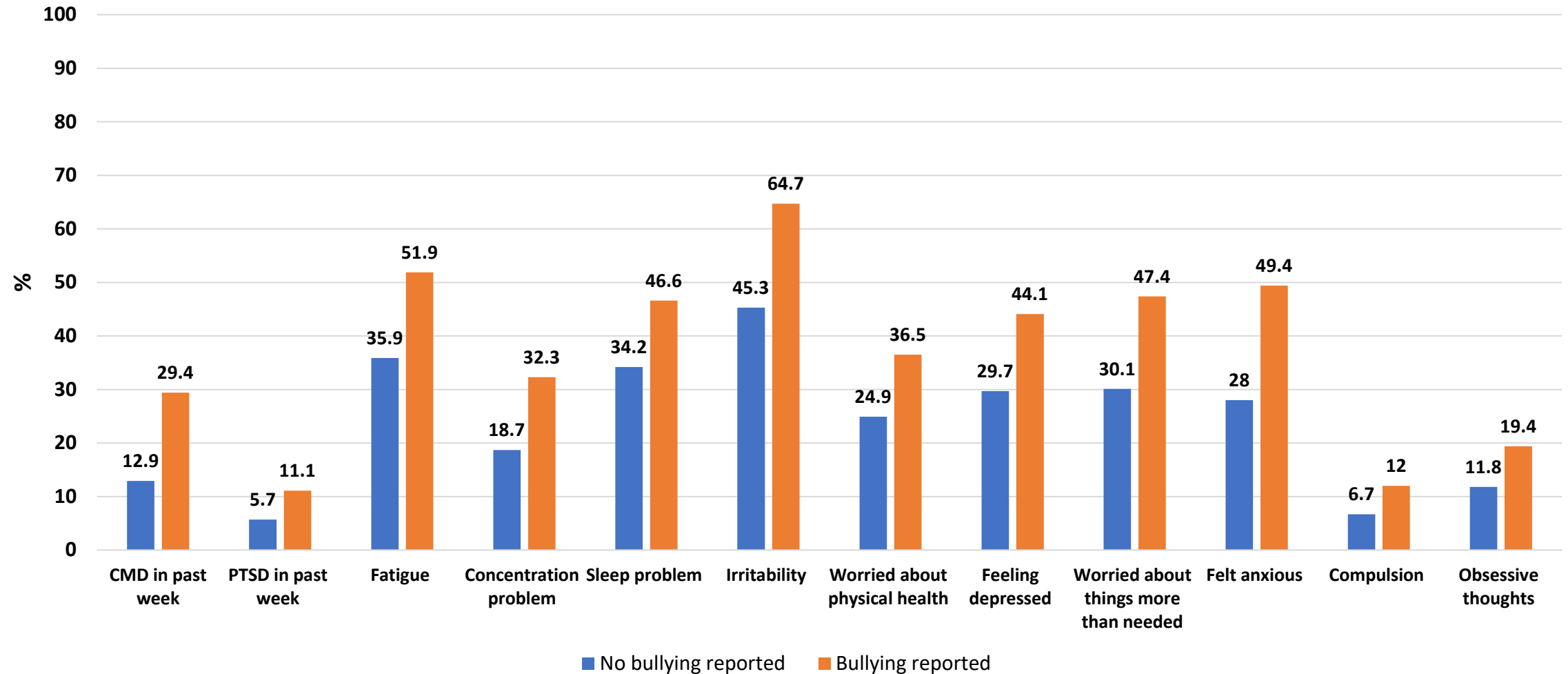
Findings: The person, or people, who carried out the WBH



