Prevalence and Impact of Workplace Bullying among Pharmacy Practice Faculty in the United States

Kristin C. Klein, PharmD, Emma Dittmar, PharmD, Sarah E. Vordenberg, PharmD, MPH
University of Michigan College of Pharmacy

Abstract
Objective: To identify the prevalence and impact of workplace bullying among pharmacy practice faculty in the United States.
Methods: Members of the Pharmacy Practice section of the American Association of Colleges of Pharmacy were invited to complete an online survey about the frequency with which they experienced negative workplace behaviors in the communication, humiliation, manipulation, discrimination, and violence domains as well as workplace bullying in the previous 12 months. Independent t-tests and chi-squared tests were used to investigate associations between workplace bullying and pharmacy practice faculty demographic and employment characteristics.
Results: Participants (n=256) reported a median of 6 negative behaviors in the workplace, most often in the communication and humiliation domains. A total of 50 (19.5%) reported experiencing workplace bullying. The most common impacts of workplace bullying included increasing their stress level (n=44/49, 89.8%), negative effects on their emotional health (n=42/49, 85.7%), and job dissatisfaction (n=40/49, 81.6%). Female participants more frequently reported workplace bullying (n=43/196, 21.9%) compared to male participants (n=4/56, 7.1%; p=0.012). Individuals who identified as white were less likely to report workplace bullying (n=40/233, 17.2%) compared to individuals of all other races (n=8/19, 42.1%; p=0.008).
Conclusion: Most pharmacy practice faculty reported experiencing some degree of negative workplace behaviors during the past 12 months. Additional strategies are needed to create inclusive work environments with transparent, actionable policies when workplace bullying occurs.

Keywords: academia, faculty, incivility, pharmacist, workplace bullying

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Introduction

The American Medical Association (AMA) defines bullying as, "repeated, emotionally or physically abusive, disrespectful, disruptive, inappropriate, insulting, intimidating, and/or threatening behavior targeted at a specific individual or a group of individuals that manifests from a real or perceived power imbalance and is often, but not always, intended to control, embarrass, undermine, threaten, or otherwise harm the target."[1] Workplace bullying is a problem that is gaining more attention as the prevalence across industries is being recognized.[2,3] Since the 1990s, research on workplace bullying has expanded to many countries and industries and has evolved to include more types of bullying.[2] It is critical to identify and address workplace bullying as it can lead to negative outcomes, including increased rates of anxiety, depression, burnout, decreased job satisfaction, and lower productivity.[1,4,5]

Workplace bullying is associated with worse patient outcomes in healthcare settings.[1,6] Health profession research has primarily focused on workplace bullying in the nursing and medical professions.[7-10] Rates of workplace bullying vary based on the definition used in each study.[11,12] Among the nursing profession, bullying may affect 2.4 to 81% of people, but if workplace incivility is included, then it consistently affects over two-thirds of nurses.[7,11] These studies have shown that bullying can affect anyone and can come from anyone in the workplace, including peers, superiors, and patients.[3,8,12]

Among pharmacists, studies have shown that harassment and discrimination are prevalent and there is decreased work satisfaction related to bullying.[13,14] However, these studies have primarily focused on bullying within the entire pharmacy profession or how bullying relates to work-life balance within academia.[13,14] There are no current studies exploring the prevalence of negative behaviors in pharmacy practice faculty who may experience workplace bullying in multiple academic and clinical practice settings.

Objective
The objectives of this study were to identify the prevalence of workplace bullying among pharmacy practice faculty in the United States and to explore the degree to which these negative behaviors affect wellbeing and work satisfaction.

Methods
Sample Size
Using a population size of 1588, a sample size of 232 was calculated with a 90% confidence level and a 5% margin of error.

