



Role of Health Promotion in Preventing Workplace Bullying

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Introduction

During the past few decades we have seen a growing interest in analyzing workplace bullying phenomena. Although presented under different labels such as mobbing, victimization, social undermining, emotional abuse and workplace incivility, studies uniformly seem to indicate that such negative behavior in the workplace may have severe detrimental consequences both for the targets and for the organizations concerned.

Bullying can take many forms and encompass a number of different negative behaviors such as social isolation or silent treatment, attacking the victim's private life or attitudes, excessive criticism or monitoring of work, withholding information or depriving responsibility, and verbal aggression. Thus it may include apparently minor acts, such as offensive remarks, rumors, or refusing to say hello, which may seem rather trivial on their own. However, it is important to note that the major differences between normal conflict and bullying is not necessarily what and how it is done, but rather the duration and repetitiveness of what is done.

Moreover it has been seen that psychological basis for Bullying is coercive power i.e. is the ability to influence a person to do something you want done, or the ability to make things happen the way you want them to happen .

It is interesting that Doyle (1995) sees power as real or perceived. 'Harassment is about power, real or perceived and it is used to make people do things they do not have to, or stop people doing things they are entitled to do'. This perception comes from both parties. The bully thinks they have power to continue inappropriate behavior. The victim perceives the bully as having the power to make them feel inadequate and intimidated.

An interesting suggestion by Galbraith (in Campbell 1997) is that an individual's pre-conditioning arises as a source of power. Learned behavior from family life or schooling could have conditioned the bully to behave this way. Some of the research suggests that bullying starts in the home, continues at school and/or university, becomes an issue at work, and has a major impact when the individual starts his or her own family.

It is important to draw a line between friendly banter and jokes in the workplace and bullying, just as sexual harassment, is about behavior that is unwelcome by the target (Pryor and Fitzgerald, 2003). Thus, bullying and inappropriate treatment is about that has that has the potential to endanger the health and well being of targets.

Understanding the causes of workplace bullying

During the past few years several studies have been undertaken on the causes of workplace bullying and other inappropriate treatment in the workplace. Whereas some articles have focused on the characteristics of targets, others have primarily focused on contextual factors, such as organizational environment. Despite the fact that most researchers today seem to agree that both personal and organizational factors and the interaction between the two are important for understanding the bullying process. Thus this paper focuses on these causes for developing potentially effective and successfully prevention and intervention measures. Why does it happen? On an individual level and between colleagues of roughly the same standing, it can be down to minor irritations and misunderstandings that get out of hand. Professional jealousy - usually unstated - is another common reason. When it emanates from more senior staff, the root cause can be genuine ignorance of how to motivate and lead a team, insecurity about their own position or a vague notion that being tough will prove their mettle as a strong boss. Institutionalized bullying serves to strengthen this misguided perception. Where ambitious junior managers see those above them riding roughshod over others - and getting away with it - they will emulate this to secure a place on the path to (supposed) success.

Consequences for Individuals

Workplace bullying can cause extensive health problems for employees exposed to this hazard, including physical and psychological illnesses and injuries. It can have detrimental effects and costs for the employer, as well as impacting on co-workers, clients, customers, business associates, family and friends.

Bullying can disrupt work to the extent that action has to be taken to restore order and confidence. The implications are even more serious if bullied employees suffer ill health and stay away from the workplace. The reaction of individual employees will vary according to the nature of the bullying. It is possible that employees who are bullied may experience some of the following effects: stress, anxiety or sleep disturbance, panic attacks or impaired ability to make decisions, incapacity to work, concentration problems, loss of self-confidence and self-esteem or reduced output and performance etc.

The costs to the organization include reduced efficiency, unsafe work environment, increased absenteeism, poor morale, increased workers' compensation claims and civil action. Therefore, it is in an organization's interest to maintain a bullying-free workplace rather than having to intervene or mediate during an established pattern of bullying.

Review of Literature

Generally speaking, bullying in the workplace goes largely unrecognized by both government and by employers alike. Research compiled by the University of Manchester Institute of Science and Technology however indicates that somewhere between one third and one half of all stress related illness is directly attributable to bullying at the workplace. Despite this staggering fact however, it has to be said that until recently, even trade unions never realized the full extent of the problem and chose instead to remain in denial for many years.

