Destructive Interpersonal Conflict in the Workplace:

The Effectiveness of Management Interventions

Helge Hoel & Sabir I. Giga
With contributions from Brian Faragher

**Manchester Business School
The University of Manchester**

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Executive Summary

Workplace bullying has been increasingly acknowledged as a major concern to British employers and their workers, with implications for individuals as well as organisations. Whilst most studies to date have focused on the prevalence of the phenomena and its consequences, very few have looked at remedial action. To address this imbalance, an intervention study was carried out in five British public sector organisations.

Sponsored by the British Occupational Health Research Foundation (BOHRF) the aim of the study was two-fold: 1) to devise and test the appropriateness as well as effectiveness of a risk assessment tool, and 2) to develop, implement and evaluate three different bullying intervention programmes. These programmes focussed on training in three different areas: policy communication, stress management and negative behaviour awareness.

With regard to study method, a randomised control design was deemed necessary to enable the researchers to make any degree of inference with regard to causal relationships, with the same interventions carried out in various combinations in all five organisations. Pre and post intervention data were obtained by means of a questionnaire comprising of a variety of instruments to measure negative behaviour and experiences and consequences of bullying. This was supplemented with data from post-intervention focus groups and information from the trainer as well as training participants. In line with the study's aims, the questionnaire survey also contained an instrument to measure potential risk-factors of bullying – the Bullying Risk Assessment Tool (BRAT). Informed by focus group findings as well as expert opinion and a literature review, the refined version of the BRAT has a factor structure made up of five factors: organisational fairness, team-conflict, role-conflict, workload and leadership. A validation study confirmed the validity of the instrument with all five factors emerging as predictors of negative behaviour and self-labelled bullying.

Pre-intervention base-line measures were based on a sample of 1,041 respondents, a response-rate of 41.5%. The pre-intervention questionnaire study confirmed that bullying is a problem in public sector organisations in the UK with 13.6% of respondents stating that they have been bullied within the last six months, compared with a national average of 10.6% obtained from a previous BOHRF sponsored nationwide study (Hoel & Cooper, 2000).The level of bullying in the current study varied between organisations, with the lowest at 10.8% and highest at 16.6%. An analysis of the data highlights a strong association between bullying and mental health and intention to quit, thus confirming that bullying appears to have individual as well as organisational implications. A total of 61% of perpetrators were reported to be managers or supervisors whilst colleagues were considered to be the culprits in 42% of incidents.

The main stress management and negative behaviour awareness interventions were delivered by a professional trainer as three-hour training

sessions, whilst the policy communication was carried out over a thirty-minute session. The training programme was implemented in all five organisations over a six month period and involved approximately 150 participants in total. Feedback contained in 193 training evaluation forms (participants on the full-day training programme were required to evaluate the morning and afternoon sessions separately), suggests that the training was well received, with a substantial number of participants considering the sessions very interesting as well as relevant. With regard to the trainer's own end-of-training session comments, it was emphasised that sufficient time was needed in order to establish a climate in which constructive group dynamics and learning could take place.

Post-intervention measures were obtained approximately six months after the training had taken place by means of distributing the same questionnaire a second time within the same units in all five participating organisations. This made it possible to compare post and pre-intervention data for a large number of variables relevant to the issue of bullying and negative behaviour at work. Important improvement in the desired direction as measured by a variety of variables did occur for 45% of the experiment groups. For three of the experiment groups scores on all relevant variables measured were in the desired direction. In two of these cases the experiment group had received a combination of all three training programmes or workshops whilst the third group had received the 'negative awareness training' in addition to policy communication. The fact that it is difficult to make any firm conclusions with regard to efficacy of a specific intervention is not surprising and is in line with much organisational research. Threat of redundancy and in some cases a strong unwillingness to engage with the training might also help explain why the desired development did not take place in all experiment groups. Other factors that may have possibly influenced the results include: increased awareness and greater expectations which in turn lead to dissatisfaction resulting from the training process; the right people, in this case managers and supervisors, not taking part in the training in sufficient numbers; overall 'critical mass' not being achieved due to too few people being trained in order to have a significant impact upon behaviour; and, finally, the time between interventions and post-intervention measurement might have been too short for significant effects to have occurred.

In conclusion, this research has resulted in the successful completion of the first academic anti-bullying intervention study, comparing the effectiveness of interventions across different organisational contexts and involving the implementation of a complex design in order to apply scientific rigor. A risk assessment tool focussing on issues relating to negative behaviour and bullying has been developed and its properties validated. Although the study was unable to establish beyond doubt the efficacy of a particular intervention, there is evidence to suggest that theoretically sound, well planned and aptly delivered interventions can make a difference, particularly when sufficient time is allocated and the proportion of staff being trained is significant enough to have an impact upon behaviour.

1.1 Introduction

This report presents the results of the very first academic study evaluating the effectiveness of a variety of interventions to tackle workplace bullying and highlights the opportunities organisations have in preventing and managing this problem. Following on from the previous collaboration between the University of Manchester Institute of Science and Technology (UMIST) and the British Occupational Health Research Foundation (BOHRF) which established the prevalence of workplace bullying (the first such study of its kind in Great Britain), and having identified a number of sources associated with negative behaviour in the workplace, the overall aim of this project was to develop, implement and evaluate the effectiveness of organisational interventions to prevent and manage destructive interpersonal conflict.

Based on the successful application of risk assessment to physical hazards in the workplace, recent developments have seen attempts to apply such techniques to the area of psychosocial hazards. In addition to identifying effective intervention strategies in the present study, we also aimed to take advantage of these theoretical gains to develop a risk assessment tool which could assist managers and their organisations in managing and controlling antecedents of destructive behaviour and bullying in the workplace.

We envisage that our findings will help inform academic and organisational practice in the development of effective intervention and risk management strategies to deal with interpersonal conflict in the workplace and as such make an important contribution to the development of this relatively new field of research and practice.

Structure of the report:

After providing a brief background to the study, the methodology is outlined in section 2. The next section reports on the pre-intervention focus groups carried out in order to inform the interventions as well assist in the development of a risk assessment tool. Section 4 focuses on the development and validation of the Bullying Risk Assessment Tool (BRAT) and section 5 examines the development and implementation of various interventions identified to combat bullying and destructive behaviour. The study sample and sampling procedure is then outlined in section 6. The findings of the two surveys, baseline and post-intervention data, with measurements of a number of variables associated with bullying and destructive behaviour are investigated in sections 8 and 9. With the aim of establishing potential efficacy of particular interventions or combination of interventions, a number of analyses of the data were carried out. The results of these analyses are critically examined in section 10. This is followed by a presentation of the qualitative data based on feedback from study participants and other observers, including comments from the trainer. Finally, in the closing sections we discuss the results and highlight the main learning points for future intervention studies before reviewing our key findings, and delivering our closing opinions and conclusion.

1.2 Background

A number of studies, in the UK and abroad, have recently identified destructive conflict and bullying at work as an occupational hazard of significant magnitude (Zapf et al., 2003). However, it was not until the first BOHRF funded study (Hoel & Cooper, 2000) that it was possible to establish the prevalence of the problem in the UK with a high degree of certainty taking into account the size of the sample and the research methodology applied. The data from this survey suggests that approximately 10% of the UK workforce consider themselves at any one time to be bullied. For a majority of these targets of bullying, the experience is reported to be occasional rather than regular. If the time frame is changed to include experience within the last five years, approximately 25% of respondents report themselves as having been bullied. Furthermore, when observers or witnesses of bullying, who are not themselves targeted directly, are included, nearly half the respondents report having had some first-hand experience of the problem.

The nationwide study sponsored by BOHRF also confirms previous findings which suggest that being exposed to destructive conflict and bullying may have implications for individuals (see Einarsen et al., 2003), not only with regard to their mental and physical health, but also with respect to their organisational commitment and satisfaction. Industry-specific analysis also suggests that the same behaviours may be present (though to a varying degree) but are interpreted in various ways and have a different impact within different organisational settings (Hoel, et al., 2004). This result is in line with recent findings in stress research, which emphasise that the relationship between work-related stressors and strain (i.e. ill health) should be understood in a local or situation-specific context (Giga et al., 2003; Sparks & Cooper, 1999).

With regard to organisational implications, the findings from the nationwide study (and studies carried out by Charlotte Rayner for Unison, e.g. Rayner, 1999) suggest a relationship between bullying and intention to leave the organisation, with targets of bullying substantially more likely than non-targets to leave. Furthermore, for the first time a large-scale study has identified a similar, albeit weaker, association between exposure to bullying, on the one hand, and absenteeism and productivity, on the other, suggesting that employees who are targets of bullying may on average have seven days more sick-leave than those who were neither bullied nor had witnessed bullying. Moreover, the negative effects of bullying appear to extend beyond those who report being bullied at present to include those who were bullied in the past as well as those who have witnessed bullying taking place within the same time-frame, but who have not themselves been directly targeted (Hoel, Faragher & Cooper, 2003). It could, therefore be argued that it should be in the self-interest of organisations to take this issue seriously and attempt to manage it effectively.

Whilst the antecedents of bullying will vary between organisations, most organisations at the beginning of the new millennium are still in the midst of or struggling with the effects of significant change processes. External pressures

have forced organisations to restructure, downsize and become leaner (Littler et al, 1994). This is true for the private as well as public sector. As a result, employees at all levels of the organisation, in the private as well as in the public sector find themselves in a position of increasing workloads, often in a climate of uncertainty with regard to their current and future employment (Stewart & Swaffield, 1997). In this situation managers are frequently required to put in long and even excessive working hours whilst accountability and responsibility for the human resources function is often devolved to the level of the line manager (James, 1993). Faced with this situation, it is not surprising to find that managers allegedly frequently make use of authoritarian and even abusive behaviours in order to carry out their work (Sheenan, 1999). In light of such pressures it might come as no surprise that a common finding from research into bullying in the UK, that in three out of four incidents the alleged perpetrator appears to be someone who has supervisory or managerial responsibilities (Unison, 1997; Hoel, Faragher & Cooper, 2001).

Most studies of workplace bullying have so far focused on establishing the prevalence of the phenomena and its consequences By contrast, despite substantial effort by practitioners in addressing the issues in the workplace (e.g. Rayner, Hoel & Cooper, 2002; Hubert, 2003) little evidence has emerged with regard to effective interventions. Furthermore, references to organisational interventions within the emerging bullying literature tend to rely on propositions inferred from related areas such as workplace violence, sexual harassment and stress (Hoel et al., 1999). According to the literature on interventions it is noteworthy that the evidence with regard to efficacy, in particular with respect to psychosocial issues, is sparse, with a number of observers highlighting the need for further attention to such issues (e.g. Kompier et al., 1998; Cox et al., 2000; Murphy & Sauter, 2003). Thus, to our knowledge there are no studies that have systematically attempted to assess the efficacy of various forms of interventions aimed at reducing and minimizing negative behaviour and bullying at work. Moreover, the fact that incidence studies of workplace bullying in the UK consistently suggest that the majority of perpetrators are to be found within supervisory and managerial ranks suggests that behaviour of managers should be a focal point of any intervention study. Therefore, such an approach would also seem to be the most appropriate one from a cost-benefit perspective where resources are limited.

1.3 Key findings from previous intervention research

By means of a review of the intervention literature (e.g. Cooper & Cartwright, 1997; Kompier et al., 1998; Cox et al., 2000; Giga et al., 2003; Murphy & Sauter, 2003) we identified, and observed as far as possible in the present study, a number of issues which were considered crucial in order to achieve a successful outcome:

➢ Most interventions studies focus on either the individual (predominantly) or the organisation. Very few studies combine measures aimed at both the individual and the organisation.

- For any intervention to become successful it must be based on sound theory. Moreover, this understanding cannot be the sole domain of researchers but must be shared with the organisation and its management.
- Without commitment and support from senior echelons within management, including provision of necessary resources and a clear understanding of the theoretical underpinning of the interventions any initiatives are likely to fail. The fact that the presence of bullying is considered as ultimately resting on managerial consent also further strengthens the case for active management involvement.
- Current research methods are insufficient and progress in this area is necessary in order to establish efficacy of interventions. In particular, it is crucial to make use of more objective measures (data which can be validated by others).
- Any intervention needs to be contextualised and tailored to the requirements of the organisations by means of employee participation.
- More scientific rigor in intervention studies including obtaining accurate baseline measures is needed. In particular, in order to be able to take into consideration cause and effect, a random control design (RCT), is recommended.
- Whilst as far as possible observing principles for sound scientific design, realism with respect to what is possible within the context of organisations which are continuously experiencing change and where participants are unlikely to remain as passive study objects.

2. Research method

The aims of this research were to:

- devise and test the appropriateness as well as the effectiveness of a risk assessment tool

- develop, implement and evaluate three different bullying intervention programmes

The study was carried out in five host organisations: These include:

1. Civil Service Department (London and North England)
2. NHS Mental Health Trust (South England)
3. Acute NHS Trust (North England)
4. Acute NHS Trust (South England)
5. Police Force (South England)

Although all five organisations were from the public sector, with the exception of the two acute NHS trusts, they are all very different and therefore the generalisability and transferability of our findings should not be affected.

In order to accomplish the aims of this research, a mixture of quantitative and qualitative methods were applied. These are outlined below.

2.1 Focus groups

A focus group methodology was used at two different stages of the project. The purpose for conducting focus groups during the initial stages of the project within participating organisations included:

1. Contribution to the development of context-specific policies;

2. Contribution to the development of a risk-assessment tool; and

3. Ensuring that the intervention programmes were developed and carried out with reference to the local context and to address issues identified as important by participants.

Focus groups are seen as useful instruments due to their interactive qualities and their ability to explore perceptions of individuals, and, in particular, the subjective meaning individuals assign to events (Liefooghe & Olafsson, 1998). Group interaction also has the potential to provide a range of views on the issues under consideration (Kitzinger, 1994), a fact which is considered invaluable when individual and context-specific meaning is being explored. Bellenger et al. (1976) argue that when a number of people collectively explore ideas by providing others with insight into their views and way of thinking, the outcome of the interaction is more than the sum of its parts. The 'snowball' effect, in which a random comment may bring about a 'chain-reaction' of responses, accounts for part of this synergetic effect. As interaction was at the heart of the study, the primary role of the focus group facilitator was to ensure that the discussions took their course. No attempt was made to interfere in natural group processes.

In total, 55 focus groups were carried out between 01/10/2003 and 26/02/04 involving a total of 272 people. In most cases, approximately 7% of staff from each unit were involved in this part of the study.

A second stage of focus groups were scheduled six months after the interventions for the purpose of discussing changes in behaviour and in the work environment following implementation of the interventions. Altogether eight post-intervention focus groups were carried out in three organisations

2.2 Questionnaire survey

In order to evaluate the efficacy of our intervention programmes and the validity of the risk-assessment tool, details of which are given in subsequent sections, we developed a comprehensive questionnaire comprising of questions related to experiences of bullying and negative behaviour, and potential risk-factors of bullying. The questionnaire also contained measures on mental health, sickness-absence, intention to quit, self-rated productivity, job-satisfaction, individuals' 'psychological contract' and a number of demographic variables collected to make it possible to compare the experience of different groups.

Some of the above sections comprised of existing validated instruments whilst others such as the Bullying Risk Assessment Tool (BRAT) needed development by the researchers (see section 4). The 22-item NAQ-R (Einarsen & Hoel, 2001) was used to measure experiences of negative behaviour and bullying. To assess the state of employee psychological contracts we used Robinson's (1996) 7-item measure of fulfilled employer obligations and 2-item measure of met employment expectations. Finally, mental health was measured using the 12-item General Health Questionnaire (Goldberg & Williams, 1988).

As one of the main aims of this study was to devise and test the appropriateness as well as the effectiveness of a risk assessment tool, we specifically set out to develop a bespoke instrument for inclusion in our pre-intervention questionnaire survey and took the opportunity of the post-intervention survey to refine it further.

In order to identify any changes resulting from our interventions , the questionnaire was distribute to the same pool of people twice - prior to the delivery of the interventions and six months after the interventions.

2.3 Interventions

As indicated in the introduction, the intervention literature, not least with respect to psychosocial hazards, advocates a context specific or local approach responding to local needs and based on broad employee involvement (e.g. Kompier et al., 1998; Giga et al., 2003). However, since our main aim was to compare effectiveness of interventions across different organisational settings, we concluded that it would not be feasible to compare five completely different approaches from a scientific perspective. Such an approach would also mitigate against generalisability as well as transferability of findings to other contexts. However, although the interventions were based on a common core approach, the local context was taken into consideration and the programme was tailor-made to meet the need and reality of the individual organisations by means of examples given and tasks set. On the basis of a review of the literature and discussions with experts in the field we identified the following three interventions: *policy communication, stress management training* and *negative behaviour awareness training*. Each of these interventions and their rational are outlined in section 5.

2.4 Research design

In order to avoid possible problems associated with research methodology, such as selection bias and cross-contamination of data due to communication between participants taking part in different interventions, the intervention programme was implemented in similar or parallel departments or units by means of a clustered randomised selection process. In each organisation five groups were selected and assigned one of the following roles:

Figure 1: Research design

Group (1) (Control grp)	Group (2)	Group (3)	Group (4)	Group (5)
	Policy Communication	Policy Communication	Policy Communication	Policy Communication
		Stress Management Training	Negative Behaviour Awareness Training	Stress Management Training AND Negative Behaviour Awareness Training

A sample of approximately 20-25 managers (or other employees) from each group were invited to attend relevant training sessions. Group (1) served as a control group and did not take part in any intervention, group (2) were invited to a 30-minute policy communication session, group (3) were involved in a 3-hour stress management training programme in addition to the policy communication, group (4) were invited to a 3-hour negative behaviour training session in addition to the policy communication session, and group (5) were involved in a full day training session covering policy communication, stress management and negative behaviour awareness. Although the researchers ideally would have liked to increase the scope or length of training, initial discussion with participating organisation suggested that any further time-commitment was not feasible.

2.5 Local steering committees

From the start we encouraged the formation of local steering committees. The overall aim of steering committees was to assist researchers in developing and implementing the research programme locally. It was suggested that such committees have a strong management presence, with representation of occupational health practitioners and employees (unions/staff associations where appropriate).

To ensure management commitment to the process we also required that each participating organisation made a financial contribution to the study. Furthermore, from the outset we emphasised that successful implementation largely rested on continuous management support and warned against potential impact of internal pressures, organisational change and influence of competing initiatives.

In most organisations, a nominee from human resources served as the main point of contact for the research team as well as a facilitator for the steering group. Active support from senior management was encouraged from the very early stages of the project.

3. Pre-intervention focus groups

The aims of the focus groups were to assist in the development of the risk assessment tool as well as inform the development of specific interventions.

