Evidence synthesis on the occurrence, causes, consequences, prevention and management of bullying and harassing behaviours to inform decision making in the NHS

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Executive Summary

Background

Workplace bullying is a persistent problem in the NHS with negative implications for individuals, teams, and organisations. Bullying is a complex phenomenon and there is a lack of evidence on the best approaches to manage the problem.

Aims

Research questions

What is known about the occurrence, causes, consequences and management of bullying and inappropriate behaviour in the workplace?

Objectives

Summarise the reported prevalence of workplace bullying and inappropriate behaviour.

Summarise the empirical evidence on the causes and consequences of workplace bullying and inappropriate behaviour.

Describe any theoretical explanations of the causes and consequences of workplace bullying and inappropriate behaviour.

Synthesise evidence on the preventative and management interventions that address workplace bullying interventions and inappropriate behaviour.

Methods

To fulfil a realist synthesis approach the study was designed across four interrelated component parts:

Part 1: A narrative review of the prevalence, causes and consequences of workplace bullying

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Part 2: A systematic literature search and realist review of workplace bullying interventions

Part 3: Consultation with international bullying experts and practitioners

Part 4: Identification of case studies and examples of good practice

Results

Narrative review of the prevalence, causes and consequences of workplace bullying

Prevalence

Bullying prevalence rates vary depending on the measurement method used. Common methods include self-labelling as a target of bullying, with or without a definition of bullying, and rating the frequency of different negative behaviours. Recent meta-analytic data from 24 countries reported bullying prevalence rates from 11.3% to 18.1% depending on the measurement method. Around 15% of NHS staff report experiencing bullying from other staff members. The prevalence of bullying has been found to be higher among staff with disabilities.

Males have been found to engage in more workplace aggression than females. Particular leadership styles have been associated with bullying: autocratic, tyrannical and laissez-faire leadership.

Antecedents

Bullying is complex, with multiple causes at the individual, group, and organisational levels.

Individual antecedents characterise the target and perpetrator to understand how particular attributes may evoke bullying behaviours or the perception of bullying. Personality profiling of both groups is still exploratory and while there are trends towards certain personality traits, the evidence overall indicates that they are heterogeneous.

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Social or group antecedents have focused on interactions within a group that can lead to bullying. These explanations are often theoretically based rather than empirical. Many of the explanations draw on social theories where observation, positive reinforcement, norms of behaviour acceptance, and lack of challenges to negative behaviour may perpetuate bullying.

Organisational antecedents often take a more holistic view of bullying, viewing the system at the root of the problem rather than an individual or group. Empirical evidence has found higher levels of bullying in times of organisational change, in hierarchal organisations, in the presence of destructive leadership styles, and where bullying goes unchecked through lack of disciplinary action.

Consequences

Empirical research has demonstrated that bullying has numerous negative implications for individuals, groups, and organisations. For an individual the consequences may include detriments to psychological and physical health and damaged home relationships. At the group level, witnesses of bullying have been found to have higher levels of psychological distress, higher rates of sickness, and lower organisational satisfaction. For organisations, consequences include lower job satisfaction, higher turnover, higher absenteeism, and a negative effect on patient care.

The economic implications of replacing staff and reduced productivity resulting from bullying can be significant: a review estimated that the annual cost of bullying to organisations in the UK is £13.75 billion, taking into account absenteeism, turnover and productivity.

Overview

Overarching theoretical models that attempt to explain bullying take a broad approach, incorporating individual, social and organisational antecedents and outcomes. These models often address the interplay between these different levels.

The literature suggests that the incidence, perception, and consequences of bullying depend on individual characteristics of both perpetrator and target, including personality variables. Social dynamics can exacerbate conflict if not

managed. However, the interpersonal relationship also takes place in an organisational context in which factors such as leadership, organisational change and work design can act to inhibit or precipitate conflict, which may be perceived as bullying by some individuals.

Realist review of workplace bullying interventions

The majority of papers identified were limited in their research design. However, rather than returning a report concluding 'more research is needed' we examined the details of interventions using a realistic synthesis approach. This enabled us to identify patterns by considering studies that, although deficient in terms of robust research findings, nonetheless offered insight into the important contextual factors and mechanisms that could explain why an intervention was likely to work or not.

We identified research that highlighted the link between the level of management support to employees and the level of psychological distress and workplace bullying. Supportive work environments protect individuals from some of the harmful effects of bullying.

Organisational climate was strongly influenced by the behaviours and values of managers and their commitment to supporting (or not) the wellbeing of staff. We identified that interventions were more likely to succeed if leadership commitment was present, and fail when it was absent.

Several studies identified that managers act as role models for employees, who then reflected their behaviours and values. Studies highlighted the need for managers to possess good interpersonal skills, to help identify and deal with incidents of bullying quickly.

Interventions were typically more successful when part of a strategic approach to tackling bullying at the organisational level, involving senior management support, structural support and resources, proactive and empowered staff, publicity, and readiness for change. The role of leaders and managers was crucial: to lend support and credibility to interventions, role model appropriate behaviours, drive and maintain change, and create a culture in which negative behaviours are challenged.

Training and team activities benefited from involving a critical mass of staff or being targeted at managers, and being delivered by skilled facilitators. Training content needed to be relevant and tailored to the local context.

Mediation studies demonstrated some positive outcomes, but disagreement exists regarding the suitability of mediation for bullying cases and success may rely on the expertise of the mediator.

Interventions should focus on key mechanisms for change: increasing insight into the perspective of others and differences in personal style, practicing conflict management and communication skills, instilling personal responsibility to challenge negative behaviours, generating solutions to local problems, empowering staff to implement change, and ensuring leaders are positive role models.

There was limited evidence on the effectiveness of therapeutic and supportive interventions directed at individuals, although some benefit was reported in case studies on coaching and mentoring and informal support.

Recommendations

- A culture should be established in which employees have a heightened awareness of workplace bullying, negative behaviours are challenged and positive behaviours endorsed.
- Focus preventative interventions firstly at the leaders and managers, who have the power to prevent and manage bullying and to change the culture.
- When an intervention is introduced, the support of leaders and managers is critical to intervention success.
- Formal policies and procedures should be promoted to outline the organisation's explicit commitment to tackling bullying.
- Proactive monitoring of organisational data should be considered to identify patterns and outliers to help target interventions.
- Use effective training to prevent and manage bullying. Focus on several key mechanisms: developing trainee insight into their own behaviour and its impact on others; creating a shared understanding of acceptable/unacceptable behaviours; developing interpersonal,

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communication and conflict management skills; and identifying local problems and causes of conflict and generating solutions.

- Training should be delivered to a critical mass of appropriate staff (particularly managers) or it risks being ineffectual.
- Consider mediation for informal resolution of conflict, but be aware of its limitations.
- Use counsellors who have knowledge of bullying and can draw upon a range of integrated therapeutic models.

Conclusions

This report has summarised evidence on the prevalence, causes, and consequences of workplace bullying and synthesised evidence on interventions focused on the prevention and management of bullying and harassment. It is clear from both reviews and expert insight that bullying is a complex problem that requires a broad-ranging, strategic approach that targets organisational, team-dyad and individual levels.

Tackling workplace bullying starts at the organisational level, with a focus on leadership and management. Organisations should establish cultures in which bullying and negative behaviours are challenged through implementing interventions that aim to prevent bullying before it occurs, manage bullying as it occurs, and offer support to help targets recover and bullies to change. An organisation with an anti-bullying ethos will be better equipped to anticipate and manage bullying proactively. The realist synthesis has strengthened recommendations by highlighting that interventions are more likely to be successful if leaders are supportive and committed to change.

Interventions designed to increase insight into the perspectives of others, develop conflict management and communication skills, and instil personal responsibility to challenge negative behaviours (e.g. through training) are also likely to contribute to an anti-bullying culture and develop skills that enable managers and employees to avoid conflict escalation.

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The Report

1 Introduction

This report summarises evidence on the prevalence, causes, and consequences of workplace bullying and synthesises evidence on interventions to prevent and manage bullying and harassment. The report focuses on bullying between staff, rather than between staff and patients or the public. Findings are presented to inform decision making of NHS management and offer directions for further applied research in the area of workplace bullying interventions.

Workplace bullying has been defined as[1,p.15]:

> *"…harassing, offending, socially excluding someone or negatively affecting someone's work tasks…it has to occur repeatedly and regularly…and over a period of time. Bullying is an escalating process in the course of which the person confronted ends up in an inferior position and becomes the target of systematic negative social acts."*

Workplace bullying is a persistent problem in the NHS[2-4], with implications for individuals, teams, and organisations[5]. Exposure to bullying can have serious implications not only for the organisational commitment and job satisfaction of targets of bullying, but also for mental and physical health[6]. Detrimental effects extend to bystanders[4], and bullying also has implications for patient safety[7] and quality of care[8]. In the interests of patient care, as well as individual and organisational wellbeing, there is a clear need to investigate methods to prevent and manage bullying.

This report begins by providing some background and context for the study of workplace bullying and discussing the realist approach to synthesising evidence. Aims and objectives are then presented, followed by the method. Chapter 3 presents the narrative review of the prevalence, causes and consequences of workplace bullying. Chapter 4 presents a realist review of evidence on workplace bullying interventions, which forms the main body of this report. Finally, evidence is summarised in the discussion, conclusion and limitations sections of Chapter 5.

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1.1 The current context of workplace bullying in the NHS

In the UK, the historical origins of the interest in workplace bullying can be traced to the pioneering work of journalist Andrea Adams and psychologist Neil Crawford[9]. Elsewhere, Scandinavian researchers have been at the forefront of workplace bullying research since the 1980s[10-14]. One notable exception outside Europe was the work of Brodsky[15], although this failed to generate a great deal of attention until years later. Although negative behaviours will have always occurred in the workplace, use of the term 'workplace bullying' is a modern phenomenon, with increasing interest from the public and academia in the last two decades.

Socio-economic circumstances provide an important backdrop for the context in which bullying occurs. Change management can be associated with bullying[3]. Organisations, faced with the challenge of achieving competitive results on a continual basis, often embark on ongoing change programmes. This can lead to uncertainty for employees and heightened pressure, and managers can respond to such pressure by using increasingly authoritative management styles. The global recession of recent years has added pressure to the UK working population and to the NHS. Fewer jobs make it less likely for an employee leaving a job to find a replacement post immediately. The bullied worker may therefore feel that leaving the workplace is no longer a potential course of action.

The change that has taken hold of the NHS in recent years has been unprecedented[16]. Therefore, the challenges and scale of organisational change currently taking place across the NHS may act as triggers for a rise in the prevalence of bullying.

The use of bullying terminology

Understanding the concept of workplace bullying is made more complex by the various descriptors and labels that are used interchangeably by researchers and commentators[17]. The terminology used in workplace bullying is relatively broad; labels include 'mobbing'[12], 'emotional abuse'[18], 'harassment'[15], 'bullying'[19], and 'incivility'[20].

Different terminology has also been adopted for key roles in the bullying relationship. For example, Einarsen[21] in his literature review of the field uses the terms 'victim' and 'bully', Hoel et al.[22] employ both 'perpetrators' and 'bullies', Hallberg and Strandmark[23] refer to 'bullied-individual' and 'victims', Tuckey et al.[24] refer to degrees of 'victimization' while Rayner and

McIvor[25] use the label 'targets' in their terminology. In the current report, the terms 'target' and 'bully' or 'perpetrator' are typically used.

What is bullying?

Workplace bullying is a complex phenomenon that can involve a range of different negative behaviours, including social exclusion, humiliation, persistent criticism, personal attacks, and excessive monitoring of work[11]. Typically, definitions of bullying focus on the subjective perception of the target of bullying and include a reference to a power imbalance between parties, and to the frequency and persistence of negative behaviours over a period of time. Liefooghe and Olaffson[26] suggest that there are a range of alternative repertoires of how people represent bullying. They argue that a bullying approach should not be based on an objective reality but instead as a set of events which can be conceptualised in different ways. One conceptualisation of an organisational event is that it is bullying. The subjective nature of the bullying experience can differ from simply the perception of believing 'something is wrong' to clear recognition of being a target[27]. The recognition of being a target can come from personal experiences and from information gained from colleagues[28]. Such subjectivity is often reflected in organisational policies. However, adopting a subjective approach does pose challenges for the measurement of bullying and the development of interventions[29].

1.2 The evidence base for workplace bullying interventions

Despite numerous studies recommending the adoption of strategies to prevent and manage bullying[30-32], there is no consistent or clear solution to the workplace bullying problem[33]. Although there are promising signs of progress across the scope of interventions employed to manage workplace bullying, there is a need for a comprehensive review of evidence on bullying interventions. To our knowledge, this is the first realist review of workplace bullying interventions.

One reason for the lack of intervention research is the complexity of the bullying issue. As Bloom[34] observed, "bullying in the workplace is the result of complex and interactive individual, dyadic, group, organisational and societal factors"[p.260], therefore tackling bullying is likely to require a multi-level approach that introduces contextualised interventions targeted at all of these levels. However, evaluating such broad-ranging interventions is difficult, plagued by confounding factors and ongoing organisational change, and requires longitudinal research investment.

A second explanation points to the general limitations of organisational intervention research. Shadish et al. highlight that intervention studies conducted in organisational contexts are relatively small compared to medicine and education, with most organisational interventions using a non-randomised design in which the follow up period is usually less than six months and there is an absence of baseline data[35]. Despite the fact that several models and instruments exist to evaluate programme impact and implementation effectiveness, few studies empirically examine the effectiveness of bullying interventions[36, 37]. Furthermore, when outcome data is presented it is often unclear why interventions are effective or ineffective due to the absence of information regarding implementation and process[38].

1.3 Approach to synthesising evidence

Although there are few systematic evaluations of workplace bullying interventions, there remains much to learn from existing research and practice[37]. An evidence synthesis of current knowledge drawn from academic papers, reports, case studies, and practitioner experience would permit a necessary review of the progress made to date, to inform the decision making of NHS managers and the direction of future research. The value of traditional systematic review models is likely to be limited for the evaluation of complex organisational interventions, as efficacy may vary depending on the context, participants and implementation process. An alternative approach to evidence synthesis which attempts to capture this complexity is the realist review approach[39].

1.3.1 Realist review approach

A realist review is "an interpretive theory-driven narrative summary which applies realist philosophy to the synthesis of findings from primary studies that have a bearing on a single research question"[40,p.93]. The strength of using a realist review is that it allows the deconstruction of complex programmes to understand what makes them work (or fail) and is therefore more suited to examining the complexity of workplace bullying interventions. A focus remains on identifying the efficacy of a particular programme, such as a bullying intervention, however this is typically contingent on the contextual environment of the programme. In a realist synthesis, the researcher seeks to identify: 1) the underlying mechanism that explains how the resources (material, social, cognitive, or emotional) provided by an intervention influence an individual's actions; 2) the

contextual and individual characteristics that determine whether a mechanism is triggered; and 3) the range of impacts that result from different combinations of contextual features and mechanisms (known as the 'outcome pattern')[41]. These interactions are called 'context-mechanism-outcome' or CMO configurations[39].

Although they share similar processes and mechanics, a realist review methodology differs from a traditional systematic review. Pawson et al. (2005) suggest the realist review assumes there to be a much wider array of evidence available, beyond the confines of a traditional search[39]. In a traditional systematic review, the scope of the review is focused on selected papers included on the grounds of methodological rigour. The realist review is more likely to include papers which include important information on the contextual factors, mechanisms, intervention or outcomes, rather than exclude them on the basis of methodological rigour.

A further feature of realist reviews is the adoption of multiple search strategies and the use of sampling aimed at retrieving materials purposively to answer specific questions or test particular theories[39]. An implication of this is that the use of snowball sampling and hand-searches to find companion evidence might be as much a part of the review as a database search. For example, in a realist review by Greenhalgh et al. (2004), 52% of all the quality empirical studies referenced in the final report were identified through snowballing, compared with only 35% through database searching and 6% through hand searching[42]. A further implication is that sources of evidence include grey literature and unpublished reports, as well as academic publications typically identified in traditional database searches.

The rationale for using the realist review in this study is that it is sensitive to the idiosyncrasies of real world interventions. In the process of unpacking them, it can inform the tailoring of interventions and policy to particular purposes, particular target groups, and particular sets of circumstances[40].

1.3.2 Interpretation of Realist Review Approach

Approaches to realist review share the central tenet of the approach: they have more of an explanatory than a judgemental focus, and seek to answer the question 'What works, for whom, in what circumstances, in what respects, and how?'[43,pv]. However, approaches to realist reviews vary

and work is currently underway to develop quality standards and protocols[44]. The range of approaches demonstrates the flexibility of realistic review and its evolution as a means of enquiry. Many researchers have adapted the central features of realist review for their own purposes[45, 46].

One element of the realist review is the development and testing of the middle-range theory in relation to evidence collected through the synthesis, and subsequent snowballing and ancestry searches. A middle-range theory is defined as a theory that lies "…between the minor but necessary working hypotheses that evolve in abundance during day-to-day research and the all-inclusive systematic efforts to develop a unified theory that will explain all the observed uniformities of social behavior, social organization and social change…Middle-range theory involves abstraction, of course, but they are close enough to observed data to be incorporated in propositions that permit empirical testing."[47,p.39]

Following Dieleman et al's approach[45], we placed primary importance on the identification of context-mechanism-outcome configurations, as this offers greater insight for managers and organisations seeking to adopt workplace bullying interventions. Our middle-range theory emerged through developing search terms and ongoing engagement with practitioners and experts. However our focus was primarily on identifying relevant contextual factors and mechanisms that are critical for intervention success, rather than developing an explicit middle-range theory.

1.4 Aims

The study aimed to review the prevalence, causes and consequences of workplace bullying and to synthesise the evidence on interventions used to prevent and manage workplace bullying.

1.4.1 Research question

What is known about the occurrence, causes, consequences and management of bullying and inappropriate behaviour in the workplace?

1.4.2 Objectives

Summarise the reported prevalence of workplace bullying and inappropriate behaviour.

Summarise the empirical evidence on the causes and consequences of workplace bullying and inappropriate behaviour.

Describe any theoretical explanations of the causes and consequence of workplace bullying and inappropriate behaviour.

Synthesise evidence on the preventative and management interventions that address workplace bullying interventions and inappropriate behaviour.

This study examined evidence from healthcare environments and other occupational sectors, but aimed to inform decision-making in the NHS.

2 Method

The methodology involved four parts:

Part 1: A narrative review of the prevalence, causes and consequences of workplace bullying

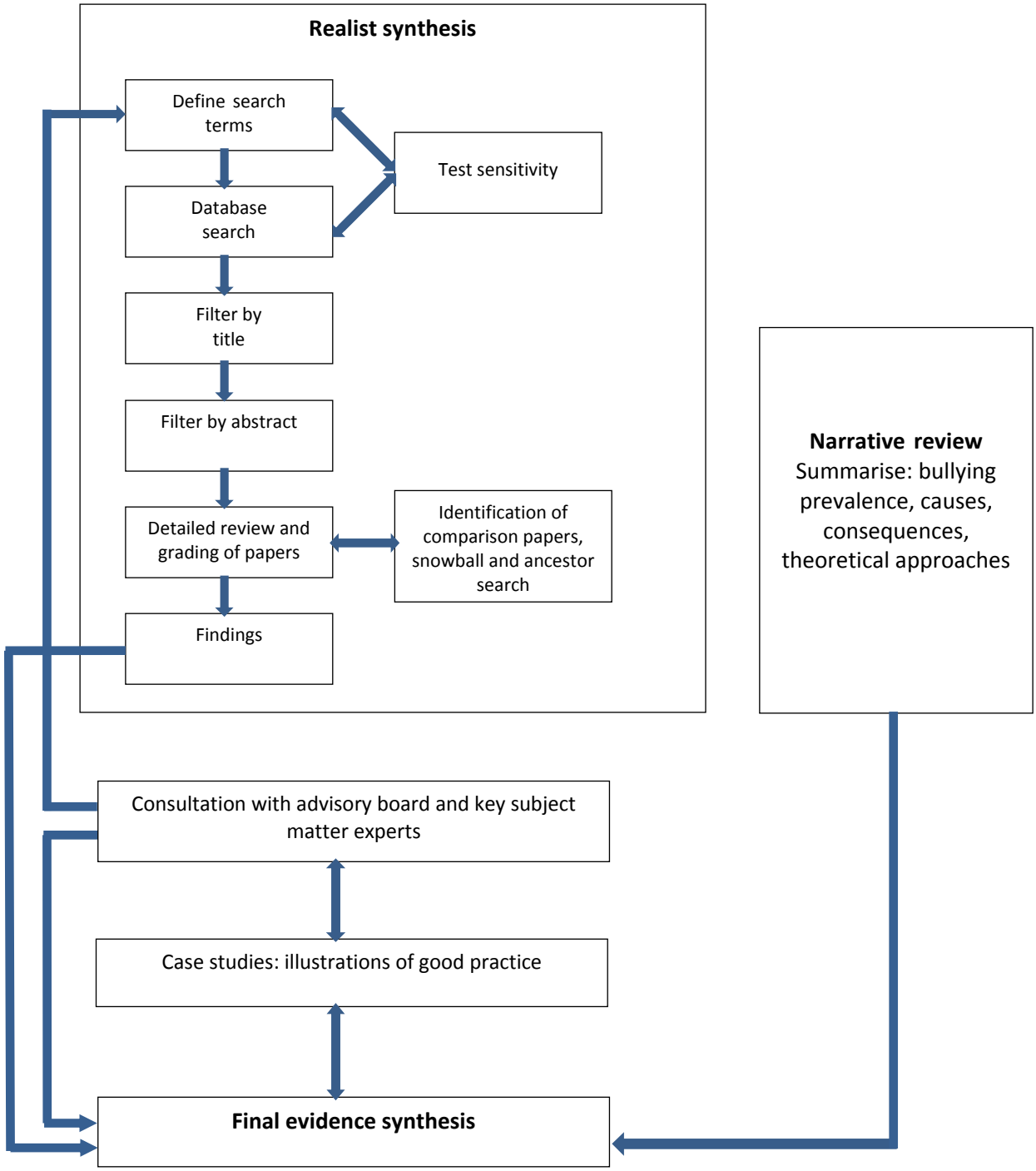
Part 2: A systematic literature search and realist review of workplace bullying interventions

Part 3: Consultation with international bullying experts and practitioners

Part 4: Identification of case study examples of good practice

An advisory panel was established at the start of the project. This was a virtual panel of practitioners (n=20) with expertise in the management of workplace bullying. Recruitment was via existing networks of practitioners who had been involved in prior research on bullying and contacts made at conferences. At key junctures in the project the advisory panel was consulted to provide advice from a practitioner perspective, particularly during the development of the search strategy, and in the identification of potential case study examples of good practice.

Project flowchart: Evidence synthesis on the occurrence, causes, consequences, prevention and management of bullying and harassing behaviours to inform decision making in the NHS



2.1 Part 1: Narrative literature review

A narrative literature review was conducted summarising evidence on the prevalence, causes and consequences of workplace bullying and harassment. A narrative review is a "conventional overview of the literature, particularly when contrasted with a systematic review"[48,p.265]. The narrative review considers overarching themes and common findings in the literature, and focuses less on methodological details. A narrative review is not a systematic review, hence no inclusion or exclusion criteria are set and there is no flowchart of included studies. In the current context, the narrative review provides an overview of key findings on the prevalence, causes and consequences of bullying, and relevant theoretical approaches, but does not review interventions, which are the focus of the realist synthesis.