Survey Development
The research team created a 10-minute, online survey in Qualtrics (Provo, UT) designed to capture information about

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Corresponding Author: Kristin C. Klein, PharmD
University of Michigan College of Pharmacy
Ann Arbor, MI
kriklein@med.umich.edu ; 734.936.6945

workplace bullying. The introduction to the survey stated the purpose of the survey was to collect information about "different behaviors in the workplace" and did not specify workplace bullying as the topic to limit sampling bias. The first two questions screened participants to ensure that only current pharmacy practice faculty in the U.S. or an associated territory, not classified as adjunct faculty, participated in the survey.

Participants were initially asked to rate how often they experienced negative behaviors in the workplace using a 5-point Likert scale (0=never, 1=1-2 times per year, 2=1-2 times per month, 3=1-2 times per week, 4=3 or more days per week) using items derived from previous studies about workplace bullying.[8,11,15] The specific domains that were included were communication (n=12 items), humiliation (n=7 items), manipulation (n=12 items), discrimination (n=6 items), and violence (n=2 items), and were organized as individual matrices with a total of 39 items. Items in each matrix were randomized to minimize order effects.

Subsequently, participants were shown the definition of workplace bullying by the AMA and were told that the items on the previous pages were examples of workplace bullying.[1] Participants were asked whether they experienced workplace bullying in the past 12 months (1=yes, 0=no). If participants reported that they experienced workplace bullying, they were asked the location where it occurred (i.e., clinical practice site, college or school of pharmacy, or other) as a select all that apply question. If the workplace bullying occurred at the clinical practice site, participants were asked to identify if it was provoked by a physician, nurse, pharmacist, supervisor, and/or other health care professional. If the workplace bullying occurred at the college or school of pharmacy, participants were asked to identify if it was provoked by a peer colleague in the pharmacy program either within or outside the department, a colleague in another program within the university, a supervisor within or outside the pharmacy program, and/or a learner.

Participants were then asked to qualitatively share about their workplace bullying experience, including how it impacted their well-being, job satisfaction, and ability to function in clinical practice and the pharmacy program. Subsequently, participants were asked to rate their level of agreement with 11 items about the potential impact of workplace bullying in the previous 12 months (5-point Likert scale; 1=Strongly Disagree to 5=Strongly Agree).[16]

Demographic characteristics including gender, age, race, ethnicity, and sexual orientation were collected. Employment characteristics including type of institution, region of institution, academic rank, tenure track, full-time employment status, primary academic responsibility, and time on clinical activities was also collected. At the end of the survey, participants were provided online resources about workplace

bullying, as well as encouragement for those affected to contact their Human Resources department.

Pilot testing was conducted by several pharmacy practice faculty within the authors' institution who were not eligible for inclusion in the study.

Survey Distribution
Potential participants were identified by purchasing the current list of Pharmacy Practice members from the American Association of Colleges of Pharmacy (AACP). Emails were sent via Qualtrics to all individuals in September 2022. Each individual received a unique link to prevent duplication of survey responses. Two reminder emails were sent, each one week apart, to those who did not complete the survey.

Data Analysis
Data was downloaded from Qualtrics to a secure folder only accessible to study team members. Email addresses were removed prior to data analysis to de-identify the data. Descriptive statistics, independent t-tests, and chi-squared tests were used to analyze the quantitative data using Stata, version Stata SE 17.0 (StataCorp). Representative quotes were identified from the qualitative data and incorporated into the manuscript to illustrate the impact of workplace bullying on wellbeing. This study was determined to be exempt by the University of Michigan Health Sciences and Behavioral Sciences Institutional Review Board (HUM00222081).

Results
Participant characteristics
A total of 1,588 individuals were included on the original mailing list, of which 1,573 had an active email address. A total of 291 individuals began the survey (18.5% response rate). Individuals who did not identify as pharmacy practice faculty (n=11) or were classified as adjunct faculty (n=2) were excluded. We also excluded 32 individuals who completed less than 50% of the survey. The final sample consisted of 256 individuals.