Apart from recording each focus group, participants were provided with a list of negative behaviours taken from the revised Negative Acts Questionnaire (NAQ-R)(Einarsen & Hoel, 2001), which is a validated instrument in its own right and used extensively in bullying research. The one-page form also requested simple demographic information and gave participants the opportunity to list other negative behaviours specific to their organisation. Information from both the interview transcriptions and feedback from participants have been used in developing our risk assessment tool.

In total, 55 focus groups were scheduled between 01/10/2003 and 26/02/04 involving a total of 272 people. We piloted the exercise during the first two sessions which involved 13 people from the Civil Service. The remaining groups were scheduled as follows:

- 7 further groups within the Civil Service Department's London sites
- 10 groups within the Acute NHS Trust (North)
- 9 groups within the Acute NHT Trust (South)
- 17 groups within the NHS Mental Health Trust
- 10 groups within the Police Force

A majority of the focus groups were carried out according to the protocol. However, this process has not been without its problems, with some focus groups cancelled due to organisations not being able to recruit sufficient participants to make the groups viable. This was not least the case when attempting to organise separate sessions for certain groups such as ethnic minority staff. Whilst a majority of focus groups consisted of 3-6 people, scheduling difficulties were also common, demanding maximum flexibility on behalf of the facilitator. In one rather extreme example, due to misunderstandings not less than 21 people attended the same session. In this case the problem was resolved by turning what was meant to be a focus group into a fact-finding group-meeting, obviously different from the nature of the focus groups but still able to provide valuable input to the study. The reasons for the low participation in some sessions differ from one organisation to another. However, in general this was not due to a lack of interest on behalf of prospective participants but instead difficulties in getting time off work from what were considered already understaffed departments. It was particularly difficult to engage employees who were based in units that were located some distance apart. Although facilities have not been ideal for conducting focus groups at these remote sites, we have in many cases insisted that some sessions be held there in order not to exclude certain groups of employees.

The focus groups centred on two issues: assessing which negative behaviour participant considered particularly difficult to handle or deal with and; what factors, situations or antecedents contributed to negative behaviour and bullying.

As suggested in the figure (2) below, results from focus groups highlighted behaviour involving some degree of personal attack as most difficult to deal with across organisational setting, with behaviours such as 'being humiliated' (item 2), 'being ignored or excluded' (item 6), 'hints from others to quit your job' (item 10), and 'personal allegations' (item 17) scoring highly (3 refers to very difficult to deal with and 0 refers to not at all difficult to deal with). However, discrepancies exist both within and between organisations. For example, certain negative behaviours such as 'being ordered to work below their level of competence' (item 3) are seen as normal, unproblematic and for some even welcomed at times, whereas as for others it is much more problematical.

Figure 2: Difficult to deal with behaviours breakdown for each organisation
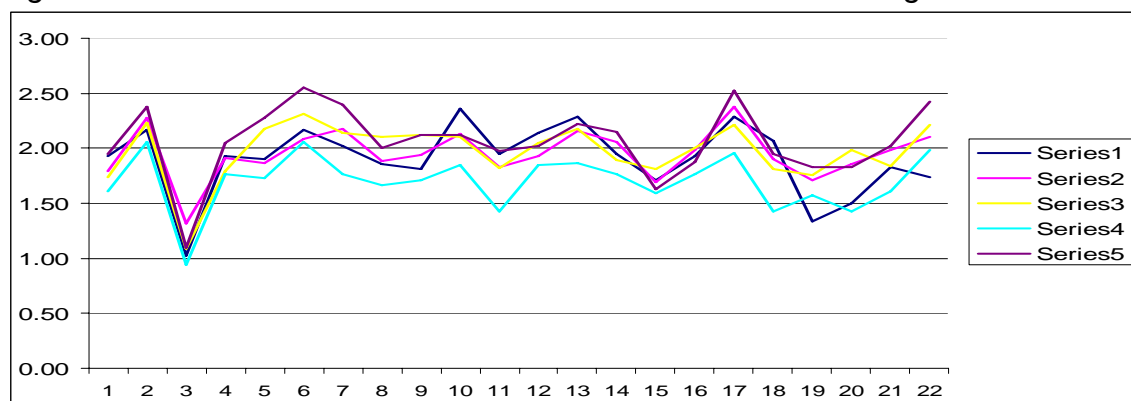
Focus group participants also identified behaviours that were not listed on the NAQ(R) and which they found difficult to deal with. These were taken into consideration in connection with development of the intervention programmes. Other findings from the focus groups are highlighted in the next section.

4. Development of the Bullying Risk Assessment Tool (BRAT)

Aim: *To devise and test the appropriateness as well as the effectiveness of a risk assessment tool developed on the basis of the current study.*

Risk assessment is a commonly used approach throughout industry to identify, evaluate and control potential harmful effects of physical hazards. However, a number of observers have advocated that a risk assessment strategy should also be applied to psychosocial hazards such as occupational stress (e.g. Cox et el., 2000) and bullying (Spurgeon, 2003). Central to such approaches is the distinction between a *hazard* (something that has the potential to cause harm) and *risk* (the probability that such a harm will occur). According to Spurgeon risk-assessment should be part of a risk-management approach which would incorporate the following elements or steps: 1) hazard identification, 2) risk reduction and 3) control of risk. It is important to note that such an approach is focused on reduction and control as opposed to elimination of risk because many workplace hazards might not be altogether eradicated as they often

represent part of normal activities and interactions in the workplace. In this respect, the risk assessment process is focused on 'estimating the probability and the size of possible outcomes, and then evaluating the alternative courses of action' (Wharton, 1992 cited in Clarke & Cooper, 2004). As risk is considered to be the product of the frequency and the consequences of exposure to a hazard, it infers that hazards are likely to have severe consequences.

Bullying can also be compared to what Turner (1978) refers to as 'slow accidents', as the likelihood of bullying actually occurring may not always be clear due to the uncertain effects of hazards (Clarke & Cooper, 2004). It is also acknowledged that the intangible nature of psychosocial hazards, and their subjective nature which is open to interpretation by individuals, undermines the potential to measure or estimate the risk on a calibrated scale as is the case to a far larger degree for physical hazards. Finally, as highlighted in the stress literature, to be effective any risk assessment tool needs to be context specific in the sense that it reflects the hazards within the environment to which it is being applied (Cox et al, 2000; Giga, Cooper & Faragher, 2003) and its success would, therefore, to a large extent be contingent upon the degree of employee involvement and management commitment to the process.

These factors need to be taken into consideration when devising a risk assessment tool for it to be effectively be applied to workplace bullying. Essentially such a tool would focus on the risk-factors for negative behaviour associated with the experience of bullying. To identify what may be considered general or global risk-factors a literature review was undertaken. The review identified the following factors as commonly associated with bullying:

- Excessive workload (Appelberg et al, 1961; Hoel & Cooper, 2000)
- Lack of control / lack of control of time (Zapf et al, 1996)
- Role conflict (Eianrsen et al, 1994; Vartia, 1996)
- Team-conflict (Hoel & Salin, 2003)
- Organisational politics (Kräkel, 1997; Salin, 2003)
- Organisational change (e.g. Neuman & Baron, 1998; Lewis & Sheehan, 2003)
- Perceived job insecurity/contingent workers (Knorz & Zapf, 1996; Quinland, 1999)
- Organisational culture (Ashfort, 1994; Rayner et al., 2002)

However, the degree of empirical evidence in support of individual factors varied, with for some factors contradicting emerging evidence. This information was then related or merged with the result from the focus group study outlined in the previous section. On this basis we developed a 26-item risk-assessment tool which was then piloted as part of questionnaire distributed to establish base-line measures across the participating organisations (N=1033).

Although there was some evidence of the viability of our draft tool, the results of the factors analysis of the pilot and a critical assessment of all items making up the tool, suggested a need for further refinement. As a result a new 29-items instrument, the Bullying Risk Assessment Tool (BRAT) emerged. A factor analysis (varimax rotation) yielded five factors. For a full overview of the 29 items instrument see Appendix B.

Extracts or quotations from the focus group discussions and examples of items associated with each factors are provided below. (Please note that some items making up the scales are worded positively and others negatively).

4.1 Factor structure

  4.1.1 'Organisational fairness'

Sharing of work between colleagues was a common issue in a number of organisations, particularly when in came to menial tasks:

> *"…My experience has been that you get the same people do them again and again…they are the ones who do the extra bit and you'll get other people who will always find an excuse why they haven't got the time to do them.*" NHS Ward Manager.

> o *I don't know how to seek help within my organisation if I have a problem with my line manager or supervisor*

Grievance problems with managers were thought to be a particularly difficult issue for some Civil Servants:

> "*Nobody knows where to go to if there's something wrong. If you've got a problem with your manager, nobody says "Right, you've got a problem with your manager, you go to this person". If you've got a problem with your manager – tough! You know…there's no guidelines, there's no checklist. If you say something like "Alright, I've got a problem – I can't relate to my manager". Maybe I want to talk, your manager's a man or something – I want to talk to a female member of staff. Where do I go?*"

> Other items:
> o *I feel my contribution to the organisation is recognised*
> o *People in this organisation is not rewarded properly*

4.1.2 'Team conflict'

> o *'Different professional groups don't work well together within my unit"*

Conflict among team members was an issue raised in many groups. Some participants emphasised that there was evidence of a lack of respect between different professional groups. This was particularly apparent in the

NHS where nurses often experienced aggressive behaviour from doctors. The quote below came from one nurse who was trying to make sense of a Consultant's behaviour by suggesting:

> "*Well, we get shouted at in theatre all the time by Consultants. And you just realise that, it's very impersonal. It's nothing personal. It's just that they're frustrated and it's upsetting, but you don't let it get in the way, because the life of that person on the table, they are in charge of it, and you just think "Right…he's having a bad day. The life of the patient is more important than your feelings". We just get on with it.*"

Other items:
- *I don't get on with some of my colleagues*
- *I find my colleagues to be cooperative*

4.1.3 'Role conflict'

- *I am not clear about how to carry out my job*

Role conflict was another area frequently surfacing as suggested in the quote below.

Other items:
- *I face conflicting demands in my job*
- *My job description is clearly defined*

4.1.4 'Workload'

- *I feel that there isn't enough hours in the day to complete my work*

Issues around workload were frequently raised by focus group participants: A Clinical Manager exposed the constant pressure placed on them by the demands of their job and in particular the struggle to schedule tasks within a working day:

> "*I raised this issue with my line manager about that the amount and expectation, that I will not be able to achieve the amount of work that is passed down to my level, that I felt was unacceptable. I said it's impossible for me to do this, there were going to be things that aren't done and I have to prioritise what I can do and I can't and the answer he gave me back was that you'll just have to do the best you can. He said it's what we all have to do, we have to do the best we can and I said to him but I don't think that's good enough because to me that is bullying, this is the Trust bullying me! I don't have 37 ½ hours written in my contract, it just says hours as needed I forget the phrase but it says you know to do the job.*"

Other items:
- o *Existing work pressure makes it difficult to take time off work*
- o *Vacant positions are filled without any delay in my unit*

4.1.5 'Leadership'

- o *I have confidence in my line-manager's abilities*

Leadership or lack of leadership was a frequently recurring theme:

"*They don't know how to react. All they know is that they come in, they shut their door, they do their work, the jobs get allocated, the little mice all run around and order everything and that's it. But there's no interaction there. They don't know how to interact with people because nobody's ever trained them to do that.*" (Civil Service)

"*I do think HR has become more removed from it, the emphasis is moving much more, especially in this organisation which is relatively new, moving towards line managers managing their staff and dealing with situations but I'm not sure that a lot of people have got the competencies and skills at the moment to do some of the things that they're asked to do or are asked to do and it's all a little bit too much.*" (Civil Service)

Other items:
- o *My line manager is sensitive to how I feel*
- o *My line manager values constructive criticism*

4.2 Factor reliability

Factor reliability was generally good (Chronbachs alpha of 0.57 – 0.81). The lowest scale reliability emerged for the factor labelled 'workload'. However, by removing the item '*my unit often makes use of temporary staff*', the alpha increased to 0.62. It appears that this item might have a different meaning in some of the organisations due to their particular practices regarding temporary staff.

Table 1: BRAT factor reliability

Factor	Scale reliability
Organisational fairness - OF	0.61
Team Conflict- TC	0.72
Role conflict – RC	0.65
Workload – WL	0.57
Leadership – LS	0.81

4.3 Validation of the BRAT

To validate the instruments a number of statistical tests were carried out. The analysis revealed that the instrument can be considered valid in as much that all factors, as well as the overall instrument, adequately emerged as predictors of negative behaviour (measured by means of the revised Negative Acts Questionnaire ((Einarsen & Hoel, 2001) and self-labelled bullying (in response to a global definition of bullying) and with adverse consequences as measured by means of mental health scores (General Health Questionnaire). The NAQ-R is considered to measure two distinct factors, work-related harassment and personal harassment (Einarsen & Hoel, 2001).

Table 2: Pearson correlations for BRAT scales

	NAQ-R Total	NAQ-R WH	NAQ-R PH	GHQ	Bullying
BRAT – 29 item	0.581**	0.635**	0.450**	0.458**	0.419**
Org. fairness - OF	0.433**	0.463**	0.349**	0.315**	0.345**
Team Conflict- TC	0.467**	0.451**	0.386**	0.337**	0.416**
Role conflict – RC	0.406**	0.483**	0.278**	0.438**	0.203**
Workload – WL-6	0.296**	0.374**	0.183**	0.253**	0.168**
Workload – WL–5	0.304**	0.376**	0.194**	0.269**	0.166**
Leadership – LS	0.454**	0.478**	0.340**	0.315**	0.361**

** Correlation is significant at the 0.01 level

- All factors correlated significantly with total score on the NAQ-R, with self labelled bullying and with total GHQ score
- Multiple regression indicated that all five risk factors are potentially independent predictors of negative behaviour (R-sq=34.2%)
- *Leadership* followed by *role conflict* emerged as the single strongest predictor of work-related harassment
- *Leadership* followed by *team conflict* emerged as the single strongest predictor of personal harassment
- Multiple regression revealed that all factors predict work-related harassment (R-sq=41.2%). *Team conflict*, *leadership* and *organisational fairness* predict personal harassment (R-sq=22.3%)
- For self-labelled bullying – *leadership, team-conflict, organisational fairness and role conflict* emerged as independent predictors (R-sq=22.5%)

Results of the regression analysis are listed in Appendix C

It is worth noting that of those reporting themselves as having been bullied within the last six months, 92% also reported having witnessed bullying talking place within the same time period. This might have implications for application of a risk-assessment tool as the far less sensitive issue of witnessing bullying could to a large extent replace self-labelling whilst at the same time providing similar information regarding predictors of bullying.

In order to assess the quality and potential effectiveness of the BRAT, the scale's test-retest reliability should be considered. However, one might question whether it is feasible to successfully conclude on such an instrument's reliability.

Due to the sensitive nature of the issues under consideration, individuals are likely to be influenced by daily events and there responses, therefore, could be skewed. In other words, one might question to what extent risk-factors could be expected to remain stable over time, especially where perceptions of an individuals surroundings will at least to some extent fluctuate with task requirement and ongoing dynamics of interpersonal interactions.

4.4 Application of the BRAT

It is important to consider applying the tool in its own right. In this respect it was anticipated from the outset that the BRAT would be used in conjunction with a more objective measure focussing on issues judged to be associated with negative behaviour and bullying. The objectivity of this data refers to the fact that it is taken from existing sources and is seen to be collated impartially without any direct reference to bullying. For example, whether certain changes have actually taken place or not, actual level of absenteeism according to company records etc. For a further discussion of this, see section 7.

Although the risk-assessment tool can be used to identify individuals at risk of bullying, the instrument is primarily aimed at establishing risk at a group-level. In other words to what extent does some degree of consensus of risk exist at a group level. This is important as one of the key outcomes of applying this approach is to inform decision-making and highlight internal priorities. In this respect organisational (or unit) action may be triggered by both overall scores, relative scores on various factors or even on particular items. Returning to the individual, where unit scores or risk is considered low whilst the scores of particular individuals soar, one may conclude that there are other triggering or contributing factors to bullying, possibly on a personal or one-to-one basis. Such a conclusion would also require a different organisational response than those cases where high risks are revealed at group level.

5. Identification and development of interventions

One of the aims of this research was: *To develop and implement, according to a particular research methodology, three different bullying intervention programmes*

This section provides details of the interventions and their rationale.

5.1 Policy communication

Whilst participating organisations are likely to have policies in place, the aims of the policy communication intervention include raising awareness of the organisation's policy on bullying and the duty of organisational members in its implementation. To ensure that the policies were in line with best practice in the field, a set of guidelines were developed by the researchers on the basis of close examination of a large number of such policies (see Appendix D). Policies from each organisation were then carefully examined and compared against it. Although differences were identified with respect to scope and depth, all five organisations were seen to comply with our best practice guidelines.

Rationale of intervention: It is envisaged that the individuals' and others' awareness of the presence of policies, the responsibility of managers with regard to the implementation of policies and the potential consequences when in breach of policy, would all impact on behaviour.

As the quote from a NHS Manager suggests the intention may not always be to bully but the perception of the individual on the receiving end is important:
> *"It's not about whether it happens or not sometimes, it's about the perception of the individual…when you listen to the staff, the victim, and then they say this is how it made me feel, and you open your policies and you think "gosh, yeah, it's a perceptual thing!"*

A lack of trust in grievance procedures was also highlighted on a number of occasions:
> *"I just think, yeah, the organisation has a lot of responsibility and they say a good job, they'll have all the policies and they'll say to you well you can tick all these boxes and it is confidential but the absolute reality is that it's never confidential."*

The training includes:
- A statement of intent from senior managers highlighting the fact that such behaviour will not be tolerated
- Outline of the managers / supervisors responsibility with regard to the implementation of the policy and responsibility for challenging bullying behaviour
- A definition of bullying and examples of bullying behaviour
- An overview of the complaints / grievance procedure and details of key contact persons

5.2 Stress management training programme

This intervention follows the assumption that any negative and abusive behaviour on the part of managers are frequently the result of work-overload and the failure to deal with personal stress. The programme focuses on the strain aspect of the stressor-strain relationship and the ability of individuals to

cope, and covers issues such as stress awareness and reduction. According to some researchers, by becoming more aware of the relationship between behaviour, personality, coping and stress outcomes, individuals may be better able to cope with their stress. The aims of the stress management training include raising awareness of stress and its impact on individuals and the organisation, and developing manager / supervisor understanding of how to manage their stress as well as the stress of people they are responsible for.