The search strategy for the narrative review involved database searches in Medline, EMBASE, PsycINFO, Web of Knowledge and ERIC to identify relevant papers. Search terms included: *workplace bullying, mobbing, conflict, negative behaviours, prevalence, occurrence, causes, antecedents, outcomes, and consequences.* All occupational groups and sectors were considered within the search. Abstracts were reviewed and key articles on the prevalence, causes and consequences of workplace bullying and harassment were selected for detailed review. Key books and review papers were also used to identify papers via snowballing.

The narrative review serves as an introduction to issues in workplace bullying that interventions must address. To develop interventions it is important to understand the antecedents and outcomes of bullying, and the extent of the problem.

The two reviews complement each other: whilst the narrative review offers an overview of evidence on prevalence, causes and consequences, the realist review offers a more in-depth evaluation of contextual factors that affect the success of interventions, and the mechanisms of change triggered by interventions. As such, the realist approach is well suited to the evaluation of complex interventions[43].

As described in section 1.3.1, realist reviews differ somewhat from traditional systematic reviews. Systematic reviews involve an explicit search strategy and definitive criteria for inclusion and exclusion, often based on

methodological rigour. A realist review will also typically adopt an explicit systematic search strategy, but this is often supplemented by further snowballing and searches to test hypotheses regarding how and why an intervention may work (middle-range theory). Realist reviews often include a broader range of literature, and they are not necessarily restricted to studies with high levels of methodological rigour. Crucially, whilst systematic reviews of interventions typically focus on outcomes; realist reviews also seek to understand important contextual factors that may affect an intervention's success and the key mechanisms that drive change, as well as evaluating outcomes.

2.2 Part 2: Systematic Literature Search and Realist Review

An evidence synthesis on workplace bullying interventions was conducted, which was the primary aim of this project. An initial systematic search and realist review were conducted, comprising five stages: database search, filtering by title, filtering by abstract, coding of papers, and detailed iterative analysis. This process was managed through the use of an Endnote database and an Excel workbook.

2.2.1 Database search

Five electronic databases (PubMed, EMBASE, PsycINFO, Emerald and Web of Knowledge) were searched in accordance with the guidance developed for the Best Evidence Medical Education systematic reviews and for conducting realist reviews[39, 49, 50]. The search strategy was designed for maximum sensitivity (recall) to ensure that all efforts were taken not to overlook any papers of significance[49].

A search strategy was drawn up by selecting key words used in workplace bullying reviews (see Appendix 1 for search strategy). Search terms were also reviewed by our advisory panel and refined following their suggestions. To minimise the inclusion of irrelevant papers, the search terms were divided into three categories: terms used for bullying (e.g. bullying, abusive supervision), terms for and exemplars of interventions (e.g. programme, mediation, policy, prevention), and descriptors associated with the workplace (e.g. work, organisation, employee). The search strategy required papers to include a term from all three categories for inclusion. Results were limited to include papers in English and those published

between 1999 and 2011, and to exclude papers focused on child or school bullying.

This search strategy was utilised across the five databases. The database search retrieved 7476 papers (reduced to 6498 after duplicates were removed by Endnote).

2.2.2 Filtering by title

Titles for all 6498 papers were read by members of the research team (JI, MC, NJT, PC, GM, BB), and considered against the inclusion/exclusion criteria. The title filter resulted in 1587 papers meeting the inclusion criteria. Additional duplicates (that had not been removed using automated methods) were detected and removed, resulting in 1378 papers.

Table 1. Inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
1. Intervention relevant for prevention and management of workplace bullying or harassment	1. Non-adult sample (school or child bullying) 2. Non-work setting (e.g. prison, home) 3. Not English language 4. Bullying prevalence study (with no mention of implications for interventions) 5. The intervention explicitly states it is targeted at reducing bullying/violence by patients/relatives/public **ADDITIONALLY, FOR ABSTRACT FILTERING:** 6. Interventions for workplace violence and sexual harassment

2.2.3 Filtering by abstract

Abstracts for all papers, where available, were read by members of the research team (JI, MC, NJT, PC, GM, BB), and considered against the

inclusion/ exclusion criteria. Following Wong et al. (2010)[51], a random subset of 10 percent of papers (140/1378) was screened independently. Of these, five papers were coded differently. Disagreements were resolved through discussion and a consensus was reached.

The search was designed for maximum sensitivity, therefore the broad scope of the search terms produced many irrelevant references. Two significant topic areas that were evident in the search results were sexual harassment and workplace violence. However, following a review of these articles, papers focused on violence and sexual harassment were discarded. Sexual harassment articles generally focused on the legal context, frequently in the US, while violence interventions were often focused on physical interventions and responses. Therefore both of these areas included very specific types of intervention that may not generalise to broader workplace bullying issues. Furthermore, several bullying researchers have argued for a distinction between bullying and sexual harassment, and between bullying and workplace violence[52-54] as categories of bullying behaviour frequently exclude them and these topics relate to different bodies of evidence and interventions.

If a paper satisfied the criteria, the full paper was obtained from electronic journals, library hard copies, or inter-library loan. Papers which did not meet all the criteria, but were nonetheless of interest – for example review articles, or articles from domains associated with bullying – were also obtained (and some contributed to the narrative review). In cases where an abstract was not available, but the title suggested it might meet the inclusion criteria, the full paper was obtained. In cases where an abstract was not available, despite continued search throughout the duration of the project, and the article type and title indicated low usefulness (e.g. letters to the editor, magazine articles, and book reviews), articles were rejected unseen.

2.2.4 Coding the papers

Each paper was read by a member of the research team (JI, MC, NJT, PC, JH, AC), and relevant content was recorded on a pro-forma summarising the key points: aim, setting and participants, design, results, conclusion, and limitations, as well as information required for a realist review – a description of the intervention, context, mechanisms, and outcomes (see Appendix 2 for data extraction sheet). For guidance purposes, the relevance of the paper was graded from 1-5. If a paper was not felt to be relevant following this review, a note was also made to this effect. Review papers,

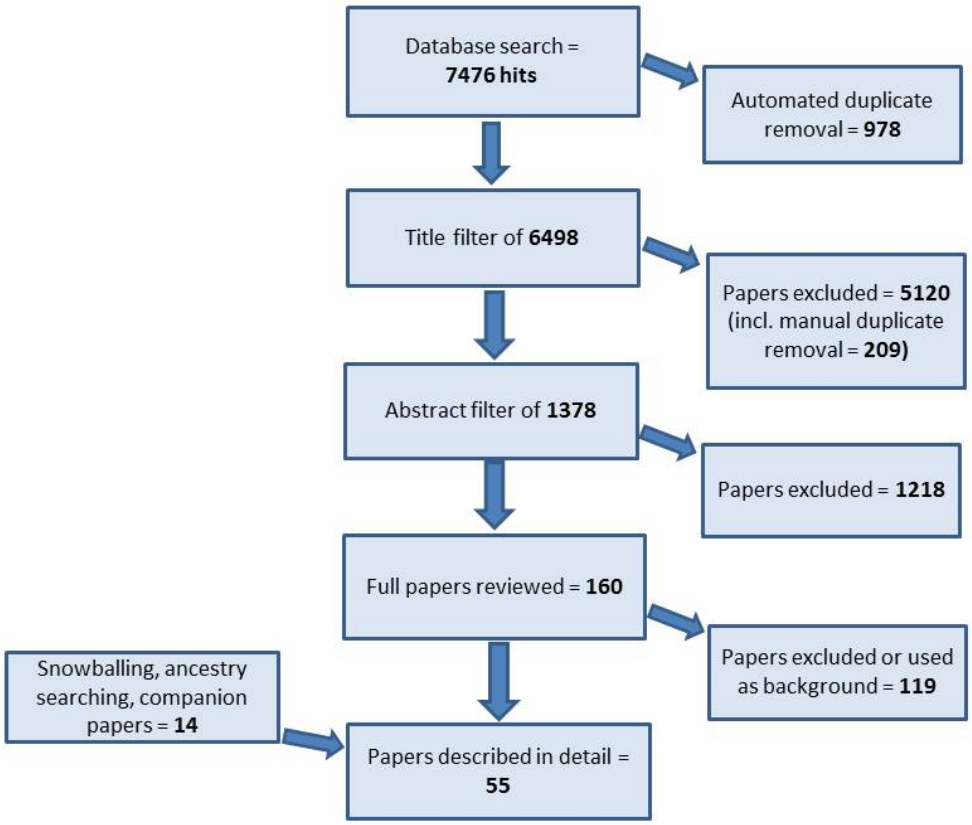
comments and editorials were also reviewed to identify salient points, other papers, and relevant contexts and mechanisms. The final number of papers reviewed in detail from this search strategy was 160. Of these, 41 were described in detail in the report. The remaining papers were excluded or used as background. Alongside the database search, 14 additional articles were identified through snowballing, hand searches, and ancestry searches and were described in detail in the report (see flow diagram illustrating search process).

2.2.5 Included papers

In total, the realist synthesis of workplace bullying interventions discussed 175 articles. This includes key articles that significantly furthered our understanding of workplace bullying interventions and were reviewed in detail (n=55) and additional articles that could offer background information and test the contextual factors, mechanisms, and outcomes identified from key articles (n=120). All of these articles were identified through methods of database searching, ancestry searching, snowballing, and companion papers. A table of the 55 papers reviewed in detail is presented in Appendix 3.

The majority of the 55 papers discussed in detail in the realist review were rated high on relevance. These papers were useful for understanding intervention efficacy and providing information on contextual factors and mechanisms relevant to successful interventions. A large number of the 55 papers were from America and Canada (n=23) and Europe (n=15). Of the European papers, 8 were from the UK. A further 8 papers were not classified by country mainly due to them being intervention reviews or literature reviews. The majority of the studies were published during or after 2000 (n=53), 36 of which were published during or after 2006. There were 28 papers where an intervention was applied and reported with data. The design of these studies included but was not limited to quasi-experimental, longitudinal case studies, pre and post designs, experimental designs, and evaluations. A further five papers reported interventions with limited or no data. Twenty-two articles were included that did not directly apply an intervention; these were mainly descriptive or review papers.

Flow diagram illustrating search process



2.2.6 Detailed iterative analysis: Extraction of context, mechanism and outcome

Each member of the research team read and coded papers which were considered to offer important or relevant information to the review, across the different families of interventions. Each paper was coded using a data extraction sheet (see Appendix 2). Together with details about the study, the form included a section on the context, mechanisms and outcomes for each study. This information was extracted from the paper being reviewed.

The research team met regularly to discuss papers in detail and to talk about themes that were common to more than one paper, with a focus on context, mechanisms and outcomes[40, 55]. Initial discussion focused on

interventions that seemed to be effective. Attempts were made to understand why interventions had or had not been effective. From this discussion, patterns emerged from the data.

Families of interventions[43] were identified from an initial reading of the literature; e.g. coaching and mentoring, teambuilding, conflict management, mediation, and policy. These were identified from interventions which shared common core characteristics. Grouping the interventions into families provided a useable framework to manage the large number and range of studies to be reviewed, helped to identify patterns and common themes, and produced a report relevant for the needs of NHS managers.

The next stage of the review process involved individual members of the research team taking the papers and coding sheets from one intervention theme, reviewing a whole theme and drafting a review on this section. Where limited evidence was available, or to explore a theme in more detail, companion papers were also obtained to identify any supporting evidence.

The third stage involved circulating the draft reviews to other team members for comment. This process ensured that all stages of coding and writing were reviewed by two or more of the research team and CMO configurations were discussed regularly throughout the process. An example of the links between source data, reviews of papers, report summaries, discussion and tips for NHS managers is presented in Appendix 4.

Later, an early draft of the report (still in sections), including the CMOs was sent to an expert in the field of realist synthesis for comment and particularly to ensure that the summaries of CMOs were correctly identified and reported. Feedback was received at a workshop, where minor misunderstandings on one or two papers were corrected. The relationship between context, mechanism and outcomes was further expanded on to increase clarity and improve understanding.

Regular meetings continued during this process and common themes in CMO configurations started to emerge. For example, many papers observed that leadership behaviour and engagement were important for bullying interventions, and several papers provided data demonstrating that an intervention was successful when the leader was engaged, but failed when the leader was disinterested. Models were discussed to explain and expand on theories to explain the presence or absence of workplace bullying.

During this process papers were identified that informed a potential middle-range theory.

2.3 Part 3: Consultation with international bullying experts and practitioners

Interviews were conducted with several academic and practitioner bullying experts (n=5). Experts were identified through reputation, publication, recommendation from other experts, or through the existing networks of the research team. Both face to face and telephone interviews were conducted, with further consultation through email and attendance at conferences or workshops. A thematic analysis was conducted to identify common themes which are reported in the relevant section of the report as 'Expert commentary'. Interview notes taken by the researchers were also used to inform middle-range theory development, identify important mechanisms and contextual factors, and locate useful papers or supporting evidence.

2.4 Part 4: Development of case studies

Good practice case studies were identified through engagement with our advisory board members, and interviews with academic and practitioner bullying experts. Case studies serve to illustrate interventions in context. Some described individual exemplars of an intervention, others were composites of a number of organisations sharing a similar intervention approach. Case studies were written up by the research team in consultation with the organisations involved to derive insights into relevant contextual factors, mechanisms, and lessons learned.

3 Narrative review of prevalence, antecedents and consequences of workplace bullying

The narrative review was conducted to examine the prevalence, antecedents and consequences of bullying. Theoretical explanations are integrated within this review as the antecedents and consequences of bullying are more effectively explained in the context of both theory and empirical findings.

3.1 Prevalence of bullying

The prevalence of bullying has been investigated in numerous studies across a range of different workplace settings and countries[56]. Prevalence rates vary depending on the measurement method used. Common methods include self-labelling as a target of bullying, with or without a definition, and rating the frequency of different negative behaviours ('behavioural method'). A recent meta-analysis of samples from 24 countries (68% from Europe) found a prevalence of 11.3% for self-labelled bullying with a definition of bullying, rising to 18.1% for self-labelled bullying without a definition. The prevalence rate was 14.8% using behavioural measures[53].

Findings also vary based on the time frames adopted. Studies in the UK have reported prevalence rates from 1.4% of employees experiencing bullying weekly in the previous 6 months[57], up to 50% experiencing some form of bullying at some point within their career[58], using a self-labelling with definition approach. In the UK, studies have found that between 1.4% and 20% of employees report bullying acts occurring weekly[57, 59, 60].

In addition, individuals with disabilities have reported higher exposure to negative behaviours[4, 61].

3.1.1 Bullying in health care and the National Health Service (NHS)

Bullying prevalence also varies across different employment sectors[62]. However, high levels of bullying within healthcare have been frequently reported[14, 63-67]. Bullying is a significant and sustained problem in the NHS, with the recent national staff survey indicating that 15% of staff had experienced bullying, harassment or abuse from other staff in the previous 12 months[68]. Bullying prevalence rates in the NHS have remained relatively stable over the past few years, with staff survey results indicating 15% of staff experienced bullying in 2010[69], and 17% in 2009[70]. Similar findings have also been reported in other studies[2, 4, 7, 71]. Among junior doctors the prevalence of bullying has been reported to be as high as 37% (using self-labelling with a definition), with 84% reporting experience of at least one bullying behaviour in the previous year[72].

Witnessing bullying in the NHS

A recent survey of NHS staff found that 43% had witnessed colleagues being bullied by other staff in the last six months[4]. This proportion is comparable to that found by earlier studies: 42% of NHS community trust staff, 50% of nurses, and 69% of junior doctors reported that they had witnessed others being bullied[2, 72, 73]; and 47% of postgraduate hospital dentists had witnessed colleagues being bullied[74].

3.2 Causes of bullying

Bullying is a complex phenomenon, and the antecedents that contribute to bullying typically operate at multiple levels. Studies have investigated the role of individual perpetrators and targets of bullying, bystanders and social processes, and organisational factors. Consequently explanations have considered individual and organisational characteristics, as well as social factors that may lead to the development of bullying. Several comprehensive reviews are available, notably in a recent book edited by Einarsen, Hoel, Zapf & Cooper (2011)[75]. This review explores how bullying emerges from individuals, social processes, and the organisation.

3.2.1 Individual antecedents

Studies have investigated the individual characteristics of targets and perpetrators of bullying. However, more studies have been conducted on targets of bullying. It is important to note that, although some individual differences have been identified in the literature, bullying is only likely to occur if the organisational culture and norms allow it.

Characteristics of the target

The five factor model is a well established approach to measuring personality[76] and has been used in relation to bullying[77-79]. It measures five key traits of an individual's personality: neuroticism (sensitive, low emotional stability), extraversion (energetic, sociable), agreeableness (kind, friendly), openness (curious, intellectual), and conscientiousness (organised, dependable). Findings are somewhat mixed: compared to non-bullied controls, studies have reported that targets are higher in neuroticism[77, 80-82]; lower[77, 78, 81] or similar[59, 79] in extraversion; lower[78] or similar[79] in agreeableness; higher[79] and lower[78] in openness; and higher[81], lower[78] and no different[59, 79] on conscientiousness. The mixed results suggest that targets are not a homogenous group, although there are trends towards targets scoring higher on neuroticism and lower on extraversion. Targets who are more conscientiousness, achievement-oriented and conform to rules may not fit with work group norms, potentially triggering frustration in co-workers[77].

Matthiesen and Einarsen (2001) investigated 85 targets of bullying in Norway using the Minnesota Multiphasic Personality Inventory-2 (MMPI-2), a tool that identifies mental health issues. The targets had elevated levels on several subscales, indicating oversensitivity, suspicion, anxiety, depression, and a tendency to translate stress into psychosomatic symptoms[82]. Similar findings have also been reported elsewhere[83, 84]. However, Matthiesen and Einarsen (2001) also identified three sub-groups: one with characteristics that may indicate a sensitivity to bullying (take offence easily, high levels of other-directed anger, depressed), a second with elevated levels of distrust and scepticism, and a third group who presented with a 'normal' personality profile comparable to a control group. These findings suggest that there is not a general 'victim personality', but that some targets of bullying may have heightened susceptibility. However, the authors note that the experience of bullying may change personality and these results do not offer causal evidence.

Low self-esteem has also been correlated with experiencing workplace bullying[85]. Depue and Monroe (1986) found that targets displayed symptoms of anxiety, depression, and neuroses[86].

Targets of bullying who are anxious, irritable, and unable to cope with criticism may perceive assertive behaviour as bullying[87, 88], and so may unwittingly create more conflict for themselves[89]. Depue and Monroe found that targets may create conflict through poorly managing situations[86]. Zapf (1999) found that targets of bullying were low on assertiveness and high on avoidance[90]. Conversely, those who were not bullied reported the use of conflict management techniques that would help resolve situations[91].

Females are often overrepresented among targets of bullying[56], although some studies found more even proportions[3, 19]. It is important to consider the gender ratio in study samples: meta-analytic data suggested around two-thirds of targets were women, but this was likely due to women forming two-thirds of the sample[56].

Characteristics of the perpetrator

Due to difficulties in identifying bullies, there has been little research on the characteristics of perpetrators, however some personality traits have been identified as risk factors[92, 93]. Some perpetrators have been found to score higher on neuroticism[59] which means they may have difficulty coping with personal criticism, are anxious and easily upset, and view the world as threatening. There may be a heightened need for perpetrators to actively protect their self-esteem if it is already lower than that of other colleagues. On the other hand there are perpetrators of bullying who have been reported to have traits of narcissism and high self-esteem[94].

Self-esteem is considered by some to be a trait that influences and controls behaviour in response to social situations[95]. If a social situation creates a discrepancy between an individual's self-esteem and another person's view then a conflict may arise[96]. Lee and Brotheridge found that incidence of workplace bullying negatively correlated with the self-esteem of perpetrators[85]. Others have reported that hostile responses are more common in individuals with unstable high self-esteem[97].

Perpetrators may lack appropriate communication and social skills. For example, a lack of emotional control[9], being uncertain about oneself[13], high

levels of aggression[98], and a lack of self-reflection and insight are factors frequently linked to bullying[99, 100]. In a large scale Norwegian study, 5% of workers admitted they had bullied others at work[99]. Compared to other staff, these individuals had higher social anxiety, lower social competence, lower self-esteem, and generally higher aggressiveness. Thoughtlessness was seen as a cause in 46% of all bullying cases[99]. A lack of insight may also be the cause in more complex situations, for example when a target has been on the receiving end of isolated negative behaviours by numerous perpetrators, yet the perpetrators themselves are completely unaware of the collective impact of bullying. In contrast, there may be times when the perpetrator is aware of their behaviour but thinks it is a reasonable reaction to a difficult situation[100]. In addition, for some perpetrators who seek to improve their own position in an organisation (e.g. to obtain power or resources), bullying others may be regarded as rational[101]. For example, in a target-focused organisation in which being dominant and competitive is the norm, pressuring subordinates with impossible deadlines may seem rational.

In the UK, managers are the most common perpetrators of bullying[3, 19], including in the NHS[4]. With regard to the gender of perpetrators, males are typically overrepresented, and males have been found to engage in more workplace aggression than females[54, 102, 103]. However, males are also overrepresented in managerial positions, which may account for the greater proportion of male perpetrators.

Antecedents relevant to perpetrators and targets

Social antecedents

When individuals work together, the social context they create through interactions and norms may lead to difficulties in the work environment, especially if they possess characteristics as outlined above. This section describes evidence and theories relating to social antecedents of bullying.

Social interactionist perspective. Bullying may arise from the social interactions between individuals[104]. A social interactionist perspective examines the actions taken by individuals within a particular social context, which may include instrumental aggression (designed to achieve a valued goal) or reactive aggression (impulsive actions designed to hurt the target). Interpersonal and situational factors are critical elements that cause aggression in the workplace[105], and it is the interaction of actors, targets,

and third parties that determines whether the negative behaviours actually arise in the situation.

Socialisation. New staff may quickly view bullying as acceptable if they see others getting away with such behaviour and even being rewarded[106]. This socialisation into a workplace culture may be explained by social learning theory, where behaviours (positive or negative) can be learned through direct and vicarious experience, observing the consequences of actions[107]. Through socialisation, bullying behaviours may be reproduced by new staff[108]. Negative behaviour can also be perpetuated if the atmosphere is too informal, humour is rife and practical jokes go too far[109].

Learned behaviour and norms. In contrast to the research linking deficient personality traits to bullying, Lewis (2006) suggested that individuals may have adequate personality styles but have developed 'learned behaviour' within the workplace. Positive reinforcement, norms of behaviour acceptance, and lack of challenges may perpetuate negative behaviours. For a perpetrator this could explain their behaviour in target-driven work environments in which success is rewarded regardless of costs[110]. Similarly, Ferris et al. (2007) described 'strategic bullying' where a perpetrator learns that their behaviour has the potential to enhance their reputation and power[111]. In this sense bullying may be seen as highly rational. In highly competitive environments, successful individuals may bully to achieve their desired objectives and the behaviour is reinforced with seemingly positive outcomes[31, 112].