Participants most frequently reported being female (n=196, 76.6%), white (n=233, 91.40%), and 30-39 years (n=101, 39.5%) (Table 1). The most common employment characteristics reported by participants included working at a public institution (n=150, 58.6%) and being on the non-tenure track (n=187 73.1%). Participants typically spent more than 50% of their time on teaching (n=155, 60.6%) and up to 20% of their time on clinical activities (n=130, 50.8%). Participants were evenly divided between the assistant (n=88, 34.4%), associate (n=88, 34.4%), and full (n=78, 30.5%) professor ranks.

Negative workplace behaviors
Participants reported a median of 6 negative behaviors in the workplace (range 0 to 29) within the previous 12 months. A total of 57.1% (n=145/254) reported at least one negative

behavior across either three (n=80, 31.5%) or four (n=65, 25.6%) domains. In contrast, only 8.6% of participants (n=22/246) reported no negative behaviors in any domain.

Participants reported a median of 3 negative behaviors in the communication domain. The most common communication issues were being interrupted while speaking (n=198, 77.3%); being frozen out, ignored, or excluded (n=109, 42.6%), or destructive innuendo or sarcasm (n=102, 39.8%) (Table 2). Participants reported a median of 3 negative behaviors in the manipulation domain. The most common manipulation issues were having someone else take credit for their work (n=112, 43.8%), having necessary information withheld (n=100 39.1%), and constant devaluing of efforts (n=93, 36.3%). Humiliation and discrimination were both reported a median of 0 times per participant. No participant reported behaviors in the violence domain. Most negative behaviors occurred 1-2 times per year (Figure 1).

Workplace bullying – Quantitative findings
A total of 50 participants (19.5%) reported experiencing workplace bullying within the previous 12 months. Most participants (n=46, 92.0%) reported workplace bullying occurred within their pharmacy program, with approximately one-half of participants stating it was due to a peer in their program (n=23, 46.0%). Participants also reported workplace bullying due to a superior in their pharmacy program (n=18, 36.0%), a peer in a department outside of the pharmacy program (n=15, 30.0%), a learner (n=8, 16.0%), or a supervisor outside of the pharmacy program at their university (n=5, 10.0%). Eight participants (16.0%) reported workplace bullying occurred at their clinical practice site by a physician (n=4, 50.0%), pharmacist (n=3, 37.5%), nurse (n=1, 12.5%), supervisor (n=1. 12.5%), or other healthcare professional (n=1, 12.5%). Finally, 2 participants (n=4%) reported workplace bullying at another location.

Among 49 individuals who answered questions about the impact of workplace bullying on well-being, the most common impacts included increased stress levels (n=44, 89.8%), negative effects on their emotional health (n=42, 85.7%), and job dissatisfaction (n=40, 81.6%) (Figure 2). The items with the least agreement were negative effects on physical health (n=19, 38.8%) and compromised patient safety (n=5, 10.2%).

Female participants more frequently reported workplace bullying (n=43/196, 21.9%) compared to male participants (n=4/56, 7.1%; p=0.012). Individuals who identified as white were less likely to report workplace bullying (n=40/233, 17.2%) compared to individuals of all other races (n=8/19, 42.1%; p=0.008).

Workplace bullying – Qualitative findings
Twenty-seven individuals provided one or more comments related to their experience with workplace bullying in the free-

text responses, of which 12 individuals (44.4%) described their overall experience, and 15 individuals (55.6%) shared how it impacted their life across one or more domains (i.e., well-being, job satisfaction, clinical practice, and pharmacy program).

Among participants who described the overall experience, workplace bullying by an authority figure or a person in power was reported by 41.7% of individuals (n=5/12). One individual stated, "Persons in authoritarian roles set unmanageable expectations and only give credit to those who conduct research. If you are not a strong researcher, then you have limited value within our COP [college of pharmacy]." Another individual reported that "higher administration has put barriers in place to block promotion for me over the years." Another individual shared, "In the past twelve months, I have been made fun of for looking like a student, been told that DEI [diversity, equity, and inclusion] work is not important and that I am a terrible mentor all by senior faculty members."

