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Adopting an Evidence-Based Approach to Prevent and Intervene against Workplace Bullying Situations

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Introduction

Most organizations and workplaces provide employees with the opportunity to flourish and use their character strengths [1] and to have peak experiences or flow experiences [2]. However, within some organizational settings a multitude of negative social behaviors can take place [3] and territoriality exists [4]. Violent behaviors perpetrated by outsiders, interpersonal conflicts between employees, low intensity behaviors of incivility or high intensity behaviors of bullying are just an example. In this regard, workplace bullying constitutes some of the most threatening psychosocial risks at work and occurs when employees are targeted repeatedly and regularly by negative acts, such as threatening gestures, scorn and social exclusion, and they find it difficult to defend themselves [5].

The consequences of suffering workplace bullying are significant and negative for individuals, organizations and for the society as a whole [6]. Some of the main work-related outcomes are presenteeism [7] and decreased job performance [8]. For targeted employees, some of the main consequences are anxiety [9] and explosions of anger, irritation and aggressiveness [10] to name a few. Recently, the negative consequences of workplace bullying have been extended to witnesses [11] and perpetrators [12]; reinforcing the idea, that bullying is negative for all stakeholders in any organization.

Against this negative spiral, the importance of prevention and intervention to reduce or eliminate bullying behaviors becomes necessary. It is clear that a focus on prevention and intervention efforts is pivotal to ensure the health and well-being of organizations and their employees. Therefore, adopting an evidence-based approach is unquestionable [13]. However, what has been done so far? What is the state of the art in this relevant issue? Previous scientific research has noticed that there is still a lack of empirical intervention studies and that unfortunately, most of the interventions developed in companies are not significantly successful. Nevertheless, a recent review found eight empirical intervention studies that accomplished good quality standards (i.e., studies had to be longitudinal (repeated measures) and had to actually apply an intervention strategy) that allowed several learning lessons [14].

Why is Most Interventions Unsuccessful in Minimizing the Incidence of Workplace Bullying?

Lack of commitment and implication from all the stakeholders of the organization

Specially employers and managerial boards, in order to plan and develop successful anti-workplace bullying interventions. One exception to this trend is the study conducted by Meloni and Austin [15] who implemented a zero tolerance of bullying and harassment program in an Australian Hospital and evaluated its outcomes. From the very first moment, the managerial team expressed their commitment through several actions, such as letters addressed to and sent to employee's private addresses or posters and messages in different locations of the Hospital, etc. Through such actions, employees find out how to report

bullying issues and also knew about the support mechanisms available, being aware that these issues would be addressed appropriately. After nearly 3 years, the program had a positive impact, including educating employees about bullying, contributing to an overall increase in staff satisfaction and awareness, and improvements in the bullying and harassment indicators, while developing a zero-tolerance culture.

Lack of a comprehensive model: Specially derived from the scarce collaboration between practitioners and researchers

This has led to apply interventions without a comprehensive model to facilitate a better understanding of the individual, groups and related organizational processes, which are playing a role in workplace bullying scenarios. Shadish et al. [16] analyzed intervention studies in the areas of psychology, education, medicine and public health and showed that only 16% of those studies clearly specified their theoretical orientation and that more than 70% did not offer any information about the theoretical framework in which the intervention was based on. In the case of workplace bullying, results are similar. Few intervention studies, like the one conducted by Schwickerath and Zapf [17] who tested 102 bullied patient's ability to come back to work after the therapy and their depression levels in a German clinic: the authors explicitly used a theoretical framework or theory, such as the model provided by Einarsen et al. [5]. This is of course, unfortunate, since such frameworks offer a useful way to integrate different realities and necessities more easily, providing more tailored answers to each specific situation, increasing the chances of success in the interventions.

Lack of selected reliable and validated measures

Intervention studies easily use ad-hoc tools and not validated instruments, which renders the opportunity to assure that those scales measure what are pretended to measure. Fortunately, an example of good practices can be found in the pilot study of Chipps and McRury [18] who conducted an educational program during 3 months with staff nurses from EE.UU. Results showed improvement in the desired direction for some of the variables measured with validated instruments such as the Negative Acts Questionnaire – NAQ. However, pushing forward the bullying field, validated measures as the NAQ-P should be used to measure not only victimization (point of view of targets) but also perpetration (point of view of perpetrators) [19].

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Lack of interest or lack of knowledge about the crucial necessity to measure behavioral, attitudinal and health changes

Most of bullying intervention research has not focused on the temporal aspect, obtaining their conclusions from cross-sectional designs. Collecting qualitative and/or quantitative data before any intervention is not only adequate but also essential, in order to be able to subsequently compare and evaluate the success of such intervention. Even better should be the use of diary studies that collect several data points each day, these type of studies could better inform of the intrinsic dynamics involved in within-individual learning processes and generalizations of the interventions' success [20]. Data regarding several indicators such as absenteeism and turnover ratios should perform significantly better before and after such interventions. As an exception, León-Pérez et al. [21] evaluated the effectiveness of a conflict management training program (3 sessions of 4 h each), designed to prevent workplace bullying in a Spanish manufacturing company. The results suggested that the training created high levels of satisfaction. However, although there was a reduction in the number of negative acts reported at work; this was not statistically significant.

Lack of consideration of different levels of analysis in a simultaneous way

Most empirical intervention studies are focused on organizational or interpersonal interventions, omitting the possibility of combining the strengths and virtues of both perspectives, as highlighted by Saam [22]. For example, Pate and Beaumont [23] had an organizational focus, interested in developing programs, policies and work practices to promote a safe working environment in UK. Nonetheless, this study did not focus on interpersonal aspects. Thus, interventions should take place considering different levels simultaneously, being able to recognize complexity, the multiple interaction and reciprocal effect and feedback loops (e.g. individual, team and organization), in other words, preferably, taking a systemic approach.