Outgroup denigration. Social psychologists have demonstrated a strong link between interpersonal exclusion and being categorised as a member of an 'outgroup'[113]. A tendency to favour ingroup members and denigrate outgroup members may lead to aggression directed towards the outgroup. A repercussion of being an outsider is a weaker social network and less social support, which may exacerbate the situation[114, 115].

Reciprocity. In some instances bullying may be perceived by the perpetrators as a justified response to being made to feel upset and angry; people get most angry from the words and deeds of other people[116]. When people feel attacked they often respond with an attack of comparable severity[117], and evidence suggests targets retaliate against aggressors as well as organisations[118]. Negative reciprocity may be the result of rational distrust created through negative experiences. The lack of trustworthiness of particular individuals, groups, or institutions is predicted from previous history of encounters with them[119].

Previous encounters. Individuals may behave in accordance with their previous experiences of interacting with specific colleagues within the organisation. Altman[120] discussed the impact of Novak's (1998) 'theory of learning' that may play a part in the occurrence of bullying. In essence, this states that meaning comes from an individual's prior knowledge which comes from experiences[121]. Every individual has pre-existing ideas about bullying, and the manner in which it occurs and is dealt with in the organisational context will influence future perceptions. An individual's perception of bullying (perpetrating, witnessing or being the target) will influence their choice of actions, which then adds to an individual's experience regarding bullying. This may have implications for norm setting, treating others equally within an organisation, and challenging negative behaviours.

Perseverance. Definitions of bullying often refer to the frequency of bullying occurring over a sustained period of time rather than a one off event. The excitation transfer theory suggests that if two arousing events are only separated by a short amount of time then arousal from the first event may be misattributed to the second event. If there is a substantial time lag between two events then the physiological arousal will be lower. Although the exact same behaviours may have occurred between two individuals, a longer time elapsed between two instances will mean the target experiences less arousal, and so may be less likely to feel bullied than if there was no recovery time between the two instances[122].

Norm violations. Bullying may arise from a situation where people feel they are not being treated as, or receiving benefits, they deserve[104]. Felson and Tedeschi refer to this idea as a social control reaction to perceived wrongdoing in the work environment[123].

Distributive and procedural justice. Individuals will make fairness judgements about outcomes in the workplace and they may react negatively if they perceive inequity in the distribution of these outcomes (equity theory)[124]. Perceptions of unfair treatment from management and/or co-workers often serve as antecedents and mediators of workplace aggression and violence[54]. If injustice exists and is to a person's disadvantage they will display anger[125]. Individuals are also sensitive to the fairness of processes (procedural justice): perceived low procedural justice is associated with retaliation, and high levels can reduce the effect of distributive injustice on retaliation[126].

Calculated bullying. Tedeschi and Felson (1994) explained that perpetrators behave according to social interaction theory where an actor will make decisions which are directed by the expected rewards, costs and probabilities of obtaining certain outcomes if they engage in negative behaviour[127]. Similarly, the effect/danger ratio refers to intentionally harming others whilst having as little an impact on yourself as possible[13]. The aim is to cause harm to the target while making it difficult for the target to identify you as the source of harm[128]. An individual will calculate the possible effects and benefits of bullying against the dangers involved. If there is a high chance of retaliation and social condemnation following bullying it is unlikely to occur[13].

Displaced aggression. When provoked (e.g. by perceived injustice), individuals may direct aggression to a co-worker if retaliation against the original source is too risky. Perpetrators typically select weak targets that are unlikely to retaliate and they are more likely to get away with the behaviour[54].

3.2.2 Organisational antecedents

Bullying may be the product of factors that are largely determined by the organisation. Various work environment factors can be considered to produce or elicit occupational stress, which may increase the risk of conflict and bullying[109]. Skogstad et al. found that social climate, role conflict, and leadership behaviour were the strongest precursors of bullying in a group level analysis. The organisation has considerable power over all employees and whatever action (or lack of) it takes will ultimately have consequences[129].

Organisational culture and climate. Sociocultural theory highlights the importance of situational factors as opposed to individual factors to explain bullying. Taking this approach, bullying is embedded within the organisation - system factors are the cause rather than individuals[130]. Organisational cultures may permit or even indirectly reward negative behaviours, and staff learn what behaviours are acceptable through socialisation (see social antecedents above). Bullying appears to be prominent in environments where conformity and discipline are central, such as prisons, hospitals for the mentally ill, and the armed forces[94]. The social climate of an organisation, and related communication styles (e.g. quarrelsome or competitive), are associated with bullying and affect whether issues are addressed[14]. Vartia and Hyyti (2002) found poor social climate and negative

working conditions to be significant predictors of bullying in Finnish prisons[131].

Lack of disciplinary action. Bullying is prevalent in organisations in which senior managers condone negative behaviours[21]. This negative culture may be reinforced in practice by a lack of sanctions and lack of formal confrontation addressing bullying behaviours. Social learning theory[107] predicts that individuals learn by observing others' behaviours and consequences; if there are no negative outcomes for bullies, negative behaviours may be encouraged. Furthermore, research has found bullying to be more common in organisations with no anti-bullying policies[132].

Organisational change. Organisational change has been associated with bullying[19]. Work environment changes and reduction in staff and pay significantly predicted task and person related bullying[133]. Major changes related to the organisation, technology, budget costs, and internal restructuring in the previous six months have been reported more by targets than non-bullied controls[3]. Zimmerman and Amori identified changes in supply, equipment and policy inventories; changes in staffing; changes in reporting structures; and financial issues; as the main institutional changes that may cause negative behaviours[134]. Other research suggests the relationship between organisational change and bullying is mediated by role conflict and job insecurity[135]. Sometimes factors outside of the organisation's control may dictate that changes are imperative, for example the global economy may force an organisation to downsize, which may lead to competition amongst employees[136]. Furthermore if there is a climate of job insecurity, bullying may flourish[112, 137].

Leadership. Supervisors and senior staff are often identified as bullies, therefore the leadership style these individuals demonstrate is of significant importance. Some leadership styles in particular are identified as destructive.

Autocratic or authoritarian leadership refers to a controlling, directive style, and autocratic approaches to solving conflict have been linked to bullying[14, 138, 139]. Similarly, Meyer (2004) found that higher levels of conflict were associated with managerial conflict-handling styles that were forcing (in which the manager would force issues to meet their own needs at the expense of others), abusive (threatening, physically aggressive), or avoiding (withdrawing from conflict)[140]. Hoel et al. (2010) studied over 5,000 British employees and found bullying positively associated with non-

contingent punishment (a leadership style where punishment is used arbitrarily) as well as autocratic leadership[22].

Tyrannical leadership refers to a leadership style demonstrating pro-organisational behaviour combined with anti-subordinate behaviour[141]. A large-scale study by Hauge et al. found tyrannical leadership to be one of the strongest predictors of bullying[142], but other research suggests tyrannical leadership is the least prevalent destructive leadership style (compared to laissez-faire, supportive-disloyal leadership and derailed leadership)[141].

Laissez-faire leadership refers to passive behaviour (or non-leadership) and is the most common destructive leadership style[141], creating a fertile ground for bullying[22, 99, 133, 142]. Laissez-faire leadership behaviour may be a root cause of particular workplace stressors such as role conflict and role ambiguity felt by individuals[143], and higher levels of conflict have been associated with managerial conflict-handling styles that were avoiding (withdrawing from conflict)[140].

To minimise bullying there is a need for a balance between controlling authoritarian leadership and the absence of management (laissez-faire) in which the atmosphere is overly informal with too tolerant managers[144].

Work organisation and job design. Job demands, role conflict, role ambiguity and lack of clear goals have been linked with bullying[135, 142, 144-146]. Targets of bullying have reported little control over their own work, little encouragement for personal development, uninteresting and unchallenging work, and little work variation[99]. Interestingly, perpetrators of bullying have also reported highly stressful environments involving role ambiguity, staff shortages, conflict and a poor social climate[147].

Physical environment. Physical characteristics of the workplace may cause discomfort for individuals; for example being noisy, hot, cold, cramped, or isolated. Such factors have been associated with increased attitudes of hostility[148]. Einarsen and Skogstad believe this could explain high levels of bullying found in restaurant kitchens as these environments are cramped, hot and noisy[149].

3.2.3 Theoretical models linking individual, social, and organisational antecedents of bullying

Forming relationships. Attachment theory hypothesizes that the quality of attachments to parents/caregivers influences the development of an internal working model of relationships, which may impact on working relationships[150]. Insecure attachment has been linked to bullying in adults[151], however the majority of attachment research has investigated child/school bullying.

Blaming others. According to attribution theory, individuals tend to present themselves positively and explain their own behaviour according to situational factors, but see the behaviour of others as reflecting dispositional factors[152]. Targets of bullying may attribute blame towards external sources and not take any responsibility. This may have repercussions in terms of not addressing the issues and may exacerbate a situation through lack of action. For perpetrators this may mean that they will blame external forces (e.g. work environment, pressure) for their negative behaviour. Also the perpetrator may blame the target's personality in contrast to the target's attributions. This is known as the 'fundamental attribution error'[153].

Multi-level approach. An ecological model of workplace bullying was recently put forward by Johnson (2011)[154]. Within society a work environment exists that incorporates a series of interconnected layers that interact with one another. The wider society outside of the organisation is described as the macrosystem, the organisation is the exosystem, the co-workers of the perpetrator and target form the mesosystem, and finally the perpetrator and target form the microsystem. Each of these respective levels has its own antecedents and outcomes. The model splits bullying behaviour into three components: antecedents, the bullying event itself, and outcomes. This model combines many of the antecedents described in this discussion and recognises that workplace bullying occurs across multiple levels and not in isolation.

The Job Demands-Resources model (JD-R). This model, proposed by Bakker and Demerouti[155], following a revision of the Job Demands-Control model[156], may provide another explanation of how bullying manifests in relation to the workplace environment. The model suggests that the characteristics of each occupation can be classified into the categories of job demands and job resources. Job demands are defined as the physical, social or organisational aspects of a job, often requiring periods of psychological

and or physical effort. Job demands include pressure of workload, and emotional and organisational demands upon employees[155]. Job resources include autonomy, social support, supervisory coaching and opportunities for professional development. These are instrumental to achieving work-related goals, can reduce job demands and help employees achieve professional growth and development. Job resources and personal resources are mutually related and they both predict work engagement which, in turn, has a positive impact on job performance. Job resources become more salient and act on motivation when employees are confronted with higher job demands[157].

According to the JD-R model, job demands have the potential to activate negative arousing experiences at work and may, long-term, induce health impairment[158]. Workplace bullying could be an interpersonal correlate of this process, in that negative arousing experiences at work and stress reactions may predispose individuals to involvement in interpersonal conflicts which may then escalate into bullying. Van den Broeck et al. (2011) concluded that workplace bullying may be reduced by limiting job demands and increasing job resources[145]. Management interventions aimed at controlling critical job demands and reinforcing job resources seem to be useful means for avoiding interpersonal conflict and bullying and their extreme consequences[159].

The general aggression model (GAM). The GAM, developed by Anderson and Bushman (2002) following numerous iterations, goes beyond domain-limited theories including cognitive neo-association, social learning, social interaction, and excitation transfer. This model takes a holistic approach to integrate these mini-theories of aggression into a unified whole. Behaviour may be produced from the interaction between a wide range of personality, situational, social, and experiential factors[160].

The GAM has three main components consisting of inputs, routes, and outcomes. Inputs are elements that relate to causal factors that may underpin situations and interpretations. For example, input variables may include person factors (traits, sex, beliefs, attitudes and values) and situational factors (aggressive cues, provocation, frustration, pain and discomfort). Routes emerge as a result of input variables; inputs create a present internal state. Internal states may include cognition (hostile thoughts), affect (mood and emotion), and arousal. Finally, outcomes involve complex information processes. These range from automatic to heavily controlled[161]. Automatic processes (immediate appraisal) refer to a response that is effortless, perhaps evoking a personality trait. The present internal state makes a large contribution to this process as one incident

may be interpreted in a variety of ways, including increased hostility. Heavily controlled processes (reappraisal) refer to searching for an alternative view of a situation. Further information may be sought to explain why a situation has occurred. Should a person think that a particular behaviour/situation was intentional, the level of anger may increase.

Enabling, motivating, and precipitating factors. Salin (2003) proposed a model in which bullying may arise from a combination of enabling, motivating, and precipitating (triggering) structures and processes[162]. Enabling factors are those that create a fertile ground and allow bullying, for example when there is a perceived power imbalance between the perpetrator and target. Motivating factors are those that create an incentive for a perpetrator to engage in bullying. This may include an organisation with high internal competition amongst colleagues. Precipitating factors are the triggers which may cause bullying to occur, or cause people to vent their true feelings. These could include an organisation going through change, downsizing or relocating. This approach takes a holistic view of bullying and recognises that any individual may become involved with bullying given the necessary enabling, motivating, and precipitating factors[162].

Conservation of resources. Wheeler et al.[163] explained bullying using the conservation of resources theory[164]. Resources are objects, personal characteristics, conditions, or energies that are of value to the individual. These include financial stability, good relationships with colleagues, and a positive working environment. Individuals will try to protect these resources from perceived threats. In stressful work conditions, employees feel threatened by potential loss of resources (e.g. status, power) and do not invest in social support exchanges with co-workers, but instead engage in bullying behaviours with rivals (e.g. if a manager feels threatened by a successful subordinate). Bullying is viewed as a "logical adaptation to a stressed workplace"[p.557] and bullying prevention requires the development of supportive work environments and systems[163].

3.2.4 Summary of causes of bullying

It is clear that bullying is a complex and multi-causal phenomenon that can rarely be explained by one factor alone[154, 162]. The literature suggests that the incidence and perception of bullying depend on individual characteristics of both perpetrator and target, including personality variables. Social dynamics can exacerbate conflict if not managed. However, the interpersonal relationship also takes place within an organisational context

in which factors such as leadership, organisational change and work design can trigger negative behaviours, which may be perceived as bullying by some individuals.

3.3 Consequences of bullying

A large literature has established that exposure to bullying and negative behaviour at work can have a negative effect on health and wellbeing, and this is also predicted by several theoretical approaches as described above (e.g. JD-R model; GAM; ecological model of workplace bullying; enabling, motivating and precipitating factor model). Bullying can have effects at an individual level on mental and physical health, and have consequences at social and organisational levels.

3.3.1 Consequences for targets

Psychological Health

Bullying has been shown to affect both physical and mental health and has been described as "a significant source of stress at work… a more crippling and devastating problem for employees than all other work-related stress put together"[6,p.127].

Bullying was associated with higher levels of psychological distress in a large scale questionnaire study of NHS staff[4], higher levels of anxiety and depression in NHS nurses[73], and greater job-induced stress as well as anxiety and depression in NHS community trust staff[2]. Numerous studies have identified associations between bullying and psychological consequences[165-167].

Post-Traumatic Stress Disorder (PTSD) consists of a range of stress reactions occurring after a person has experienced a threatening or dangerous situation. These responses may include intense fear and helplessness. Symptoms include persistently recalling the events, such as flashbacks or dreams, avoiding reminders of the events, emotional numbing (inability to feel positive emotions) or persistent physical arousal since the traumatic event. PTSD has been identified in targets of bullying in a number of studies[62, 168, 169].

Coping strategies play an important role in how individuals manage stress. As mentioned in the antecedents section, being labelled as an 'outsider' may mean that the target has a weak social network and less social support, which may prolong the psychological damage and delay rectifying the issues[114]. There is some evidence that targets of bullying make some attempt to deal with the bullying soon after it starts, but with limited success[65, 170, 171]. The inability to end the bullying may contribute to the increased levels of stress in targets. Individual personality may also have a role in how that target copes with bullying[89, 93, 172, 173].

The psychological effect of bullying may become apparent within just a few months of the onset of the bullying behaviours[23]. Symptoms may initially only be present at work, however with time they can become more chronic and pervasive. Interview studies suggest that often targets have no prior health issues and they report being healthy and normal before experiencing bullying[174]. However, this is based on self-reporting after the event; there may be other distressing life events that targets have been exposed to that make them particularly vulnerable to bullying. Longitudinal studies have also shown that targets of bullying were at higher risk of depression compared to non-targets. The longer the bullying had occurred, the higher the risk of depression[175].

Substance abuse

Substance abuse has been reported as a coping mechanism to deal with bullying. Use of drugs because of work problems has been found to be higher in those who have been targets of bullying compared with those who have not[176]. Targets of bullying have described using alcohol as a means of dealing with the situation[177].

Physical health

Physical symptoms such as musculoskeletal problems[178] and sickness absence[179] have been reported by targets of bullying. Interviews with public sector workers who had experienced bullying described increased physical health problems including headaches, respiratory problems, hypertension or worsening of chronic diseases[23].

Sleep difficulties are more frequently reported in targets of bullying when compared with non-targets, both in terms of general difficulties sleeping, lower quality of sleep and increased use of sleeping medication[180, 181, 182]. Sleep problems are known to affect daytime functioning and can have long term effects on health. Sleep deprivation causes changes in memory and cognitive functions[183].

Physiological reactions to bullying can be considered in terms of stress responses. The prolonged exposure to stress can cause physiological changes in terms of changed cortisol production[184, 185].

Many cross-sectional studies have shown the association between bullying and poorer health[166, 186, 187]. However they cannot conclusively determine the presence of a causal relationship. Longitudinal studies can test the direction of the relationship and have shown that being the target of bullying increases the risk of cardiovascular disease compared to non-targets[175].

Individuals will react to negative behaviours in different ways, and some may label themselves as targets of bullying, whereas others experiencing the same behaviour may not consider themselves to be targets. For low exposure to negative behaviour, those who label themselves as targets have poorer health than those exposed to similar levels of negative behaviour but who do not describe themselves as bullied. However for high exposure to negative behaviour, the health outcomes are similar whether the person considers themselves to be a target or not[188].

Home life

The consequences of bullying extend beyond the workplace and affect the relationships that targets have with family and friends, who report that they become grumpy, irritable and tired, with little time for children or family[177].

3.3.2 Consequences for bystanders

The negative effects of bullying are not restricted to the targets of bullying: several studies have found that witnesses also suffer negative consequences. Witnessing bullying is associated with negative outcomes for NHS staff and organisations: higher levels of psychological distress,

increased intentions to quit, lower job satisfaction, and higher sickness absence[4]. Similarly, witnesses of bullying (who were not targets) reported poorer health, higher rates of sickness and lower organisation satisfaction than individuals who had been neither a target nor a witness of bullying[3].

Witnessing bullying results in staff feeling unsafe, and it has been reported in a study of public sector workers that around 20% have considered leaving their position as a result of witnessing bullying[52]. While bullying can have negative effects on bystanders, it has been shown that witnesses of bullying can take action to reduce bullying[189]. However, in many situations bystanders do not intervene[52]. This may be for a number of reasons, both individual and organisational[190].

3.3.3 Consequences for organisations

Not only can bullying have significant effects on an individual's health and wellbeing, it can also have negative effects on an organisation as a whole, in terms of rates of absenteeism, turnover, productivity and general workplace climate.

Absences and Presenteeism

It has been established that targets of bullying often have poorer health, accounting for the relationship between bullying and absence. In one study of Scandinavian municipal workers, one in five of those reporting being bullied admitted absence from work. In many cases this was on a single occasion[180]. However, this study relied on self reporting of absence. In another Scandinavian study based within a hospital where records of certified and self certified sickness absence were used instead of self report to determine rate of absenteeism, a much stronger relationship between absence and bullying was reported[71]. This study found that absence related to bullying was more likely to be associated with medically certified absence (more than three days absence). They calculated that about 2% of all absences within the hospital were due to bullying. A Danish study found that the risk of long-term sickness absence (six weeks or more) was double for frequently bullied care workers, compared to non-bullied staff[191].

These absences not only have implications for the organisation in terms of financial costs, but also for the motivation of the rest of the staff and, importantly in a healthcare setting, on patients' safety.

Though bullying is frequently associated with sickness absence[191, 192], presenteeism (attending work when sick) may also occur in targets of bullying. The targets of bullying may attend work to avoid being labelled as a malingerer, even when it may be beneficial to be absent from work[193].

Staff turnover and job satisfaction

Studies have demonstrated a link between bullying and lower job satisfaction[4, 146, 194-196] and higher intention to leave the position[2, 4, 197, 198]. Experiencing bullying has been frequently associated with an intention to leave an organisation[2, 4, 197] and high staff turnover[19, 198, 199]. The intention to leave due to bullying can be moderated by other influences such as the support received from the organisation[200]. Although intention to leave is associated with the actual rate of quitting and staff turnover, the rate of conversion from intention to leave to actually leaving the organisation varies between studies with up to 36% leaving their position[201]. While some targets of bullying may make the decision to leave the organisation, others may be forced to leave through the organisation using bullying as a strategy to remove 'incompetent' staff[12, 171].

Cost to the organisation

Bullying has a number of implications for the organisation. Rayner and McIvor (2008) described three levels of costs. Firstly, there are the direct costs associated with managing sickness absence and staff turnover, and occasionally legal costs. Secondly, there is an indirect effect on other workers as the stress 'ripples out'. As other workers observe bullying, they too experience stress, leading to decreased morale and lower productivity. A third cost is the damage to the organisation in terms of its reputation as a 'good employer' and the associated costs of the potential threat to competitive position[25].

Reduced productivity may result from reduced commitment to work, which occurs as a coping mechanism to the stressful situation. However, in some cases the targets of bullying may attempt to work harder to overcome the situation. While this may not negatively affect productivity in the short term, in the longer term productivity is affected as exhaustion may cause issues[193].

The economic implications of replacing staff and reduced productivity resulting from bullying can be significant: a review estimated that the annual cost of bullying to organisations in the UK is £13.75 billion, taking into account absenteeism, turnover and productivity[202]. Other estimates of the cost of bullying suggest that £1 million is spent on replacing staff who have left an organisation as a result of bullying[203], while Leymann (1990) suggested that the cost to the organisation of each individual target of bullying was between $30,000 and $100,000[204]. Organisations that fail to manage bullying cases have received substantial financial penalties as well as negative publicity (e.g. Green vs. Deutsche Bank, 2006).

Effect on patient care

It has been shown that medical students often experience bullying behaviours during their training[205]. Surveys of junior doctors have found that over one third report bullying in the previous year[72]. A survey of trainee doctors found that trainees who reported experiencing bullying were also more likely to report having made potentially serious medical mistakes in the previous month[7]. Although there is a relationship between medical errors and bullying, it is not possible to determine whether errors occurred due to bullying or vice versa. However trainees who reported bullying also reported higher workload, being short of sleep and receiving poorer clinical supervision, all of which have implications for patient safety. There has been found to be an increased likelihood that those who experience bullying during medical training are more likely to mistreat patients[206].

3.3.4 Summary of consequences of bullying

Empirical research has demonstrated that bullying has numerous negative implications for individuals, team and departments, and the organisation. Individuals can suffer from detrimental psychological, physiological and relationship consequences. On a group level, witnesses may also experience the negative implications. For organisations, consequences include high turnover, absenteeism and cost.