Several studies with bullies have envisaged the serious negative impact bullying may have on both health and well being. Although negative effects of bullying and harassment at work may also be observed on an organizational level, most of our research on effects has been on the individual victims of workplace bullying, as will be summarized below. However, in our study among Norwegian union members, 27% claimed that harassment had influenced negatively on the productivity of their organization (Einarsen et al., 1994). In the study among 500 male industrial workers, a significant negative association was found between exposure to bullying and psychological health and well being (Einarsen and Raknes, 1997). Exposure to harassment explained 23% of the variance in self-reported psychological health and well being. The strongest relationship existed between experiences of personal derogation and psychological well being. In our study among Union members (Einarsen et al., 1996), significant relationships were found between experienced bullying and psychological, psychosomatic and muscle-skeletal health complaints. The strongest correlation was found between bullying and psychological complaints where experienced bullying predicted 13% of the variation. A total of 6% of the variation in muscle skeletal problems could be statistically predicted by the different measurements of exposure to bullying.

A national survey conducted in Ireland found that approximately one third of respondents had experienced bullying from co-workers. Further many studies link the prevalence of bullying to characteristics of workplace organization. Several factors appear influential, including workload, organizational culture and managerial styles. Biabik (Victorian Trades Hall Council, 2002) noted that "the organizational chaos that typifies many of today's rapidly growing downsizing and merging companies is an ideal environment for bullying behaviors".

Workplace bullying has psychological health effects and costs for the victims. These effects include: feelings of helplessness and isolation, withdrawal, fear of being labeled as a troublemaker, fear of dismissal or loss of job promotion opportunities, fear of being transferred to dead-end or mundane jobs, anxiety, feelings of self-blame, suicide, stress, nervous breakdown, depression, loss of appetite, eating disorders, reliance on medication, increased drinking, smoking, insomnia, fatigue, lack of concentration, headaches, nausea, backaches, stomach aches, infections and other illnesses, ill health or early retirement due to stress related illness, low morale, low self-esteem, poor job performance, absenteeism, physical violence to others, and additional impacts on victims' family life and relationships (Alderman 1997; Beasley & Rayner 1997; Hindell 1997; MacLeod 1996; Mendelson 1990; Overell 1995; Queensland Nurse 1998; Spiers 1996)

Workplace bullying occurs regularly and is costly for employers and employees. Reporting levels are slowly increasing (Smith, 1999). In the United Kingdom, one in eight employees, responding to an Institute of Personnel and Development (IPD) study, agreed they had been bullied at work during the last five years (Luxton, 1995). This compares with research done with students from Staffordshire University, where it was found that one in two of the students had been bullied at work (Rayner, 1997). This research suggests that victims feel that workplace bullying is a common occurrence. Assuming that the IPD members were at a higher level in the organization than the students, then bullying may occur less frequently at higher levels. This assertion would be consistent with the theory of power's role in bullying, since higher level positions have more legitimate power and, therefore, may be less vulnerable.