Rationale of intervention: by better controlling precursors of negative behaviour resulting from stress, negative behaviour and bullying would be reduced

Although bullying behaviour may not be accepted as part of an individuals' character, a senior manager from the Police Force raises the possibility that his behaviour could change adversely when under pressure:

> "*When I'm under pressure the aspiration is not to and I don't know whether I always control very well but I would think it would be a really powerful person who under pressure kept so stable all the time. So whether when I'm under pressure I change a little bit and maybe become more prescriptive in what I want, which could be actually construed as bullying, which I don't think it probably would be because I'm not of that ilk, but that is a possibility, but I try to stay calm but I probably don't always do it.*"

The training includes:

- Defining stress
- Causes and consequences of stress
- Differing responses to stress
- How to identify stress in self and others
- Coping with stress (self) – problem focused coping, time management, task prioritisation and exercise
- Managing stress in others

It is important to emphasise that the main aim of this intervention was to assess whether stress management techniques have an effect on levels of negative behaviour and presence of workplace bullying, rather than testing the efficacy of stress management techniques in their own right.

5.3 Negative behaviour awareness training programme

Based on current knowledge and good practice guidelines in the area of stress prevention and management which argue for researchers to target interventions around organisational-specific issues, the purpose of this intervention was to develop an evidence and needs-based programme to tackle conflict and negative behaviour. Using feedback obtained from focus groups and risk-assessment exercises, the aims of the negative behaviour

awareness training include raising awareness of negative behaviour and its impact on individuals and the organisation, and developing a shared understanding of what acceptable / unacceptable behaviour is within the organisation.

Rationale of intervention: By raising awareness in a group context of negative behaviour and bullying and providing participants with appropriate tools to deal with difficult situations, bullying would be reduced.

Some extreme negative behaviours experienced and witnessed by a number of people are carried out as a 'right-of-passage' or part of socialisation processes and are seen as a bit of fun by perpetrators:

> "*Yes, well I had lots of practical jokes played on me in my earlier years and some of them just weren't funny, some of them were indecent assaults by another name but they just thought it was quirt, funny and all this sort of stuff…I had practical jokes played on me which humiliated the life out of me and its that, it's very personal, that's not a professional criticism, its about the person, I'm not just [NAME] the Officer, it's [NAME] the woman…*

The training includes:

- Individual experiences of negative behaviour
- Definition of bullying and categories of bullying behaviour
- Evidence from previous research including effects on individual and organisation
- Situations that cause bullying behaviour (organisation-specific evidence from focus groups)
- Transactional analysis: how to develop skills for positive interaction
- A statement of intent from senior managers highlighting the fact that such behaviour will not be tolerated
- Outline of the managers / supervisors responsibility to challenge bullying behaviour

5.4 Implementation of interventions

The intervention programmes were all delivered by one person, who was an independent and qualified trainer. A pilot of the interventions was carried out in a non-participating NHS trust with the researchers present. On the basis of our own observations and feedback from the participating managers (N=10) each of the interventions were refined.

The interventions were evaluated by means of participant feedback obtained at the end of the training session and six-months afterwards, comparison of pre-intervention and post-intervention survey data and feedback from post-intervention focus groups.

6. Questionnaire survey participants and sample background

6.1 Sample - study participants

We requested assistance from all five participating organisations in the distribution of approximately 100 questionnaires to a random sample of employees from each of the five intervention groups (approximately 500 questionnaires in total in each organisation) on two occasions – pre-intervention for baseline measure purposes and then approximately 6 months post-intervention for evaluation purposes. Questionnaires were sent out by participating organisations accompanied by a cover letter from them outlining the study, introducing the research team, and assuring confidentiality and anonymity. A stamped addressed envelope was provided for questionnaires to be returned directly to researchers at the University of Manchester.

In general the questionnaires were completed in an acceptable manner, with little data missing for any variable. Of the 2505 questionnaires sent out during the pre-intervention survey 1041 were returned to the researchers, representing an overall response rate of 41.5 %. A total of 884 questionnaires from the 2499 sent out during the post-intervention survey were returned to the researchers, representing an overall response rate of 35.4%. Details of both the pre-intervention and post-intervention questionnaire surveys are presented in table (3) below.

Table 3: Survey sample

Organisation		Total sample	No. of questionnaires Returned	Response rate (%)
Civil Service Dept.	T(0)	508	260	51.2
	T(1)	499	249	50.0
NHS Mental Health Trust (NHS 1)	T(0)	497	185	37.2
	T(1)	500	162	32.4
Acute NHS Trust – North (NHS 2)	T(0)	500	142	28.4
	T(1)	500	160	32.0
Acute NHS Trust – South (NHS 3)	T(0)	500	212	42.4
	T(1)	500	139	27.8
Police Force	T(0)	500	242	48.4
	T(1)	500	174	34.8
Total Sample	T(0)	2505	1041	41.6
	T(1)	2499	884	35.4

In addition to distributing the questionnaire survey to employees, organisations were asked to respond to the objective part of our risk assessment tool by submitting information on each of the five groups participating in this research.

Demographic details of the complete sample and their experiences of bullying are presented below.

6.2 Sample background

The respondents were asked to 'tick the box that best describes yourself or your situation'.

6.2.1 Gender

Although there were substantially more female respondents, particularly within NHS organisations, the proportion of female and male employees during both surveys remained approximately the same. The gender breakdown within our sample reflects the nature of organisations involved.

Table 4: Sample gender breakdown

Gender (%)	Pre Post Int	Civil Service	NHS 1	NHS 2	NHS 3	Police	Total Sample
Male	T(0)	46.5	22.8	24.8	19.0	57.2	36.2
	T(1)	52.0	28.8	20.5	13.1	53.8	36.4
Female	T(0)	53.5	77.2	75.2	81.0	42.8	63.8
	T(1)	48.0	71.2	79.5	86.9	46.2	63.6
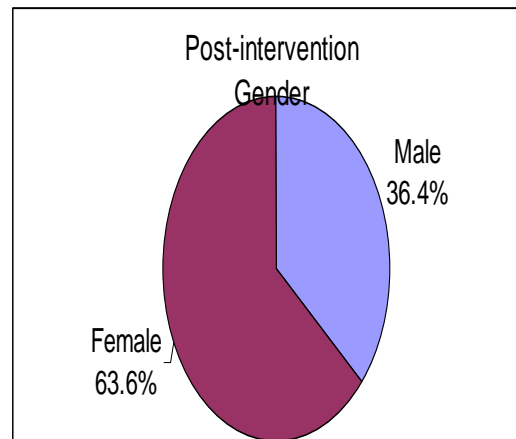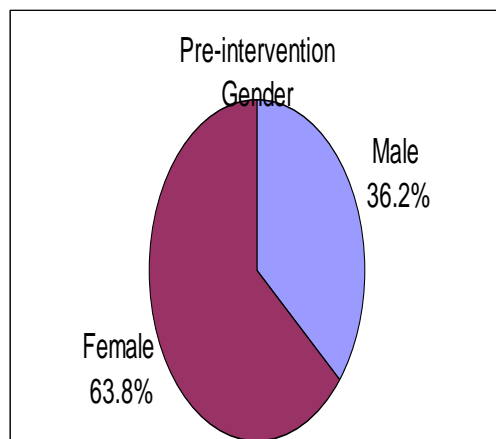
6.2.2 Age

The mean age of respondents was 43 years at both survey points. The majority of participants in both the pre and post-intervention surveys came from the 35-44 and 45-54 age groups on both occasions, although employees from the Civil Service organisation were evidently younger. The sample did not differ significantly between the two periods.

Table 5: Sample age breakdown

Age (%)	Pre Post Int	Civil Service	NHS 1	NHS 2	NHS 3	Police	Total Sample
Mean	T(0)	40.61	45.18	43.68	43.13	42.88	42.84
	T(1)	41.07	46.45	43.02	44.69	43.17	43.39
16-24	T(0)	6.0	4.1	3.6	2.5	4.0	4.2
	T(1)	6.9	2.0	4.1	3.1	2.4	4.0
25-34	T(0)	28.2	12.3	15.9	17.5	17.9	19.2
	T(1)	27.9	9.3	14.3	15.3	18.2	18.1
35-44	T(0)	27.4	25.7	34.8	31.5	31.3	29.9
	T(1)	26.2	26.5	36.7	24.4	30.9	28.8
45-54	T(0)	25.0	39.2	28.3	35.0	32.6	31.7
	T(1)	22.7	43.7	29.3	41.2	33.9	32.9
55-70	T(0)	13.3	18.7	17.4	13.5	14.3	15.1
	T(1)	16.3	18.5	15.6	16.0	14.5	16.2

	16-24 yrs	25-34 yrs	35-44 yrs	45-54 yrs	55-70 yrs
Pre-intervention	4.2%	19.2%	29.9%	31.7%	15.1%
Post-intervention	4.0%	18.1%	28.8%	32.9%	16.2%
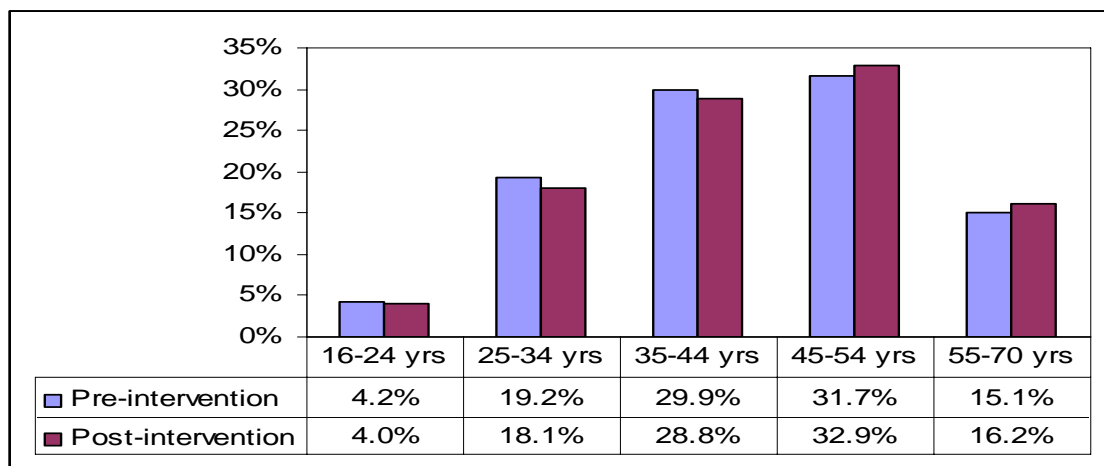
6.2.3 Ethnicity

Although percentages for specific ethnic categories were low at both measure points, an above national average figure of more than one in ten respondents were from a Black and Minority Ethnic (BME) background (assuming that the 'other' ethnicity group classify themselves as 'non-white').

Table 6: Sample ethnicity breakdown

Ethnicity		Percent: pre-intervention	Percent: post-intervention
White		88.7	89.3
Non-white:		11.3	10.7
	Mixed	1.0	0.7
	Indian	1.5	1.4
	Pakistani	0.4	0.2
	Bangladeshi	0.3	0.2
	Chinese	0.6	0.7
	Other Asian	1.7	1.6
	Caribbean	2.1	1.2
	African	2.1	3.0
	Other Black	0.4	0.2
	Other	1.4	1.4

6.2.4 Contracted hours of work

The majority of respondents in both our surveys reported to working full-time. Approximately one in five employees reported to working part-time hours during the pre and post-intervention surveys.

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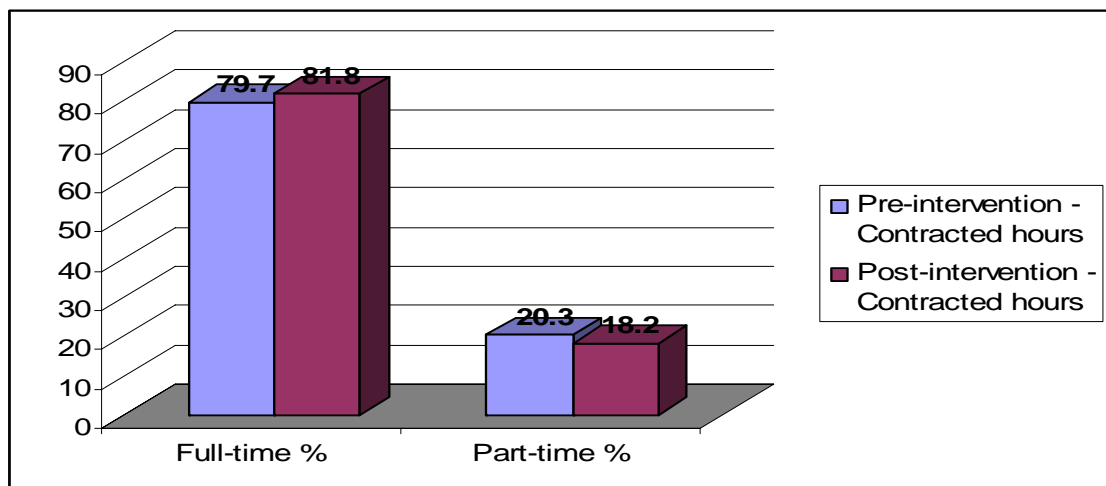
6.2.5 Employment contract

As suggested in bar chart below, the vast majority of participants were employed on permanent contracts. The numbers for the other categories were relatively small.
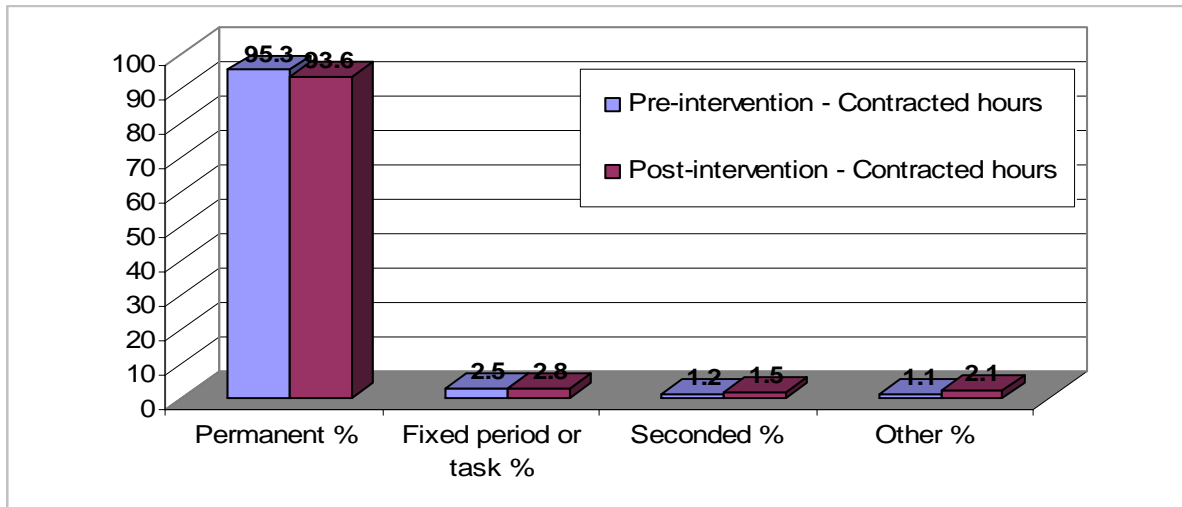
6.2.6 Job type

Almost half the sample came from 'professional / managerial' grades. The sample did not differ significantly between the pre and post intervention survey period.

Table 7: Sample job type breakdown

Job type	Percent: pre-intervention	Percent: post-intervention
Clerical / admin	22.7	23.4
Professional / managerial	49.7	49.1
Specialist / technical	16.8	18.0
Other	10.9	9.4

6.2.7 Supervisory responsibilities

Almost half of the respondents suggested that their job did not involve any managerial responsibilities whatsoever. Approximately the same number reported having a supervisory or managerial role. In this respect the sample remained relatively constant between the pre and post intervention survey period.

Table 8: Sample supervisory responsibilities breakdown

Supervisory responsibilities	Percent: pre-intervention	Percent: post-intervention
No supervisory responsibilities	46.7	45.9
Supervisor	22.0	21.1
Middle manager	18.6	19.0
Senior manager	6.1	6.8
Other	6.6	7.2

6.2.8 Length of time with organisation

A large number of respondents were employed within their current organisations for more than ten years, reflecting a relatively stable employment relationship. The figures remained almost constant over the intervention period.
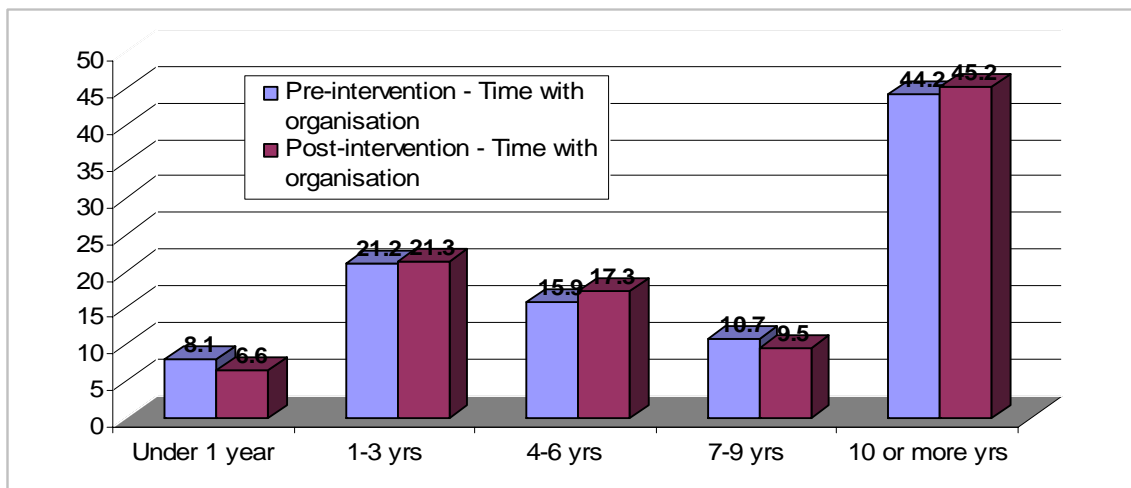
7. Objective data

In line with the intervention literature's suggestions regarding methodological progress, it was an expressed intention of the study protocol to develop a procedure by which management could systematically measure certain organisational indicators believed to be influenced by the presence of risk factors of negative behaviour and bullying. Compared to self-reported data obtained by means of questionnaires, such data can be considered more objective in the sense that they are not open to cognitive processing to the same degree but simply report on recorded organisational data.

With reference to bullying literature we developed a report form consisting of a series of questions on measures such as absenteeism, turnover, grievances/complaints and various forms of changes potentially taking place

within the organisation, e.g. restructuring, financial cutback and change of managers. To provide an accurate account of these measures without any potential interference from line-management, these forms were to be filled in by the human resources department. An example of the form is provided in Appendix E.

Unfortunately, despite informing the participating organisations about the need to collect such data and the format by which this would be undertaken, several organisations had great difficulties in obtaining the data in the form required. In some cases data were only available at an organisational level and not at the unit level needed to measure any potential impact of the interventions. Thus, incomplete records on several measures particularly at T1 (six months after the intervention) largely undermined the opportunity to validate self-report measure. Similarly, incomplete records would also undermine the opportunity to successfully apply these measurements to the evaluation process. We report on the findings where we have complete data from both the pre-intervention and post-intervention in section 10.