Best Practices Against Workplace Bullying: An Evidence-Based Approach

Two empirical quasi experimental longitudinal intervention studies and one randomized control study of different complexity and cultural location are useful to analyze best practices against workplace bullying. First, the study of Stagg et al. [24] conducted a program to increase EE.UU. staff nurses' knowledge of management of workplace bullying consisting of a 2 h cognitive rehearsal training. The results showed that after the training program, nurses' knowledge of workplace bullying management significantly increased. Additionally, nurses were significantly more likely to report that they had observed bullying and had bullied others. Second, Vartia and Teherani [25] in Finland conducted a zero inappropriate and bullying behavior intervention among primary school staff with the support and involvement of the city council. During the period of 1 year, the project mainly involved two joint 90 min to 2 h trainings and discussions. One of the main results was that employees felt that they did not suffer from inappropriate behaviors at work. Third and finally, Hoel and Giga [26] conducted a randomized control design in UK to develop, implement, and evaluate three different bullying intervention programs. These programs focused on training in policy communication, stress management and negative behavior awareness. Results showed improvement in the desired direction for some of the measured indicators.

These three studies have a few things in common:

A) They all considered the temporal dimension, allowing for the evaluation of changes at the individual or organizational level.

B) They got support from the organizational hierarchy, making their intervention context dependent and useful.

C) They were mainly primary prevention interventions to prevent workplace bullying scenarios.

They also had some clear differences, especially the study from Hoel and Giga [26], which probably was the most accurate intervention study stressed out by the recent review from Escartín [14]. This study added value to all the previous ones for several reasons:

A) Used a design with a Randomized Control Trial (RCT), which randomly allocated participants in one of the five different programs (and combinations between them) under study.

B) Used a control group to compare with the intervention groups.

C) Used both qualitative and quantitative data (as the previously cited interventions from León-Pérez et al. [21], and Schwickerath and Zapf [17]).

D) In addition to the intervention, tested the appropriateness as well as effectiveness of a risk assessment tool.

E) Assessed a multitude of dependent variables in addition to health (with the General Health Questionnaire), such as absenteeism, intention to quit, turnover and satisfaction.

To sum up, we should learn from the strengths and weaknesses of previous studies the following takeaways: (1) primary prevention appears to be a "first choice" for organizations because is cost-efficient in economic terms, and in terms of social corporate responsibility and image. In addition, (2) the acquisition of knowledge, attitudes and behaviors require time and therefore, the time lag between the pre- and post-intervention measures is a key issue to be approached thoughtfully. For instance, most bullying conceptualizations recommend at least 6 months. However, it depends on the specific goal to attain in every single intervention case. Moreover, (3) in order to evaluate the success of the intervention, several time series have to be measured (follow-ups), allowing for new knowledge about stabilization, improvement, or by the contrary, deterioration, which could be related to iatrogenic effects. Similarly, (4) objective data (absenteeism, presenteeism, sickness absence, turnover, etc.) obtained from the organization is mandatory in order to add value to the evidence-based approach, which also has direct implications for investors and shareholders. Also (5) data from a variety of sources is optimal and necessary to add veracity to the findings, allowing for "triangulation" of information (peers, subordinates, supervisors and managers, but also ex-employees, clients, suppliers, etc.). Mixed-method approaches allow for the contextualization of organizational, departmental or unit specificities, tailoring the intervention and readjusting through all the process (process evaluation). Furthermore, (6) interventions get their most when most organizational members, if not all, are involved in each stage of the process, participating somehow of the decision-making process and consequent implementations. Finally, (7) the closer the collaboration between practitioners/professionals and academics is, the better for the usefulness and success of the anti-bullying interventions. Initiatives on that sense are required, not only in countries of research tradition (i.e., EE.UU., UK, Australia, Germany…), but also in all continents.

Conclusion

This short communication has highlighted the importance and

necessity of conducting intervention studies to prevent and minimize workplace bullying situations using evidence-based research. It has used several empirical longitudinal studies to stress out the strengths and weaknesses of some decisions regarding successful interventions. Those previous studies have allowed practitioners and researchers to grab hopeful paths, especially the ones oriented towards primary prevention. To invest efforts to inform, communicate and train all members of the organization, from CEOs to blue collars, has showed clear positive effects. It seems that this approach develops certain "glasses" sending a message of discouragement to possible perpetrators, while at the same time, detecting bullying situations just when they start to appear (implying secondary prevention). As when an informed employee is approached by a colleague who wants to speak ill of another colleague (i.e., rumors), but he does not listen to him because he is on notice. Naturally, this sensitivity should be complemented with a switch of focus, under the assumption that exist what we pay attention to. Based on the positive organizational psychology movement, practitioners, researchers and organizations are challenged to invest on positive interventions to focus employees´ attention on flourishing aspects so the negative ones have no place. Job crafting, character strengths, engagement, flow, psychological capital, etc., are some of those key constructs asking for more leadership within the organizational arena. Thus, combining organizational and employee´s sensitivity through zero-tolerance policies and similar actions (minimizing and decreasing the bad), with positive interventions (enhancing and fostering the good) seems to offer the best choice to significantly banish workplace bullying. Certainly, this new endeavour will have the responsibility to expand the understanding of the nuances between specific work contexts and the more useful interventions to be conducted, facilitating the appearance and maintenance of healthier and more positive workplaces and organizations worldwide.

Acknowledgement

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