



# Exposure to bullying behaviors as a predictor of mental health problems among Norwegian nurses: Results from the prospective SUSSH-survey



Iselin Reknes<sup>a,\*</sup>, Ståle Pallesen<sup>a,c</sup>, Nils Magerøy<sup>d,a</sup>, Bente Elisabeth Moen<sup>b</sup>, Bjørn Bjorvatn<sup>b,c</sup>, Ståle Einarsen<sup>a</sup>

<sup>a</sup> Department of Psychosocial Science, University of Bergen, Norway

<sup>b</sup> Department of Global Public Health and Primary Care, University of Bergen, Norway

<sup>c</sup> Norwegian Competence Center for Sleep Disorders, Haukeland University Hospital, Bergen, Norway

<sup>d</sup> Department of Occupational Medicine, Haukeland University Hospital, Bergen, Norway

## ARTICLE INFO

### Article history:

Received 15 January 2013

Received in revised form 25 June 2013

Accepted 26 June 2013

### Keywords:

Longitudinal

Mental health

Nurses

Norway

Workplace bullying

## ABSTRACT

**Background:** The relationship between workplace bullying and mental health problems are well documented in previous cross-sectional studies, but knowledge on how this relationship develops over time is still scarce.

**Objectives:** The aim of this study was to explore the prospective relationship between exposure to bullying behaviors at baseline, and increased symptoms of mental health problems (anxiety, depression, fatigue) one year later. Furthermore, the reverse relationship was investigated.

**Design:** This is a prospective longitudinal study, where members of the Norwegian Nurses Organization answered identical questions regarding workplace bullying and mental health problems, at baseline (2008–2009) and follow-up (2010).

**Participants:** Altogether, 1582 nurses completed both questionnaires.

**Results:** Hierarchical regression analyses indicated that exposure to bullying behaviors at baseline predicted subsequent increased symptoms of anxiety and fatigue, after adjusting for baseline symptoms of anxiety and fatigue respectively, age, gender, night work and job demands. Moreover, symptoms of anxiety, depression and fatigue at baseline predicted increased exposure to bullying behaviors one year later, after adjusting for exposure to bullying behaviors at baseline, age, gender, night work and job demands.

**Conclusion:** In this study we find support for a reciprocal relationship between exposure to bullying behaviors and symptoms of anxiety and fatigue, respectively. Thus, the results may indicate a vicious circle where workplace bullying and mental health problems mutually affect each other negatively.

© 2013 Elsevier Ltd. All rights reserved.

## What is already known about the topic?

- Workplace bullying has previously been associated with mental health problems for the target, across different occupational groups and organizations.
- Previous research on the topic has mainly been using cross-sectional designs, without the possibility to detect

\* Corresponding author at: Christiesgate 12, 5015 Bergen, Norway.  
Tel.: +47 55588625.

E-mail address: [Iselin.Reknes@psysp.uib.no](mailto:Iselin.Reknes@psysp.uib.no) (I. Reknes).

the directionality of the relationship between workplace bullying and mental health problems.

### What this paper adds

- In this prospective study, nurses exposed to workplace bullying have an elevated risk of reporting increased symptoms of anxiety and fatigue one year later.
- Additionally, nurses with symptoms of anxiety, depression and fatigue, respectively, have an elevated risk of reporting subsequent increased exposure to bullying behaviors.
- This paper indicates a reciprocal relationship between some of the variables, where workplace bullying and symptoms of anxiety, and workplace bullying and symptoms of fatigue, respectively, affect each other in a vicious circle.