As we needed a uniform approach to the collection of 'objective measures' in order to be able to compare data across organisations, we saw it as our responsibility to identify the measures and develop the forms and procedures needed to collate them in a comparable format. However, with the benefit of hindsight it may be argued that management (and steering committees) in participating organisations could have been more involved in the process, in particular with the identification of valuable organisational measures as well as reviewing internal data collection processes at an earlier stage to ensure that they could comply with our requests. In other words, potential problems could have been identified and rectified at an early stage by widening their input to the process and by testing the procedure.

8. Experiences of bullying in the workplace: baseline measures

This section reports on the main baseline measures taken prior to implementation of the intervention programme. For comparison purposes, we also present findings from our previous BOHRF study (Hoel & Cooper, 2000). The section reports only on the overall findings. For a further breakdown of findings for different demographic groups, see Appendix F. This is particular relevant since several measures applied in the current study were the same as those used for the nationwide study reported in 2000.

8.1 Experience of bullying

Before answering questions associated with experience of bullying, respondents were presented with the following statement/definition:

> *We define bullying as a situation where one or several individuals persistently over a period of time perceive themselves to be on the receiving end of negative actions from one or several persons, in a situation where the target of bullying has difficulty in defending him or*

herself against these actions. We will <u>not</u> refer to a one-off incident as bullying.

'Using the above definition, please state whether you have been bullied at work over the last 6 months'.

A total of 13.6% of respondents report that they have been bullied within the last six months. The persistency of their experience is illustrated by the table below.

Table 9: Percentage of respondents reporting to being bullied

	No	Yes (Total)	Yes, very rarely	Yes, now and then	Yes, several times a month	Yes, several times a week	Yes, almost daily
Pre-intervention	86.4	13.6	3.2	5.9	2.6	1.4	0.6
BOHRF 1	89.4	10.6	1.9	6.2	1.0	0.8	0.6
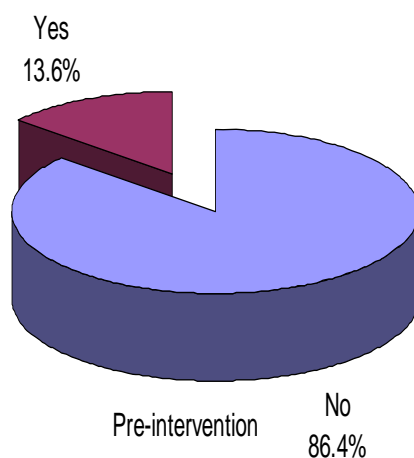
These figures suggest that a substantial proportion of employees in the participating organisations considered themselves to being bullied, thus entirely justifying the attention to the issue and current intervention study. Moreover, compared to the nationwide study the overall exposure rate is higher. Looking at exposure rates for individual organisations, it is interesting to compare them with occupational/industry average figures in the BOHRF (I) - study which were 9.9%, 10.6% and 12.1% for the Civil Service, the NHS and the Police respectively. As we don't know if our samples are representative of their respective organisations or indeed of their occupation/industrial sector, we cannot say that there has been a rise in exposure rates over the last five year. However, what we can say is that the problem certainly appears to affect a substantial part of the workforce and remains an important challenge across organisational settings.

Table 10: Percentage of respondents from each organisation reporting to being bullied - baseline

	No	Total Yes	Yes, very rarely	Yes, now and then	Yes, several times a month	Yes, several times a week	Yes, almost daily
Civil Service	87.5	12.5	3.9	4.3	1.6	1.6	1.2
NHS 1	89.2	10.8	2.8	3.4	0.6	2.8	1.1
NHS 2	84.1	15.9	2.2	8.0	5.1	0.7	0
NHS 3	83.4	16.6	3.4	7.8	3.9	1.5	0
Police	86.9	13.1	3.0	6.8	2.5	0.4	0.4

8.2 Witnesses of bullying

A total of 44% reported that they had observed or witnessed bullying taking place within the last 6 months, indicating that nearly half of all respondents would have either directly or indirectly experienced the problem.

Table 11: Percentage of respondents reporting to witnessing bullying in the last 6 months

	No, Never (%)	Total Yes (%)	Yes, but rarely (%)	Yes, now and then %	Yes, often (%)
Pre-intervention	56.0	44.0	25.8	13.9	4.3

8.3 Past bullying

More than a quarter of the sample who said they weren't being bullied at present had been bullied in the last 5 years. This is mainly in line with findings from the previous study.

Table 12: Percentage of respondents reporting to experiencing bullying in the past 5 years

	No (%)	Yes (%)
Pre-intervention	72.3	27.7
BOHRF 1	75.3	24.7

8.4 Targets of bullying

8.4.1 Gender

A slightly greater proportion of women (13.9%) reported being bullied compared to men (12.3%). However, this difference was not significant.

Table 13: Gender differences in exposure to bullying

	Female (%)	Male (%)	Sig.
Pre-intervention	13.9	12.3	NS
BOHRF 1	11.4	9.9	NS

	Female	Male
Pre-intervention	13.9%	12.3%
BOHRF 1	11.4%	9.9%
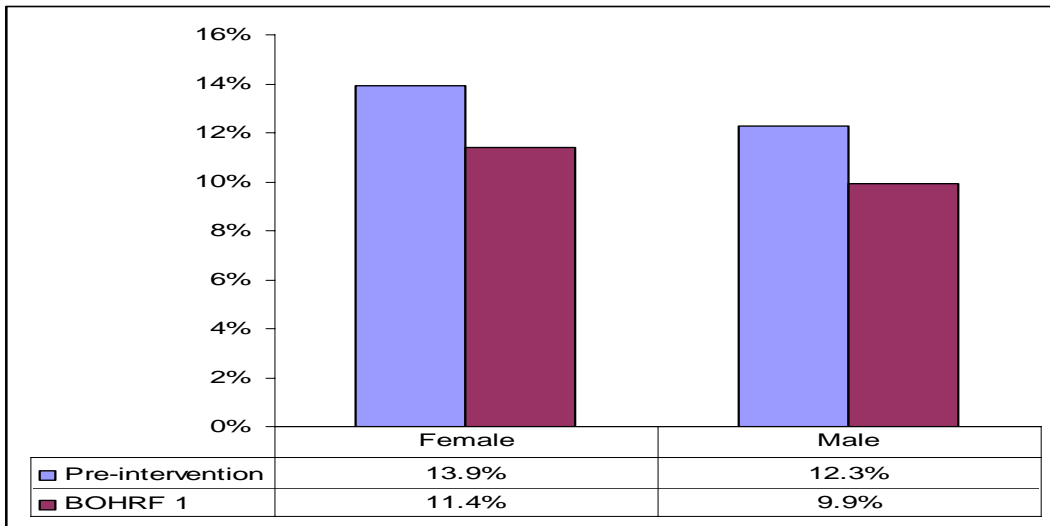
8.4.2 Age

With the exception of the youngest respondent group, only minor differences emerged when comparing bullying for different age groups. However, compared to the nationwide study the younger respondents reported less bullying whilst those over fifty years of age appear to be more frequently exposed.

Table 14: Age differences in exposure to bullying

	16-24 (%)	25-34 (%)	35-44 (%)	45-54 (%)	55-70 (%)	Sig.
Pre-intervention	4.9	13.4	14.0	12.3	15.9	NS
BOHRF 1	14.0	10.5	13.0	12.0	8.8	NS

	16-24 (%)	25-34 (%)	35-44 (%)	45-54 (%)	55-70 (%)
Pre-intervention	4.9	13.4	14	12.3	15.9
BOHRF 1	14	10.5	13	12	8.8
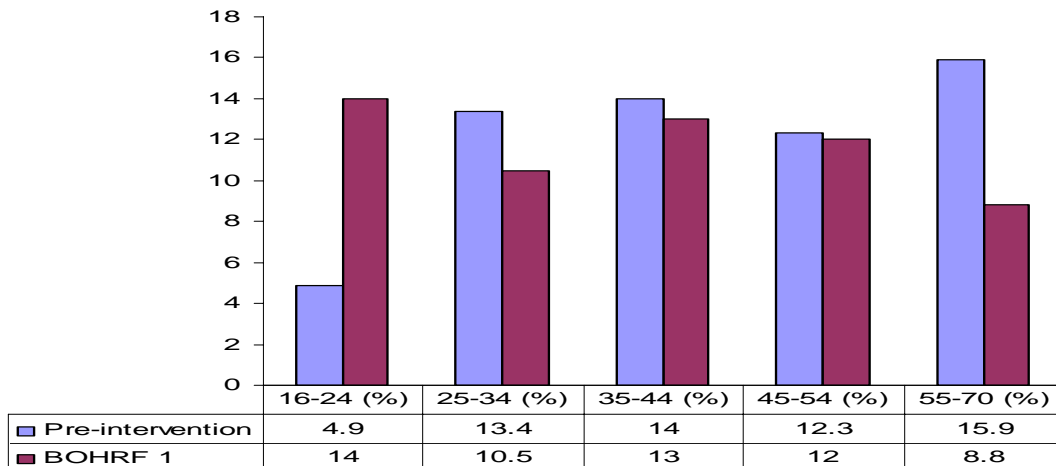
8.4.3 Full-time versus part-time

As in the nationwide study, respondents in full-time jobs were more likely to be bullied than someone in a part-time job at a level bordering significance, with 13.9% of full-timers as opposed to 8.9% of part-timers being bullied.

Table 15: Working hours differences in exposure to bullying

	Full-time (%)	Part-time (%)	Sig.
Pre-intervention	13.9	8.9	p=0.066
BOHRF 1	14.5	7.1	P<0.001

8.4.4 Ethnicity

Respondents of ethnic groups other than white were substantially more likely to be bullied than white respondents, with 25.2% of non-white respondents as opposed to 11.8% whites (p<0.001).

	White	Non-white
Pre-intervention	11.8%	25.2%
BOHRF 1	10.5%	14.1%
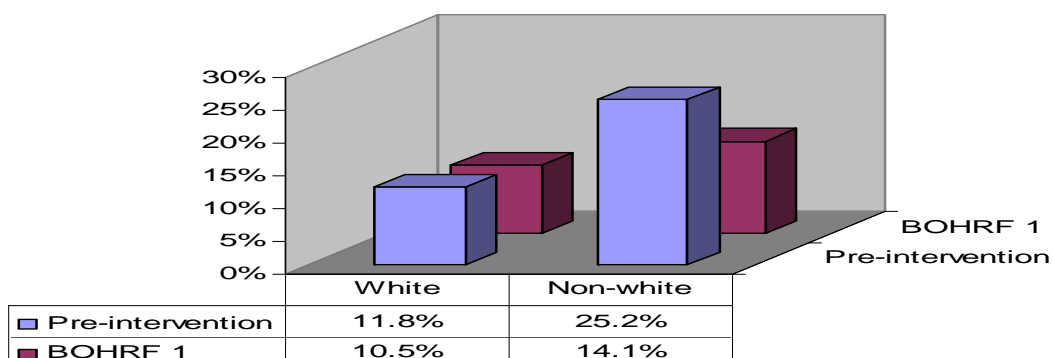
8.5 Organisational level of target

The current study confirms our previous findings (Hoel & Cooper, 2000) that bullying is a problem across organisational hierarchies with just minor differences emerging between the organisational levels or status groups.

Table 16: Organisational level of target

	No supervisory responsibility (%)	Spvsr. (%)	Middle Mgmnt. (%)	Snr. Mgmnt. (%)	Other (%)
Pre-intervention	13.5	13.0	12.6	11.9	18.0
BOHRF 1	9.6	9.1	10.6	8.5	11.0

8.6 Perpetrators of bullying

As evident from table 17 below, over 60% of bullying victims reported that they were bullied by someone in a supervisory or managerial capacity. These figures could suggest that there is a slight decrease in 'vertical bullying' since our nationwide study. However, closer inspection of the nationwide study showed that the NHS also had a lower percentage of vertical (top-down) bullying (64.3%).

Table 17: Perpetrators of bullying

	Spvsr / manager(s) (%)	Colleague(s) (%)	Subordinate(s) (%)	Client(s) (%)
Pre-intervention	61.3	42.3	9.5	14.6
BOHRF 1	74.7	36.7	6.7	7.8

Table 18: Perpetrators of bullying: breakdown within organisations

	Spvsr / manager(s)(%)	Colleague(s) (%)	Subordinate(s) (%)	Client(s) (%)
Civil Service	71.9	37.5	9.4	6.3
NHS 1	47.4	52.6	10.5	10.5
NHS 2	57.1	47.6	4.8	14.3
NHS 3	47.1	47.1	14.7	32.4
Police	77.4	32.3	6.5	6.5

8.7 How many were bullied?

Again the findings were very similar to the nationwide survey with just under a third a third of respondents (29.9%) report to have been bullied on their own or singled out for bullying, although substantial discrepancies exist between the organisations. A total of 17.2% reported that everyone in their work group were bullied, representing a minor increase compared to the BOHRF I study. A breakdown of these findings for each organisation is provided in the table 19 below.

Table 19: How many were bullied

	Only you (%)	You and several other colleagues (%)	Everyone in your work group (%)
Pre-intervention	29.9	53.0	17.2
BOHRF 1	31.2	54.9	14.8

Table 20: How many were bullied: breakdown within organisations

	Only you (%)	You and several other colleagues (%)	Everyone in your work group (%)
Civil Service	31.3	46.9	21.9
NHS 1	38.9	55.6	5.6
NHS 2	15.0	55.0	30.0
NHS 3	32.4	58.8	8.8
Police	30.0	50.0	20.0

8.8 Duration of the bullying experience

Approximately 60% of those who reported being bullied had been exposed to bullying for more than a year, and approximately a third for more than 2 years.

Table 21: Duration of bullying experience

	Within the last 6 months (%)	Between 6 & 12 months ago (%)	Between 1 and 2 years ago (%)	More than 2 years ago (%)
Pre-intervention	20.0	21.5	25.9	32.6
BOHRF 1	16.8	16.4	27.5	39.3

8.9 Experiences of negative behaviours

'Someone withholding information which affects your performance' followed by 'having your views and opinions ignored' were the two most frequently experienced negative behaviours. Amazingly, looking at the order by which these behaviours were experienced it emerged that the ranking of the

behaviour was a near replica of the order emerging from the nationwide study with only two behaviours changing place. This strongly suggests that although organisational differences exist, both studies provide an accurate picture of the nature of the behaviours experienced.

Table 22: Experiences of negative behaviour

	*	Pre-intervention (%)	BOHRF 1 (%)
Someone withholding information which affects your performance	O	47.0	54.0
	R	10.0	13.3
Having your opinions and views ignored	O	40.4	49.3
	R	8.2	7.8
Being exposed to an unmanageable workload	O	33.8	39.3
	R	13.7	14.6
Being ordered to do work below your competence	O	31.0	35.1
	R	9.4	10.7
Being given tasks with unreasonable or impossible targets or deadline	O	29.2	42.2
	R	8.7	9.7
Having key areas of responsibility removed or replaced with more trivial or unpleasant tasks	O	24.5	32.0
	R	6.9	6.1
Spreading gossip	O	22.5	29.8
	R	4.8	4.1
Being shouted at or being the target of spontaneous anger	O	22.4	25.1
	R	4.7	4.7
Being humiliated or ridiculed in connection with you work	O	22.3	27.8
	R	4.6	3.6

*(R)egularly or (O)ccasionally experiences

8.10 Outcomes of bullying

In line with previous research the correlations in table 23 below suggest that bullying is relatively strongly correlated with mental health. Among other outcomes often associated with bullying and with direct implications for the organisation, the correlation with intension to quit is particularly strong. In both cases the strength of correlations is substantially above those found in the nationwide survey which were 0.267 and 0.212 respectively.

Table 23: Negative Acts: Breakdown within organisations

Outcome measures	Have you been bullied at work over the last 6 months?	p
Mental Health (GHQ 12)	0.392	<0.001
Intention to quit	0.328	<0.001
Job satisfaction	-.178	<0.001
Psychological contract	-.257	<0.001

9. Experiences of bullying in the workplace pre and post intervention comparisons

By comparing baseline and post-intervention data, this section reports on the main changes associated with bullying and negative behaviour which have occurred within the duration of this study. For a breakdown of further pre- and post-intervention, see Appendix G.

9.1 Experiences of bullying

During the baseline measure, a total of 13.6% of respondents reported to being bullied in the previous six months. This measure increased slightly to 14.3% post-intervention (see table 24 below).

Table 24: Experiences of bullying – pre and post intervention

	No	Total Yes	Yes, very rarely	Yes, now and then	Yes, several times a month	Yes, several times a week	Yes, almost daily
Pre-intervention	86.4	13.6	3.2	5.9	2.6	1.4	0.6
Post-intervention	85.7	14.3	3.7	7.4	1.2	1.0	0.9
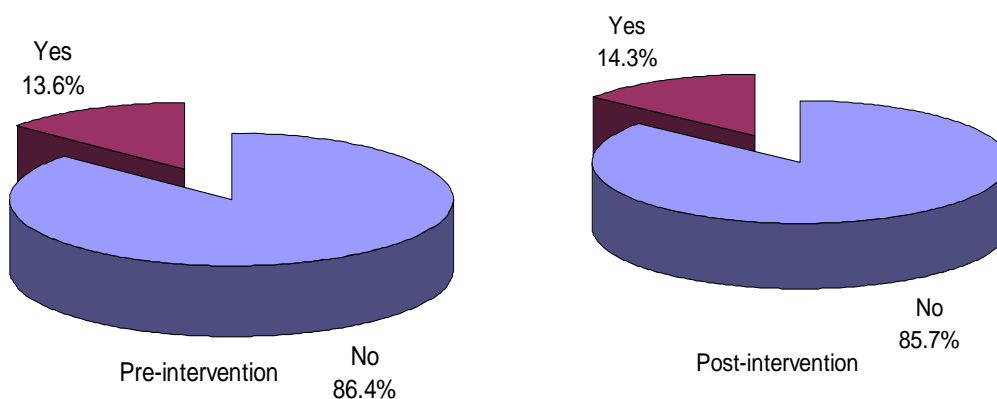
As highlighted in table 25 below, experiences of bullying remained relatively stable within all the organisations between the pre and post-intervention period, except for a marked increase in experiences within NHS (3) from 16.6% to 23%, and a decrease in experiences in the Police Force from 13.1% to 11.8%.