3.4 Narrative review discussion

3.4.1 Summary of prevalence, antecedents, and consequences of bullying

Bullying is a persistent problem in many organisational contexts, including in the NHS. Explaining the occurrence of bullying is a complex endeavour, and is likely to involve individual (e.g. target and perpetrator personality), group (e.g. socialisation), and organisational level (e.g. climate, leadership) antecedents. Theoretical approaches have explained how some antecedents may lead to bullying (e.g. social learning theory). More recently, researchers have attempted to collate different approaches into broader theories and models that describe the interactions between individual, group and organisational processes. These models also predict negative consequences of bullying for individuals (e.g. physical and mental health), groups (e.g. psychological distress of bystanders) and the organisation (high staff turnover, reduced productivity). Taken together, this evidence demonstrates the far-reaching impact of bullying and the complexity in addressing its potential causes.

3.4.2 Limitations

Defining and measurement of bullying. Workplace bullying has been measured using different approaches in different studies[98, 207]; therefore the prevalence of bullying identified cannot necessarily be compared with confidence, with a subsequent indirect impact on explanations of bullying[53]. Bullying can be measured using a subjective self-reported approach (by asking someone if they are bullied) or an operational approach (by comparing their experience to a predefined definition). Salin (2001) found a prevalence rate of 8.8% using a subjective measure and 24.1% using an operational approach on a group of Finnish professionals[208].

Separating the factors to understand the underlying cause. The discussion has highlighted many potential antecedents of bullying and their interactions. Attempting to isolate one particular cause would be unlikely to explain the problem, as typically bullying is the result of several factors.

Single personality profile. A common profile for all bullies and targets of bullying is highly unlikely[82, 110]. If perpetrators have personality traits that predispose them to engage in bullying, they may not display these behaviours unless they are permitted by an organisational culture that does not challenge (or even rewards) these behaviours[15]. Although some of the studies found associations between personality traits and being a target of bullying, this does not indicate causality.

Research design. Much of the empirical research on bullying has been conducted using cross sectional study designs. This limits the insight from these studies as particular antecedents may be specific to the certain time period and challenges that the organisation was dealing with. There is a need for more longitudinal work in order to investigate the role of antecedents and monitor changes over time. Also much of the research has been primarily focused on prevalence, which typically utilises quantitative survey methods. Qualitative data may help to identify deeper underlying causes of bullying.

3.4.3 Conclusion

Bullying is likely to be the result of a combination of causes at individual, group and organisational levels. Given the complex nature of bullying, the development and application of successful interventions may also need to reflect this complexity by addressing multiple components as opposed to isolated factors.

4 Realist review of interventions to prevent and manage workplace bullying

This chapter presents findings from a realist review of workplace bullying interventions. The chapter is organised into three sections, discussing interventions targeted primarily at the organisational, team-dyad, or individual level. However it should be noted that, in practice, interventions frequently operate at multiple levels. Each section presents evidence on different families of interventions (e.g. work climate, teambuilding, therapeutic approaches), discusses relevant papers, identifies key contextual factors and mechanisms, and refers to additional supporting evidence from related studies. In addition, expert commentaries on

different interventions as well as tips for NHS managers are included in each section.

4.1 Realist Review - Organisational level

4.1.1 Introduction

This section focuses on a whole organisation approach and creating a positive working environment. The role of work climate, work design and environment, leadership and management, code of conduct, policy and legislation, formal processes, monitoring, and selection processes in relation to workplace bullying interventions are reviewed and discussed.

Workers perform at their best when they are in a positive working environment. McKeown, Bryant and Rader (2009) described a conceptual framework to prevent bullying termed Positive Workplace Environment (PWE). Positive contexts identified include role modelling by senior management and a cohesive organisation with a clear mission and concentration on collaboration and open communication[209].

Zimmerman et al. (2011) highlighted a model with two strands: focused on the organisation that contributes to negative behaviours and on individual behaviour and described attempts to change workplace culture[134]. Appelbaum et al. (2007) presented several recommendations to reduce negative deviant behaviour in organisations, including developing an ethical organisational climate with active upper-level management support. Specifically, leaders and managers should actively promote the organisational climate, role-model positive behaviours, and discipline deviant behaviours. Staff are likely to imitate leaders, observe whether leaders are rewarded or punished for their behaviours, and monitor whether other employees are disciplined appropriately[210].

4.1.2 Role of work climate

Numerous papers discuss the importance of culture and climate for workplace bullying (e.g. Salin & Hoel, 2011[109]). Organisational climate and culture may be distinguished, but share many similarities[211]. Both refer to "cognate sets of attitudes, values, and practices that characterize the

members of a particular organization"[212,p398], but "culture refers to deeply embedded values and assumptions, while climate refers to consciously perceived environmental factors"[212,p399]. This section presents papers on culture and climate change, and studies which have tried to measure work climate in the form of psychosocial safety climate (PSC) which essentially measures the leadership or management style and commitment to employee wellbeing in the workplace.

Keashly and Neuman (2004)[213]

Intervention and outcomes

Keashly and Neuman (2004) conducted a culture change study using a process called Collaborative Social Space. The techniques used were intended to foster trust, security and high quality interpersonal interactions. The study involved a quasi-experimental design involving 11 centres from the US Department of Veterans Affairs and 15 matched comparison sites. An employee survey was used to measure bullying before and after the intervention using the Workplace Aggression Research Questionnaire and organisational data was collected. Joint management-labour action teams were set up to support the intervention. Key members of the action team, selected by facility leadership, "had to possess demonstrated leadership skills, credibility with employees, an action orientation, and a commitment to learning"[p13]. The team also had to have representation from the various hierarchical levels within the organisation. The intervention team received the data from their own organisation and used it to drive conversations and discuss their views and hidden views using practices such as holding the "talking stick," which allows people to give their views without interruption. Other techniques involved sharing honest communication. The authors reported that bullying behaviours were reduced in the intervention sites but not in the control sites.

Context and mechanisms

The intervention changed the context of communication by allowing people to speak and to share what they were thinking in a forum that was agreed and expected. The deliberate selection of the 'action team' who had to possess demonstrable leadership skills as well as showing commitment to learning (and presumably to this process) was likely to be an important factor in the success of the intervention. The authors reported the process was intended to foster trust, security and high quality interpersonal interaction reflecting a positive culture. The authors highlighted the

importance of using data to drive and evaluate the intervention, and to secure the support of senior management.

People were empowered to speak and others forced to listen. This process may have brought about a mechanism of reflection on behaviours as others fed back what they were thinking and triggered a change in future behaviours. It seems likely that small disagreements were shared and nipped in the bud before problems escalated.

Rayner and McIvor (2008)[25]

Intervention and outcomes

Rayner and McIvor (2008) collected data from 12 experts with specific interests in bullying and harassment, interviewed 34 practitioners from targeted organisations (including management and trade unionists) in the UK about real-world experiences of implementing interventions to reduce workplace bullying, and held 11 focus groups around the country with employees, human resources and trade union employees. The organisations are not named to protect anonymity of study participants.

One of the most important findings from the report highlights that workplace bullying and harassment are less prevalent when organisations engage deeply with preventative issues, apply a clear set of values, respond fairly to bullying, and own the problem. Bullying was not seen as something that could be removed entirely, but was less likely to occur in a positive climate. The organisations that were successful in managing and reducing bullying had clear differences in values and actions compared to those organisations that failed to manage the problem. The authors argued that engagement and ownership of the problem at all levels of the organisation was vital for successful change. Those organisations which managed to deal effectively with bullying and harassment were extremely performance focused; however they also had people-management as a core activity. Effective people management was seen as contributing directly to high performance. These organisations took responsibility for the workplace environment and saw the occurrence of bullying and harassment as a result of a negative workplace environment in which the organisation was responsible rather than it being a problem between individual staff. Such an organisation would deal with the problem in a business-like way, in the first instance by not blaming individuals and assuming organisational responsibility. The successful organisations expected bullying to occur from time to time and were prepared for it by equipping staff with skills to

manage and resolve the problem quickly and informally. Managers actively engaged with employees and picked up on difficulties which they resolved quickly before problems escalated and needed more input and unravelling at a later stage.

Context and mechanisms

Rayner and McIvor (2008) highlighted that the organisation's degree of focus on employee wellbeing was likely to encourage or discourage bullying. The type of work context was likely to decrease bullying or trigger it. The behaviour of management was seen as an important mechanism that influenced staff behaviour especially if management exhibited or condoned bullying.

The type of leadership in operation was highly significant and seemed to be part of both the context and mechanism which dictated acceptable or unacceptable behaviour. The style of management might even inadvertently encourage bullying by focusing only on task achievement and ignoring staff wellbeing. Managers needed to deal with bullying and harassment but also needed to model non-bullying and harassing behaviours themselves.

Dollard and Bakker (2010)[214]

Intervention and outcomes

Dollard and Bakker (2010) tested the longitudinal relationships between psychosocial safety climate, job demands, psychological health problems and employee engagement, and hypothesised that the style of senior management influenced the type of psychosocial safety climate. In a repeated measures study over 12 months involving staff in 18 schools, they concluded that top management support and commitment were necessary to developing a positive psychosocial safety climate. The study was carried out on Australian education department employees, comprising of teachers (80%) and administrators (20%). Staff were recruited as part of an organisational stress prevention programme. The sample sizes were 288 at Time 1 (21% total response rate), 212 after 6 weeks, and 209 after 1 year.

Four principles focused on management commitment were identified as important in psychosocial safety climate. First, senior management should show support for stress prevention through involvement and commitment.

Second, all layers of the organisation should be involved in the prevention of stress. Third, participation and consultation in occupational health and safety issues should happen with employees, unions, occupational health and safety representatives. Fourth, the organisation should listen to the occupational health and safety contributions of workers. The principles were said to embody management commitment, communication, involvement and participation.

The results highlighted a series of significant findings and a theoretical model was put forward that argued psychosocial safety climate would presage psychosocial work conditions. Psychosocial safety climate was found to be negatively related to health problems and to work pressure. At low levels of psychosocial safety climate the relationship between demands and change in emotional exhaustion was positive and significant ($\beta = 0.79$, $p<0.001$). The authors stated that this was the first paper to demonstrate the link between organisational work climate and its impact on both employee psychological health and employee engagement. Some limitations were that the study involved only Australian educational employees and climate was measured only once and using a four item scale.

Context and mechanisms

The context being tested was the type of work climate (high/positive or low/negative) and the impact this had on psychological health. The study identified how negative work climate (one lacking in management commitment, communication, involvement, and participation) led to poor psychological health for employees and low worker engagement.

The mechanism or trigger suggested is firstly lack of worker energy following chronic demands and pressures from work, the second is motivation resulting from engagement with work in a positive climate.

A model was put forward to explain that job demands and pressures and job resources impact on health and engagement in two separate ways. Health impairment results from a process involving a sustained effort to cope with chronic job demands resulting in a loss of worker energy reserve, leading to poor psychological health. The other track was a motivational process which, when given adequate resources, led to greater engagement and positive outcomes. The important influence would be the role of psychosocial safety climate which would impact on both chronic job

demands (from negative psychosocial safety climate) and engagement (from positive psychosocial safety climate).

Law et al. (2011)[215]

Intervention and outcomes

Law et al. (2011) reported that when the psychosocial safety climate was low it was associated with more bullying and harassment. They conducted a cross-sectional survey of income earners who were invited to take part in a telephone interview about their workplace. The study focused on income earners across randomly selected households from the state of South Australia. The final sample (n=220) focused on 30 organisations with at least four employees taking part in the study. The study included individuals aged between 18 and 65, in paid employment (not self employed), and from across all sectors (private, government and non-government). The majority of study participants worked full-time (51%), and respondents were mainly between 25-54 years. The largest groups represented worked in education (27%), government administration (19%) and health and community services (18%). The majority worked in large organisations of 200+ (92%).

As well as the psychosocial safety climate, questions measured harassment and workplace bullying. Using hierarchical linear modelling, the authors reported support for their hypothesis that when psychosocial safety climate was low (poor work climate) bullying was high. This relationship remained significant even after controlling for age, gender and income. Low psychosocial safety climate seemed to be required to support the presence of workplace bullying.

Law et al. also found that work engagement was low when psychosocial safety climate was low, but when psychosocial safety climate was high the relationship was absent, indicating that a poor work climate also had a negative impact on staff engagement with work. A good or high work climate was positively related to job resources. The presence of bullying was also associated with psychological health problems.

Context and mechanisms

This study examined the context of a negative or positive work climate as measured by the psychosocial safety climate described above. The mechanisms responsible for triggering the outcomes seem to be the management style of the employer as reflected in the climate scale, which measures management commitment to employee concerns, management valuing employee health on the same level as productivity, good communication between management and employees, and employee encouragement to become involved in work climate issues.

Both Dollard and Bakker[214] and Law et al.[215] highlight the importance of senior management in influencing the workplace climate, therefore interventions to improve the climate may be best targeted at senior leaders.

Longo et al. (2011)[216]

Intervention and outcomes

Longo et al. (2011) evaluated a one day conference held for nurses in the USA to discuss and teach about factors important in work relationships. The conference was part of a collaborative initiative to improve the work environment with the aim of improving the retention of nurses. Conference content included: emotional intelligence and relationship building; generational differences; cultural competency and health literacy; horizontal violence and employee crisis; the effect of disruptive behaviour on patient safety; and an overview of the new standards regarding disruptive behaviour. The conference included train the trainer sessions, skill development, and instruction on effective teaching techniques and leading organisational change. Conference participants were also asked to commit to delivering at least two training sessions on the content in their own organisations. Only 31 of the 120 participants returned a self completion questionnaire 6 months after the conference, and this low response rate is a limitation of this study. However 71% of the survey respondents did report behaviour changes and a willingness to examine their own behaviours and the work environment, and 74% had discussed the conference informally with work colleagues, indicating that a conference might be a useful starting point to examine working relationships[216]. However, 84% of respondents reported that there were no formal plans to introduce the conference topics to their organisation via training programmes.

Context and mechanisms

The importance of the work environment for the retention of nurses was highlighted in earlier research, which shaped the content of the conference. The conference organisers hoped that participants would introduce formal changes to their organisation (e.g. training programmes) to initiate culture change, but they did not have control over participating organisations.

Respondents reported that they attained a better understanding of how attitudes and behaviours affected the work environment, and had increased awareness of bullying and unacceptable behaviours. Increased self-awareness, sensitivity to cultural and generational differences, the development of skills to raise sensitive issues in a non-threatening way, and the willingness to work through issues with others were also cited as potential mechanisms of change.

4.1.3 Work Design and Work Environment

Rayner and McIvor (2008)[25]

Rayner and McIvor (2008) (details above) recommended a broad, whole-systems approach to preventing and tackling bullying which included risk-assessment of the physical work environment. Some participants changed their office layout to minimise the potential for bullying in physically isolated areas, although there was an acknowledgement by managers and trade union representatives that confidential spaces were needed in the workplace.

Resch and Schubinski (1996)[217]

Intervention and outcomes

This paper described several measures for bullying prevention and intervention, based on case studies and the authors' experiences in organisations. Changes in work design are recommended as a prevention measure, specifically, designing jobs that are low in strain and high in both job control and decision latitude. The authors suggest that this will reduce the likelihood that stress will build up and be taken out on a scapegoat. Interventions that increase participation - such as employee suggestion systems, wellbeing programmes, project groups and health circles – were recommended to enable employees to influence work design and conditions.

These suggestions were derived from theory and findings that bullying targets have lower time autonomy and that work stressors reduce the social support of co-workers. However, the paper provides little original empirical data and does not test the efficacy of the suggested interventions.

Context and mechanisms

Several general contextual factors are highlighted for intervention success: top management support and management agreement to change their behaviours, pressure on the organisation to deal with bullying, organisational recognition that they have a bullying problem, and the absence of competition from other company programmes.

Improvements in work design are expected to reduce the build up of stress, which may reduce the probability of scapegoating and individuals being targeted with negative behaviour. By increasing time autonomy, the authors anticipate that there will be more opportunities to resolve conflict at an early stage. In addition, improving work conditions may lead to higher levels of co-worker social support.

4.1.4 Leadership and Management

Leaders and managers are frequently cited as a critical factor in the success of bullying interventions, and may be a target of some interventions (e.g. conflict management training, selection of leaders with good interpersonal skills). Furthermore, in the UK, leaders and managers are the most frequent perpetrators of bullying[57, 58].

Although 'leadership and management' does not represent a typical intervention type, styles of leadership do act as a key contextual factor and mechanism of change. As such, this section describes studies that used leaders and managers as part of an intervention, studies that recommend the targeting of leaders for an intervention, and studies that demonstrate the association between bullying and leadership styles and behaviours.

The importance of leadership in setting the tone and work climate has been discussed above in work climate. Leaders influence organisational culture by demonstrating, rewarding, condoning and punishing certain behaviours. Their commitment to supporting a positive work climate and support for

new interventions to reduce bullying seems critical. Stanley et al. (2007) reported that effective leadership reduced the effects of oppressive and negative behaviours, whereas poor leadership exacerbated the problem. Christmas (2007) argued that having "authentic modelling" of positive behaviours, and holding individuals personally responsible for their behaviour could reduce bullying[30]. Hoel et al. (2010) compared the relationships between four types of leadership and bullying. They found that a participative leadership style was associated with lowest levels of bullying; a leadership style in which punishment seems unrelated to an employee's behaviour (non-contingent punishment) was the strongest predictor of reported bullying; and that autocratic leadership was the strongest predictor of observed bullying[22]. Laissez-faire leadership is also associated with workplace bullying and conflict[133].

Stouten et al. (2010) reported that ethical leadership was associated with lower levels of bullying and this effect could be partially explained by leaders managing potential triggers of aggression in the workplace, specifically workload and work conditions[218].

Sheehan (1999) suggests that, to tackle bullying, organisations should select managers with strong interpersonal skills in communication, teambuilding, leadership, conflict resolution, negotiation, interpersonal relations, stress management and emotional intelligence. With these skills, managers can recognise emotions in themselves and others, be more sensitive to the needs of others, and listen and communicate effectively. Barrett (2006) recommended that leaders and managers seek feedback from staff through 360 degree appraisal and remain aware that their behaviours may be perceived as bullying[219].

Bulutlar and Oz (2008)[220] found that higher supervisory support was associated with lower levels of bullying. Lewis and Malecha (2011) reported on the importance that nursing leaders have in setting the tone and expectations of the work environment[20]. Dupre (2004) reported that psychological aggression directed at supervisors was associated with higher levels of perceived over-control by supervisors and interpersonal injustice, and lower levels of perceived organisational sanctions against aggression[102]. These findings support the important role of the manager in workplace bullying.

Stevens (2002)[221]

Intervention and outcomes

This paper described a case study of one hospital's strategy to reduce turnover by changing the culture of bullying and intimidation within nursing in a large teaching hospital in Australia. This approach involved several interventions; however this summary will focus on the role of management. As part of a culture change approach, leaders increased their presence on the ward, and had training on bullying, performance management and conflict resolution. The hospital's nursing leader addressed supervisors to ask for help, and several supervisors took personal responsibility for implementing change strategies. Outcomes included reduced turnover (from 28% to 22% one year later, maintained over the following three years), increased awareness of how individuals can contribute to a bullying culture, staff empowerment to promote different ways of working, and the implemention of strategies to reduce bullying. With such a complex issue it is possible that the reduction in turnover could be due to a number of factors.

Context and mechanisms

The interventions were based on research evidence that identified a lack of management support for, and responsiveness to, bullying issues; perceptions of a covert acceptance of bullying; and a bullying culture. Important contextual factors which facilitated the interventions were highlighted: there was visible senior support as each workshop was addressed by the hospital's nursing leader and several managers took personal responsibility for change, and a 'critical mass' of nursing supervisors (over 90%) attended the workshops.

Mechanisms of change discussed in the paper include nursing leaders taking personal responsibility for change, nursing supervisors acknowledging that bullying is a problem and that they have a role (direct or indirect) in creating a bullying culture. Supervisors reported that they felt empowered by the support of the nursing leader (evidenced by their presence at the workshops) to implement strategies and to remind senior management of their commitment to culture change.

Resch and Schubinski (1996)[217]

Intervention and outcomes

This paper describes several measures for bullying prevention and intervention, based on case studies and the authors' experiences in organisations. The authors state that leaders, particularly top management, should work to prevent bullying by role-modelling appropriate behaviours, recognising and handling conflict productively, and recognising the early signs of bullying. Through senior management involvement, as well as training, coaching and mentoring, new leadership styles will cascade to other levels in the organisation. Leadership and management training (ideally on-the-job training) can be provided to develop these skills, but it should be designed to transfer to the work place. The training should also be evaluated via staff appraisals. Empirical data is not provided.

Context and mechanisms

To change leadership behaviour, the authors state that new leadership styles should be learned on the job, rather than in workshops away from the work context, to encourage the transfer of new skills. Several contextual factors are noted: top management support, pressure on the organisation to deal with bullying (e.g. from trade unions or public opinion), acknowledgement from the organisation that they have a bullying problem, and the absence of competing initiatives.

Changing leadership behaviour can act to reduce bullying as leaders are able to recognise and deal with conflict and bullying at early stages. Leaders can role model appropriate behaviour, and feedback from employees will highlight deficits in their behaviour.

Rayner and McIvor (2008)[25]

Intervention and outcomes

Rayner and McIvor (2008) argue that leader behaviour is closely monitored by staff and that leader action (or inaction) strongly influences the culture of the organisation. They recommend that managers at all levels of an organisation's hierarchy should role-model appropriate behaviours, deal with bullying issues promptly, and not avoid tackling issues. To prevent and

manage bullying, managers and leaders should possess good interpersonal and conflict management skills (assessed at selection), receive adequate training, be rewarded for effective people management, and have the skills and confidence to deal with informal complaints. Managers in particularly effective organisations met with staff regularly to listen to concerns, and acted upon them. Senior managers also attended relevant training which acted as a visible sign of ownership.

Context and mechanisms

The context of the behaviour modelled by leaders and managers has a critical role in preventing and managing bullying. Managers need to be aware of how to challenge bullying behaviours and set expectations of what is acceptable. Their level of skill and confidence in managing conflict and the consistency of their approach is an important mechanism which affects whether negative behaviours are challenged or condoned.

Barrett et al. (2009)[222]

Intervention and outcomes

Barrett et al. (2009) attempted to improve group cohesion within the nursing staff based in a private hospital on Rhode Island, USA. Similar to the study by Stevens (2002) described above[221], nursing staff described the unit atmosphere and those in the study were encouraged to function as cohesion champions when back in their teams. The nurses also attended training in managing conflict and receiving feedback. The before and after self completion questionnaires were completed by less than 50% and showed no statistically significant differences. However, the qualitative component of the study (lack of detail on what this involved exactly) according to the authors showed that the type of leadership was important for success. Those units that experienced successful change had a manager who could clearly articulate trust and believe in the potential for improvement.

Context and mechanisms

Barrett et al. reported that they selected teams on the basis of having the lowest score on the interaction subscale of a nurse satisfaction survey. These teams were then invited into the study as they had the most to gain

from taking part. In the paper the authors suggest that the study highlights the importance of the leader and by selecting the teams with the lowest interaction score, they may also have selected some leaders with less ability to motivate their team and bring about change. There was no measurement of readiness or ability of the manager to lead change.

Work climate, leadership and job design: Summary of findings

The study by Law et al. provides the strongest link between work climate and bullying, demonstrating that a negative workplace climate is more likely to support bullying and harassment and indeed predict it[215]. The study by Dollard and Bakker supports this work by presenting a model and highlighting the important features of good/bad management which seem to be precursors to the presence or absence of bullying. The model also explains that a positive climate with adequate job resources can lead to employer engagement and thus to positive outcomes for the organisation[214].