Among participants who described the overall experience, workplace bullying by a colleague was reported by 41.7% of individuals (n=5/12). One individual stated, "As far as peers go… this person does not usually bully me directly, but they are so negative in the way they speak about others that I find it very uncomfortable to be around this individual." Another stated, "I feel that because of my age, gender, and less years of experience compared to this individual led to my mistreatment. I was consistently spoken down to in a condescending fashion and this individual created barriers for me to get my work done."

Among participants who described the overall experience, workplace bullying by a student was reported by 25% of individuals (n=3/12). One participant reported "… intimidation and bullying and manipulation for course changes and grade inflation by colleagues and students" and another stated, "Students can be overly harsh on evaluations. I do not think that they consider it bullying, but it definitely feels that way." When describing bullying in student evaluation, one faculty member stated, "at certain points of the semester, I have been known to 'shut down' or not care as much because of these incidents."

A total of 29.6% (n=8/27) of individuals discussed workplace bullying in their clinical practice. One participant stated the situation "makes me not want to advocate for what I think is right with my patients" while another participant shared they have a "fear of not having enough clinical knowledge or other colleagues thinking my clinical recommendations are stupid because they have been in practice longer or have more certifications than me." Another participant reported workplace bullying "made it impossible for me to establish a practice – individuals have gone out of their way to close me out of practice opportunities."

Participants who experienced workplace bullying reported a variety of negative effects on their mental wellbeing (e.g., stress, crying, anxiety, new or worsened depression, decreased happiness, lower self-worth) and physical wellbeing (e.g., migraines, broken and worn teeth due to clenching of the jaw while sleeping). Most participants who experienced workplace bullying reported it negatively impacted their job satisfaction, such as by causing them to feel unmotivated about completing projects, resent parts of their positions, and question their career paths. Some participants reported workplace bullying made it difficult for them to establish a clinical practice, spend enough time at the site; however, another participant stated, "far less bullying occur[s] at my clinical practice. I attribute this to my practice site being a federal facility where training on bullying and inclusion is more advanced than training on these topics at my institution of higher learner."

Strategies participants use when workplace bullying occurs includes disengaging or avoiding the bully, compartmentalizing the situation, seeking counseling, considering resigning, and applying for non-academic positions. One participant stated, "Because of new norms of hybrid work, my well-being has improved." Another participant reported "bullying has been a part of the workplace for my entire career (30+ years)…in order to survive, pharmacists need to learn people, coping, and management skills as well as behavior and conflict resolution. Much of this type of learning is not taught in the pharmacy curriculum and must be learned by oneself. Some companies do have skills-based training programs, which is helpful to employees."

Discussion

A total of 91.4% of participants reported experiencing at least one negative workplace behavior within the past year, of which approximately 19.5% reported it rose to the level of workplace bullying. We found females and individuals who identified as a race other than white were more likely to report workplace bullying. Participants who experienced workplace bullying reported it increased their stress levels, worsened their emotional health, and decreased their job satisfaction.

Our findings are consistent with the 2021 survey by the Workplace Bullying Institute, which demonstrated 19% of the US workforce experienced workplace bullying in the previous year.[17] In this study, males and females were targets of workplace bullying at approximately the same rate; however, women perpetrators targeted other women two-thirds of the time.[17] This is an important consideration as the pharmacy profession is increasingly dominated by females.[18] Exploration of workplace bullying among the nursing profession, which is also dominated by females, via a gender role socialization theoretical lens suggests "indirect passive aggression strategies usually considered normal 'women's behavior'… [and] "bullying techniques are similar to passive aggressive techniques used by females rending [*sic*] bullying an integral feature of the nursing profession despite its negative outcomes."[19]

In our data analysis, we created a binary race category given the limited number of responses from individuals who did not identify as white. We found individuals who were not white experienced higher rates of workplace bullying than individuals who were white. Given the importance of fostering a diverse pharmacy practice faculty, it is critical that additional work be undertaken to identify and address workplace bullying among members of the academy who are from historically marginalized communities.