Table 25: Organisational breakdown of experiences of bullying – pre and post intervention

	No	Total Yes	Yes, very rarely	Yes, now and then	Yes, several times a month	Yes, several times a week	Yes, almost daily
Civil Service (T0)	87.5	12.5	3.9	4.3	1.6	1.6	1.2
Civil Service (T1)	87.4	12.6	3.6	4.5	1.2	1.2	2.0
NHS 1 (T0)	89.2	10.8	2.8	3.4	0.6	2.8	1.1
NHS 1 (T1)	89.2	10.8	4.5	3.2	1.9	0.6	0.6
NHS 2 (T0)	84.1	15.9	2.2	8.0	5.1	0.7	0
NHS 2 (T1)	84.3	15.7	2.0	11.8	0	2.0	0
NHS 3 (T0)	83.4	16.6	3.4	7.8	3.9	1.5	0
NHS 3 (T1)	77.0	23.0	7.4	13.3	0.7	0	1.5
Police (T0)	86.9	13.1	3.0	6.8	2.5	0.4	0.4
Police (T1)	88.2	11.8	1.8	7.1	1.8	1.2	0

9.2 Perpetrators

With a small reduction in numbers for supervisors / managers as perpetrators of bullying, it is tempting to suggest that our interventions, which were predominantly targeted at this group, could have had an effect on their behaviour. However, the increase in numbers of colleagues who are bullying (table 26 below) is more difficult to explain as is the small reduction in bullying from clients / customers / patients.

Table 26: Perpetrators of bullying

	Spvsr / manager(s) (%)	Colleague(s) (%)	Subordinate(s) (%)	Client(s) (%)
Pre-intervention	61.3	42.3	9.5	14.6
Post-intervention	57.4	47.5	9.8	9.0

As suggested in table 27 below, the reduction in bullying from managers / supervisors was experienced in three of the five organisations involved, with a marked decrease in NHS (2) (down to 45.8% from 57.1%) and the Police Force (down to 65% from 77.4%). All organisations, except NHS (2) reported a substantial reduction in experiences of bullying from clients.

Table 27 Organisational breakdown of perpetrators of bullying

	Spvsr / manager(s) (%)	Colleague(s) (%)	Subordinate(s) (%)	Client(s) (%)
Civil Service (T0)	71.9	37.5	9.4	6.3
Civil Service (T1)	66.7	33.3	10	3.3
NHS 1 (T0)	47.4	52.6	10.5	10.5
NHS 1 (T1)	52.9	64.7	5.9	5.9
NHS 2 (T0)	57.1	47.6	4.8	14.3
NHS 2 (T1)	45.8	50.0	25.0	16.7
NHS 3 (T0)	47.1	47.1	14.7	32.4
NHS 3 (T1)	54.8	51.6	3.2	12.9
Police (T0)	77.4	32.3	6.5	6.5
Police (T1)	65.0	45.0	5.0	5.0

9.3 How many were bullied?

As highlighted in table 28, the number of people who are singularly bullied has increased from 29.9% pre-intervention to 36.1% post-intervention. At the same time there is a substantial decrease in work group bullying from 17.2% to 10.9%.

Table 28: How many were bullied

	Only you (%)	You and several other colleagues (%)	Everyone in your work group (%)
Pre-intervention	29.9	53.0	17.2
Post-intervention	36.1	52.9	10.9

A breakdown of the data by organisations (table 29 below) also highlights organisational variations in the number of people bullied, but with an overall trend of a reduction in bullying of 'everyone in the work group'.

Table 29: Organisational breakdown of how many were bullied

	Only you (%)	You and several other colleagues (%)	Everyone in your work group (%)
Civil Service (T0)	31.3	46.9	21.9
Civil Service (T1)	44.8	41.4	13.8
NHS 1 (T0)	38.9	55.6	5.6
NHS 1 (T1)	52.9	41.2	5.9
NHS 2 (T0)	15.0	55.0	30.0
NHS 2 (T1)	26.1	65.2	8.7
NHS 3 (T0)	32.4	58.8	8.8
NHS 3 (T1)	25.8	64.5	9.7
Police (T0)	30.0	50.0	20.0
Police (T1)	36.8	47.4	15.8

9.4 Psychological contract

The term 'psychological contract' is being increasingly used in organisational studies. It suggests that reciprocal exchanges enable individuals to control the giving and taking that is involved in work settings without the development of feelings of injustice. Employees observe their working relationships as a form of social exchange by contributing effort and loyalty in return for discernible benefits such as pay and recognition (Eisenberger, Huntingdon, Hutchinson & Sowa, 1986). The 'psychological contract' is an implicit agreement between the employer and employee that they will treat each other fairly. Although it is not legally binding, both parties can aspire to maintain mutual trust and potentially build a strong relationship. However, as it constitutes an emotional bond, if it is broken it can lead to the feeling of betrayal and resentment (Rousseau, 1995).

We used Sandra Robinson's (1996) 7-item measure of psychological contract fulfilment to evaluate the nature of employee psychological contracts. As indicated in the table below (table 30) the figures suggest an overall negative trend in psychological contract fulfilment in relation to experiences of bullying.

Table 30: The impact of experiences of bullying on victims' psychological contracts

Mean psychological contract score	Sample mean	No	Yes	Yes, very rarely	Yes, now and then	Yes, several times a month	Yes, several times a week	Yes, almost daily
Pre-intervention	22.03	22.59	18.46	20.86	18.18	16.92	18.69	15.40
Post-intervention	21.66	22.35	17.77	19.66	18.44	13.70	14.13	14.38

10. Efficacy of intervention: comparing baseline and post-intervention measures for different interventions across organisations

In order to establish whether any changes have taken place in the period between when base-line measures were obtained and six-months following the interventions, a univariate analysis of variance was carried out on a number of variables that could potentially be affected by the interventions.

These results are based upon an analysis of two sets of questionnaire responses: Out of the 2,505 questionnaires distributed prior to the interventions (baseline) a total of 1,041 were returned, representing a response rate of 41.5%. 2,499 questionnaires were distributed for the post-intervention (t1) measurement from which 884 were returned, representing a reduced response rate of 35.4%. Overall these figures can be considered very satisfactory for these types of studies.

The intervention groups referred to below are numbered as follows:

1   Control group
2   Policy communication (only)
3   Stress (and policy communication)
4   Negative behaviour awareness (and policy communication)
5   All (Stress, Negative behaviour awareness & policy communication)

10.1 Overall results

A series of analyses revealed that whilst a significant difference was found between baseline scores and post-intervention scores for some variables within all five groups, there was no significant difference for any of the key variables between the experiment groups with respect to any change between baseline and post-intervention scores. Overall scores for each intervention group (scores across the five organisations) have been included in the tables below and are introduced at the bottom of each table.

To examine the potential impact of different interventions in each of the participating organisations, we carried out a univariate analysis of variance (Test of between subjects effect). Overall no statistically different results emerged for any of the key variables. Whilst in some cases there were substantial differences between interventions, these differences were not systematically upheld across all five organisations. It is, therefore, impossible at this stage to conclude that any particular intervention or combination of interventions is more effective than any other. However, in order to elucidate trends in the data a closer examination of key variables was undertaken. The data for each of these variables are presented and discussed below.

10.2 Bullying

Table 31: Bullied within the last six months

Organisation	Time of assessment	Intervention group mean scores				
		1	**2**	**3**	**4**	**5**
1	baseline	1.21	1.27	1.20	1.41	1.42
	T1	1.15	1.31	1.28	1.31	1.50
2	baseline	1.09	1.32	1.18	1.18	1.83
	T1	1.24	1.17	1.38	1.06	1.23
3	baseline	1.50	1.17	1.25	1.24	1.65
	T1	1.38	1.25	1.31	1.06	1.65
4	baseline	1.26	1.49	1.40	1.36	1.30
	T1	1.35	1.31	1.29	1.69	1.45
5	baseline	1.29	1.36	1.15	1.34	1.22
	T1	1.16	1.50	1.09	1.38	1.22
All orgs.	Baseline	1.25	1.33	1.23	1.32	1.46
	T1	1.23	1.31	1.27	1.31	1.43

Higher scores suggest increased levels of bullying

The above table indicates that very minor changes have taken place during the six-month period between baseline and post-intervention measurements. With more than 85% of respondents answering no (1) to this question, as well as given the way the question is phrased which covers experience around the time of the interventions this may be expected.

To be able to spot potential trends in the relative change between the base-line and post-intervention (T1) measures, we simplified the above table by means of showing increases in scores as +; decreases as -; and no changes as 0. The use of plus (+) and minus (-) only refers to whether there is a numerical increase (+) or decrease (-) in the scores for the instrument applied and does not indicate whether the change is in the desired direction or not. However, to avoid confusing the reader the desired direction is highlighted for each table.

The number of pluses or minuses reflects the degree of change in a particular direction, with each plus (+) or minus (-) representing a 5% change from the baseline measure. In calculating the relative change between baseline and post-intervention measures the minimum score on any scale is taken into consideration. This re-scaling is done in order to avoid underestimating any change.

However, due to the way bullying was measured with the large majority of respondents answering 'never', the table is somewhat skewed. The calculation of relative changes is, therefore, based on absolute values as showed in the table. Each plus (+) and minus (-) represents an absolute change of 0.1.

Table 32: Trends in experience of bullying

Organisation	Changes in intervention group mean scores				
	1 Control	2 Policy communica.	3 Stress	4 Neg. Behaviour Awareness	5 All
1	0	0	0	-	0
2	+	-	+ +	-	- - - - - -
3	-	0	0	-	0
4	0	-	-	+ + +	+
5	-	+	0	0	0

Higher scores (+) suggest an increase in levels of bullying

10.3 Witnessing bullying

It may be useful to look at equivalent scores for those who have witnessed bullying as they would account for a much larger proportion of the respondents than targets themselves and thus, possibly give a more accurate picture of the situation.

Table 33: Witnessing bullying over the last six months

Organisation	Time of assessment	Intervention group mean scores				
		1	2	3	4	5
1	baseline	1.49	1.67	1.48	1.51	1.47
	T1	1.35	1.80	1.41	1.62	1.78
2	baseline	1.56	1.48	1.65	1.68	2.03
	T1	1.55	1.47	1.51	1.50	1.42
3	baseline	2.00	1.66	1.63	1.80	1.90
	T1	2.07	1.73	1.46	1.44	1.82
4	baseline	1.61	1.82	1.89	2.02	2.00
	T1	1.92	1.69	1.81	1.78	1.92
5	baseline	1.67	1.60	1.54	1.43	1.43
	T1	1.55	1.64	1.29	1.59	1.39
All orgs.	Baseline	1.63	1.66	1.62	1.69	1.73
	T1	1.63	1.69	1.49	1.59	1.67

Higher scores suggest an increase in witnessing bullying

To be able to picture any changes between base-line and post-intervention, the same exercise as carried out for the previous variable also apply to the variable 'witnessing bullying'.

Table 34: Trends in witnessing bullying over the last six months

Organisation	Changes in intervention group mean scores				
	1 Control	2 Policy communica.	3 Stress	4 Neg. Behaviour Awareness	5 All
1	-	+	0	+	+ + +
2	0	0	-	-	- - - - - -
3	0	0	-	- - -	0
4	+ + +	-	0	- -	0
5	-	0	- -	+	0

Higher scores (+) suggest an increase in witnessing bullying

The above figures reinforce the view that no clear conclusion can be drawn with regard to effectiveness of a particular intervention. However, with the exception of organisation 1, there appears to be a slight downwards trend for all groups which have received some training. Given that training and other attention to workplace problems would tend to sensitise participants to the problem, this overall slight reduction could signal a small reduction in levels of bullying.

10.4 Negative behaviours

Table 35: Negative Acts Questionnaire (NAQ-R) - Minimum score on scale = 22

Organisation	Time of assessment	Intervention group mean scores				
		1	2	3	4	5
1	Baseline	26.78	28.62	26.96	27.31	28.97
	T1	26.82	27.83	28.55	27.10	29.94
2	Baseline	27.70	32.29	30.00	26.90	30.59
	T1	27.07	30.69	33.28	28.47	28.08
3	Baseline	31.44	28.31	27.75	27.14	32.97
	T1	31.88	28.81	28.30	26.79	28.29
4	Baseline	31.00	28.29	28.68	29.15	30.61
	T1	31.22	28.48	27.38	29.36	32.10
5	Baseline	28.13	29.78	27.70	27.81	28.76
	T1	28.17	30.03	27.19	27.81	29.41
All orgs.	Baseline	28.57	29.29	28.13	27.76	30.25
	T1	28.63	28.96	29.23	27.89	29.30

Higher scores suggest an increase in reported negative behaviour

Again, to be able to spot potential trends in relative change between baseline and post-intervention (T1) measures we applied the same procedure as for self-labelled bullying (see above).

Table 36: Trends in Negative Acts (NAQ-R) Minimum score on scale = 22

Organisation	Changes in intervention group mean scores				
	1 Control	2 Policy communica.	3 Stress	4 Neg. Behaviour Awareness	5 All
1	0	- -	+ + + + +	0	+ +
2	- -	- - -	+ + + + + + + +	+ + + + + +	- - - - - - -
3	+	+	+ +	-	- - - - - - - -
4	0	0	- - - -	0	+ + + + + +
5	0	0	-	0	+ +

Higher scores suggest an increase in reported negative behaviour

The above table indicates that in the case of negative behaviour also, no systematic changes appear to have occurred between baseline measurement and the post-intervention measurement. With only approximately 10-20% of employees in the units trained (primarily supervisors / managers), it is of course possible that the amount of training or number of people trained is insufficient to affect behavioural patterns. Although the effect of training generally is expected to be greatest straight after the training has taken place, it is also of course possible that a six months delay between interventions and measurements might have been too short for any changes to occur and be noted. Alternatively, different interventions may in some cases have different effects in different organisational settings, with other external or internal circumstances playing a part. For example, organisation 1 experienced unforeseen changes in the time between baseline and post-intervention measures were obtained, with the possibility of redundancy affecting a substantial number of employees taking part in the study.

10.5 The psychological contract

When we compare the psychological contract of individuals from the five interventions groups, our data suggests that there is an overall reduction in psychological contract fulfilment scores except for individuals who took part in the full day training session (group 5). It was, therefore essential to check whether these findings were generally upheld when looking at the impact of individual interventions. The same procedure used for bullying and negative behaviour was again applied.
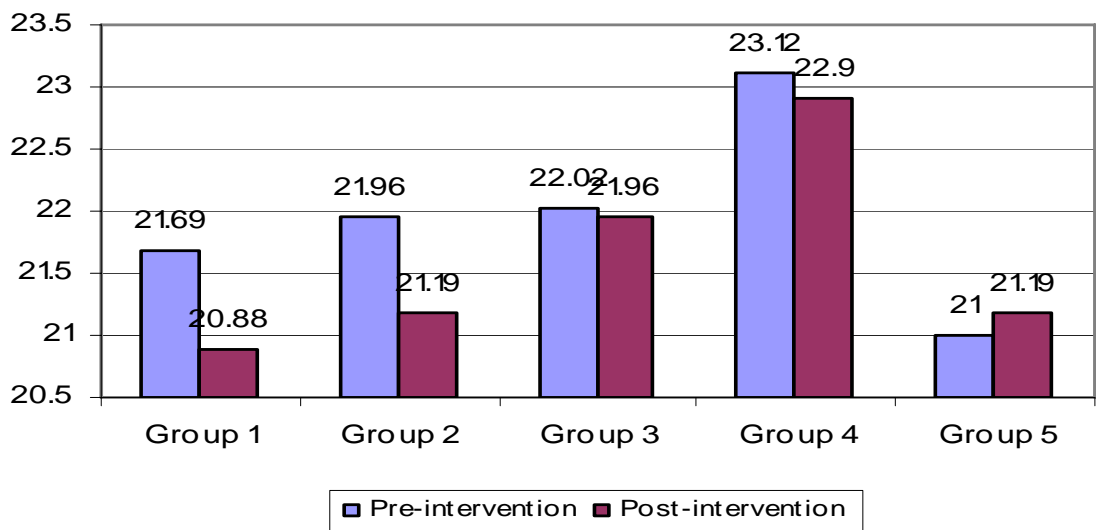
Table 37: Psychological contract – (Minimum score on scale = 7)

Organisation	Time of assessment	Intervention group mean scores				
		1	**2**	**3**	**4**	**5**
1	Baseline	23.21	21.77	22.04	21.43	20.71
	T1	22.57	21.38	21.34	22.27	19.64
2	Baseline	21.78	21.67	21.41	24.21	22.87
	T1	20.79	21.78	20.62	24.25	22.17
3	Baseline	18.79	21.50	21.65	22.37	20.41
	T1	17.95	20.13	21.14	23.89	22.44
4	Baseline	20.44	23.23	23.07	23.91	17.70
	T1	20.05	21.35	24.21	21.94	20.50
5	Baseline	22.40	21.51	21.64	24.13	22.18
	T1	21.48	21.23	22.00	22.52	21.74
All orgs.	Baseline	21.70	21.96	22.02	23.15	20.86
	T1	20.95	21.16	21.78	22.86	21.17

Higher scores suggest an improvement in the psychological contract

Table 38: Trends in Psychological contract (Minimum score on scale = 7)

Organisation	Changes in intervention group mean scores				
	1 **Control**	**2** **Policy communica.**	**3** **Stress**	**4** **Neg. Behaviour Awareness**	**5** **All**
1	0	0	0	+	-
2	-	0	- -	0	0
3	-	-	0	+ +	+ + +
4	0	- -	+	- -	+ + + + +
5	-	0	0	-	0

Higher scores suggest an improvement in the psychological contract

Again it was impossible to trace any clear patterns in the data. Since increased scores in this case represent an improvement of the psychological contact, with a few exceptions improvement of the psychological contract was associated with training in one form or another, with the most positive development associated with the full day training (all training).

10.6 Mental health

Table 39: Mental health measure by GHQ-12 - Minimum score on scale = 12

Organisation	Time of assessment	Intervention group mean scores				
		1	**2**	**3**	**4**	**5**
1	Baseline	24.15	25.07	24.29	24.29	24.26
	T1	24.77	24.79	25.00	23.86	24.88
2	Baseline	24.37	26.42	25.69	23.87	25.72
	T1	25.59	24.79	26.20	23.69	25.64
3	Baseline	26.23	23.64	26.83	24.93	27.69
	T1	25.30	25.81	23.04	24.00	25.84
4	Baseline	26.00	24.40	25.49	24.31	25.68
	T1	24.90	24.66	25.14	24.60	24.67
5	Baseline	25.37	24.87	23.74	22.68	24.46
	T1	26.74	26.50	22.94	24.94	24.11
All orgs.	Baseline	25.08	24.86	24.95	24.00	25.45
	T1	25.52	25.26	24.62	24.21	25.06

Higher scores suggest worsening mental health

Table 40: Trends in the mental health measure by GHQ-12- Minimum score on scale = 12.