There is some evidence that changing the workplace from a negative to a positive climate could be achieved at several levels. Targeting managers was effective in the studies reported by Stevens (2002)[221] and Barrett et al.[222] However, Barrett's study highlights that an important mechanism is managers' commitment to change and belief that change is achievable. Longo et al. reported some positive outcomes following a one-day conference, but these did not translate into formal attempts at culture change by the participating organisations[216]. Stevens also highlights the importance of an intervention that empowers staff to lead change (again discussed in more detail in the next chapter). Rayner and McIvor highlight the features of a good/bad organisation and identify leadership as the precursor to work climate and the resulting presence or absence of bullying[25]. All three studies support the work and theory generation from the Australian research team[215,214]. The study by Keashly and Neuman (2008) indicates that changes in communication and empowering people to speak up and say what they are thinking in an environment of trust can reduce bullying. Again committed people with leadership ability were selected to support the intervention[223].

Rayner and McIvor (2008) suggest that organisational ownership and proactive practice demonstrate that organisations taking workplace bullying seriously and the whole culture against bullying would be strengthened in the first place by having an anti-bullying policy and secondly through informal support. Both of these components come from the top, highlighting

the responsibility managers have in setting up a positive work climate but also in tackling bullying when it does occur[25].

The studies above agree on the central role management play in dictating the work climate. Rayner and McIvor compared organisations where bullying was "nipped in the bud" with those where it was accepted and condoned. The key differences centred on management and their support for employee wellbeing which had equal status with production. Bullying was still expected but, rather than immediately blaming individuals, the organisation took responsibility and managers were trained to deal with it. Being available and knowing the workforce and trouble-shooting early before problems escalated were important characteristics of organisations that had a positive work climate[25]. These studies highlight the responsibility the organisation has in supporting and managing bullying and underline the important role of management in prevention.

Context and mechanisms

The important context for reducing bullying seems to be having management who are committed to staff wellbeing and see this as important. Leaders need to be good role models who are committed to tackling bullying. The behaviours of the leaders can be mechanisms which bring about change from increased awareness of unacceptable behaviour and increased trust in the process and persons dealing with bullying when it does arise.

Expert Commentary

- Bullying is about organisational norms, and a critical mass of staff is required to change norms. In a positive culture, negative behaviour will not fit with norms and the positive culture will self-perpetuate.
- In a permissive culture, bullying can be used "rationally" to achieve performance targets. If bullying is regarded as rational, then interventions will be less effective.
- In healthcare, bullying should be given the same status as patient safety and patient complaints, with equal reaction from organisations.
- Good organisations focus on employee wellbeing.
- The best organisations do not have specific bullying and harassment training, it is embedded into all organisational activities (e.g. all training, induction, appraisal).
- A critical issue is having a sense of community: bullying is everyone's problem, not an individualised issue.
- "it's beyond bad apples…you need to take a systemic approach"
- Organisational level interventions are the most effective especially if they have senior management commitment and the backing of the management team. For big shifts in culture, a high profile champion is needed.
- The Job Demands and Resources (JD-R) model is useful, and highlights that micro-managing adds to workload. The model can be used to work out how to make staff less stressed: if demand is increasing, you need to increase the support.

Project 10/1012/01

Case Study: Culture Change and Code of Conduct (see Appendix 5 for full case study)

An NHS acute trust has worked to embed a developmental approach to behavioural problems over a number of years, centred on a code of conduct. The code of conduct was developed in consultation with staff and describes positive behaviours that staff should demonstrate as well as unacceptable behaviours. The code is explicitly tied to employment contracts such that staff may face disciplinary action if they breach the code. The code is also incorporated into recruitment materials, features in induction, is regularly communicated to staff by the Chief Executive, and is used as the foundation for a developmental approach to behaviour change.

'Informal intelligence' in the form of comments and feedback from staff is recognised as valuable information that would not necessarily be reported via formal avenues. By asking leaders, managers and clinicians to listen to this organisational feedback, behavioural issues can be raised and managed at an earlier stage. Informal developmental conversations are used to discuss feedback, with the aim of helping staff with challenging behaviour to understand the impact in a team environment. The individual is then offered support using a developmental (rather than a disciplinary) approach, with the aim of supporting behaviours in line with the organisation's code of conduct. The trust makes a clear association between unacceptable behaviours, such as workplace bullying, and clinical risk and patient care. The approach is also supported by senior management.

Trust-held outcome data suggests that this approach has positive outcomes, such as reduced sickness levels, but rates of bullying have not been directly measured. There is also evidence of culture change in that staff feel able to raise issues informally, and managers themselves are holding informal conversations, working proactively with their line managers and gaining support early in problematic situations.

Project 10/1012/01

Tips for NHS Managers

- Adopt an integrated approach that embeds a positive non-bullying climate through all organisational processes: selection, induction, training, leadership development, etc.
- Recognise that bullying is an organisational issue, not just a conflict between individuals
- Focus efforts on managers and leaders, who have the power to nip issues in the bud and establish organisational norms through role-modelling.
    - Include conflict resolution skills in job descriptions for managers
    - Managers need a skillset: provide training on conflict management, identifying problems, awareness raising, and the outcomes of different managerial styles (e.g. laissez-faire management)
    - Increase awareness of how unfairness/unequal experiences could look from a subordinate perspective, and how situations could be interpreted as bullying
    - Increase awareness of the impact of failure to intervene
- Empower staff to raise issues and generate solutions
- Monitor and manage job demands (e.g. workload, time pressure, demanding interactions with patients). Provide additional support when job demands are high.

4.1.5 Code of Conduct

Codes of conduct (sometimes also called behaviour compacts) are designed to specify ranges of acceptable and unacceptable behaviour. While definitions of unacceptable behaviour may be included in a general bullying policy, the code of conduct may take this further by requiring employees to sign the code to indicate that they agree to abide by it. The following papers describe ways in which a code of conduct can be used in conjunction with effective policies (discussed below).

Dimarino (2011)[224]

Intervention and outcomes

Dimarino described the code of conduct introduced in an ambulatory surgery centre in the US. After experience with lateral violence and high staff turnover, a zero tolerance policy was adopted. A code of conduct was introduced which all staff members signed. This was accompanied by policies and procedures detailing negative behaviours and how the code violations would be dealt with. The policies applied equally to all levels of staff and the accountability of all team members was emphasised. If the code of conduct was broken, prompt action was taken by managers to discuss the situation. After three attempts to engage the offender they were dismissed. It was recognised that this could increase the workload for remaining staff, however it was felt that team members would work together to overcome this until replacements were appointed. The author reported a reduction in staff turnover, no reports of lateral violence, and staff reports of satisfaction with the commitment to a healthy work environment. Patients were reported to feel safer in their care and perceived that the staff were happy. However, the methods for obtaining the results were not described and no before and after comparisons were reported.

Context and mechanisms

The code of conduct was supported by management and applied to all levels of staff equally, with clear penalties identified. The enforcement of the code probably raised awareness of own and others' behaviours and became a mechanism for change. Management encouraged communication and action was taken when the code was broken. Having leaders who took action once there was evidence of the code being broken probably triggered further reinforcement for the code and its benefits.

Sotile and Sotile (1999)[32]

Intervention and outcomes

Sotile and Sotile (1999) described seven steps to deal with disruptive physicians in a US health care setting. One of these steps was to provide protection to complainants through a code of conduct. The code should be proactive and not set up in direct response to a complaint. The authors

acknowledge that a code of conduct cannot cover every eventuality but they suggest that it should define both unacceptable behaviours and more subtle behaviours which can undermine a positive work environment. This needed to be combined with easy and confidential processes for registering complaints and having effective feedback systems. They suggest that this should be overseen by a committee set up specifically to manage interpersonal relationships. This was a description of a possible intervention only.

Context and mechanisms

In a context where trust is high and conflict low, the committee overseeing complaints could be selected by the group. However, if trust is low and conflict high, a committee might be more effective when selected from people outside the group. The committee needs to be independent of other governing bodies. The mechanism to achieve change could depend on the committee having powers of enforcement when the code of conduct is broken.

Code of conduct: Summary of findings

Intervention and outcomes

The case study and proposed intervention both agree on the importance of determining acceptable and unacceptable behaviours together with effective procedures and a policy to deal with breaches of the compact that applies to all levels of staff.

The case study had limited evaluation of outcomes, but does suggest that staff turnover and incidence of lateral violence could be reduced. There is also a suggestion that an improved work environment has an effect on patients, increasing their feelings of safety.

Context and mechanisms

Codes of conduct need to apply to all levels of staff and action should be prompt. The code of conduct alone is unlikely to be an effective intervention to prevent bullying if it is not supported by action when bullying does arise. If a code of conduct is enforced fairly with all levels of staff, then the work environment can be improved and bullying reduced.

Codes of conduct may act to reduce bullying by raising awareness of one's own and others' unacceptable behaviours, as well as the consequences of those behaviours, provided that the code is enforced.

Expert Commentary

- Recognise that the organisation is partly responsible for the presence or absence of bullying.
- Organisations should expect bullying, look for it, and deal with it before problems escalate.
- All staff need to understand the boundaries of what is offensive as sometimes it is not clear.

Case Study: Code of conduct

An NHS Trust developed a 'compact' with their staff.

This was further developed into a set of Trust 'values and behaviours' that enabled staff to challenge each other about their behaviour. Staff unhappy about an issue challenged the person responsible by saying "can I have a compact conversation?". This approach empowered more junior staff to challenge the behaviour of senior staff (including the Chief Executive) in an agreed and accepted format. As all staff had signed up to the compact it was protected and enforced by them. Successful challenges reinforced the value of the compact to other staff who were then more likely to follow the agreed behaviours and challenge others when needed (see Appendix 6 for the code of conduct statements).

Project 10/1012/01

Tips for NHS Managers

- Expect bullying, look for it, train managers to deal with it and 'nip it in the bud'.
- Consider setting up a code of conduct, after consultation with staff on what the unacceptable behaviours would be, and enforce it for staff at all levels.
- Recognise that leaders need to be committed to a positive work climate and to measures and interventions designed to reduce bullying. They have the power to role-model and enforce codes of conduct, and intervene when there are breaches.

4.1.6 Policy and Legislation

Policies are often used in a workplace as guidance for employees, and can be useful in giving information on an expected set of rules, guidelines, or laws. A policy can be formulated in relation to a change in legislation by government, or through discussion with employees or focus groups, and can be aimed at different levels of an organisation. Policies can act to outline an organisation's zero tolerance approach to bullying, or to give information on what can be done in the event of bullying occurring.

Hoel and Einarsen (2011) discuss the point that organisations are increasingly aware of the need to have proper policy and procedure in place to deal with cases of bullying. They state that policy should be formulated in "peacetime" so as to avoid being connected with any particular dispute, or arousing suspicion. They state that policy can offer employees security, and that policies should emphasise the right of all employees to work in environments free from bullying and harassment, where "non-tolerance" is highlighted, and where cases of bullying are treated seriously. Furthermore, they suggest that policies should set standards for acceptable behaviours, and set out the procedure for complaining about cases of bullying[193].

NHS organisations typically already have a bullying policy, sometimes called a Dignity at Work policy. However, research has found that NHS staff may be uncertain about how a policy will be implemented in practice and may not necessarily trust or have confidence in the policy[225].

Pate and Beaumont (2010)[226]

Intervention and outcomes

Between 2001 and 2003, 200 employees of a UK based organisation identified bullying as a significant problem. In 2004, a newly-appointed CEO sought to address this, and implemented the 'Dignity at Work' policy, highlighting a zero-tolerance approach to bullying. A compulsory training programme surrounding the policy and the company's code of conduct was also introduced. Furthermore, incidents and reports of bullying were pursued and investigated by the CEO, resulting in dismissal of a number of employees (including some senior employees). Staff members were surveyed in 2004 and 2007 to investigate the success of the policy and training programme.

Following initiation of the policy, perceptions of bullying dramatically reduced throughout for all employees; from 52% to 22%. This single case study did suggest that the implementation of the policy and associated training programme reduced workplace bullying.

Context and mechanisms

It would appear that management taking an active role in implementation of a policy is an important contextual factor. By dismissing employees after incidents of bullying the management showed their commitment to the issue. An interesting point of note is that employees' trust in senior management did not increase despite the reduced perception of bullying; therefore, more may need to be done for employees' faith and trust in management to be increased.

The policy and training programme could have provided a mechanism to support a new set of values amongst employees and management as well as highlighting awareness about unacceptable behaviours and potential consequences. It is difficult to conclude whether it was the training programme, the policy, or the combination that produced the results.

Namie and Namie (2009)[227]

Intervention and outcomes

Namie and Namie (2009) described a case study of the development and implementation of a bullying policy and associated training in the US. The organisation identified behavioural issues with senior management and elected to adopt an organisational, rather than an individual, approach. A policy-writing group was assembled from across the organisation, and a detailed policy was developed which described enforcement, investigation, time schedules, support services, and appeal procedures, and highlighted the role of managers in addressing bullying. The policy launch was accompanied by training, publicity, a video message from the CEO, the introduction of a peer information and support service, and access to counselling. The authors state that the policy initiative was a success as a bullying executive left, and the policy remained in place as a deterrent five years later. However, no empirical data were presented.

Context and mechanisms

The policy provided a new context that clarified unacceptable behaviour and the enforcement procedures. Potential mechanisms of change include awareness of what was and was not acceptable behaviour, and clear guidance on the consequences including enforcement procedures and risk of disciplinary action as well as support services offering advice and counselling.

Meloni (2011)[228]

Intervention and outcomes

A zero tolerance bullying policy was implemented in a hospital in Australia following a high perceived prevalence rate of bullying. A number of steps were taken; firstly, 20 staff formed a 'Working Group' focusing on zero tolerance of bullying. Secondly, the CEO wrote to all employees, stating commitment to elimination of bullying, and highlighting the workforce's collective responsibility, with a copy of this letter displayed in the hospital reception. Furthermore, 52 employees nominated themselves for the role of "Workplace Equity Officers", with their role widely advertised, and employees informed to contact them if they experienced bullying. Finally, posters were placed in work areas to increase awareness of bullying issues.

The initiatives appeared to have positive results; bullying declined, based on responses received in staff surveys, and questions focusing on reporting incidents of bullying and management's willingness to eliminate bullying showed improvements.

Context and mechanisms

The context included a high level of management support. An important mechanism in this study is the communication of executive commitment, which highlighted the importance of the problem. Furthermore, increased staff awareness of the effects of bullying may have increased willingness amongst employees to make a change.

Hoel and Giga (2006)[229]

Intervention and outcomes

Hoel and Giga (2006) used a randomised control design to evaluate a series of interventions in five public sector organisations in the UK, three of which were in the healthcare sector. In each organisation, five groups were created and assigned to one of five different interventions, with 20-25 employees invited to attend the relevant training sessions:

1) Control Group (no intervention)
2) Policy communications
3) Policy communications and stress management training
4) Policy communications and negative behaviour awareness training
5) Policy communications, stress management training, and negative behaviour awareness training

This section will focus on Policy communication. This involved a statement from management that bullying would not be tolerated, outlined management's responsibility in terms of challenging bullying, and offered definitions and examples of bullying. Complaints and grievance procedures were outlined, and details given of whom to contact when bullying occurred. Evaluation data was collected from pre- and post-intervention focus groups and questionnaires, including discussion of experiences of bullying, potential risk factors and intention to leave.

Overall, post-intervention bullying rates were found to have slightly increased, but this varied by organisation, with a mixed pattern found. However, in three of the five organisations, bullying from supervisors was reduced, and in 45% of the experimental groups, there was a change in desired direction for most of the variables studied, demonstrating some positive effects from the interventions studied. No statistical difference was found between pre- and post-intervention scores for some of the key variables between groups, and it is difficult to conclude if any intervention (or combination of interventions) was more effective than others; however, there were improvements in some organisations as a result of the interventions trialled.

Context and mechanisms

Feedback suggested that policy communication was only effective when senior managers were in attendance, and that those perceived to be "key people" should be invited and encouraged to attend (i.e. those people who have the power to make change). It would appear that the right people need to be trained in order to have an impact; staff with managerial responsibility formed only half of the participants, and therefore, training may not have had the maximal desired effect. Furthermore, the importance of "critical mass" is highlighted; an adequate number of employees need to be trained to a sufficient level to have an impact. Data suggested that 1 day sessions (with all 3 interventions studied) were the most effective.

Policy communication raised awareness of bullying, but may have also increased sensitisation and identification of bullying; this may explain the increased rates of bullying post-intervention. In addition, policy communication may have made managers more aware of their responsibility in dealing with bullying, as well as consequences for breach of policy; again helping to explain changes in behaviour and increased recognition of bullying.

McCarthy and Barker (2000)[230]

Intervention and outcomes

McCarthy and Barker (2000) evaluated a guide to dealing with workplace bullying in Australia. In 1998, the government's Division of Workplace Health and Safety released "Workplace bullying: an employer's guide", a

guide to developing and implementing bullying policies and initiatives. It defined bullying, and recognised psychological and procedural features of bullying. The researchers developed a questionnaire to evaluate the guide, which was distributed with the Australian Institute of Management's newsletter, and at a workshop based on the guide. There were 176 respondents, who were employed as managers or supervisors in education, health, finance, and community sectors.

Overall, despite previous workshops, publications and conferences, the general awareness of the guide was low; two-thirds of respondents were unaware of the guide prior to reading the newsletter or attending the workshop, 18% stated it was displayed in the workplace, and only 8% reported that it was referred to in employment contracts; 39% reported that the guide had not been communicated to employees, with 26% reporting that it had. The study concluded that although the guide was an important resource, more work was needed to raise awareness. Unfortunately, no evaluation of the impact of the guide was undertaken.

Context and mechanisms

The context was a general lack of awareness of the guide, and without awareness it was unlikely to be effective in reducing bullying. It is possible that the lack of awareness reflected a lack of motivation from leadership to implement the guide and to reduce bullying. The guide was designed to be a self-regulation initiative, and perhaps this highlights that ownership and leadership on these issues are vital to get results.

Johnstone et al. (2011)[231]

Intervention and outcomes

In Australia, the role of government occupational health and safety was expanded to include the inspection and management of psychosocial risk factors within a workplace. Johnstone et al. studied the measures taken by inspectorates to implement the changes in legislation, and how this affected workplace bullying. Participant observation and face-to-face semi-structured interviews were performed throughout 2004 and 2005 with agency staff, including senior managers and inspectors. Inspectors also took the researchers on workplace visits, with bullying identified as the main occupational hazard.

Results highlighted the difficulty involved in enforcing a new policy, in particular the problems faced by inspectors trying to manage reports of bullying. Targets and witnesses were reluctant to speak out about bullying, leading to insufficient evidence being available to formulate a case. Inspectors were concerned about the impact upon their own job should they investigate cases, fearing victimisation themselves, and felt they were inadequately trained to deal with bullying. In addition, investigation sometimes involved challenging managers and their behaviours, which was difficult. Legal measures were felt to be too vague, with agency managers lacking confidence that action would be upheld in court. Johnstone et al. concluded that although the law has the potential to reduce workplace bullying, inspection of cases was difficult, and enforcing a policy is fraught with difficulty.

Context and mechanisms

In this context the law was imposed from outside the organisation without needing the commitment of the leaders and managers. It highlights how difficult this legislation was to enforce without their support, from gaining the support of management towards the policy to encouraging targets to speak up about bullying.

The lack of enforcement was likely to trigger a mechanism of fear of raising concerns without support and the risk of victimisation. Concerns were related to the impact of investigating bullying on their own job, as well as their personal level of training in dealing with bullying.

Salin (2008)[232]

Intervention and outcomes

In 2003, the Finnish Occupational Safety and Health Act (2002) came into force, and included explicit requirements that employers should take action in cases of harassment and other inappropriate treatment in the workplace. Salin analysed the impact this had on organisational action against bullying, and explored anti-bullying measures undertaken, through surveys of HR professionals and analysis of anti-bullying policies from different Finnish municipalities.

Of the 55% responding municipalities who had introduced an anti-bullying policy, 16% had also developed a policy. They found that 66% of staff had been provided with information on the topic of bullying, with 27% providing

training on the subject. Analysis of anti-bullying policies revealed that almost three quarters included an explicit statement that bullying was unacceptable, and half of the documents mentioned potential disciplinary action for breach of rules. All documents were found to advise both targets and managers of what action to take in response to bullying. Titles and contents of policies were varied, with some regarding prevention a part of good interpersonal relations, and providing examples of good work practice. The paper did not report on the effectiveness of anti-bullying policies, with Salin observing that further work is needed to see the effect of anti-bullying policy.

Context and mechanisms

It would appear that organisational factors play a major role in either allowing or disallowing bullying in the work place.

Therefore, it may be necessary to address factors that enable bullying first, which may be achieved through better organisational support for targets, or through increased cost to the perpetrator, as demonstrated in the policies analysed. Furthermore, municipalities may have introduced anti-bullying measures in a reactive manner, following specific incidents, and research may be needed to see whether a reactive or proactive approach is a more effective method of implementation.

Anti-bullying policies may raise employees' expectations of being treated with respect and dignity, and therefore they may be more likely to report cases of bullying. Thus, perceived rates of bullying may actually be raised following implementation of interventions, due to an increased awareness of the issue, and increased expectations. It may be important for a policy to contain explicit statements of commitment to a bullying-free environment, definitions of bullying behaviours, and to outline consequences for breach; these factors can increase awareness of the problem, demonstrate managerial support, and give more support to targets reporting episodes of bullying, leading to more positive outcomes.

Rayner and McIvor (2008)[25]

Intervention and outcomes

Rayner and McIvor discussed above (see work climate) analysed organisations that had high and very low levels of bullying. They formulated an 'event hierarchy' as a potential model for reducing bullying, showing 'zones' for prevention and intervention, as well as 'failure zones'. They suggest that 'preparing the ground' is an important initial stage, and that this includes a coordinated approach to policy and training, and that policy should be short, simple, easy to understand and have input from employees. In addition, key factors should be measured in this initial 'preparing the ground' stage, including bullying, sickness, early leavers, formal complaints, and staff attitude surveys. In addition, the paper defines features of organisations that respond well to bullying, including quick handling of episodes of bullying, having a proactive culture, providing clear expectations of professional behaviour and the implementation of zero tolerance practices. The paper also recommends that policy should be succinct and simply worded, that ground-level interpretations of more legalistic and vague policy definitions should be produced, that acceptability of bullying and harassment should be zero, and that incidents should be dealt with informally and quickly wherever possible. Unfortunately, this paper does not evaluate the effectiveness of interventions, but offers some good support for the use of anti-bullying policy.

Context and mechanisms

The presence of a good policy may actually be the context for success for other interventions. The researchers recommended a broad approach, including preventative interventions such as policy, but recognised that having a formal policy and procedure was insufficient to change attitudes. In addition to the policy, the engagement of employees and management is critical; the organisational culture should promote appropriate norms and behaviours, which starts with managers, but requires input from all levels of staff. A policy needs to be introduced in the right context, and the policy is poor if it is too complex, not enforced, consists of vague definitions and not adapted to the needs of the organisation.