We did not compare stress levels between pharmacy practice faculty based on experiencing workplace bullying. However, in a systematic review and meta-analysis, Zhou et al. reported a poor work environment approximately doubled the risk of burnout and stress among trainee physicians.[20] Given the significant concerns about healthcare professional burnout, including for pharmacists, it is critical to work towards improving the workplace environment.[21]

Prevention of bullying in the healthcare setting requires buy-in from organizational leadership and workers themselves. The AMA recommends the following steps to prevent and address workplace bullying: implementing or improving workplace policies, improving organizational culture, and educating administrators and all staff about why bullying behaviors are harmful.[22] Employees should be aware their feedback is taken seriously, and administrators should have a plan for handling unprofessional behavior.[22] Employee feedback can also be used to create programs and resources to support those who experience workplace bullying.[22] It is important to consider that pharmacy practice faculty often work within a pharmacy program and a clinical practice, therefore extra attention may be needed to ensure there is effective communication between the leadership and management of the units to address workplace bullying.

Limitations

The primary limitation of this study was the small sample size. Although we met the sample size calculated, a greater proportion of women responded to the survey compared to the proportion of women faculty within pharmacy practice across the country (77.7% vs 66%).[23] This may be due to a higher likelihood of women to self-identify as bullied and may have resulted in responder bias.[24] We also had a higher proportion of respondents from public universities (58.1% vs 49.3%).[23] Individuals with significant time dedicated to clinical practice may have been underrepresented, resulting in artificially low documentation of workplace bullying in a clinical setting while those with administrative appointments may have been overrepresented. There may be individuals within the AACP roster who do not identify as Pharmacy Practice, leading to a lower response rate. We inadvertently did not include U.S.

territories as a region when we asked about the place of employment. Finally, we recognize asking participants to describe their workplace bullying experience in a written survey likely led to less details about the situation and its impact than if an interview was conducted.

Conclusion
A total of 90.7% of participants reported experiencing at least one negative workplace behavior within the past year, of which approximately 16.2% reported it rose to the level of workplace bullying. Additional strategies are needed to create inclusive work environments with transparent, actionable policies to deter perpetrators and support targets of workplace bullying.

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Table 1. Demographic and Institutional Characteristics of Pharmacy Practice Faculty

Demographic characteristics	Number of participants who (%)[+]
Gender	
Female	196 (76.6)
Male	56 (21.9)
Different gender	1 (0.4)
Age in years	
20-29	26 (10.2)
30-39	101 (39.5)
40-49	69 (27.0)
≥50	56 (21.9)
Race	
White	233 (91.0)
Black	5 (2.0)
Asian	9 (3.5)
Different race or more than one race	5 (2.0)
Hispanic	
Yes	15 (5.9)
Sexual orientation	
Straight	248 (96.9)
Gay or lesbian	2 (0.8)
All other sexual orientations	2 (0.8)
Employment characteristics	
Type of institution	
Public	150 (58.6)
Private	104 (40.6)
Region of institution	
Northeast	43 (16.8)
Midwest	98 (38.3)
South	87 (34.0)
West	27 (10.6)
Academic rank	
Instructor	1 (0.4)
Assistant professor	88 (34.4)
Associate professor	88 (34.4)
Full professor	78 (30.5)
Track	
Non-tenure track	187 (73.1)
Tenure track	68 (26.6)
Employment status	
Full-time	252 (98.4)
Part-time	3 (1.2)
Primary responsibility (≥50% effort)	
Teaching	155 (60.6)
Administration	59 (23.1)
Patient care	32 (12.5)
Research	7 (2.7)
Other	2 (0.8)
Time on clinical activities	
0-20%	130 (50.8)
21-40%	57 (22.3)
41-60%	55 (21.5)
61-80%	13 (5.1)

[+] Percentages may not add up to 100% due to missing data.