Organisation	Changes in intervention group mean scores				
	1 **Control**	**2** **Policy communica.**	**3** **Stress**	**4** **Neg. Behaviour Awareness**	**5** **All**
1	+	0	+	0	0
2	+	- -	0	0	0
3	-	+ + +	- - - - -	-	- - -
4	-	0	0	0	-
5	+ +	+ +	-	+ + + +	0

Higher scores suggest worsening mental health

Again the scores are difficult to interpret. Mental health scores could be the product of a number of different factors. Experiencing negative behaviour and bullying at work may only represent just one of a number of factors present both within and outside the context of work.

10.7 Organisational outcomes, absenteeism and intention to leave

Absenteeism and turnover behaviour have been the primary focus of previous research with regards to organisational outcomes associated with bullying. Although bullying and negative behaviour have been found to be associated with absenteeism, with the previous BOHRF study indicating a discrepancy in terms of absenteeism of seven days annually between those who reported being bullied and those neither bullied nor having witnessed bullying, research has found a relatively weak link between these variables. Thus, a Norwegian study reported that bullying only accounted for 1% of total absenteeism (Einarsen & Raknes, 1992), a figure which increases to 2% in a Finnish study of heath sector workers (Kivimaki, 2000), and 3% in a recent Swedish study (Widmark et al., 2005). It therefore does not come as a surprise that it is impossible to identify any particular trend in the current data.

Table 41: Self-reported absenteeism (time off work last six months)

Organisation	Time of assessment	Intervention group mean scores				
		1	**2**	**3**	**4**	**5**
1	Baseline	3.87	5.06	5.15	5.84	3.77
	T1	1.92	3.60	2.74	1.73	3.13
2	Baseline	2.18	5.21	3.58	2.71	2.74
	T1	2.59	5.95	4.59	2.40	4.19
3	Baseline	1.01	3.83	4.42	3.09	3.83
	T1	2.26	2.22	5.66	3.15	4.47
4	Baseline	4.55	2.85	2.03	4.37	3.86
	T1	10.62	6.86	2.69	3.65	3.68
5	Baseline	5.01	3.25	5.38	5.95	3.96
	T1	3.41	2.30	2.96	5.65	2.55
All orgs.	Baseline	3.54	4.00	4.19	4.56	3.67
	T1	3.72	4.01	3.61	3.25	3.56

A far stronger relationship has repeatedly been found between bullying and intention to leave, or turnover behaviour (e.g. Unison, 1997; Rayner, 1999; Hoel & Cooper, 2000).

As the scores in the above table are calculated as a sum of five separate scores, it would not make sense to represent any changes as a percentage as done previously in this section with other variables.

Table 42: Considered quitting last six months

Organisation	Time of assessment	Intervention group mean scores				
		1	**2**	**3**	**4**	**5**
1	Baseline	2.08	2.22	2.30	2.58	2.42
	T1	2.19	2.34	2.26	2.52	2.81
2	Baseline	2.77	2.52	2.82	2.36	2.83
	T1	2.90	2.76	2.55	2.13	2.32
3	Baseline	3.00	2.38	2.17	2.23	3.06
	T1	2.96	2.81	2.63	2.34	2.53
4	Baseline	2.76	2.84	2.73	2.41	2.90
	T1	2.60	2.55	2.68	2.55	2.91
5	Baseline	2.13	2.38	2.20	2.39	1.66
	T1	2.31	2.53	2.35	2.42	1.82
All orgs.	Baseline	2.46	2.46	2.45	2.42	2.49
	T1	2.52	2.56	2.47	2.41	2.49

Minimum scale score = 1: Increased scores suggest increased intention to quit

Table 43: Trends in intervention and levels of turnover (data incomplete for organisation 1 and 5).

Organisation	Changes in intervention group mean scores				
	1 **Control**	**2** **Policy communica.**	**3** **Stress**	**4** **Neg. Behaviour Awareness**	**5** **AI**
1	+ +	+	0	0	+ + + + +
2	+	+ + +	- -	- - -	- - - - -
3	0	+ + + +	+ + + + + + +	+	- - - - -
4	-	- - -	0	-	0
5	+ + +	- -	+ +	0	+

Increased scores suggest increased intention to quit

The above figures are difficult to interpret. On the one hand it appears to be impossible to detect any particular pattern with regard to turnover if one focuses on relative change. On the other hand, when looking at the post intervention scores (T1), all units which have received training beyond policy communication actually report levels of turnover below the organisational average, which again could indicate a slight change in the right direction.

10.8 Satisfaction with the atmosphere at work

An improvement of the work atmosphere was considered a potential and desired impact of our interventions. We therefore asked respondents to consider the following question: "*In comparison to six months ago, how satisfied are you with the atmosphere at work*". Respondents were given three answer alternatives:' '*more'*, '*less'* and '*about the same'.* As can be seen from the table below, an overwhelming number of respondents considered the

work atmosphere to have got worse over the last six months. This might give some support to the idea that taking part in training may sensitise and make them more aware of workplace problems. Furthermore, training might raise expectations which may lead to dissatisfaction when expected change is not forthcoming.

Table 44: Satisfaction with atmosphere at work compared with six months ago

Organisation	Time of assessment	Intervention group mean scores				
		1	2	3	4	5
1	Baseline	-0.02	-0.16	0.17	0.05	-0.25
	T1	0.00	-0.14	-0.12	-0.14	-0.35
2	Baseline	-0.05	-0.31	-0.03	0.10	-0.10
	T1	-0.03	-0.24	-0.36	0.03	-0.04
3	Baseline	-0.23	-0.03	-0.22	-0.17	-0.16
	T1	-0.04	-0.33	-.046	-0.22	0.11
4	Baseline	-0.30	-0.04	-0.55	-0.19	-0.39
	T1	-0.24	-0.06	-0.52	-0.24	-0.64
5	Baseline	-0.09	-0.15	-0.02	0.12	-0.04
	T1	-0.38	-0.24	-.012	-0.27	-0.39
All orgs.	Baseline	-0.12	-0.13	-0.10	-0.01	-0.18
	T1	-014	-0.20	-0.29	-0.17	-0.22

Increased scores suggest improved satisfaction with work atmosphere

As the scale used to measure atmosphere at work goes from –1 to + 1 (with 0 representing no change), this can be considered to be a 2-point scale. Thus, a change in score = 0.2 represents a change of 10% (or 0.1 = 5%).

Table 45: Trend in 'satisfaction with atmosphere at work'

Organisation	Changes in intervention group mean scores				
	1 Control	2 Policy communica.	3 Stress	4 Neg. Behaviour Awareness	5 All
1	0	0	- - -	-	-
2	0	0	- - -	0	0
3	++	- - -	- -	0	+ +
4	0	0	0	0	- -
5	- - -	0	-	- - - -	- - -

Increased scores suggest improved satisfaction with work atmosphere

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10.9 The effectiveness of intervention: assessing 'objective' measures

As an alternative measure of the potential efficacy of interventions, we asked the organisations to provide some 'objective data'. The response in returning objective data was varied thus undermining the potential of an appropriate comparison (see comments in section 7). However, the data was complete for sickness absenteeism with the exception of one organisation, and for turnover only two organisations provided complete records at both points of measurement.

10.10 Intervention and levels of absenteeism

As absenteeism figures varied very substantially from organisation to organisation and even between units within the same organisation, it makes little sense to compare raw data or days of absenteeism directly. Instead we will report on relative change within each intervention group. The three sets of figures reported thus relate to a) absenteeism level in unit compared to organisational average prior to intervention (baseline); b) absenteeism level in unit compared to organisational average post intervention (T1); and c) the relative change in absenteeism level for unit between baseline and T1 (before and after intervention). NB: Absenteeism is not reported for organisation 1 as data for two of the units were reported together and, thus render any comparison between units impossible. Positive (+) and negative (-) scores refer to unit levels scores above or below the mean score for the organisation respectively.

Table 46: Absenteeism comparison in intervention groups

Organisation	Time of assessment	Absenteeism: intervention group mean scores				
		1	**2**	**3**	**4**	**5**
2	Baseline	+ 2.25	+ 4.52	+ 4.34	+ 1.94	+ 2.44
	T1	- 1.70	+ 1.04	- 1.83	+ 0.70	- 2.17
	Rel. change	**- 3.95**	**- 3.48**	**- 6.17**	**1.24**	**4.61**
3	Baseline	- 0.50	+ 0.90	+ 0.60	- 1.00	- 1.40
	T1	+4.22	+ 9.12	+ 7.52	+ 7.22	+ 3.82
	Rel. change	**+ 4.72**	**+ 8.22**	**+ 6.92**	**+ 8.22**	**+5.22**
4	Baseline	+ 4.67	+ 2.02	- 1.21	+ 0.60	+ 3.09
	T1	+ 0.24	+ 1.45	- 0.12	+ 1.49	- 0.93
	Rel. change	**- 4.43**	**- 0.57**	**+ 1.09**	**+ 0.89**	**- 4.02**
5	Baseline	+ 2.20	+ 3.20	- 0.50	+7.20	- 3.45
	T1	- 1.50	- 1.15	+2.65	+ 7.10	- 1.30
	Rel. change	**- 3.70**	**- 4.35**	**+ 3.15**	**- 0.10**	**2.15**

Closer scrutiny of the above figures reveals no clear patterns with regard to change in absenteeism associated with any particular intervention.
As has been argued previously in this report, whilst the association between bullying and negative behaviour, on the one side, and, absenteeism on the other, is weak, a much stronger association is found for intention to leave.

Table 47: Intervention and levels of turnover (data incomplete for organisation 1 and 5).

Organisation	Time of assessment	Turnover: intervention group mean scores				
		1	**2**	**3**	**4**	**5**
2	Baseline					
	T1					
	Rel. change					
3	Baseline	- 2.80	- 0.30	- 1.30	+ 4.40	+ 0.10
	T1	- 1.20	- 3.30	- 2.00	- 3.10	-2.30
	Rel. change	**+ 1.60**	**- 3.00**	**- 0.70**	**- 7.50**	**- 2.40**
4	Baseline	+ 0.61	+ 3.31	- 0.73	- 4.40	- 3.92
	T1	- 0.76	+7.06	- 1.66	- 5.44	- 1.64
	Rel. change	**- 1.37**	**+ 3.75**	**- 0.93**	**- 1.04**	**+ 2.28**

Unfortunately, the data for turnover is difficult to interpret. Whilst most experiments groups show a reduction in turnover, this trend is not consistent across all experiment groups.

10.11 Other 'objective' measures

Only one organisation provided all requested data. However, in this case no changes were recorded between baseline and post-intervention measurement (T1) for any of the requested categories.

10.12 Total assessment of effectiveness of interventions

The previous sections have revealed that it is very difficult to trace particular trends in the data when looking at different variables which could have been influenced by the interventions. To enable us to consider all key variables together with the aim of looking for potential trends across the data, we put all the 'relative representations' by means of increases or decreases in variables scores into one table (see table 48 below).

Table 48: Assessment of interventions (desired direction of change for each variable is given in brackets)

O R G	IN T	BU (-)	WB (-)	NAQ (-)	GHQ (-)	PC (+)	ATM (+)	TO (-)
1	1	0	-	0	+	0	0	++
2	1	+	0	- -	+	-	0	+
3	1	-	0	+	-	-	+ +	0
4	1	0	+ + +	0	-	0	0	-
5	1	-	-	0	+ +	-	0	+ + +
1	2	0	+	- -	0	0	0	+
2	2	-	0	- - -	- -	0	0	+ + +
3	2	0	0	+	+ + +	-	- - -	+++ +
4	2	-	-	0	0	- -	0	- - -
5	2	+	0	0	+ +	0	0	- -
1	3	0	0	++++++	+	0	- - -	0
2	3	+ +	-	+++++++++	0	- -	- - -	- -
3	3	0	-	++	- - - - -	0	- -	+++ + +++
4	3	-	0	- - - -	0	+	0	0
5	3	0	- -	-	-	0	-	+ +
1	4	-	+	0	0	+	-	0
2	4	-	-	++++++	0	0	0	- - -
3	4	-	- - -	-	-	++	0	+
4	4	+++	- -	0	0	- -	0	-
5	4	0	+	0	++++	-	- - - -	0
1	5	0	+++	++	0	-	-	+++ + +
2	5	- - - - - -	- - - - - -	- - - - - -	0	0	0	- - - - -
3	5	0	0	- - - - - - - - -	- - -	+++	+ +	- - - - -
4	5	+	0	++++++	-	+++++	- -	0
5	5	0	0	++	+	0	- - -	+

(BU=Bullying; WB=Witnessed bullying; NAQ=Negative behaviour; GHQ=mental health; PC=Psychological contract; ATM=Atmosphere; TO=turnover/decision to leave).

For nine (45%) of the 20 experiment groups (table 49), the changes are in the desired direction for most variables, over and above those observed in the control group. In all of these cases there were improvements with regard to negative behaviour and bullying (which was the key objective of the interventions) and an improvement (or at worst no change) with respect to the

other variables measured (i.e. all variables with the exception of atmosphere and turnover, both of which were measured by one-item measures).

For three of the experiment groups (highlighted in darker grey) this trend was upheld across all variables with very considerable improvement reported for a number of them. It is important to notice that two of the groups represented units that had received a full days training or taken part in all three workshops, whilst the third group had received negative behaviour awareness training. Although great care must be taken when interpreting these findings, they do appear to indicate that the training might have had the intended effect, in at least some cases.

11. Intervention feedback from the trainer and participants

11.1 The trainer's perspective

As part of the evaluation process, the trainer was asked to report back on each scheduled session on a specifically devised form. In addition to receiving written feedback, the researchers conducted a two-hour interview with the trainer to explore some of his perceptions around the impact of the intervention programme in each of the five organisations. In total the trainer carried out 40 distinct interventions.

The trainer reported varying degree of success. In particular, the training groups appeared to vary with respect to group-dynamics (sometimes cross-questioning rather than interacting) and their ability to engage with the training content/message. In this respect the climate of the workshop would impact on process, what may be discussed and the outcomes.

Looking at the three different workshops the trainer made the following comments:

Policy communication:
Were only effective when a large number of relatively senior managers attended the session.

Stress management:
The nature of the workshop meant that they often become too focused on 'blaming the individual'. Furthermore, problems rather than solutions often took centre stage when organisational issues were emphasised. The workshops were often undermined by the fact that they focused on organisational issues which participants felt they were unable to influence due to lack of power/ seniority. However, there appears to be a consensus that a lot of negative behaviour could be removed by reducing stress levels.

Negative behaviour awareness:
As most people do not admit to experiencing bullying behaviour, time is needed for problem recognition to take place. The presence of macho attitudes or fear of not being politically correct may undermine the ability to learn. In general, the training was more effective in dealing with negative

behaviour than raising awareness of one's own role in creating or contributing to the problem. The transactional models introduced to deal with the problem were considered effective only when participants were able to relate their own experience directly to the model.

The following issues were highlighted by the trainer:

- The establishment of constructive dynamics and sufficient time is needed for experiential learning to take place

- With regard to quantity and quality of training, a minimum of one day appeared to be most effective. This is also evident from some of our questionnaire findings, which suggests that individuals who attended the full day session covering policy communication, stress management and negative behaviour awareness training, gained the most out of the interventions.

- One of the main objectives of this research was to implement bespoke interventions that were developed with the benefit of local knowledge and which provided examples that were relevant to the target audience. Thus, for the learning to be effective the audience had to be able to relate to the models presented.

- Groups need to be homogenous in that individuals attending sessions should be from similar levels of the organisation to create a more secure environment.

- Key people were not invited to training sessions or they did not attend when invited: the training would be more effective with people from a position of power or who were more able to influence their circumstances.

- Several external factors may influence the effectiveness of the training including substandard rooms, noisy environments and busy organisations with frequent interruptions / individuals leaving prematurely to attend to their work.

11.2 Feedback from participants

Participants were provided with a one-page evaluation form to complete at the end of all stress management and negative behaviour awareness training sessions. A total of 193 evaluation forms were collected from all five organisations.

Three quarters of respondents responded positively in response to whether the training challenged individuals to think in new ways.

Did the training challenge you to think in new and different ways?

No:
24.90%

Yes:
75.10%
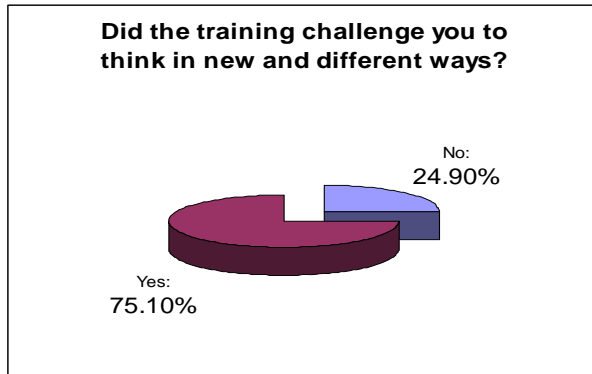
Individuals also responded very positively to 'How relevant was the session to the programme aims', 'How interesting did you find the session' and 'How would you rate the overall content of the session' by rating each item as 'good' to 'very good' (1 = poor, 5 = very good).

4.33   4.23   4.27

☐ Mean participant feedback scores

Relevance   Interest   Overall rating
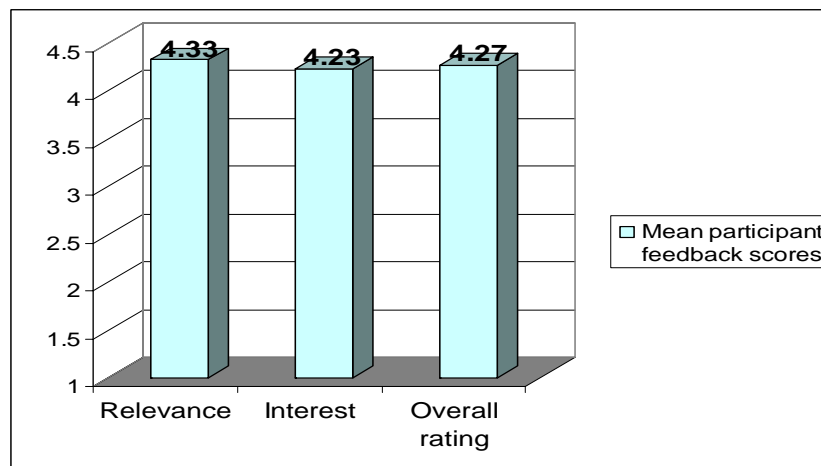
In addition to this, participants were asked to write down the main thing they had learnt from coming to the workshops. Their responses include:

- Self appraisal / reflection
- Awareness of different types of bullying behaviour
- To ensure that communication channels are kept open
- To control my stress levels better
- Prioritise

12. Post Intervention focus groups

Altogether eight post-intervention focus groups were carried out in three organisations.