A potential mechanism for success is the gaining of trust from employees, via the organisation's explicit commitment to tackling bullying. After a policy is implemented, success may only be achieved by management having the skills to prevent, recognise and manage bullying episodes. Furthermore,

role modelling by managers and senior staff is important in the potential success of a policy and other interventions.

Policy: Summary of findings

Intervention and outcomes

Three studies offer analysis of the effectiveness of policy implementation, with positive results. Three further studies discuss the use of anti-bullying policies, but offer no evaluation of their effectiveness. In one, a government-released guide is introduced, with the awareness and usage of this being studied[230]. Awareness of the guide was low, despite workshops and publications. The researchers concluded that although an important resource, awareness of guides and policies needs to be raised amongst employees. Johnstone et al. looked at a government's change in legislation, and policy implementation. Insight was gained into the difficulties of implementation when the management were not engaged with the new policy[231].

Rayner and McIvor provide recommendations for workplace bullying interventions, suggesting that "preparing the ground" is an important initial stage, which includes implementation of a succinct policy drawing input from employees, and stating that the organisation does not tolerate bullying (adding support for a zero-tolerance approach)[25].

Context and mechanisms

A recurring contextual factor appears to be support from management, including taking an active role in implementing policy, showing enthusiasm or motivation, communicating support to employees, or attending sessions regarding policy.

Increased awareness of bullying, and its potential effects, amongst employees may be an important mechanism. Hoel and Giga demonstrated that a greater awareness amongst employees and managers can raise sensitisation and identification of bullying, increasing perception of the problem, and further reinforcing the need for change.

Expert Commentary

- Complaints need to be taken very seriously – the 'safety' of making a complaint will spread via the grapevine, and may either encourage or prevent staff from using reporting systems at an early stage.

Tips for NHS Managers

- Develop an easy to use, succinct and accessible policy.
- Ensure the policy is applied equally to all staff.
- Managers should be familiar with the policy to guide them at an early stage, rather than taking action then referring to the policy when it is too late.
- Leadership awareness and support of the policy is crucial.

4.1.7 Formal Investigations/Grievance Procedures/Punitive Measures and Rewards

Hoel and Einarsen (2011) discuss the benefits of using investigative procedures when bullying occurs in the workplace, and state that organisations are becoming increasingly aware of the need to have proper procedures in place to manage cases of bullying. They discuss the framework agreement signed by the European Trade Union Confederation in 2007; this offered all employees the right to file formal complaints against alleged perpetrators of bullying, followed by impartial investigations. Such a procedure offers individual employees security in the workplace, and signals that bullying is not tolerated and will be taken seriously. Furthermore, it can offer an organisation the chance to establish fairness, make correct decisions regarding complaints, and offer an appropriate conclusion to complaints[193].

The Advisory, Conciliation, and Arbitration Service (ACAS) code of practice[233] also gives guidance to employers on how to deal with disciplinary and grievance situations in the workplace. This states that many potential grievance issues can be resolved informally, but that sometimes a more formal approach may be needed. The guide sets out basic requirements that are applicable in most cases. It suggests that employers should carry out all necessary investigations, remain impartial, and that employees involved should be fully informed of the nature of the problem. The guide also suggests that independent third parties may be needed to help resolve a problem, and that they can be either internal or external.

Our searches found a number of papers that alluded to the implementation of grievance procedures to allow employees to report cases of inappropriate behaviour, with formal investigations being conducted in these cases. Hubert (2003) suggested that formal complaint procedures may be appropriate when informal strategies had failed, or if the behaviour in question is too serious for informal intervention[234]. Christmas (2007) introduced the notion of using punitive measures against employees found to be bullying and rewarding of positive behaviour in the workplace[30]. This section will review some of the research looking into this area, discussing potential strategies that could be implemented, and looking at the contexts and mechanisms involved.

Appelbaum et al. (2005)[235]

A literature review by Appelbaum et al. (2005) examines links between organisational climate and deviant workplace behaviour, including bullying, before presenting current solutions/trends to prevent unethical and deviant behaviour. The solutions suggested are promotion of an ethical climate, recognition and support of 'toxic handlers', performing background checks and psychological testing to prevent deviant individuals entering the workplace, and promptly responding to and punishing deviant behaviours. This section will focus only on the latter point: the response to, and punishment of, deviant behaviours. The paper states that "it is necessary to nip deviant behaviours in the bud before they get the chance to exert significant social influence on the workforce,"[p.53] which may include use of punitive measures. Potential outcomes as a result of implementing the measures suggested include a more ethical workplace climate, with congruence between upper level management's behaviour and the climate they promote, as well as a reduction of bullying through the avoidance of hiring bullies, and through the use of punishment when bullying does occur. A major limitation of this paper is that it does not contain any empirical data

of efficacy, and furthermore, it is not specifically focused on reducing bullying.

Context and mechanisms

In relation to the punitive measures/response to deviant behaviours, it could be that in a context where there is a higher likelihood of punishment for such behaviours, there may be a co-existing prevention of anti-social behaviour. This may also be a mechanism; presumably, a fear (or avoidance) of punishment may act as a deterrent to deviant behaviours, in turn, reducing incidence of bullying. The impact of management's influence is also highlighted in other aspects of this review; if management specify a set of expected values, and promote an ethical workplace climate, they can act as role models for other employees. Furthermore, the use of rewards should not be underestimated; an expected behaviour needs to be reinforced, and this can be achieved through the use of rewards.

Rayner and McIvor (2008)[25]

Intervention and outcomes

The details of the study are presented in the section on work climate, but the authors also suggest a number of strategies for tackling bullying. The use of informal and formal complaints systems, and the importance of a timely (but thorough) investigation, is of relevance here. In addition, good, open communication is important at all stages to avoid rumour and speculation, and furthermore, the study recommends that consistent, appropriate discipline is necessary in response to bullying, along with provision of support services to all employees involved. Finally, there should be consistency of staff involved in bullying investigations, with designated complaints managers to handle the logistics. Potential outcomes from implementation of the recommendations are a positive change in culture, appropriate and consistent handling of investigations/complaints, increased trust in staff within the organisation, and increased support for both targets and witnesses of bullying. The study compares organisations, there is no actual intervention, but the recommendations are based upon views of key stakeholders and experts, with consideration of potentially important contextual factors.

Context and mechanisms

Trust is an important contextual factor; Rayner and McIvor report that "the higher the trust, the lower the trauma for all concerned"[p.77], and with a higher level of trust, "decisions were accepted"[p.77]. Formal complaints may lead to a number of problems, including rumours, which may undermine trust in management, and adversely affect future use of the system if managed poorly. It is important that an organisation responds appropriately to formal complaints, as employees will observe their response; an inappropriate response may adversely affect trust. Continuity of personnel handling complaints can help strengthen trust, and can improve levels of communication. In turn, this can maintain momentum, with better outcomes for all parties. Prioritisation of complaints is also contextually important; if not prioritised, complaints may "slip", which can further adversely affect trust. Finally, when dealing with a complaint, it needs to be done within a timescale that is not rushed, but is not too long as to cause further harm to the target.

Investigators must be impartial, and adequately trained to identify and manage bullying. Furthermore, better organisations accept evidence from "any source", with witnesses protected from retribution, and advisory, support and counselling services are also available for all staff involved to offer support. Finally, it is important that disciplinary actions are appropriate and consistent, and that there is no protection from sanction for particular (e.g. senior, or hard to replace) staff. Together, these factors may help to increase chances for success.

A lot of overlap exists between the context and mechanisms in this paper. One important mechanism to consider is that of trust. By demonstrating trustworthiness and commitment to tackling bullying, an organisation may increase employee confidence in the process, and increase the likelihood of success. Furthermore, by training management, and increasing employee skills in preventing, recognising and managing bullying, bullying itself may be reduced, as more cases will be discovered, reported, investigated, and managed appropriately. Finally, managers themselves can act as role models, whether by demonstrating acceptable behaviours (or norms), dealing with reported cases of bullying appropriately, or offering support to targets and witnesses of bullying.

Resch and Schubinski 1996[217]

Intervention and outcomes

Resch and Schubinski describe anti-mobbing measures used in organisations. They describe four prevention measures: change in work design, change in leadership behaviour, raising moral standards within a department, and an improvement of the social position of each individual, including grievance procedures. In addition to any formal regulations, organisations should implement grievance procedures, clear rules, and first contacts for advice, anonymity and input from experts who know how grievance systems work. Grievance procedures may involve different approaches, including targets talking to their opponent with a neutral moderator, external mediators negotiating with both parties and suggesting solutions, or the use of a "referee" to listen to both sides and provide a resolution. Potential outcomes could include improved management of conflict. The paper is a case study and personal experience; intervention data is not reported.

Context and mechanisms

Pressure on an organisation to deal with bullying can come from public opinion, if made public, but also from trade unions. The authors maintain organisations prefer the strategy of denying the existence of a problem for as long as possible. A negative image of having a bullying problem may be necessary for successful intervention. The level of agreement and motivation amongst staff to change behaviour is key to the success of an intervention; measures are likely to be ineffective if managers do not agree to change their behaviour and will only be effective if supported by top management. A potential mechanism is the protection of individual targets; by having clear rules, information on who to ask for advice, anonymity and having a neutral person to support them. This person can feed back into the organisation regarding problems.

Sotile and Sotile 1999[32]

Intervention and outcomes

This descriptive opinion piece presents advice from conflict resolution experts and healthcare consultants in the USA, and describes practical guidelines for managing "disruptive medics" and creating a more positive

workplace culture. The authors discuss how to manage conflict, meeting with parties involved, and the promotion of positive relationships (which may make use of rewards). Providing a procedure for protection for staff with complaints, the reporting of inappropriate behaviour needs to be easy, accessible, confidential, and involve the development of a committee to oversee interpersonal issues. Further to this, when a problem is reported, it must be treated with respect, listened to empathically, and the complainant needs to be asked what they would like in terms of resolution. An emphasis needs to be placed on the fact that a positive resolution can be possible, with help from the organisation.

Punitive reactions and confrontation should be avoided. Offenders should be offered support, and reminded of the code of conduct of the organisation. As part of the investigative process, the offender's side of the story should be sought, and together, a plan of action for change should be negotiated. Potential outcomes from the suggestions are positive interpersonal relationships within the workplace and improved management of bullying. There is no evaluation data to indicate if interventions are successful.

Context and mechanisms

A culture promoting positive interpersonal dynamics needs to exist if there is to be any chance of reducing conflict, and individuals should not be expected to learn to function in an unhealthy system. The paper suggests the need to have a confrontation that is firm, clear and compassionate. The management need to lead by example, and act as role models for the rest of the organisation if they want behaviour to change. An organisation offering on-going training and rewarding outstanding examples of behaviour will have more likelihood of successful reduction of bullying. Finally, peers should be given the lead in feedback of behaviours; the rationale is that doctors accept criticism better from other doctors.

The use of incentives and rewards is a potentially important mechanism; rewarding positive behaviour. Making explicit links between an offender's behaviour and its impact, and offering examples of how behaviour is damaging may aid reflection and highlight why they should behave in a different manner. Offering help at this stage can demonstrate consequences of negative behaviour, and can aid in formulating a plan of action.

Formal investigations: Summary of findings

Intervention and outcomes

Literature does exist which discusses the use of formal investigations, grievance procedures and punitive measures as an anti-bullying intervention in the workplace. However, the literature is mostly in the form of reviews and descriptive pieces rather than evaluations of interventions[217]. Several authors have highlighted the importance of anonymity and confidentiality[25, 32, 217]. Different approaches for resolution have been suggested including: face-to-face meetings with neutral parties, external mediators, and/or "referees", as well as following clear rules and having input from experts[217]. Rayner and McIvor highlight the importance of good communication throughout a complaint procedure, and that designated staff members should be involved to handle the logistics of a complaint[25], a point also discussed by others[32]. Further to this, Rayner and McIvor discuss the need for a thorough and timely investigation, which takes into account evidence from both sides of the conflict, and others who may be involved, ensuring that good communication is used at all stages[25].

The use of punitive measures is discussed by Appelbaum et al., who report that it is important to nip deviant behaviours in the bud before they get the chance to exert significant social influence on the workforce. The paper suggests that the punishment of bullying should occur within a workplace[235]. In addition to this, Christmas's review states that offenders should be punished, either through financial penalty or suspension[30]. Rayner and McIvor state that any disciplinary measures invoked need to be consistent throughout all levels of an organisation[25]. Positive behaviours should be rewarded and reinforced and avoid retaliatory actions[32]. No paper offers empirical evidence unfortunately, and therefore, further work is needed.

Context and mechanisms

The literature discusses and highlights a number of potential contexts and mechanisms. The importance of management specifying and role-modelling a specific set of accepted behaviours (or norms) for the organisation is widely alluded to[25, 30, 32, 217, 235]. Also, it is discussed that a context where management support an intervention is more likely to lead to successful outcomes[217, 235].

If a context exists where there is a higher likelihood of punishment for behaving inappropriately, there may already co-exist a culture aiming to prevent anti-social behaviour within the organisation; this culture is important to consider in implementing any sanctions for inappropriate behaviour[235]. In tandem with this, is the need for an organisation to view bullying as a negative in the workplace, make reduction and investigation of bullying a priority, and produce a culture aiming towards less bullying[25, 32, 217]. Furthermore, pressure upon the senior management to deal with the problem of bullying is an important context[217].

Continuity of staff involved in investigating and managing cases of bullying is important, as is ensuring that the correct staff members are involved in feeding back to offenders[25, 32]. This would also support more experienced staff to manage conflict. Rayner and McIvor highlight the issue of trust in management and their response to bullying[25]; this is important both in terms of contexts and mechanisms. If employees have trust in management, they are more likely to agree to interventions, and will place more faith in management being able to solve the problems in the workplace. They may also feel more comfortable in reporting cases of bullying and making complaints.

In implementing any form of complaints procedure, protection of individuals (both targets and witnesses) needs to be offered and ensured[25, 217]. By ensuring clear rules are in place, offering anonymity, and alleviating concerns that individuals may have regarding repercussions, they may feel more confident and comfortable in reporting bullying. If a procedure is put in place that does not offer this protection, an element of fear may exist that prevents bullying cases from being reported and managed appropriately. Rayner and McIvor also discuss the need to have support available for targets, witnesses and offenders throughout the entire complaint procedure, again, offering them more protection and help, which may increase likelihood of cases being reported appropriately[25].

Appelbaum et al. discuss that the use of punishment may produce an element of fear, which can act as a deterrent to deviant behaviours, helping to reduce bullying within the workplace[235]. However, Appelbaum et al. and Sotile and Sotile both state that the opposite should also be considered; that is, the use of rewards can help to reinforce a desired or expected behaviour, and can have a more positive effect on the workforce, helping to lead to more expected behaviours, as opposed to simply a reduction in bullying[32, 235].

Expert Commentary

- Investigations should be timely and time-bound.
- Train managers to conduct mini-investigations and deal with issues as a complaint, not as if a formal case has been raised.
- There is a need to fire bullies and explain why people were fired (i.e. a feedback loop).
- Complaints need to be taken very seriously, and the safety of the complainant needs to be protected.
- Individual disciplinary action may be appropriate, but organisations should recognise that bullying is a shared problem.
- After tribunals, targets often feel the process did not solve the issue for them. Often they report feeling empty, despite having endured the stressful process.
- Once an investigation is initiated, a set path is followed and sometimes common sense is lost in policy and practice.

Tips for NHS Managers

- Managers should possess sufficient skills and be trained to deal with informal complaints quickly and appropriately.
- Formal processes should be transparent and consistently applied.
- Investigations should be thorough and timely, and there should be consistency in investigating staff.
- Ensure complainants feel protected and safe.

4.1.8 Monitoring

Several studies reported on the use of monitoring data. Monitoring can be used to increase awareness of the problem and stimulate a different response. Monitoring change over time could be useful before or after an intervention or to highlight areas in an organisation that have a significant problem and are a priority for action. Beale (2001) states that monitoring

involves two separate levels of investigation: one related to risk assessment and one related to individual cases. The first involves "the requirement to know the extent and nature of bullying within an organisation in order to provide information for risk assessment". The second involves "the need to discover individual cases and to track how they develop and are dealt with by the organisation" [236, p.86]. Beale comments that neither of these is straightforward, for example due to under-reporting, possible negative consequences of reporting, and the need to have confidence that something will be done and the situation will improve[236].

Beale suggests that more sophisticated systems, integrating support with reporting, need to be put in place to reassure staff, and monitoring needs to be set within an organisational response to the problem. Furthermore, "Effective monitoring has to utilise a multi-pronged strategy, gleaning information from as many sources as possible"[236,p.87]. Evidence should be collected relating to likely risk factors; employees' perceptions of the amount and nature of bullying present; and objective behavioural and health outcomes (e.g. absenteeism; turnover; visits to occupational health practitioners)[236].

Vartia and Leka (2011) suggest that analysis of risks or of potential organisational antecedents of bullying can be conducted through the application of particular instruments, pre-intervention surveys, interviews, focus groups, introductory meetings, and joint discussions[237]. Staff surveys may provide information about the nature and extent of bullying[25, 236]. Rayner and McIvor (2008) found that organisations that took a strategic approach could be distinguished by their use of organisational data to build their business case and enabling year-on-year benchmarking and formal complaints[25].

Zimmerman and Amori described 'insidious intimidation' that can grow within an organisation's culture and can be found at all levels of the organisation. They recommend that a behaviour change team be created, looking at individual and systems levels[134]. One study already discussed above reported on findings leading to a specific intervention which led to a decrease in the nursing turnover rate, although other factors may have come into play[221].

Measurement tools

Several monitoring tools are available, and are described briefly below. Quine (2001) reports on a study with community nurses, in which it is reported that 'a supportive work environment is able to act as a moderator, protecting individuals from some of the harmful effects of bullying' as 'nurses who reported being bullied but had good support at work had significantly lower scores on the propensity to leave and depression scales and higher scores for job satisfaction than those who reported being bullied but had poor support'[73,p.82]. Quine (2002) also devised a scale to measure exposure to and witnessing of 21 bullying behaviours[72].

The revised Negative Acts Questionnaire (NAQ-R)[11] is a 22-item scale that measures the frequency of negative behaviours in the workplace, without mentioning bullying specifically. It has been widely used in different countries[93, 208, 238], including in the UK with NHS samples[4, 229].

The Leymann Inventory of Psychological Terrorization' (LIPT)[12, 239] is a 45-item questionnaire that measures the frequency of bullying.

Hoel and Giga (2006) devised and validated a 29-item Bullying Risk Assessment Tool (BRAT), primarily aimed at establishing risk at a group-level as one of the key outcomes is to inform decision-making and highlight internal priorities, although it can also be used to identify individuals at risk of bullying[229].

Žukauskas and Vveinhardt (2011) developed a tool which correlated with organisational climate measures. Items were developed to include, for example, features on the basis on which people are discriminated most; types of bullying; organisational climate, and other features such as the impact of the manager on employee relations. The tool was validated in a Lithuanian context[240].

Hall, Dollard and Coward (2010) describe the development and evaluation of a twelve-item psychosocial safety climate instrument (PSC-12) reporting it can be used as a reliable and valid measure across a range of occupations[241]. They determined four content domains of psychosocial safety climate which refers to an organisational climate, and policies, practices and procedures, for employee psychological safety and health. The

four domains are: management commitment; management priority; organisational communication, and organisational participation[214].

An American study by Stanley et al. (2007) developed a tool to measure the perceived incidence and severity of lateral violence (nurse-on-nurse aggression or inter-group conflict). The questionnaire had 23 items written as descriptions of potential occurrence or causes of lateral violence (LV), with space for free style open-ended comments[242].

Donovan, Drasgow and Munson (1998) developed and validated the Perceptions of Fair Interpersonal Treatment (PFIT) scale, to measure an employee's perceptions of how employees, in general, are treated by supervisors and co-workers in an organisation[243].

Houdmont, Kerr and Randall (2012) reported on organisational psychosocial hazard (OPH)[244]. The tool measures perceived exposure to seven psychosocial work environment dimensions: job demands, job control, managerial support, peer support, relationships, role, and change. A single-item measure of perceived work-related stress was also applied.

Myer, Conte and Peterson (2007) describe the adaptation the Triage Assessment System (TAS) (widely used to understand the individual human impact of a crisis within an organisation)[245]. The paper also includes suggestions for ways in which organisations can use the TAS to improve their preparation for recovery efforts after a crisis, and provides frameworks for designing or reviewing crisis management plans.

Latham et al. (2008) used sociometric analysis to measure team-level culture and assess cultural change over time. Nurses were asked to nominate: 1) three co-workers who were enjoyable to work with and who supported professional practice and teamwork, and 2) three co-workers who act as influential informal leaders that can introduce or block change. Sociometric diagrams were used to plot nominations and identify unhealthy teams in which individuals were influential but not enjoyable to work with[246].

Context and mechanisms

Staff attitude surveys 'test the temperature' of levels of values such as trust and commitment and help gauge the effect of initiatives. In Rayner and McIvor's study, "Most [organisations] said three years of annual surveys were needed before employees believed the organisation was actually concerned about the results"[25,p.55]. Using external organisations to ensure participants' trust in confidentiality was regarded as essential, and external specialists were also valued in relation to survey design. It was crucial to give feedback to staff and to be clear about what was to be actioned. Frustration, cynicism and lower morale from a perceived lack of action could arise if it was not possible to bring about change in the short-term, so surveys could be counter-productive; building practical topics into the survey that could be addressed quickly might counteract this while longer-term strategies were taking effect[25].

Monitoring: Summary of findings

The papers in this section describe the types of monitoring data that have been used and the purpose it can serve. Monitoring data can be used to assess the nature and level of bullying and harassment in the organisation[25, 30, 134, 221]. It can be used to address staff retention issues[221, 247], to determine needs to change policy, staffing or additional staff training[30], to help build a business case for a strategic approach to bullying[25], and to gain organisational and leadership support[134].

Tools have been developed to measure bullying behaviours, or the risk of such behaviours, which may be used to introduce more specifically targeted interventions[73, 229, 242-245]. Staff surveys can be used to analyse staff perceptions and attitudes towards bullying, can act as a driver for change and can inform the business case for change[25].

Expert Commentary

- Monitoring behaviours is more important than actually knowing exact prevalence: it does not matter if it is 5% or 20% - it needs to be dealt with.
- Monitoring can help maintain awareness that bullying is an issue in the organisation.

Case Study: Monitoring and feedback (see Appendix 7 for full case study)

An NHS Deanery-based specialty school tackled workplace bullying using an ongoing programme of monitoring and feedback. The school developed a questionnaire tool to measure specific bullying behaviours, witnessed bullying, the source of bullying, and where bullying occurred. The questionnaire was distributed to all trainees within the specialty, responses were anonymised and fed back to the relevant College Tutor in each NHS Trust. Critically, members of the unit (consultants, trainees, other staff) knew that their unit-level results would be publicly benchmarked using a 'traffic light' system and compared to other units. They also knew that the questionnaire was to be repeated annually and that the school would be looking for improvements over time.

The school then worked with the trust to identify problems and the trust may then implement tailored interventions in response. For example, if perceived persistent and unjustified criticism of work was highlighted, training on work-based assessment and giving feedback was offered.