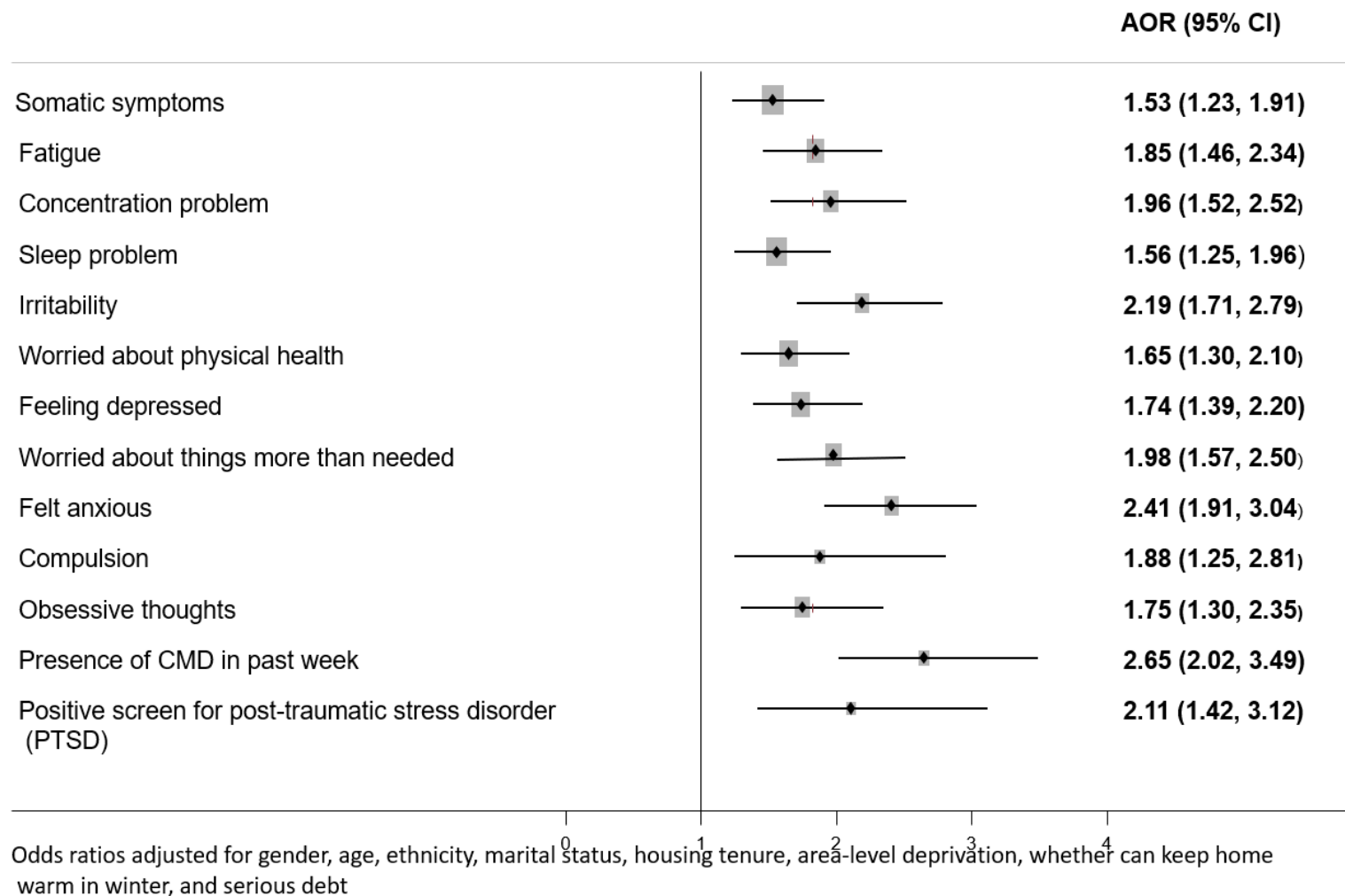
Findings: The form the WBH took



Findings: Prevalence of poor mental health indicators in those with experience of WBH compared to those without



Findings: Associations between WBH and indicators of poor mental health



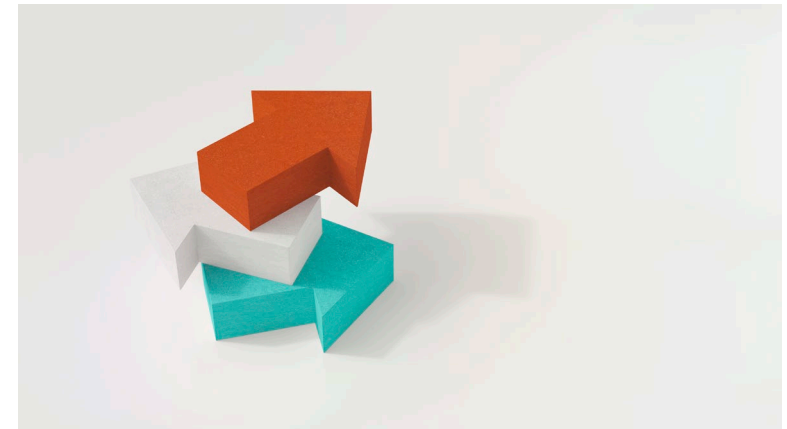
To summarise...

- WBH is common
- Women, some ethnic minority groups and the financially disadvantaged disproportionately affected
- WBH most often perpetrated by people in power
- The harms pervade every aspect of a person – cognitive, behavioural, relational
- WBH linked with severe mental disorders



Discussion: Limitations

- Potential under-reporting
- Sample size too small to examine by occupation
- Cross-sectional study means temporal relationship between exposure to WBH and the onset of poor mental health outcomes cannot be inferred
- Risk of selection bias
- Didn't capture those over 70 and/or retired



Discussion: Implications

- **Policymakers:** More cohesive legislation needed; WBH prioritised on the UK policy agenda
- **Organisations:** Development and fair application of written anti-bullying policies and accompanying guidance; actively challenge workplace cultures conducive to WBH
- **Health services:** Raised awareness amongst health professionals about the impact of WBH on mental health; more effective treatment
- **Researchers:** Consider context of changing workplaces; variations in experience of WBH by precarious occupational or employment status and investigation of institutional structures (re)producing these inequalities

EVERYONE- IMPORTANCE OF PREVENTION AND EARLY INTERVENTION

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