The aim of these focus groups was to qualitatively assess the effectiveness of the interventions. For that reason the focus group discussions concentrated on issues such as a) *what are the key issues you remember from your*

training and b) *to what extent has the training changed your own or others' thinking and behaviour with regards to bullying and negative behaviour.*

The discussions indicate that specific training content is still remembered and considered making sense six months after it was received. The following issues were emphasised in the discussions:

> *"I think as managers we're all aware of it, we've been on diversity training, but that workshop was quite good in defining the different aspects of bullying"* (female manager, Civil Service).

> *"I think it reinforced for me how to look at different ways of managing conflict in strained environments. For me it was a good tool to enhance what I already learnt as a trainer…you're just standing back and allowing everybody to express themselves in whatever way is good for them and then almost offering a mini-counselling service before you get on with what you're trying to achieve and that has certainly helped me build a relationship with the people I work with"* (female trainer, Police Force).

In particular a number of participants highlighted the usefulness of the transactional analysis approach which formed part of the Negative Awareness workshops:

> *"The different models…child / adult relationships….for a piece of information it was useful and it's nice as an observing thing to say "oh right, you're behaving like a child and I'm in parent mode and we're not quite negotiating"…It allowed me to take one step back and reflect"* (male Officer, Police Force).

> *"It gave us an insight and awareness. You go back and see things in a different light. I think it was the transactional analysis that you can talk to someone as a parent and they can respond as a child and you need to be on an adult to adult level all the time… I thought that was good"* (female administrator, NHS).

> *"I've used it (transactional analysis). I'm not saying how I've used it has been successful in reflecting on my own performance. I've used it to try and get a different outcome and sometimes it's worked and sometimes it hasn't. You've got to be aware of the recipient of your message…just may not want to know"* (male Officer, Police Force).

Some people emphasised that the training had particularly helped them improving their understanding of the problem:

Defining the problem

> *"I think as managers we're all aware of it, we've been on diversity training, but that workshop was quite good in defining the different aspects of bullying"* (female manager, Civil Service).

"I came away with was that it was to inform staff, colleagues etc of the situation so that it was not considered as an overt activity, something that was going on regularly…sort of making sure that those negative traits and tendencies were managed better because some of them were to improve productivity or certainly [make people] more motivated with what they were doing. They needed to modify their approach so that people weren't put under undue pressure" (male, Civil Service).

Impact on behaviour

"I react differently to aggression now. Aggression is just self expression. It may not be necessarily a personal attack on you but a lot of people tend to deal with aggression with aggression. But I take myself out of that and going in to that session reinforced what I need to and put into place for my own protection before I actually react to a situation" (female trainer, Police Force).

"It had made me aware that behaviours that I had seen could be perceived as bullying, that a situation that I was managing someone I needed to be mindful that my approach to a subordinate would need to be necessarily open in ways which would project me coming into a situation where someone can say "you're bullying me". No. Leaving the door open at all points for someone to express, you know if they've got reservations, and doing it in a manner if they did that they would feel assured that we can find a way round that" (male, Civil Service).

"I think what we're talking about is more broader than bullying and harassment, and we're talking about negative behaviours that we have observed or experienced which of themselves may not be as painful as individual instances of bullying but are equally relevant to the department in terms of getting a happier more productive workforce. And therefore to focus exclusively on bullying or harassment isn't terribly productive because I might sit there and think I wouldn't bully anybody or harass anybody and I have never had experience of those things but I've had plenty experience of less painful negative behaviours which I myself would like to learn from and would encourage others to learn from. And I think this sort of drip feed will then help them to reduce instances of bullying and harassment" (male, Civil Service).

"It certainly is there in my mind because if the training that this is not punitive action…I think that the one thing that the training will have done is it will have usefully indicated to people that the perspective that they will view their behaviour at with subordinates, with colleagues, superiors etc, that's something that needs to be analysed. It's maybe the hardest thing as individuals that we face is to examine ourselves as best as we can from the outside…" (male, Civil Service).

<u>Indirect suggestions that behaviour has changed due to interventions</u>
<u>(individuals more aware of their own behaviour)</u>

"The Force is taking great steps to change things. The danger sometimes is that it perhaps has gone too far…you're very mindful that you're not bullying…There is a fine line between the definition of bullying and actually having to tell someone that that needs to be done" (male Officer, Police Force).

"we joke and muck around as friends would but at the same time we are slightly uncomfortable with doing so because we feel quite heavy on our shoulders, the responsibility to be diverse and not to intimidate anyone or harass them or bully them and actually that can be negative because it inhibits what in other circumstances would be normal interaction and so I find myself saying "hold on, you shouldn't be saying that sort of thing" (female, Civil Service).

<u>Uncertainty or suggestions that interventions may not have worked or</u>
<u>behaviour</u>

"It's a long haul process. I had a situation not so long ago where the nurse actually turned around and said she didn't want to take it further because she felt that it wouldn't get anywhere… if people feel like that then it isn't working very well" (female nurse manager, NHS)

"Well if people obviously have a problem then they will now know where to go…the information is there if you need it, but I don't think the overall perception of the attitude of the management board has changed…things have changed at the grass roots level" (female, Civil Service)

"I think the Force has worked on it over the years. It certainly has not eradicated it…I think the Force is putting forward a positive message that bullying will not be accepted or tolerated. That has potentially had the effect of making everybody know where we stand and perhaps putting people off what may be perceived as bullying behaviour but on the other hand it also has the effect of driving it underground and making bullies more devious…I think people use less obvious ways of wielding their power or influencing other people because they know they face potential discipline if they get caught" (male Officer, Police Force).

"Because I haven't had any major issues within my team setting, we haven't had to test the processes so I don't really know" (female nurse manager, NHS).

"Impossible to say, I've changed jobs, different people." (Male, Civil Service).

<u>What else can the organisation do?</u>

Several participants emphasised the importance of ongoing initiatives and training in order to bring about change.

> *"It was all relevant. Just having one session it's difficult to enable it to be a part of your life…It's got to be on an on-going basis then it strengthens you as a character to be able to deal with any conflict and manage yourself better…It's got to be on-going"* (female trainer Police).

> *"…the training has had a vague but definitely instilling influence in me and my approach"* (male, Civil Service).

However, the answer is not necessarily associated with training *per se* but with who receive the training. In other words, to be effective the training needs to be targeted at those in need of training.

> *"We feel that we are…lower down the ladder when it comes to the supervisory ladder, we think it should have gone up higher."* (female administrator, Police Force).

> *"I suppose it comes down to how people are selected for training in the first place"* (female nurse, NHS).

> *"I think part of the problem is that you are preaching to the converted. I don't think we would be here if we were not aware of the bullying and harassment as an issue anyway"* (male, Civil Service).

> *"You've got a focus group of five people who've put themselves forward. Probably people slightly on the goody side of normal, probably the people that don't need this {training]. The people who you do need here are the people who didn't put their hands up and aren't here."* (male, Civil Service).

From the focus groups discussions referred to above we can conclude that although the training receives good marks and for some is considered to have led to behavioural change, the picture is somewhat mixed.

13. Discussion

The present study confirms previous UK findings, suggesting that workplace bullying is a serious workplace problem affecting a substantial number of the workforce either directly or indirectly. The inclusion of some research instruments or scales used in the nationwide study sponsored by BOHRF and published in 2000 (Hoel & Cooper, 2000), has also made it possible to make some comparisons with previous findings. Although an overall rate of bullying of 13.6 and 14.3% at the two measurement times is somewhat higher than the national average of 10.6% emerging from the study in 2000, most of the current findings largely replicate those of the nationwide study and, thus give strong support to the validity / authority of the larger scale study. Moreover, with levels of bullying varying from 10.8 to 23.0% in the five organisations taking part in the study, the identification and implementation of interventions which could contribute to rectify the problem appears to be entirely justified as well as timely.

As highlighted in the report, a risk-assessment instrument has successfully been developed and tested. The validity of this instrument, the 29-item Bullying Risk Assessment Tool (BRAT) was confirmed, with the BRAT (29 items) and each of its five factors, correlating highly with negative behaviour and bullying as well as with mental health. Moreover, each of the five factors independently predicted negative behaviour, whilst all factors with the exception of 'workload' predicted self-labelled bullying. Although it is too early to anticipate its full practical value, it is hoped that it will be tested out in other studies in the near future. The BRAT represents the first attempt anywhere to apply a risk-assessment approach to the issue of workplace bullying and as such, must be considered a milestone. It might not yet have found its final form but international interest in replicating or testing its qualities, particularly from research teams in Belgium and Denmark, speaks for itself.

The study's primary aim was to develop, implement and evaluate interventions which alone or in combination could prove to be effective in reducing negative behaviour at work and ultimately preventing workplace bullying. To achieve this aim a highly complex and scientifically rigorous study was designed and carried out. By involving five organisations from four very different environments, with their own very specific structures, cultures and routines, the researchers have had to juggle a multitude of issues in order to carry out the study according to the original protocol and to ensure that sufficient information was collated at various points. With this in mind we can conclude that we have reached our overall aims and objectives.

The interventions applied in the study were all based on sound theory and current understanding of bullying and its antecedents, and we believe that they have adequately addressed the problem in order to bring about the envisaged behavioural change. Similarly, the professionalism of the trainer and the effectiveness with which the workshops were delivered were never in question, with feedback from participant also appearing to give strong support to this. However, with reference to the stress literature, locally developed and,

thus, fully contextualised training programmes developed in response to particular local needs could be anticipated to have an even greater impact. But the scientific design which aimed to compare interventions across different settings, and thus allow for conclusions with regards to generalisability and transferability of findings to be made militated against such an approach.

Unfortunately, we have only to a limited extent been able to utilise the objective measure which were obtained during the study. A number of factors accounts for this shortcoming: Firstly; some organisations were unable to obtain the data as requested (and agreed) due to difficulties with external data processing mechanisms and incompatible formats where intervention units were different from internal units of measurement. Secondly; organisations were unable to obtain information about particular issues, e.g. grievance and complaints records. With hindsight, such shortcomings could possibly have been resolved by involving the organisations in developing the actual measures as well as testing the system prior to the study.

Despite strong indications from participants that the training was relevant and at least to some extent has had the intended behavioural impact as witnessed by focus group accounts, there is insufficient evidence in the data to make any conclusions with regard to the efficacy of particular interventions. This is unfortunate, albeit not surprising, and seems to be in line with most organisational intervention research (Murphy & Sauter, 2003). However, when comparing the data across a number of variables, it is apparent that some improvement in the desired direction for negative behaviour and bullying has taken place in approximately a third of experiment groups, but with different interventions associated with positive outcomes in different organisations. If we consider these results with the feedback from participants on the day of training and six months following the training, the trainer's reports on delivery and anticipated effectiveness, as well as focus group participant observations and responses post intervention, we can tentatively conclude that the training does seem to have at least some effect, although different interventions may work better within different contexts. Moreover, for two of the experiment groups all scores on the eight key variables were in the desired direction, with a very substantial improvement noted for some of the variables. In both cases these results have emerged from units where the experiment group have received a full day's training. The fact that this finding was not upheld across all five organisations can be due to a variety of reasons, with the trainer's report in one particular case suggesting considerable unwillingness/resistance on behalf of participants to engage with the training, and another, experiencing threat of redundancies at the time of post-intervention measurement.

To account for the overall results a number of factors need to be considered:

> **Intervention may increase awareness and expectations, and in turn lead to dissatisfaction, affecting post-intervention measurements.**

It should be emphasised that raised levels of problem awareness during the initial stages in a change process should not be considered a problem *per se* and may even represent an asset. However, it is well known from other studies (e.g. stress literature) that interventions might contribute to sensitisation of a problem with higher scores on particular variables as a result. In a similar way, interventions may also raise expectations which subsequently could manifest itself in dissatisfaction when change does not occur or when the pace of change is considered to be too slow. For example, it is possible that by identifying and raising awareness about stressors present in the work environment but at the same time failing to, or being unable to provide participants with necessary powers to address these stressors, further stress and frustration may emanate. Following this line of argument it might, therefore, be suggested that where no change has occurred between the two measurement points, an actual improvement could have taken place. The eight percentage point drop in response rate from measurement one to measurement two might also has impacted on results in a similar way, reinforcing the above argument. Thus, it is well known from previous studies (e.g. Einarsen et al., 1994) that targets of bullying are somewhat more likely (Einarsen and colleagues found a difference of 10%) to respond that those who did not consider themselves to be bullied.

> **The right people may not have been trained**

As previously outlined, in order to have the maximum effect, our intention was to aim the training at people in line management positions. Although there is no problem in including employees without supervisory responsibility in the training, where this has lead to line managers being replaced by rank and file employees, it might have reduced the maximum potential impact of the training.

There is some evidence to suggest that individuals who were considered (by their managers or their colleagues) as potential beneficiaries of the training, were actually not selected for training. Moreover, there is also anecdotal evidence that some actually deliberately avoided taking part in the training despite being selected, by not turning up at the session or by nominating colleagues in their place. Insufficient attention to planning and scheduling on behalf of the participating organisations has in some instances resulted in low participation rates and in other cases, people have left in the middle of a focus group or a training session because of other work

commitments. Even with forewarning, participating individuals & organisations have had to come to a decision as to whether to proceed with crucial day-to-day work tasks, such as operating on patients, or to attend focus groups / training sessions. It should be noted that resource limitations on behalf of the researchers have meant that the interventions have had to been planned on two consecutive days within each organisation. Although this has worked well for research purposes, in has caused organisational problems and possibly contributed to lower participation rates. In principle the training could have been split into different modules and could be delivered more flexibly over a longer period of time.

By contrast, there is evidence to suggest that management have consciously or subconsciously made a decision to apply training to particular 'hot spots' or problem areas. Whilst this might contribute to inflating bullying figures and other measurements, suggesting that the data might not be representative of the entire organisation, such decisions make complete sense and should in principle not affect the analysis where the emphasis has been on relative change between post-intervention (T1) and baseline measures.

➢ **Things are going on within the organisations impacting on processes and individual outcomes**

The post-intervention focus groups bear witness of the presence of other factors potentially influencing findings. For example, in some cases other initiatives aimed at organisational change, of which some were also associated with training of participants, were going on at the same time or in parallel with our project. Moreover, other organisational processes may interfere with or even counteract our effort to bring about change, e.g. restructuring or organisational change. For example, in one of our organisations a reorganisation unknown to us at the offset of the project, not only led to internal turmoil but also the potential of a large number of redundancies.

➢ **The units of comparison (referred to as intervention group 1-5) may not have remained the same during the entire course of the study.**

There is evidence that some individuals have been transferred to other jobs or other units or may have left the organisation altogether. Others may have been recruited during the period following the intervention. However, this is to be expected and is likely to have only marginally affected the results. Furthermore, in at least one of the organisations a large number of employees from one of the experimental units were moved to another unit in the middle of the study. Taking turnover rates into account (approximately 10 percent), such factors would undermine the value of straightforward comparison of pre and post intervention measures.

➤ **Overall 'critical-mass' may not have been achieved.**

Although we were up against the reality of limited resources and commitment of the participating organisations, it may be argued that too few people within each unit were trained in order to have any measurable effect in the desired direction. Similarly, the amount of training each individual received may have been insufficient for any behavioural change to occur. In this case both factors are likely to have influenced outcomes. The fact that participants selected for training frequently did not turn up or, in some cases had to leave in the middle of the training further highlight this problem. However, as emphasised in the previous point, 'critical mass' may be as much related to the total number of people trained as well as the amount of training participants received.

➤ **The time between interventions and post-intervention measurement (T1) is too short for any effects to have occurred.**

For most intervention studies effects appear to be the greatest immediately after the training where the content is relatively fresh in the minds of participants, and then gradually diminishes over time, especially where the training is not repeated (Giga, Cooper, Faragher, 2003). However, the nature of the problem of destructive behaviour and bullying and its association with the culture of the unit and the wider organisation could suggest that change would be slow and possibly a delayed process. However, the relatively short period between measurements could not to be avoided due to the total duration of the study and the expressed wishes of the participating organisations. To test this assumption a second measurement (T2), i.e. 12 months after the intervention is currently being discussed with one of the organisations. It is questionable whether a T2 measurement would necessarily bring about greater clarity bearing in mind some of the problems discussed above, which may to some extent have had an affect on this organisation.

The above discussion reviews a number of factors which alone or in combination may help to explain why it was not possible to trace any clear pattern in the quantitative data and, thus, prevent us from drawing any firm conclusions with regard to the effectiveness of any particular intervention or combination of interventions. However, looking at the complete evidence presented, the combination of quantitative and qualitative evidence appears to provide some evidence that the intervention may have had a small positive effect, particularly for those attending the full day training.

Whilst it might be somewhat disappointing not to be able to draw any clear conclusions with regard to the efficacy of applied interventions, this study, the first of its kind with respect to bullying and destructive behaviour, has provided us with considerable insight into organisational intervention processes, and which therefore is likely to greatly benefit future studies. It is to such learning points we now turn our attention.

14. Conclusions

As far as we are aware, this report completes the very first scientific study into evaluating the effectiveness of management interventions for tackling interpersonal conflict in the workplace. Despite many obstacles and challenges on the way, we are confident that we have met our original aims and objectives in connection with this ambitious study. A risk assessment tool (BRAT) to assess the risk of negative behaviour and bullying has been successfully developed and validated. In our opinion, the BRAT has considerable scope for practical application.

By means of a complex study design, and by applying rigorous scientific standards throughout, we developed, implemented and evaluated three different interventions, all theoretically sound and based on a review of the literature and local contextual information. In order to assess the effectiveness of the interventions or combinations of interventions, we applied a randomised controlled trial (RCT) design and used a wide range of data of a quantitative as well as quantitative nature in the validation/evaluation process. Five large organisations, within the public sector took part in the study and the same design was adopted for all organisations to allow for evaluation purposes and generalisation of findings.

With regard to the survey data obtained prior to, and six months after the interventions, no statistical differences emerged for any key variable between intervention groups across the five organisations. Thus, it was impossible to establish the efficacy of particular interventions or, combinations of interventions. However, when all outcome variables were considered together, an improvement or change in the desired direction appears to have taken place in some of the intervention groups, particularly where participants had taken part in a full day's training and, thus, received the complete training programme. These findings were also supported to some degree by feedback of a qualitative and quantitative nature from the trainer, trainees and participants of post-intervention focus groups, whether they had previously had taken part in the training or not. When the same outcomes were not reported across the five organisations, various factors, some of which were of an organisational nature and could be accounted for, might have contributed to this result. Firstly, although it was our intension to primarily focus the intervention on managers or people with supervisory responsibility in order to achieve the maximum impact with limited resources, there is clear evidence that in many cases this was not the case, with employees without supervisory responsibility, replacing members of the key target groups or, indeed, individual managers or supervisors identified as in need of training. Secondly, and related to the previous point, with only 5-20% of staff within a measurement unit being trained, insufficient numbers or a 'critical mass' was not achieved to bring about a measurable effect. Thirdly, other factors of an organisational nature or the amount of training provided may have been insufficient for experiential learning to take place. Fourthly, it is well known from other intervention studies that training or other interventions might sensitise participants and the environment within which the interventions are

taking place to the problems, with greater awareness manifesting itself in the shorter term in dissatisfaction and inflated scores on certain variables.