The data show trends indicating that units initially flagged as red have reduced bullying behaviours over time, and are now flagged as amber or green. This reduction in bullying, coupled with anecdotal evidence that trainees are happier to challenge more senior staff regarding inappropriate behaviour and trainers are more prepared to challenge each other, suggests that the culture is changing.

Tips for NHS Managers

- Where there are high levels of bullying, focus on prevention.
- If prevalence is low (3-5%), focus on complaints procedures.
- Rates of bullying may increase following interventions, but if strategies are in place long enough then rates should come down again.

Project 10/1012/01

4.1.9 Selection

Selection processes act as a gateway into an organisation. Well-designed selection systems focus on competencies that are clearly linked to effective job performance. There is an increasing recognition that interpersonal skills are an important component of many occupations.

Selection represents a long-term approach to tackling bullying. Change via selection requires bullies to leave or be dismissed before new personnel can be hired using the new selection process. Culture change using selection may require a 'critical mass' of staff to have been recruited using the new system. According to the attraction-selection-attrition (ASA) framework, job candidates will be attracted to organisations that match their values and personality, organisations will select individuals who fit with their culture, and only staff that fit with the existing culture will remain in the organisation[248, 249].

Although interpersonal skills and personality factors can contribute to the likelihood of bullying, organisational and team factors must also be considered. The literature warns against blaming the target or the accused bully[101]. It is unlikely that a particular personality profile would apply to all bullies[101]. In addition, selection systems must be valid, predict job performance, and not create adverse impact[250].

The limited research on the personality traits associated with bullies suggests that bullies may be higher on social anxiety, lower on social competence, lower on self-esteem, higher on aggressiveness[99], and lower in emotional stability[59]. Furthermore, research on bullies is limited by a reluctance to self-report as a bully, or the perception that negative behaviours were the result of highly stressful workplaces or legitimate performance management[147]. No studies were found that measured the outcomes of selection processes designed to screen out bullies.

Broader searches found that selection processes could be used to identify counterproductive workplace behaviours, which may include bullying behaviours as well as carelessness, theft and petty disputes. For example, Blackman and Funder (2002) reported that counterproductive traits could be identified using interviews[251]; Ones et al. (1993) reported meta-analytic results showing that integrity tests could predict counterproductive behaviour as well as job performance[252]; and Salgado (2002) found that lower levels of conscientiousness and agreeableness were associated with

higher levels of deviant behaviour[253]. This evidence suggests that selection systems have the potential to predict some negative workplace behaviours.

Reddy (2005)[254]

Intervention and outcomes

Reddy's PhD thesis reviewed organisational methods to prevent and manage workplace aggression (including psychological aggression), but does not present evaluation data. Based on a review of other studies, Reddy recommends screening out individuals who may be prone to workplace aggression during the selection process. Potential methods include relevant interview questions, background checks, references and psychometric testing.

Context and mechanisms

Screening based on background checks and references may only identify individuals with known aggressive histories. Choice of psychometric tools should be carefully considered, as some tools measure general aggression and may not be suitable to assess potential for workplace aggression.

Appelbaum et al. (2005, 2007)[210, 235]

Intervention and outcomes

Appelbaum et al. (2005) suggest solutions to prevent unethical and deviant workplace behaviour, including the adoption of selection processes that prevent deviant individuals entering the workforce. In particular, the authors suggest using background checks and psychological testing.

Applebaum et al. (2007) discuss the links between personality traits and deviant behaviour, but acknowledge that such behaviour may be best predicted by an interaction of personality and workplace environment variables (e.g. unethical leadership, frustration). Neither paper provides details on the type of background checks, nor presents evaluation data.

Context and mechanisms

Appelbaum et al. state that negative deviant behaviours are the result of organisational factors, not just individual factors. The authors also recommend that the organisational culture should be centred in ethical core values with senior management support and role-modelling, and that employees should be empowered to innovate.

Rayner and McIvor (2008)[25]

Intervention and outcomes

Rayner and McIvor (2008) (discussed above in work climate) recommended using selection and promotion systems and suggest additional information could be sought by telephoning applicants' previous employers. Assessing job candidates' attitudes towards the treatment of others was seen as a critical part of the selection process, and stressing the importance of interpersonal skills would communicate their value. Rayner and McIvor reported that, frequently, employees are promoted to management positions on the basis of their technical skills, rather than people-management skill, and there should be a greater focus on people-skills. One option cited in the paper is to restructure promotion systems to enable employees to be promoted for technical expertise without assuming a managerial role.

Context and mechanisms

Focusing on interpersonal and communication skills during the selection process sends a message to potential employees that such skills are valued by the organisation. By including these competencies in the selection process, individuals who lack such skills are less likely to enter the organisation. By valuing these skills as part of the promotion process, only individuals with good people-management skills will be promoted to management positions.

Selection: Summary of findings

Intervention and outcomes

No studies were found that empirically tested the use of selection to screen out bullies. The papers discussed in this section recommended the use of

relevant interview questions[254], background checks[210, 235], references[254], telephoning previous employers[25], and psychometric testing. Measuring attitudes towards the treatment of others was also regarded as an important part of the selection process. Rayner and McIvor also recommend assessment of interpersonal skills as part of promotion practices[25], as do Bentley et al.[250].

Context and mechanisms

Background checks and references may only identify individuals with known histories of bullying, but bullying is frequently underreported [255], therefore this approach may not always be effective. Any psychometric tests should be evaluated to ensure they are valid predictors of job performance and are relevant for workplace behaviours. It is important to emphasize that, although some individual factors (such as personality traits) are associated with negative behaviours, they do not necessarily predict who will be a bully, and organisational factors should be taken into account.

4.2 Realist Review – Team Dyad level

4.2.1 Teambuilding and Team Training

Teambuilding aims "to help people who work together to function more effectively in teams to assist the team itself to work effectively as a whole"[256 p.28]. The term is used to describe a wide range of activities, which are typically concerned with "improving performance and results, making greater use of both individual and team strengths…, resolving problems about which something can and must be done, and which are within the responsibilities of the particular team involved"[256 p.29].

Teambuilding activities may include training, workshops, group discussions, use of psychometric tools to understand differences, social activities, and assessments of group dynamics. Several papers recommended the use of teambuilding activities to prevent or reduce bullying (e.g. Hannabuss, 1998 [257]). For example, Sotile and Sotile (1999) suggested informal gatherings and regular meetings, as well as interpersonal skills training, to foster positive interpersonal relationships and informally encourage collegial repair attempts for low-level conflict[32].

DiMeglio et al. (2005)[258]

Intervention and outcomes

This study evaluated a teambuilding intervention for nurses in a private US hospital, using a quasi-experimental, interrupted time-series design. Three 1-hour team sessions were held, and activities included: discussion of the work unit issues and high-performing teams, feedback of survey results on group dynamics and functioning, discussion of different personal styles using an adapted version of the Myers-Briggs Type Inventory (MBTI), and identification of major issues and action plans for resolution. Results are based on pre-intervention (n=165, 47% response rate) and post-intervention (n=118, 34% response rate) surveys. Three months after the intervention, group cohesion and group dynamics improved significantly. Positive outcomes were also reported for satisfaction with nurse interaction, job enjoyment, and nurse turnover, but statistical significance tests were not reported. The sessions also highlighted problems in the workplace as well as potential solutions. This teambuilding intervention discussed causes of workplace conflict but was not targeted specifically at bullying behaviour.

Context and mechanisms

The intervention was tailored to the needs of the work units, based on pre-intervention survey data. The sessions were interactive and delivered by experienced facilitators, however, the authors remarked that one facilitator had served in leadership positions in the organisation which may have inhibited the discussion of some issues. Sessions were scheduled to accommodate different shift patterns and most nurses attended at least one session, although attendance was voluntary and sample size was not stated. The authors also observed that there were some differences between work units, with some finding it more difficult to admit they had issues.

Using the MBTI heightened awareness of different personal styles and demographic characteristics, and created a safe environment in which to discuss the impact on teams and workplace conflict. This led to key insights, described as "revelations" [p.116], regarding personality, patterns of behaviour, and outcomes. Discussion of pertinent issues identified practical steps that could reduce conflict and improve workplace culture, such as increased presence on the wards to role-model effective communication and offer regular feedback, and improved communication systems between the governance council and nursing staff.

Barrett et al. (2009)[222]

Intervention and outcomes

Barrett et al. (2009) evaluated a teambuilding intervention designed to improve group cohesion and reduce bullying in US hospital nurses, based on DiMeglio et al. (2005)[258]. Four units were selected that had been identified as scoring low on a measure of colleague interaction: critical care, surgical, operating room, and the emergency department. The nurse manager in each unit selected a subsample of nursing staff to participate in two 2-hour sessions, led by a trained facilitator and the nurse manager. Activities included: discussion of the unit issues, climate, and bullying; MBTI preferences and differences; skill-building sessions on giving and receiving feedback and managing conflict; and encouragement to cascade information and act as "cohesion champions".

Evaluation questionnaires were sent to 145 nurses; 59 (41%) completed the pre-intervention questionnaire, and 45 (31%) completed the post-intervention questionnaire. Results indicated that group cohesion increased significantly and satisfaction with nurse interaction had improved (although no statistical tests are presented), but no significant change was observed on a measure of group dynamics. Qualitative analysis found that units varied, but a new manager in one unit tackled work flow and organisational issues to reduce tension and chaos, and assigned responsibilities to ensure changes were made. In one unit, once nurses felt empowered to make changes, the culture improved and new nurses were mentored. Limitations included the small number of staff participating and low response rates.

Context and mechanisms

Leader engagement varied across units and most improvement was evident in the unit with the most engaged manager. They ensured appropriate processes were implemented, set and articulated expectations, role-modelled collaborative communication, and expressed belief in the potential for improvement. The selection of work units and participants could be an important factor: units were selected based on their low score on a measure of colleague interaction, but there was no analysis of readiness to change or manager ability to drive and maintain change. Less engaged managers may have selected participants who would not raise challenging issues. The teambuilding intervention was tailored to needs of each unit. Finally,

staffing issues and competing priorities may have affected attendance and engagement.

Several mechanisms centred on the manager's role: whether they role-modelled appropriate behaviours, dealt with conflict, communicated expectations, and tackled sources of tension (e.g. work flow and scheduling). Discussion of MBTI types also raised awareness: there was a "collective epiphany when staff realized how personality preferences may affect their approach and style of communication and how this is perceived by and impacts others"[p.347]. Also, empowering nurses to work together to make decisions about how their unit functioned improved the work culture.

Latham et al. (2008)[246]

Intervention and outcomes

This paper described a comprehensive 3-year intervention including mentoring, culture evaluation and change, structural support, and training, and is described fully in the Mentoring section below. The primary focus of the study was a mentoring programme, but this incorporated training and teambuilding activities on cultural mindedness, culturally centred communication skills, mentoring, and dealing with negative communication between co-workers. Development of a "supportive relational style"[p.30] due to the nurses' cultural competence was regarded as key to the success of the programme.

Although the training elements were not teased apart in the evaluation, there was positive feedback on the programme, evidence of culture change (more positive working environment, informal leaders who are enjoyable to work with), a spread of mentoring activity, and reduction in turnover with an estimated $2.5million cost saving. Mentors became more engaged in supporting nurses and enhancing their working environment. The supportive nursing culture was communicated to the wider hospital via role modelling and at board meetings, and improvements in hospital wide data on nursing and patient satisfaction and patient safety were observed following the programme, although these may not be solely attributable to the intervention.

Context and mechanisms

Structural support via a governance board, steering group and the hospital liaison person assisted with project implementation and problem-solving.

These structural links also enabled nurses to feed back issues and "increased their participation in identifying and strategizing changes that would empower [nurses] and enhance [nurse] work environments"[p.38]. The training encouraged self-reflection on personality and learning styles, trained nurses to adopt a supportive relational style, and increased cultural competence, which the authors regarded as the core component of the mentoring programme. Role modelling of these supportive relational behavioural styles contributed to the observed culture change.

Stevens (2002)[221]

Intervention and outcomes

Stevens (2002) described one hospital's strategy to reduce a culture of bullying and intimidation in nursing, with the ultimate aim of reducing turnover of nurses in a large teaching hospital in Australia. This involved several interventions, including commissioning research to identify issues, workshops to discuss issues, workshops to feedback research results and problem-solve, anti-bullying policy development, supervisor training, and increased presence of leaders on the ward. This summary will focus on the training and teambuilding aspects of the intervention, but the paper is also described in the Leadership and Management section above. Nursing supervisors attended training on performance management and conflict resolution, with specific reference to bullying behaviours. Workshops enabled nursing managers to confront issues and discuss behaviours highlighted in the research, and several managers took personal responsibility for driving change. Another series of full-day workshops aimed to involve nursing supervisors in the problem-solving process, and was attended by over 90% of supervisors. The hospital's nursing leader addressed each group and asked for help. Outcomes included a reduction in nursing turnover (from 28% to 22% one year later, which was maintained over the following three years), as well as increased awareness of how individuals can contribute to a bullying culture, staff empowerment to promote different ways of working, and the implementation of strategies to reduce bullying. However, some staff denied that bullying was a problem. Limitations include potential confounding factors for the reduction in turnover, the case study approach, and lack of data on bullying prevalence.

Context and mechanisms

The interventions were based on the results of research, which identified problems including a bullying culture; a lack of management support for, and responsiveness to, bullying issues; and perceptions of a covert acceptance of bullying. Important contextual factors which facilitated the interventions were highlighted: a 'critical mass' of nursing supervisors attended the workshops, and there was visible senior support as each workshop was addressed by the hospital's nursing leader and several managers took personal responsibility for change. The author also reported that, in order for bullying culture change strategies to be effective, staff needed to acknowledge that there was a problematic bullying culture. Some nurses believed that younger nurses should have to endure what they did as part of their training for the profession, and this belief can act to subvert the success of the strategy.

Mechanisms of change discussed in the paper include nursing leaders taking personal responsibility for change, nursing supervisors acknowledging that bullying is a problem and that they have a role in creating the culture. Supervisors reported that they felt empowered by the support of the nursing leader (evidenced by their presence at the workshops) to implement strategies and to remind senior management of their commitment to culture change. In addition, the workshops focused on problem-solving targeted at local issues.

Resch and Schubinski (1996)[217]

Intervention and outcomes

This paper describes measures for bullying prevention and intervention, based on case studies and the authors' experiences in organisations, and is described fully in the organisation section. Team training was recommended to raise moral standards by facilitating ethical group discussions on the causes and consequences of bullying, in order to develop a common understanding of what behaviours are unacceptable or fair at work. The authors cite Leymann's (1993) group training, and suggest that all employees should participate in such training, run by a trained moderator. However, this paper provides little empirical data.

Context and mechanisms

The authors highlight several important contextual factors: top management support and management agreement to change their behaviours, pressure on the organisation to deal with bullying, organisational acknowledgment that bullying is a problem, and the absence of competing interventions. Team training is expected to develop a mutual understanding of acceptable and unacceptable behaviours, acting as a mechanism of change.

Teambuilding and team training interventions: Summary of findings

Intervention and outcomes

The interventions in this section had a range of aims: culture change via teambuilding and team training activities[221, 246], improved group cohesion[222, 258], and a reduction in bullying[221, 222]. Several interventions included workshop discussions to identify local problems and generate solutions[221, 222, 258], and incorporated assessments of personality or learning styles[222, 246, 258]. Awareness raising regarding the causes of conflict, bullying issues and appropriate versus inappropriate behaviours was built into some interventions[217, 222, 258]. Training on conflict management[221, 222, 246] and communication and feedback skills[222, 246] often featured in the teambuilding interventions, and building a supportive relational style and cultural competence was the primary aim of a group-level mentoring intervention[246].

Two similar interventions resulted in increased group cohesion[222, 258], but one also reported an improvement in group dynamics[258], whereas the other reported no change on this measure[222]. This may have been due to team differences, particularly the level of manager engagement[222]. Discussion of local issues and related problem-solving produced practical solutions in several interventions[221, 222, 258], although the implementation was typically led by engaged leaders and empowered staff[221, 222]. Decreases in nursing turnover were reported by two studies[221, 246], and improvements in patient safety and satisfaction were observed following one comprehensive intervention (including teambuilding, mentoring and culture change), although this may not be solely attributable to the intervention[246]. Although some positive outcomes were reported, no studies demonstrated an explicit reduction in bullying.

Context and mechanisms

Leader engagement was cited as an important contextual factor: positive outcomes were observed when a team manager proactively addressed organisational conflict triggers, role-modelled appropriate behaviours, and dealt with conflict[222], and when management took personal responsibility to drive change and addressed workshops[221]. Organisational and leadership involvement via structural support[246], assessments of readiness for change[222], and acknowledgement that bullying is a problem[217, 221] may also help the intervention to succeed. Two studies described teambuilding activities as part of a broader approach to culture change which involved multiple intervention activities[221, 246].

The composition of the teambuilding or team training sessions may also affect success: arranging sessions to enable staff to attend[222, 258], providing training for a 'critical mass' of staff[221], selecting appropriate staff for the intervention[222], and ensuring that workshop participants feel able to raise issues and are not inhibited by the presence of senior staff[258] were described as enabling factors. In addition, three studies tailored the intervention to local needs[221, 222, 258]. Two studies also stated that they used experienced facilitators for workshop delivery[222, 258].

Mechanisms of change described in the papers included gaining insight into personal styles and differences between co-workers using psychometric tools and discussion[222, 246, 258]; the suggestion of practical solutions to local issues[221, 246, 258]; the empowerment of staff to implement change[221, 222, 246]; improved interpersonal skills[222, 246]; and the role modelling of appropriate behaviours by managers[222].

Expert Commentary

- Teambuilding that involves developing new norms as well as discussions and training on how to prevent the escalation of negative behaviours can be helpful.

Tips for NHS Managers

- Team-based interventions may improve group cohesion, reduce turnover and produce practical solutions to local issues and conflict triggers.
- Leadership support is important. This can be achieved through informal communication (e.g. addressing staff groups), recognition that bullying is a problem, role modelling, and structural support (e.g. steering groups).
- Ensure the right staff attend teambuilding sessions, ideally all team members.
- Use interventions that increase personal insight, improve interpersonal skills, and empower staff to drive change.

4.2.2 Conflict Management Training

Conflict management "involves acquiring skills related to conflict resolution, self-awareness about conflict models, conflict communication skills, and establishing a structure for management of conflict in your environment"[259,p.15].

Addressing bullying through a conflict management perspective may have merit for workplace interventions: Hoel et al. (1999) suggested that the dyadic conflict literature is rich in insight on conflict development and escalation as well as the various procedures and processes for resolving conflicts [260]. Zapf and Gross (2001) described bullying situations as "long-lasting and badly managed conflict" [171 p.499] and Raver and Barling (2008) argued that conflict is an overarching term and that workplace aggression (of which bullying is a special case) should be considered as a particular form of workplace conflict[261]. However, Einarsen and Skogstad (1996) suggested conflict and bullying are connected yet distinctive constructs, differentiated by the inability to respond to or defend against hostile actions in bullying cases[149]. Leon-Perez et al. (2012) also note that conflict may be positive, whereas bullying is always destructive[262]. Nevertheless, several researchers and practitioners recommended conflict management and resolution training as a bullying intervention[32, 232, 247, 257, 263].

Furthermore, Meyer (2004) found that higher levels of work unit conflict were associated with forceful, avoiding, and abusive conflict handling styles in managers. Whereas lower workplace conflict was associated with an adaptive managerial conflict handling style (i.e. problem-solving approach, tries to meet everyone's needs, compromises, works to understand and resolve issues), as well as lower rates of absenteeism, accidents, and overtime[140]. These results indicate that managers have a key role in reducing conflict at work and should be targeted for training. The relevant papers are reviewed below.

Leon-Perez, Arenas and Butts Griggs (2012)[262]

Intervention and outcomes

A Spanish manufacturing organisation introduced a conflict management training intervention to reduce bullying. Training on types of conflict, conflict-handling strategies, managing emotions, and effective communication was delivered to intermediate managers (n=42) over three 4-hour sessions. Training aimed to generate experiential learning using role-play, discussion, and group dynamics. Evaluation data from the trainees indicated that trainees felt they had acquired and could apply conflict management skills. Surveys were distributed to trainees and a wider group of employees (n=195, 90% response rate before intervention and n=127, <30% attrition 8-months post-intervention). Trainees reported a significant increase in their conflict management success. Most subordinates (65%) reported that their manager's conflict management skills had improved following training, although 30% reported no change and 5% reported they had worsened. Employees reported a significant reduction in the number and intensity of interpersonal conflicts, but no significant decrease was observed in negative acts (although there was a trend in this direction). There was also some evidence that there were fewer bullying targets and cases.

Context and mechanisms

The organisation established a formal committee to develop the intervention, representing unions, employee representatives, human resources, and risk prevention staff. The committee promoted participation in the intervention and was described as a key contextual factor. The trainer was an expert in conflict resolution, and the training was targeted at intermediate managers, although some trainees commented that higher ranking managers should also be trained.

Likely mechanisms of change include the role-play which enabled trainees to practice their new skills and may have built confidence to apply them, as well as awareness of effective conflict management and communication strategies. In addition, trainees felt that they would be supported by managers, which may increase the likelihood of training transfer.

Evans and Curtis (2011)[264]

Intervention and outcomes

Evans and Curtis (2011) evaluated a conflict management training intervention that was delivered via an online virtual reality environment (Second Life). A small sample of senior US nursing students (n=20) participated in a 3-hour didactic training session on lateral violence and conflict management, followed by the conflict simulation training in Second Life. Role-play scenarios were partially scripted, designed to reflect potential situations in a hospital setting, and followed by a discussion of each scenario and the conflict management strategies used. Self-report results were positive: 89% of students stated that they were able to effectively apply conflict management strategies learned in class, 95% reported that scenarios represented real life bullying situations they may encounter in future or had already witnessed in clinical rotations, and 72% felt more comfortable exploring conflict in a virtual environment than real life. Evidence from self-reflections suggested positive reactions to Second Life training. Students reported that their experiences in the virtual environment encouraged them to try different conflict management approaches.

Context and mechanisms

The virtual environment was regarded as a "safe, nonthreatening environment"[p.654] in which to practice responding to conflict scenarios, and the scenarios were job-relevant. The authors suggested that readiness for change should have been assessed in faculty, as there was an initial lack of buy-in.

The intervention increased trainee awareness of bullying and knowledge of conflict management techniques (including what not to do). Practicing skills in the safe virtual environment may act to improve confidence to deal with conflict in the workplace.

Zweibel at al. (2008)[265]

Intervention and outcomes

Zweibel et al. (2008) evaluated a two-day conflict resolution training programme for doctors (n=57) and academic healthcare faculty (n=45) in two Canadian medical schools. The training used experiential and active learning techniques to introduce a framework for managing conflict. The programme was evaluated using pre- and post-training surveys (residents: n=41, 72% response rate; faculty: n=32, 71% response rate), training feedback forms, observer field notes, focus groups, and follow-up semi-structured interviews 12-18 months later with 6 residents and 18 faculty. One year after the training, trainees reported that they had: applied conflict resolution skills to difficult situations in the workplace, increased confidence in managing conflict, and experienced improvements in relationships with colleagues and patients. This intervention demonstrated positive outcomes in a longitudinal evaluation, but only 24 of the 102 trainees were interviewed one year later, so the results may represent a positive bias.

