

# Association between workplace bullying and depressive symptoms in the French working population

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Received 27 December 2005; received in revised form 1 March 2006; accepted 28 March 2006

## Abstract

**Objective:** The objective was to explore the association between the characteristics of the exposure to workplace bullying and depressive symptoms in a large sample of employees of the French working population. **Methods:** The study sample consisted of 3132 men and 4562 women of the French general working population in the southeast of France. Inclusion criterion was to have a work experience of at least 3 months. Cases of bullying were defined using both Leymann's definition and self-report of being exposed to bullying. Depressive symptoms were measured using the CES-D scale. **Results:** After adjustment for covariates, which were age, marital status, presence of children, educational level, and occupation, exposure to bullying was found to be a risk factor for depressive

symptoms for both men and women. The more frequent the exposure, the higher the risk of depressive symptoms. Past exposure to bullying increased the risk of depressive symptoms. Observing bullying was found to be a risk factor for depressive symptoms and increased the risk further still among women exposed to bullying. All these associations were found to be highly significant ( $P < .001$ ). **Conclusion:** Workplace bullying was found to be a strong risk factor for depressive symptoms for men and women. Although any conclusion about the causal nature of the association could not be drawn because of the cross-sectional design of the survey, this study suggested that efforts to prevent bullying should be intensified.

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**Keywords:** Depression; Mental health; Stress; Workplace bullying

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## Introduction

Mental health is a major concern at the workplace because of the high prevalence of mental disorders, especially depression, and because of the human, social, and financial costs of these diseases [1–4]. Consequently, understanding and preventing occupational risk factors for mental health disorders seem crucial. Workplace bullying has only recently appeared to be an important job stress factor, mainly because of its strong impact on health, especially mental health [5]. According to Leymann [6], workplace bullying would be a major cause of suicide.

Workplace bullying is difficult to evaluate, and no consensus exists regarding its definition. Here, we adopted the definition by Leymann [7]: workplace bullying “involves hostile and unethical communication, which is directed in a systematic way by one or a few individuals mainly towards one individual who is pushed in a helpless and defenceless position.” Two approaches using self-reported questionnaires have been developed in surveys: inventories of various forms of bullying, and self-report of being exposed to bullying on the basis of a given definition. According to some authors, the combination of both approaches would be adequate to define cases of bullying [5,8–10]. Duration and frequency of bullying would also be crucial elements. In the present study, we used the questionnaire elaborated by Leymann [11], the Leymann Inventory of Psychological Terror (LIPT), which is considered to have the greatest coverage and acceptable reliabilities [12], and which measures the experience of 45 forms of bullying within the previous 12 months, as well as the frequency and duration of bullying, and the second approach, too.

Epidemiological studies exploring the association between workplace bullying and health outcomes are still lacking, which hinders a better understanding of the health effects of bullying. Bullying at work was related to sickness absence [13], to psychosomatic complaints and somatic symptoms [14–16], as well as to mental health outcomes such as job-induced stress, psychological health and well-being, anxiety, depression [9,15–24], use of psychotropic drugs [9,25], and physician-diagnosed psychiatric morbidity [26].

The objective of the present study was to explore the association between workplace bullying and depressive symptoms. An additional objective was to study the characteristics of the exposure for those directly exposed to bullying and for those observing someone else being bullied at their workplace, and their association with depressive symptoms. The study was based on a large sample of men and women of the French working population.

## Methods

### *Study sample*

This cross-sectional survey was performed by the National Institute for Health and Medical Research (INSERM) in 2004

among the general working population in the southeast of France in collaboration with a network of 143 volunteer occupational physicians, who, when working full-time, selected 150 employees each randomly and invited them to participate in the survey. In order to be included in the survey, employees had to have worked for at least 3 months in their company. As employees included in the survey were all working at the time of the survey, they could be assumed to be free from major mental health disorders.

### *Questionnaire*

The survey was based on a self-administered questionnaire which was anonymous and returned using a prepaid envelope to INSERM. This questionnaire included a French version of the LIPT questionnaire [11], measuring the experience of 45 forms of bullying within the previous 12 months, as well as the frequency and duration of bullying. Afterwards, the employees were given the following definition: “Bullying may be defined by a situation in which someone is exposed to hostile behaviour on the part of one or more persons in the work environment which aim continually and repeatedly to offend, oppress, maltreat, or to exclude or isolate over a long period of time.” The employees were asked whether they perceived themselves as being exposed to bullying within the past 12 months. Cases of bullying were defined using both Leymann’s definition, i.e., exposure to at least one form of bullying within the previous 12 months, weekly or more, and for at least 6 months [7], and the self-report of being exposed to bullying, as recommended previously [5,8–10]. The psychometric properties of the French version of the LIPT questionnaire were studied in a previous paper [27], and we found that the combined evaluation of bullying increased the convergent and predictive validity compared with Leymann’s definition alone.

Several other variables were used to characterize the exposure to workplace bullying within the past 12 months, which were the period of exposure (current or past), the frequency of exposure (daily or weekly), and the duration of exposure (5 years or more, 2 to 5 years, or <2 years). In addition, we used a variable describing the fact that the employees may have been observers of bullying of someone else at their workplace within the 12 past months. We also constructed a variable combining the two variables of exposure to bullying and observing bullying by creating four categories: no exposure at all, observer of bullying, exposure to bullying, and both exposure to bullying and observer of bullying.

To measure depressive symptoms, we used the Center for Epidemiologic Studies–Depression (CES-D) scale. The CES-D scale consists of 20 items describing symptoms and behaviors connected with depression [28,29]. A total score is computed from the replies graded from 0 to 3. The available thresholds established for the French population ( $\geq 17$  for men and  $\geq 23$  for women) to dichotomize the

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