## 1. Introduction

Bullying at work is a severe occupational stressor, not only for those targeted but also for observers as well as for the organization as a whole (Hoel et al., 2011; Hogh et al., 2011). Being bullied at work not only implies excessive exposure to unwanted and potentially harmful behaviors from other organization members, but is also characterized by a prolonged duration and the perception of a formal or informal power imbalance between the target and the perpetrator(s). Targets therefore often find it difficult to bring an end to these negative behaviors (Brodsky, 1976; Leymann, 1996). Bullying behaviors may be of a personal as well as of a work-related nature. Personalized forms of bullying typically occur as excessive criticism of personal characteristics, gossip, or exposure to persistent insulting remarks (Zapf et al., 1996b). Examples of work related bullying may be the forcing of an employee to work under unreasonable deadlines, or changing the work tasks of an employee in an illegitimate manner (Einarsen et al., 2011). Being isolated or excluded from the work environment, both with regard to the social environment and to work assignments, is also common (Einarsen et al., 2011, 1994; Zapf et al., 1996b). Yet, targets of workplace bullying are, in most cases, likely to experience many forms of bullying simultaneously and often over a prolonged period of time (Vartia, 2001).

### 1.1. Workplace bullying and subsequent mental health problems

Several cross-sectional studies have demonstrated an association between workplace bullying and subsequent health problems (Vartia, 2001), be it physical symptoms such as headache, stomach pains, and muscular- and skeleton-pains (Brodsky, 1976) or mental health problems such as depression (Kivimäki et al., 2003; Niedhammer et al., 2006). In two clinical studies, victims of severe cases of workplace bullying were shown to suffer from Post-Traumatic Stress Disorder (Kreiner et al., 2008; Leymann and Gustafsson, 1996). Illustrative of this, targets of bullying at work tend to have higher rates of sickness absence compared to non-bullied employees (Kivimäki et al., 2000).

The relationship between workplace bullying and mental health problems has mainly been investigated in cross-sectional studies, without the possibility to detect the directionality between the variables (for exceptions see Brousse et al., 2008; Romanov et al., 1996). However, a prospective study among 4040 Swedish employees, revealed serious interpersonal conflicts at work and being socially excluded by superiors and co-workers to predict incidence of depression approximately three years later (Stoetzer et al., 2009). Yet, the literature on the topic is still scarce, and further longitudinal studies are needed (see also Nielsen and Einarsen, 2012). The aim of this study is therefore to investigate the prospective relationship between exposure to bullying behaviors and subsequent symptoms of anxiety, depression and fatigue, respectively, using a time lag of approximately one year for all respondents.

#### 1.1.1. The stressor–strain relationship

The relationship between workplace bullying and mental health problems may be incorporated in a stressor–strain framework. Since bullying is considered as a severe occupational stressor, longitudinal studies on the topic may shed important light on the relationship between occupational stressors and subsequent strain outcomes in terms of reduced health and well-being. According to the “Cognitive Activation Theory of Stress” (CATS; Ursin and Eriksen, 2004), a potential stressor evaluated as threatening may lead to sustained cognitive activation in the form of worrying, for instance in relation to being a target of bullying behaviors. This response may again lead to prolonged physiological activation and subsequently to impaired health. The subjective feeling of being unable to cope with the situation may further elevate the stress response and increase the risk of developing negative health problems (Ursin and Eriksen, 2004).

The relationship between workplace bullying and subsequent mental health problems may also be explained by Janoff-Bulman's (1992) “Cognitive Theory of Trauma”, seeing exposure to workplace bullying more as a traumatic event than a plain stressor. This theory emphasizes three fundamental cognitive assumptions which are held by most people and are fundamental for good health and mental well-being; (1) the world as benevolent, (2) the world as meaningful and, (3) the self as worthy. To maintain one's mental health, adults need to perceive other people as generally good and friendly and to believe that things happen to particular people for a good reason. They also need to think of themselves as being in control of their own destiny and being worthy of the respect of others (Janoff-Bulman, 1992). Exposure to bullying behaviors may be seen as threatening due to one's limited opportunities to protect oneself against these acts, thus shattering the basic assumptions of the world as benevolent and fair, leading to elevated levels of worry and anxiety.

#### 1.1.2. First aim of this study

In summary, theoretical notions as well as empirical data suggest a prospective relationship between workplace bullying and subsequent mental health problems. Yet, earlier research has mainly been limited to studies

Download English Version:

<https://daneshyari.com/en/article/7516056>

Download Persian Version:

<https://daneshyari.com/article/7516056>

[Daneshyari.com](https://daneshyari.com)