With regard to the apparent success of the full day's training combining all three interventions, this could have as much to do with the amount of training as the particular nature of the training. Thus, we will second the view of the trainer that in order to achieve the desired change in behaviour, experiential learning must take place. For a sensitive issue such as the one in question, this would require positive group dynamics and the development of a safe learning environment, both of which in most cases take time to establish.

The present study has provided us with many important learning points, particularly with regard to the intervention process which we believe will greatly benefit future intervention studies in the area of workplace bullying, destructive behaviour and beyond. In this respect we would emphasise the importance of continuous management commitment to the process, based on shared in-depth understanding of the aims of the interventions, responsibility for resource provision, resource allocation and, implementation of the entire research project. However, to ensure a successful outcome wide participation and involvement must be established from onset, allowing for interventions to be fully contextualised or anchored in the local context. In this respect it is tempting to suggest that the scientific rigour and RCT design applied to the present study might in itself has militated against a better or more clear-cut result. Thus, we have previously been warned that applying rigorous scientific design when undertaking research in busy, rapidly changing environments is fraught with difficulties (Kompier, 1999). Therefore, whilst a case-study design where the interventions are designed to address the needs of the organisation and based on wide employee involvement would make it more difficult to make predictions with regard to generalisability and, indeed, transferability of findings or tested approach, a case study approach might have been more successful in establishing the efficacy of interventions.

Finally, our results suggest that there appears to be no 'quick fix' solution to alleviate an organisation of the problems of destructive behaviour and bullying or to ensure that bullying does not manifest in the future. In our opinion, the only viable option open to the organisation is to embark upon cultural change, a process that can be long and difficult and which would require continuous management commitment. But as many organisations come up against restricted resources despite their best intentions, it is important not to judge all interventions within a limited scope or timeframe as a dissipation of resources, or worse, as counterproductive. Thus, carefully planned and targeted interventions based on sound theory could bring about change and may represent a first important step on the ladder of cultural change, even though definite evidence of any desired impact might be difficult to measure, particularly in the short-term.

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16. Appendices

Appendix A: Advisory Board Membership

Baroness Anne Gibson	Chair of Committee, Member of the House of Lords.
Rob Allan	Director of Human Resources, West Hertfordshire NHS Trust.
Janet Asherson	Head of Environment, Health and Safety Group, Confederation of British Industry (CBI).
Chris Ball	Independent Consultant / Amicus-MSF.
Jan Berry	Chairman, Police Federation of England and Wales.
Petra Cook **Karen Charlesworth**	Chartered Management Institute
Valery Davey	Former Member of Parliament for Bristol West.
Angela Ishmael	The Andrea Adams Trust
Brian Kazer	Chief Executive, British Occupational Health Research Foundation.
Diana Lamplugh	The Suzy Lamplugh Trust
Barbara Lindsay MBE	Senior Policy Adviser, Department of Trade and Industry.
Tom Mellish	Trades Union Congress
David Palferman **Scott O'Brien**	Health and Safety Executive
Dianah Worman **Keith Handley** **Imogen Haslam**	Chartered Institute of Personnel and Development.
Helge Hoel **Sabir Giga**	The University of Manchester

Appendix B: The Bullying Risk Assessment Tool (BRAT)

The following items relate to your experience within your organisation. Please rate each item by circling the number that best corresponds to your experiences / thoughts over the last 6 months.

1 Strongly agree	2 Agree	3 Slightly agree	4 Slightly disagree	5 Disagree	6 Strongly disagree
1. New staff are made to feel welcome when starting employment in the organisation					1 2 3 4 5 6
2. Conflict in my work unit is common					1 2 3 4 5 6
3. I am clear about what is expected from me					1 2 3 4 5 6
4. This organisation does not value equal opportunity for everyone					1 2 3 4 5 6
5. I have confidence in my line managers abilities					1 2 3 4 5 6
6. Staff shortages are common in my unit					1 2 3 4 5 6
7. I enjoy working in the teams that I am involved with					1 2 3 4 5 6
8. I am not clear about how to carry out my job					1 2 3 4 5 6
9. Vacant positions are filled without delay within my unit					1 2 3 4 5 6
10. My line manager tries to control every single aspect of what is going on at work					1 2 3 4 5 6
11. The grading / rank structure in this organisation is transparent					1 2 3 4 5 6
12. I don't get on with some of my colleagues					1 2 3 4 5 6
13. I have received sufficient training to carry out my job					1 2 3 4 5 6
14. My unit often makes use of temporary staff					1 2 3 4 5 6
15. My line manager values constructive criticism					1 2 3 4 5 6
16. People in this organisation are not rewarded properly					1 2 3 4 5 6
17. I find my colleagues to be co-operative					1 2 3 4 5 6
18. I face conflicting demands in my job					1 2 3 4 5 6
19. Cover for absent staff is provided immediately within my unit					1 2 3 4 5 6
20. My line manager exploits his / her position of power					1 2 3 4 5 6
21. I feel my contribution to the organisation is recognised					1 2 3 4 5 6
22. Different professional groups don't work well together within my unit					1 2 3 4 5 6
23. My job description is clearly defined					1 2 3 4 5 6
24. I feel that there isn't enough time in the day to complete my work					1 2 3 4 5 6
25. My line manager consults me before decisions affecting me are made					1 2 3 4 5 6
26. The organisations' resources are not distributed fairly					1 2 3 4 5 6
27. My line manager is sensitive to how I feel					1 2 3 4 5 6
28. Existing work pressures make it difficult to take time off work					1 2 3 4 5 6
29. Work is shared equally among the people I work with					1 2 3 4 5 6

Factor structure of BRAT factor structure

1. 'Organisational fairness': 1, 11, 21, 4, 16, 26

2. 'Team conflict': 2, 12, 7, 17, 22, 29

3. 'Role conflict': 8, 3, 18, 13, 23

4. 'Workload': 6, 14, 24, 28, 9, 19

5. 'Leadership': 5, 10, 15, 25, 27, 20

Appendix C: Validation of the BRAT (results of regression analysis)

Table A1: BRAT factors as independent predictors of NAQ-R

	Beta	**t**	**Sig.**
BRAT – Org. fairness	0.129	3.310	P<0.001
BRAT – Team conflict	0.202	5.259	P=001
BRAT – Role conflict	0.155	4.216	P<0.001
BRAT – Workload (6)	0.107	3.174	P=0.002
BRAT - Leadership	0.207	5.637	P<0.001

Rsq = 34.2%

Table A2: BRAT factors as independent predictors of NAQ-R - Work-related harassment

	Beta	**t**	**Sig.**
BRAT – Org. fairness	0.125	3.428	p=0.001
BRAT – Team conflict	0.115	3.311	p=0.001
BRAT – Role conflict	0.241	7.067	p<0.001
BRAT – Workload (6)	0.188	5.928	p<0.001
BRAT - Leadership	0.288	6.566	P<0.001

Rsq=41.2%

Table A3: BRAT factors as independent predictors of NAQ-R – Personal harassment

	Beta	**t**	**Sig.**
BRAT – Org. fairness	0.116	2.755	p=0.006
BRAT – Team conflict	0.250	5.990	p<0.001
BRAT – Role conflict	0.055	1.383	NS
BRAT – Workload (6)	0.019	0.521	NS
BRAT - Leadership	0.162	4.019	p<001

Rsq=22.3%

Table A4: BRAT factors as independent predictors of self-labelled bullying

	Beta	**t**	**Sig.**
BRAT – Org. fairness	0.129	3.119	p=0.002
BRAT – Team conflict	0.315	7.736	p<0.001
BRAT – Role conflict	-0.099	-2.536	p=0.011
BRAT – Workload (6)	0.032	0.876	NS
BRAT - Leadership	0.192	4.848	p<001

Rsq= 23.9%

Table A5: BRAT factors as independent predictors of General Health Questionnaire (GHQ-12)

	Beta	**t**	**Sig.**
BRAT – Org. fairness	0.066	1.584	NS
BRAT – Team conflict	0.107	2.565	p=0.11
BRAT – Role conflict	0.314	7.996	p<0.001
BRAT – Workload (6)	0.053	1.469	NS
BRAT - Leadership	0.100	2.488	p=0.013

Rsq-24.4%

Appendix D: Policy guidelines

NB: Bullet points in **bold** considered **essential**, other points considered desirable.

Statement of intent and commitment

- **The right to work in an environment free of harassment, bullying & intimidation** (– working towards an environment free of harassment/bullying).
- **The seriousness of the problem, e.g. potential that disciplinary actions may be taken, including dismissal. Can be unlawful/criminal offence**
- **Applies to all employees, managers, workers, individuals subcontracted or seconded to work for the organisation.**
- **The responsibility of all employees to comply with the policy**
- **Managers responsible for implementation of policies**
- **No recrimination/victimization**
- Focus on a standard of conduct

Definitions & examples of behaviour and conduct in breach of policy

- **Provide definition**
- **Examples of behaviours in breach of policy**
- **Highlights perception of recipient of exposure to unwanted behaviour/bullying refers to behaviour which is unwanted by the recipient**
- Focus on deed as oppose to intent of behaviour acknowledging that harassment and bullying can be unintentional
- (reference to a 'reasonable' person's judgment of what constitutes bullying
- Acknowledges/makes a distinction between one-off negative acts as oppose to repeated negative behaviour

Principles for a safe complaint system: Reassurance of fairness, non-recrimination and confidentiality

- **No attempt of recrimination of targets (the person who files the complaint) will be tolerated**
- **Confidentiality should be offered to the complainant (target) as far is possible for the progression of the case. Unconditional confidentiality cannot be offered as it may compromise the employer's general 'duty of care'**
- **Principles of fairness and non-recrimination extends to alleged perpetrators**
- A message that complaints will be taken seriously
- Malicious complaints is considered a disciplinary offence
- Fairness to be assured by means of management training and consistency in application of rules and regulations (reducing the impact of subjectivity)

How to complain, seeking advice

- **Line-managers should under normal circumstances be the first line of contact**
- **Where to complain if the perpetrator happens to be the line-manager, e.g. dedicated HR person/representative**
- **Emphasising the right to be accompanied when filing a complaint**
- **Outline the status and role of advisors and how the may be contacted**
    - **to provide advice on the rights of targets and the alternative actions available to targets**
    - **to provide practical help, e.g. assisting in drafting letters, assisting targets to meetings etc.**
- Professional support/counseling to be offered to target (complainant) as well as alleged perpetrator throughout process

Reporting and complaints procedures

- **Clear ad unambiguous procedures for resolving issues and complaints**
- **Making a distinction between and informal and an informal complaint rout**
- **Informal complaint** (involving as few people as possible and with interviews and discussions as far as possible held in an informal atmosphere)
    - **Use of informal complaint does not prevent later use of the formal complaint procedure**
    - Independence of investigators as far as possible
    - Granting leave/suspension (with pay) during investigation if necessary

- **Formal complain**
    - **Clarify how and where (to whom) complaint should be made**
    - **Swift response, stating the given time period within which a response will be made, e.g. a week**
    - **Emphasise that the target should feel free to be accompanied by a person of their choice in interviews,, e.g. a colleague or a shop steward**
    - Potential sanctions listed

Information about how the policy is monitored (examples of potential approaches)

- **Register of complaints/incidents (and their outcomes) to be retained by HR**
- **Regular review of policy and monitoring system**
- Collect information on negative behaviour as part of exit-interviews
- Include questions on the effectiveness of policy as part of staff surveys

Appendix E: Part A Tool: Bullying Risk Assessment Tool

Objective Hazard Identification: To be completed by the Human Resources Department

1. Unit identification code: _____

2. Total number of employees in unit_____

3. What is the average annual absenteeism rate in the unit*?

_____days per employee.

4. What is the average annual absenteeism rate in the organisation?

_____days per employee.

5. Is the unit experiencing specific cases of long-term absenteeism due to non-physical illness?
Yes □   No □

6. Are any employees in the unit often absent for shorter periods of time (i.e. 1 day at a time) without explanation?
Yes □   No □

7. What is the current annual employee turnover rate (percentage) in the:
    (a) unit   _____%
    (b) organisation   _____%

8. What was the annual employee turnover rate (percentage) in the previous year in the:
    (a) unit   _____%

    (b) organisation   _____%

9. How many complaints/grievances have been filed by employees from the unit in the last year?

_____

10. To what extent have the following affected the unit during the past 6 months:

Not at all **1**	Some **2**	Considerably **3**	Extensively **4**
Organisational / technological change			1 2 3 4
Financial budget cutbacks			1 2 3 4
Redundancies			1 2 3 4
Staff shortages / unfilled posts			1 2 3 4
Change of manager / supervisor			1 2 3 4

*Note: **Unit** refers to the level of analysis and will vary in each organisation (For example a ward in an NHS Trust).

Appendix F: Demographic variations in the experience of bullying to bullying

Table A6: Gender differences in exposure to bullying

	Male (%)	Female (%)	Sig.
Civil Service	9.2	15.3	p=.075
NHS 1	10.3	9.7	p=.499
NHS 2	12.5	17.1	p=.230
NHS 3	25.0	14.0	p=.152
Police	11.9	14.3	p=.313

Table A7: Age differences in exposure to bullying

	16-24 (%)	25-34 (%)	35-44 (%)	45-54 (%)	55-70 (%)	Sig.
Civil Service	13.3	8.6	14.9	15	12.1	p=.636
NHS 1	0	9.5	9.1	7.9	13.3	p=.923
NHS 2	0	22.7	13.3	13.2	25	p=.811
NHS 3	0	24.2	14.5	14.9	11.5	p=.936
Police	0	10.0	16.2	11.1	18.7	p=.789

Table A8: Contractual arrangement differences in exposure to bullying

	Permanent (%)	Fixed period (%)	Seconded (%)	Other (%)	Sig.
Civil Service	12.6	0	0	n/a	p=1.000
NHS 1	11.0	0	0	0	p=1.000
NHS 2	15.9	25.0	n/a	n/a	p=.767
NHS 3	14.9	40.0	0	100	p=.002
Police	13.5	9.1	n/a	0	p=.997

Table A9: Hours of work differences in exposure to bullying

	Full-time (%)	Part-time (%)	Sig.
Civil Service	12.7	10.0	p=.633
NHS 1	10.9	6.8	p=.794
NHS 2	20.2	8.3	p=.382
NHS 3	20.6	7.4	p=.121
Police	12.3	18.2	p=.232

Table A10: Ethnic differences in exposure to bullying

	White (%)	Non-white (%)	Sig.
Civil Service	10.4	22.7	p=.010
NHS 1	9.8	10.5	p=.693
NHS 2	14.5	30.8	p=.317
NHS 3	12.8	34.4	p=.035
Police	12.2	33.3	p=.021

Table A11: Organisational level of target

	No spvsr. resp. (%)	Spvsr. (%)	Middle Mgmnt. (%)	Snr. Mgmnt. (%)	Other (%	Sig.
Civil Service	13.3	10.3	9.0	22.7	33.3	p=.243
NHS 1	14.7	8.9	6.2	0	5.3	p=.264
NHS 2	15.6	11.8	6.7	0	38.5	p=.433
NHS 3	13.5	15.4	24.2	33.3	12.5	p=.711
Police	11.9	17.4	17.2	0	14.3	p=.951

Table A12: Duration of bullying experience: breakdown within organisations

	Within the last 6 months (%)	Between 6 & 12 months ago (%)	Between 1 and 2 years ago (%)	More than 2 years ago (%)
Civil Service	32.3	22.6	22.6	22.6
NHS 1	5.3	15.8	21.1	57.9
NHS 2	9.5	23.8	38.1	28.6
NHS 3	23.5	23.5	29.4	23.5
Police	20.0	20.0	20.0	40.0

Table A13: Negative Acts: Breakdown within organisations

	*	Someone withholding information which affects your performance (%)	Having your opinions and views ignored (%)	Being exposed to an unmanageable workload (%)
Civil Service	**O**	45.9	37.7	34.7
	R	8.4	7.3	11.9
NHS 1	**O**	47.0	37.0	36.2
	R	11.9	8.7	14.1
NHS 2	**O**	48.6	45.3	42.1
	R	7.9	8.7	10.7
NHS 3	**O**	44.8	46.2	30.3
	R	10.5	8.1	17.5
Police	**O**	49.0	38.0	29.3
	R	10.8	8.7	13.6

*(R)egularly or (O)ccasionally experiences

Appendix G: Pre- and post-intervention data comparisons

Table A14: Negative behaviour (no significant changes in terms of high ranking negative behaviours)

	*	Pre-intervention (%)	Post-intervention (%)
Someone withholding information which affects your performance	O	47.0	48.9
	R	10.0	9.4
Having your opinions and views ignored	O	40.4	40.6
	R	8.2	7.3
Being exposed to an unmanageable workload	O	33.8	34.7
	R	13.7	14.2
Being ordered to do work below your competence	O	31.0	30.9
	R	9.4	11.0
Being given tasks with unreasonable or impossible targets or deadline	O	29.2	29.9
	R	8.7	10.3
Having key areas of responsibility removed or replaced with more trivial or unpleasant tasks	O	24.5	25.1
	R	6.9	6.6
Spreading gossip	O	22.5	22.5
	R	4.8	5.2
Being shouted at or being the target of spontaneous anger	O	22.4	23.2
	R	4.7	3.7
Being humiliated or ridiculed in connection with you work	O	22.3	18.9
	R	4.6	4.0

*(R)egularly or (O)ccasionally experiences

Table A15: Duration of bullying experience

	Within the last 6 months (%)	Between 6 & 12 months ago (%)	Between 1 and 2 years ago (%)	More than 2 years ago (%)
Pre-intervention	20.0	21.5	25.9	32.6
Post-intervention	25.2	21.8	22.7	30.3

Table A16: Organisational breakdown of bullying duration

	Within the last 6 months (%)	Between 6 & 12 months ago (%)	Between 1 and 2 years ago (%)	More than 2 years ago (%)
Civil Service (T0)	32.3	22.6	22.6	22.6
Civil Service (T1)	24.1	34.5	13.8	27.6
NHS 1 (T0)	5.3	15.8	21.1	57.9
NHS 1 (T1)	29.4	11.8	35.3	23.5
NHS 2 (T0)	9.5	23.8	38.1	28.6
NHS 2 (T1)	41.7	12.5	20.8	25.0
NHS 3 (T0)	23.5	23.5	29.4	23.5
NHS 3 (T1)	17.2	20.7	27.6	34.5
Police (T0)	20.0	20.0	20.0	40.0
Police (T1)	15.0	25.0	20.0	40.0