Table 2. Number and Percentage of Participants Who Endorsed a Negative Behavior at Least One Time in the Workplace within the Past 12 Months by Domain (Binary Outcome)

Behavior by domain	Number of participants (%)
Communication	
Interrupting you while you are speaking	198 (77.3)
Freezing out, ignoring, or excluding	109 (42.6)
Destructive innuendo and sarcasm	102 (39.8)
Persistent attempts to belittle or undermine your work	83 (32.4)
Persistent and unjustifiable criticism and monitoring of your work	79 (30.9)
Having insulting or offensive remarks made about your person, attitudes, or your private life	65 (25.4)
Persistent attempts to demoralize you	53 (20.7)
Excessively harsh criticism of your performance	53 (20.7)
Aggressive or intimidating eye contact or physical gestures	46 (18.0)
Intentionally left the area when you entered	31 (12.1)
Hints or signals from others that you should quit your job	23 (9.0)
Verbal and non-verbal threats	16 (6.3)
Manipulation	
Taking credit for your work	112 (43.8)
Withholding necessary information from you	100 (39.1)
Constant undervaluing of your efforts	93 (36.3)
Excessively and unnecessarily micromanaging you	89 (34.8)
Leaving you out of meetings or failing to show up for your meetings for no legitimate reason	86 (33.6)
Applying undue pressure to produce work	73 (28.5)
Being ordered to do work below your level of competence	67 (26.2)
Setting of impossible deadlines	55 (21.5)
Removal from areas of responsibility without consultation	41 (16.0)
Intimidating use of discipline or competence procedures	23 (9.0)
Unreasonable refusal of applicants for leave, training, or promotion	14 (5.5)
Threatening you with job loss or demotion	9 (3.5)
Humiliation	
Undermining your personal integrity	56 (21.9)
Demeaning you in front of coworkers or clients	47 (18.4)
Spreading false rumors about your work performance	39 (15.2)
Made inappropriate jokes about you	30 (11.7)
Persistent teasing	30 (11.7)
Persistent attempts to humiliate you in front of your colleagues	27 (10.6)
Spreading false rumors about your personal life	11 (4.3)
Discrimination	
Gender	88 (34.4)
Age	70 (27.3)
Physical appearance	34 (13.3)
Race or ethnicity	12 (4.7)
Disability	4 (1.6)
Sexual orientation	1 (0.4)
Violence	
Physical violence	0 (0)
Violence to property	0 (0)

Table 3. Demographic and Employment Characteristics of Pharmacy Practice Faculty by Experience with Workplace Bullying in the Past 12 Months[+*^]

Characteristic	Number of participants (%)		p-value
	No workplace bullying	Workplace bullying	
Gender			
Male	52 (92.9)	4 (7.1)	**0.012[#]**
Female	153 (78.1)	43 (21.9)	
Age in years			
20-39	106 (83.5)	21 (16.5)	0.308
40 years and older	98 (78.4)	27 (21.6)	
Race			
White	193 (82.8)	40 (17.2)	**0.008**
All other races	11 (57.9)	8 (42.1)	
Hispanic			
No	190 (80.5)	46 (19.5)	0.558
Yes	13 (86.7)	2 (13.3)	
Type of institution			
Public	117 (78.0)	33 (22.0)	0.190
Private	88 (84.6)	16 (15.4)	
Region of institution			
Northeast	33 (88.4)	5 (11.6)	
Midwest	80 (81.6)	18 (18.4)	0.312[##]
South	69 (80.2)	17 (19.8)	
West	19 (70.4)	8 (29.6)	
Academic rank			
Instructor or assistant professor	72 (80.9)	17 (19.1)	0.973
Associate or full professor	134 (80.7)	32 (19.3)	
Track			
Non-tenure track	151 (80.8)	36 (19.3)	0.981
Tenure track	55 (80.9)	13 (19.2)	
Primary responsibility (≥50% effort)			
Teaching	128 (82.6)	27 (17.4)	0.367
Other activities	78 (78.0)	22 (22.0)	
Time on clinical activities			
0-40%	149 (79.7)	38 (20.3)	0.460
41-80%	57 (83.8)	11 (16.2)	

[+] Percentages may not add up to 100% due to missing data.

