

Workplace bullying

– the facts

Professor Brian R McAvoy MBChB MD FRNZCGP FRACGP FRCGP FRCP FACHAM BSc

Key words

Workplace bullying, stress, general practice

*

Workplace bullying is emerging as a common problem, and is a major occupational stressor.¹ General practitioners need to be aware that patients presenting with symptoms of 'stress' at work may well be targets of bullying. This short guide provides key information about workplace bullying and how you can help your patients in this situation.

Definition

Bullying is persistent, unwelcome, intrusive behaviour of one or more individuals' actions which prevent others from fulfilling their duties.² It has been identified by the State Services Commission as a health and safety issue in New Zealand as a result of a survey entitled 'Career Progression and Development Survey, 2000'.³

Prevalence

International studies show that up to 50% of employees will experience bullying at some time in their working lives,⁴ with annual prevalence rates of up to 38%.¹ However, many cases are not reported – 'the silent epidemic'.⁵

Causes

Bullying has many causes and reflects an imbalance of power.⁶ Increasing competitiveness, organisational change and restructuring, 'tough' management styles, poor workplace relationships and communications

Brian McAvoy is Deputy Director of the National Cancer Control Initiative, Melbourne, and a general practitioner in St Kilda. He holds Adjunct/Honorary Chairs of General Practice at the Universities of Melbourne, Monash and Queensland. He was Foundation Professor of General Practice at the University of Auckland and Professor of Primary Health Care at the University of Newcastle upon Tyne, UK.

and job insecurity all contribute to producing 'toxic workplaces' where bullying can thrive.⁷

Locations

Workplace bullying occurs in all sectors – public, private and voluntary,⁸ and has been described in New Zealand, Australia, UK, Scandinavia and North America. In Great Britain the UK National Workplace Bullying Advice Line received 20% of its calls from the education sector, 12% from health care, 10% from social services and 5–6% from the voluntary sector.¹

Costs

Bullying exacts a high cost in terms of the mental and physical health of individuals and their families and workmates. It also costs employers dearly in terms of sickness absenteeism, poor morale and productivity, high staff turnover and potential legal damages. Bullying in Australia has been calculated to cost between AUD \$6 to \$13 billion annually.⁹

Targets

Anyone can be targeted by a bully, but primarily independent, skilled, bright people are especially vulnerable.¹⁰ Women are more likely to re-

port being subjected to bullying but bullies can be either gender.

Detection

Patients rarely present with a complaint of being bullied. The most common presentation is being 'stressed at work', often linked to a request for a medical certificate to facilitate escape from their workplace. Enquire about the workplace in employed patients presenting with symptoms of anxiety, depression or insomnia. Suspicion of bullying should be high when previously well-functioning, successful individuals present with difficulties in coping at work.

Management

Once you have diagnosed workplace bullying you can support your patient by providing:

- Advice and information – validation is very helpful, and there are many websites and books available to provide information and support for targets (see below).
- Treatment of psychosocial distress
 - pharmacological: antidepressants, anxiolytics (short term)
 - non-pharmacological: cognitive behaviour therapy, assertiveness training, relaxation techniques

- Medical referral (depending on severity of symptoms and your expertise)
 - clinical psychologist
 - psychiatrist
- Non-medical referral
 - trade union
 - human resources/occupational health
 - lawyer

Conclusion

As general practitioners we have a responsibility to identify and support bullied patients, and to foster bully-free workplaces.

Further reading/resources

1. New Zealand help line for bullied workers
– 0800 ZERO BULLY
2. Beyond bullying.
www.beyondbullying.co.nz
3. Workplaces against violence in employment (WAVE).
www.wave.org.nz
4. South Australian employees bullied out of work. Bulliesdownunder.
www.bulliesdownunder.com
5. UK National Workplace Bullying Advice Line. Bully Online.
www.bullyonline.org
6. Needham A.W. Workplace bullying. A costly business secret. Auckland, Penguin Books, 2003.

References

1. UK National Workplace Bullying Advice Line. Bully OnLine. www.bullyonline.org (accessed 12 January 2005).
2. Field T. Those who can, do: those who can't, bully. *BMJ* 2002; 324:786.
3. State Services Commission (Te Komihana O Nga Tari Kawanatanga) New Zealand. Career Progression and Development Survey, 2000. Wellington: State Services Commission, 2002.
4. Rayner C. The incidence of workplace bullying. *J. Comm Appl Soc Psychol* 1997; 7:199-208.
5. McAvoy BR, Murtagh J. Workplace bullying. The silent epidemic. *BMJ* 2003; 326:776-7.
6. Houghton A. Bullying in medicine. *BMJ* 2003; 326(suppl):S125-6.
7. South Australian employees bullied out of work. Bullies down under. www.bulliesdownunder.com (accessed 12 January 2005).
8. Einarsen S, Skogstad A. Bullying at work: epidemiological findings in public and private organisations. *Eur J Work Organ Psychol* 1996; 5:185-201.
9. Sheehan M, McCarthy P, Barker M, Henderson M. A model for assessing the impacts and costs of workplace bullying. Brisbane, Griffith University, 2001.
10. Namie G, Namie R. The bully at work. Illinois, Sourcebooks, 2000.