Objectives

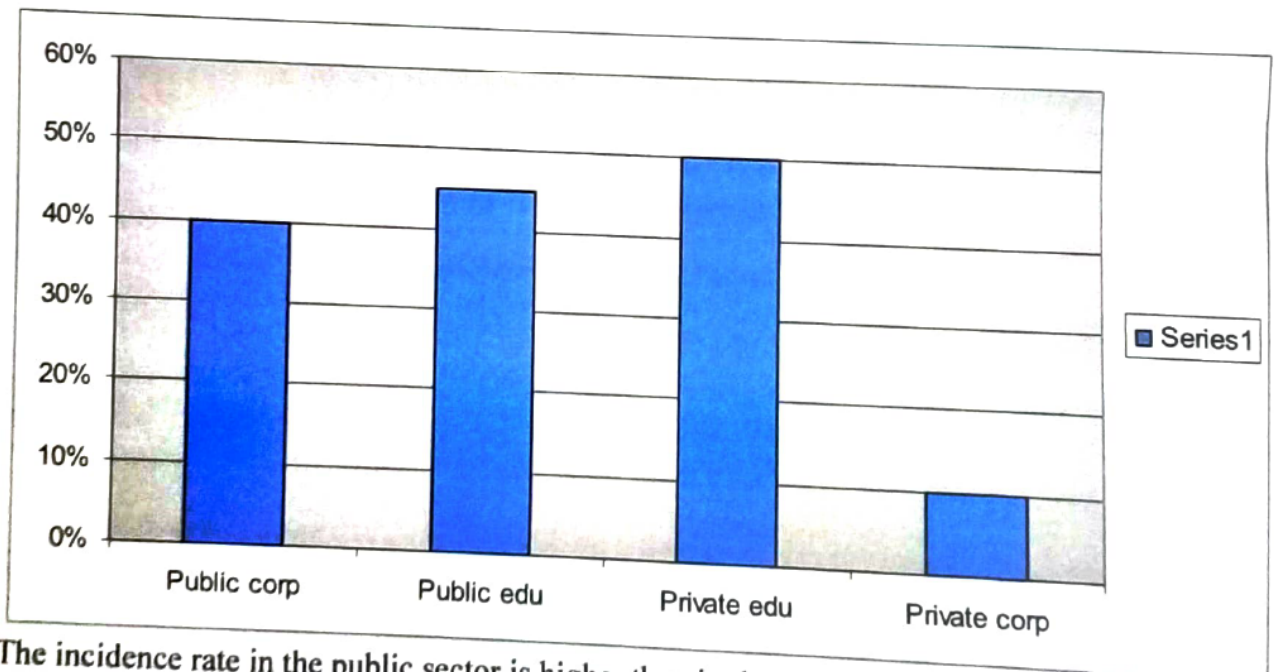
- To determine prevalence of workplace bullying in private & public sector
- Identify kind of health problems related to workplace bullying
- To develop framework to alleviate workplace bullying

Research Design

- Descriptive research
- Minimal researcher interference
- Probability sampling design: Stratified random sampling techniques is used
- Sample size: 60 employees of Private and Public sector, having min. 5 years of working experience. Further two sub categories of 30 each were made under both sectors i.e corporate organizations and educational institutions
- Cross-sectional study
- Rating scale – Are you the target by Tim Field was administered.

Result

The results of study relating to workplace bullying, in both the public and private sectors indicated the following information:



The incidence rate in the public sector is higher than in the private sector. Bullying is more likely to be perceived as a problem in the public sector than in the private sector.

It is more likely to be perceived as a problem in larger rather than in smaller organisations. Public sector organizations are more likely to report that bullying by colleagues and by clients is a problem. The results explain that 40% of employees complained of bullying in

public sector and only 10% in private sector of corporate institutions. Where as in educational institute of private sector 50% employees complained of bullying and 45% in public sector.

Discussion

Workplace bullying is a common practice and with the increasing number of cases being reported it has to be dealt firmly. People working in organizational setups and educational institutions need to take drastic measures to discourage this form of behavior thus lowering the intensity of bullying at workplace. So because of multiple factors impacting health of individual it has become mandatory for organizations to adopt new approach to handle health and well being of employees. Health Promotion Policies is one of the approaches which can assure proper prevention and curative measures required for healthy well being of employees.

The following framework of health promotion policies have been developed for organisations as a consequence of this study.

- **Build Healthy Employee Policy:** This means framing proper work life balance policy. In which family health should also be taken care of.
- **Creating Supportive environment:** Employees should have easy access to health services and appropriate procedures be established to report and investigate allegations of workplace bullying. Health professionals should be approachable to listen to any problem faced by individuals and should be ready to provide assistance.
- **Developing Personal skills:** Creating awareness regarding healthy behavior practices and adopt healthy practices. For workplace bullying anger management or communication skills can be introduced.
- **New Health services:** developing preventive and curative health services at workplace.
- **Grievance Cell:** Information about grievance procedures need to be made available to the bully and the victim
- **Assessment of Work Environment:** work culture of private and public sector organisations should be reviewed to see if they are contributing to workplace bullying;

Conclusion

After having sufficient evidence of prevalence of workplace bullying in both public & private sectors of both corporate organizations and public institution, it can be said that there is call for health promotion policies at workplace. Health Promotion policies are to made with the objective of preventive measures which will help in addressing and controlling difficulties faced by individuals in organizational settings. Thus, making organizations 'bullying-free'.