[*] Sexual orientation not included due to the small number of participants who identified as a gender other than straight

[^] Employment status not included due to the small number of participants who reported working part-time

[#] Independent t-test was used to determine significant, defined as $p<.05$.

[##] Chi-squared test was used to determine significant, defined as $p<.05$.

Figure 1. Frequency of the Top Two Negative Workplace Behaviors That Were Reported by Participants by Domain
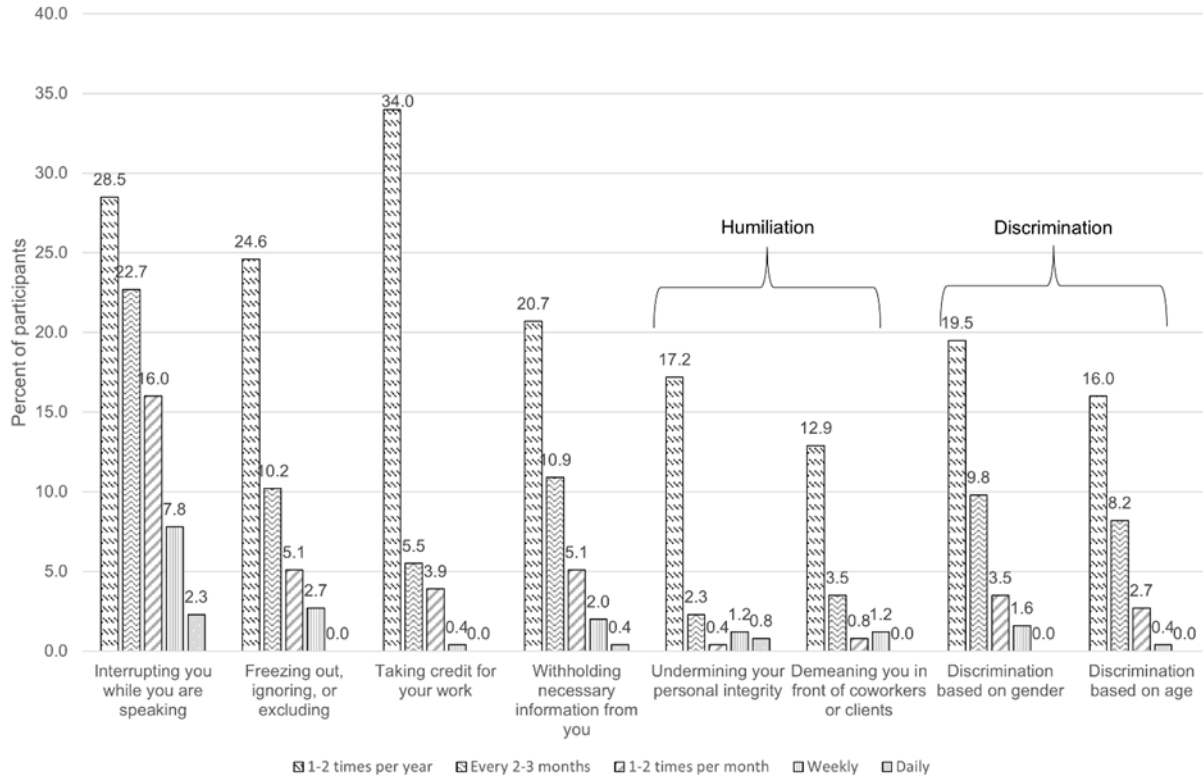
Figure 2. Percent of Participants Who Experienced Workplace Bullying Who Agreed That They Experienced Negative Impacts on Their Well-Being (N=49)