Context and mechanisms

Trainees highlighted concerns that colleagues who had not been trained would be resistant to working through conflict, and that individuals who chose to attend conflict resolution training may not be those who need it the most. There was also a concern that time pressure, fatigue, poor leadership, and the hierarchical structure in medicine may act as barriers to applying the training. The training was delivered by experienced researchers and partly based on the results of several years of needs assessments.

Active learning techniques were used to facilitate the transfer of trained skills and information to new situations. The conflict resolution framework enabled trainees to approach conflict logically and systematically, and anticipate potential sources of conflict. Analysis of the needs and interests of stakeholders resulted in an increased understanding of their motivations and position. Considering the perspectives of others led to working together to get everyone's needs met, and represented an important mechanism to prevent and manage conflict. Self-awareness of conflict styles helped to prevent conflict for some, but others were unsure whether this had changed their behaviour, particularly if they typically avoided conflict. Finally, communication skills training increased awareness of how trainees

contributed to conflict situations and promoted effective listening to clarify understanding of the needs of others.

Zweibel and Goldstein (2001)[266]

Intervention and outcomes

Zweibel and Goldstein described conflict resolution workshops and mediation training, delivered as part of the implementation of a Canadian medical school's conflict resolution policy. The workshops (either 1day or 2.5 days in duration) aimed to generate thinking on the positive and negative aspects of conflict, describe how conflict can be raised and resolved productively, offer insight into trainees' conflict-resolution styles and skills, and provide tools to manage conflict. Forty staff attended, the majority of whom had a supervisory role. Role plays were written based on issues raised in the workshop, and trainees facilitated a range of simulated disputes. Outcomes and lessons learned are discussed in reference to a public incident of disrespectful material in a student newsletter, but apply broadly to incidences of workplace conflict. With respect to the training, the most valuable aspects included identifying and addressing the interests and needs of all parties and understanding individual conflict styles. The study is limited as it is primarily descriptive, although it provides some evaluation in the context of one public conflict.

Context and mechanisms

The training providers had a good reputation for their conflict resolution programme.

Two mechanisms were highlighted as important: 1) the recognition of individual conflict styles in escalating (and de-escalating) conflict enabled staff to understand their own style and use strategies to work with the styles of others, 2) checking that all substantive (e.g. resources, time), procedural (e.g. processes for resolution, decision-making channels), and psychological issues (e.g. respect, trust) had been addressed was important, as conflict is not resolved unless all three have been addressed.

Wilson and Kristjanson (2002)[267]

Intervention and outcomes

A Canadian medical school introduced a voluntary conflict management workshop for first year medical students and interested teaching staff (no sample size is reported). The 6-hour training included techniques and the opportunity to practise conflict management skills. Comparison of pre- and 1-month post-training survey data indicated that: 43% of trainees reported an increased ability to work towards consensus building when faced with conflict, 38% felt their overall comfort level in dealing with conflict had increased, 52% believed their overall ability to deal with conflict had increased as a result of the workshop, and 96% stated that conflict management skills should be integrated into the medical curriculum. Although some positive results are reported, the data suggest that the majority of trainees did not report an increase in working towards consensus building and comfort in dealing with conflict. However, the paper provides only a brief description of self-report results.

Context and mechanisms

The workshop was delivered as part of broader curriculum changes at the medical school, which emphasised communication and conflict management skills.

The paper provides few details on the mechanisms of change, but included teaching on basic conflict management skills (e.g. reframing, using 'I' messages) which would raise trainee knowledge of specific strategies to use in conflict situations. In addition, trainees were given the opportunity to practice their new skills, and were reminded to use these skills via email after the training.

Mikkelsen et al. (2011)[268]

Intervention and outcomes

Mikkelsen et al. (2011) adopted a quasi-experimental process-oriented design to evaluate a package of interventions, which included a conflict prevention and management course. Managers and key employees attended a 2-day course, delivered by two consultants. Qualitative feedback was

positive and indicated the participants developed knowledge and tools for conflict prevention, but it did highlight some concerns that participants did not acquire sufficient skills in conflict management, or would not apply the acquired knowledge. Furthermore, as only managers and key employees attended, concerns were raised that the training would not benefit the whole workforce.

Context and mechanisms

The conflict training was delivered within a wider package of interventions that attempted to create a participatory approach to tackling bullying, including local steering groups and 'dialogue meetings' in which staff discussed issues and generated concrete solutions. All of the interventions were facilitated if they had sustained support and commitment from top management and active participation from other staff who took responsibility for the project. However, interventions were less successful if the organisation was perceived as being poor at following up on initiatives and if the interventions were poorly planned and organised.

Access to training was highlighted as a factor for the conflict prevention and management course, as only managers and key employees were invited to attend. Length of training could also affect success, as some trainees felt the course was too short to acquire sufficient skills, but limited resources impacted on the course length. The authors recommended that the trainees should be given a future role in relation to conflict prevention and management, but this was not done, and may reduce transfer to the workplace. The trainees reported that reflecting on their behaviour and how it impacts on others increased their behavioural awareness, and some described an "aha-experience"[p.89].

Steen (2011)[263]

Intervention and outcomes

Steen described a 3-hour educational workshop based on the STOP Model (Start Treating Others Positively) which was delivered to student midwives. The model trains staff to recognise anger signals, de-escalate anger, focus on their own behaviour and its impact, empathise with the other party, use positive self-talk and language, and conduct a balanced argument. Participants reported that they gained insight into conflict management, reflected on their own experiences and how they could have handled conflict

better, and reported that they would occasionally refer to the techniques. However, little evaluation data is provided and no sample size is reported.

Context and mechanisms

The Start Treating Others Positively model was originally used to prevent domestic violence[269] but has been adapted to meet the needs of student midwives.

Potential mechanisms of change include the ability to recognise anger signals and prevent escalation, the development of empathy to understand the perspective of the other party, increasing insight into your role in the conflict and the impact of your behaviours, and using positive and appropriate language.

Resch and Schubinski (1996)[217]

Intervention and outcomes

This paper describes measures for bullying prevention and intervention, including training leaders to recognise and manage conflicts promptly, with employee appraisals used as feedback to evaluate the efficacy of the training. This paper is descriptive and provides little empirical data, but is based on practitioner experience and offers valuable contextual information.

Context and mechanisms

The authors state that training is not sufficient to change leadership behaviour, and that new leadership styles should be learned on the job, rather than in workshops away from the work context, to encourage the transfer of new skills. General contextual factors are highlighted for all interventions: top management support and management agreement to change their behaviours, pressure on the organisation to deal with bullying, organisational acceptance that bullying is a problem, and the absence of competition from other company initiatives.

Leadership training can improve leaders' abilities to recognise and handle conflict, so that inappropriate behaviours are dealt with promptly; feedback

from employees can help leaders monitor the effect of their behaviour; and they will then serve as role models for appropriate behaviour.

Conflict Management Training: Summary of findings

Intervention and outcomes

Conflict management training is frequently recommended as a workplace bullying intervention, particularly for leaders and managers[25, 217, 268, 270]. Most of the conflict management training interventions included information on conflict management strategies and employed role-play activities to practice skills[262, 265-268], although one study enabled virtual role play[264]. Length of the training varied from three hours to 2.5 days.

Outcomes and evaluation method varied across the studies. Eight months after a 12-hour conflict training intervention, negative behaviours had declined, but not significantly, although subordinates and trained managers reported improvements in conflict management and positive reactions to the training[262]. One year after a 2-day conflict resolution training programme that used primarily active learning techniques, trainees reported that they had applied their skills at work, felt more confident in managing conflict, and experienced improvements in their relationships with co-workers and patients[265]. Trainees in a different 2-day conflict prevention and management course were positive about the benefits of the training, but some felt they did not acquire sufficient conflict management skills on the course[268]. Results were also mixed following a 6-hour conflict management workshop[267], whereas conflict management training in a simulated virtual environment resulted in 89% of trainees reporting that they were able to effectively apply conflict management strategies learned in class[264]. A 3-hour workshop reported increases in insight and intention to use conflict management techniques in the future[263]. However, generalisability of the findings is limited by sample sizes and descriptive reports[217, 266]. Also only one study directly measured the impact of training on bullying and results were equivocal[262].

Context and mechanisms

Several papers indicated that organisational factors could influence interventions: whether the intervention is part of a broader organisational strategy or initiative[266-268]; readiness for change, which affects 'buy-in'[264]; senior management support, as they can act as role models and have the

power to drive change[217, 268]; staff belief that the organisation will follow-up on initiatives[268]; and whether the organisational context (e.g. hierarchy, time pressure, fatigue, poor leadership, management support) would facilitate or hinder the transfer of trained skills into the workplace[262, 265]. Although not empirically tested, one paper recommended that leadership training should be delivered in the workplace itself to facilitate transfer[217].

The number and composition of the trainees is important for intervention efficacy. A 'critical mass' of staff is required to ensure that sufficient staff apply conflict management skills and are responsive to conflict management strategies back in the workplace[25, 265, 268]. Conflict training was targeted at managers in three studies[262, 266, 268], which is often recommended as those with managerial responsibility have greater power to intervene early and are also the most frequent perpetrators of bullying[25]. However, trainees in one study commented that the individuals who needed conflict management training the most were perhaps least likely to attend voluntary training[265].

The skill level of the trainers may be important, particularly when facilitating active learning or role play sessions[262, 265, 266, 268]. With respect to the training itself, contextual relevance was a feature of the successful interventions, with discussions and scenarios tailored to local issues and settings[263-266]. Zweibel et al. (2008) also observed that the training was based on findings from several years of needs assessments[265].

Providing a safe, non-threatening environment in which to raise issues and practice new skills was emphasised by several papers in other training interventions[229, 258] (see individual training section).

A number of mechanisms were highlighted. A key mechanism in the conflict training interventions seems to be the practice of conflict management tools using role-play[262, 265-268]. This could be through practical role play[265], or in a virtual environment[264]. This rehearsal, particularly if conducted in a safe practice environment, may build self-efficacy and increase application in the workplace[271]. Active learning approaches such as self-reflection and comparison were used[263-265], which are known to enhance training transfer[272]. Mikkelsen et al. recommended that trainees be given a future organisational role in relation to their conflict training in order to increase transfer of skills[268].

The training interventions typically increased awareness of conflict management strategies and tools, with some increasing insight into

trainees' own conflict styles[265], how they can contribute to conflict[263, 266] and impact on others[268]. Some trainees reported that using a conflict management framework approach helped them approach issues logically[265] and encouraged them to understand the perspective and needs of others[265, 266].

In summary, the studies suggest that training interventions can be somewhat effective for the development of conflict management skills, but there is no clear evidence that bullying is reduced, and successful training transfer may depend on several contextual factors. Developing insight into conflict styles, understanding the needs of other parties, and practicing conflict management skills appear to be important mechanisms for change.

Expert Commentary

- Conflict is inevitable in organisations, but it can be positive. It becomes problematic if mismanaged.
- Managers should be trained to recognise conflict and intervene at an early stage.
- Often, too few people are trained and those who need training the most do not attend. Managers should be targeted for training.
- Training attendance could be linked to promotion or appraisals, to act as an incentive.
- Training could be incorporated into induction.

Tips for NHS Managers

- Training can improve conflict management skills, but transfer to the workplace may rely on other factors.
- Train the right staff: staff who need training the most may not attend voluntary sessions. If resources are limited, focus on managers. Ideally train all staff, to achieve a 'critical mass'.
- Ensure the training includes sufficient opportunities to practice in order to build conflict management skills and the confidence to use them.
- Use interventions that generate insight into different conflict styles, self-awareness, and understanding of the needs of others.

4.2.3 Mediation

The Advisory, Conciliation, and Arbitration Service (ACAS) website defines mediation as "a completely voluntary and confidential form of alternative dispute resolution. It involves an independent, impartial person helping two or more individuals or groups reach a solution that's acceptable to everyone. The mediator can talk to both sides separately or together. Mediators do not make judgments or determine outcomes - they ask questions that help to uncover underlying problems, assist the parties to understand the issues and help them to clarify the options for resolving their difference or dispute."

The use of mediation has increased in the UK in the last five years as a means of conflict resolution, or an Alternative Dispute Resolution (ADR). The Gibbons Review[273], Employment Act 2008 and revised ACAS Code of Practice and Disciplinary and Grievance Procedures[233] all promote the use of early dispute resolution methods. Numerous papers and practitioners also recommend mediation[217, 274] (e.g. Resch & Schubinski, 1996; Podro & Suff, 2010), although bullying experts often argue that mediation is inappropriate for bullying cases[237, 275, 276]. Others argued that mediation can be valuable but should not replace personal attempts at resolution or the role of line managers[277]. Practitioners tend to favour the early use of mediation, before conflict escalates and positions become entrenched[278, 279]. Hoskinson (2009) suggests that mediation may be used to prevent escalation or to help employees to adjust after an investigation[280].

Bingham et al. (2009) distinguished between different models of mediation[281], based on an earlier framework by Riskin (1996, 2003)[282, 283]. The evaluative mediator focuses on helping the parties understand the strengths and weaknesses of their position; provides assessment, outcome prediction and direction; and may propose a settlement. The transformative mediator aims to encourage empowerment and recognition of the other party's perspective, and would not evaluate the dispute or recommend an outcome. The facilitative mediator focuses on clarifying and enhancing communication between parties; understanding underlying needs and how those needs might be met in an interest based settlement; and helping parties generate potential solutions and outcomes. In the UK, the facilitative model is most commonly used[274, 284].

Podro and Suff (2010) outlined the key processes of mediation[274]. The first stage involves meeting the parties separately, enabling them to tell their side of the story and express their aims for the mediation. The remaining

stages are typically dealt with during the joint session: hearing the issues, exploring the issues, building and writing an agreement, and closing the mediation. DeSouza (1998) highlighted additional elements of the process, based on Evans (1994): neutrality and an atmosphere for open communication are established, goals are identified, rules and procedures explained, pertinent issues discussed with the use of prompting questions, brainstorming is used to reach an agreement, and the agreement is reviewed[285, 286].

Podro and Suff (2010) also discussed the use of external and internal mediators[274]. Internal mediation services require greater upfront investment and may be easier to introduce in supportive organisational cultures. Internal mediators may not get sufficient experience and access to the service requires consideration in geographically-dispersed organisations. External mediators may be perceived as more neutral, particularly in smaller organisations, and may be more experienced. Mediator impartiality is considered important and, even if an internal scheme exists, an external mediator might be useful if absolute confidentiality is a priority due to the nature of the case or those involved, an internal mediator is not available quickly enough, or the internal mediators have a conflict of interest.

Bingham et al. (2009)[281]

Intervention and outcomes

Bingham et al. evaluated a large-scale mediation programme implemented in the United States Postal Service (USPS) using a longitudinal case study approach, collating data across 12 years (1994-2006). The mediation program 'REDRESS' (Resolve Employment Disputes Reach Equitable Solutions Swiftly) was believed to be the largest employment mediation programme in the world, with over 1000 disputes per month across 90 cities, generally focused on equal opportunities discrimination and harassment. Mediation is voluntary for the complainant but mandatory for the supervisor who represents the United States Postal Service. Mediation occurs privately during work hours, and generally within 2 to 3 weeks of a request. Results from post-mediation surveys (n=227,196) found participation rates (percentage of employees offered mediation who agreed to participate) were initially over 70%, rising to 88.1% in 2004. Case closure rates (reached a resolution, formal settlement, or withdrew) ranged from 70% to 80%. Complainants and managers were satisfied with the process (>90%) and the mediator (>96%), but lower rates were reported for satisfaction with the outcome (64% of complainants and 70% of supervisors). Mediation also resulted in wider organisational benefits:

supervisors who participated in mediation, or in 3-day REDRESS mediation training, reported that they listened more, were open to expressing emotion, and took less of a top-down hierarchical approach to managing conflict. A small sub-sample of staff were interviewed prior to (n=211) and after (n=214) implementation of REDRESS to examine the impact on organisational climate. Following implementation, increases were reported in employee perceptions that USPS had an open door policy and supervisory perceptions of management resolving problems through cooperation (although this was not shared by non-supervisory employees). All staff also reported a considerable reduction in managerial use of shouting, disciplining and intimidation following REDRESS implementation, as well as a small reduction in workgroup tension and the number of staff stating they would ask for a transfer as a result of conflict.

Context and mechanisms

The mediation service and implementation received "substantial financial and human investment"[p.24], including significant organisational commitment throughout. The use of external mediators was regarded as important, and mediators met stringent training criteria. This ensured that cases were dealt with quickly, reducing the risk of escalation. The mandatory attendance of supervisors, as an extension of the organisation, may also be a significant contextual factor as many mediation programs emphasise voluntary participation. Mandatory attendance may impact on how engaged the supervisor becomes in the process, although supervisor satisfaction with the mediation process was high. The employer also provided incentives to participate in mediation.

Mechanisms underpinning the REDRESS mediation programme include the transformational mediation approach, which aims to encourage empowerment and recognition of the other party's perspective. Participants who reported listening to each other, acknowledging each others' views, and sometimes giving apologies, were more satisfied with the outcome of mediation and its fairness.

McDermott et al. (2000)[279]

Intervention and outcomes

This paper described the evaluation of the US Equal Employment Opportunity Commission's (EEOC) mediation programme. The Commission

handled mediation cases related to workplace discrimination, rather than bullying specifically. Users of the mediation programme (n=1683 complainants, n=1572 alleged perpetrators) were surveyed and over 90% of both groups stated they would be willing to participate in the mediation programme again, should the need arise. The majority reported satisfaction with the mediation process and the mediator, and felt they had the opportunity to present their views, although satisfaction rates for the mediation outcome were lower at 59% of participants. Generally, participants were satisfied with both internal and external mediators. Complainants were slightly more satisfied with the performance of internal mediators, whereas alleged perpetrators were satisfied with both internal and external mediators (although they gave externals a slightly higher neutrality score at the start of the process). Complainants also rated internal mediators as better at the realistic development of options, compared to external mediators.

Context and mechanisms

The paper highlights some perceived differences between internal and external mediators, with internal mediators being credited with more realistic development of options, perhaps due to their knowledge of the organisation, and external mediators being assigned slightly higher neutrality by perpetrators at the start of the process. However, these results apply to mediation for US discrimination cases, particularly related to race and gender, and mediation is offered after a discrimination charge has been filed. The authors also suggest that prompt scheduling of mediation is important to prevent entrenched positions, and that the mediator should be skilled, highly trained and impartial.

Mediation facilitates communication between the parties, helps individuals focus on the real issues of the conflict, and helps them generate potential solutions. The authors also argue that mediators act as a 'reality check' and can highlight unrealistic expectations.

Jennings and Tiplady (2010)[287]

Intervention and outcomes

Jennings and Tiplady described an internal mediation scheme introduced in an acute NHS Trust. The mediation process involved a referral from a manager with agreement from both parties. Around half of the mediation

cases referred to the service were related to bullying and harassment involving a manager and a subordinate. Team mediation was also offered for bigger issues such as communication problems, role confusion, a blame culture or leadership problems.

Positive outcomes were reported, with almost 100% of cases reaching an agreement. Parties also indicated that, without mediation, they may have considered a formal grievance, taken sick leave, or left the department. However, the paper does not report the number of mediation cases or any follow-up data on behavioural change.

Context and mechanisms

The service was set up in response to an identified need to address workplace bullying and interpersonal problems, the need to provide systems to support adherence to the Health and Safety Executive stress management standards, and the Chief Executive's desire to introduce alternative dispute resolution methods. The service was launched alongside a new Dignity at Work policy and was supported by an internal publicity campaign. Nineteen internal mediators, representing a range of staff groups, were trained on a 6-day accredited course.

Mediation triggers change by highlighting differences in perception between the parties, increasing insight into the perspective of others, and reaching a written agreement at the end of the process.

Latreille et al. (2010)[288]

Intervention and outcomes

Latreille et al. examined the relationship between organisational attitudes and experiences of mediation in a UK questionnaire study. Respondents were experienced in the use of mediation services, and most were members of the Chartered Institute for Personnel and Development (CIPD) (n=327). Key outcomes included: 75% of respondents felt that mediation was suitable for bullying and harassment cases; 73% reported that internal mediation had a positive impact on culture; 62% reported that it was useful in most (but not all) cases of conflict; 83% reported that mediation improved interpersonal relationships; 86% believed mediation improved understanding of the other party's perspective; but only 57% felt mediation

produced a win-win outcome in which both parties were satisfied. Interestingly, perceptions of the efficacy of mediation varied according to whether the organisation's most recent case ended with a resolution. However, these results report on the perceptions of staff with knowledge of the mediation service, rather than users of the service.

Context and mechanisms

Latreille et al.'s results suggested that is important to ensure mediation is properly resourced, delivered in a timely manner, and suitable for the type of conflict. Employees, particularly managers, should be educated about the availability of mediation and employee trust in the process should be developed. Mediators should be trained, accredited and appropriately supported. Interestingly, the use of external mediators was negatively related to mediation outcome, which may indicate that external mediators were used for more severe cases or that they were less successful, perhaps as they have limited understanding of the organisation. A key mechanism of change appears to be increased understanding of the other party's perspective, which can act to improve interpersonal relationships.

Hoskins and Stoltz (2003)[289]

Intervention and outcomes

Hoskins and Stoltz presented two case studies of long-term dyad conflict to demonstrate how change can occur through mediation (n=4). Qualitative outcome data was obtained 3 to 6 months after mediation. Participants reported increased self-reflection, some awareness of the perspectives of the other party, and the impact of certain actions on them. However, only two case studies are reported.

Context and mechanisms

The authors identified several contextual factors. The change process takes time and often occurred after mediation, but time restrictions may limit the opportunity to change, leave parties feeling unsupported, and result in abandonment of the agreement. The authors recommend post-mediation follow up sessions to support change; the mediator emphasizing that change is complex and takes time, rather than pushing to reach an

agreement; and offering external support to parties (e.g. training on particular skills).

Mechanisms of change included increased understanding of how the conflict was perceived by the other party and their reactions to it, recognition that individuals should speak out if they are unhappy, separation of the problem from the people involved, and increased self-reflection.

Saam (2010)[275]

Intervention and outcomes

Saam reviewed the adoption of different workplace bullying interventions by German consultants (n=18) using semi-structured interviews. Several interviewees reported that they used mediation and conflict resolution approaches. Other consultants reported that their role gravitated between mediator and moderator, depending on how far the conflict had escalated.

The consultants reported positive and negative outcomes. In some instances the mediation was terminated after the immediate problem had been resolved, but mediation failed to solve the conflict in some cases. However, no direct outcome data was included in the study. Saam proposed that the power imbalance, lack of organisational learning, and failure to address past wrongdoing rendered mediation inappropriate for bullying.

Context and mechanisms

Mediation was perceived as being less successful if the source of conflict was unclear or if the conflict had escalated to the group or organisational level. External mediators also reported experiencing resistance through limited access to the organisation or due to organisational agendas. Saam criticises the use of mediation for bullying as previous bullying behaviours are not punished and the harm done to the target is not addressed. The parties may not be equally capable of negotiation due to power differentials and maintaining confidentiality prevents organisational learning and identification of patterns of conflict.

The paper provides limited details regarding the mechanisms of change behind mediation. One consultant described the aim of mediation as

facilitating the parties to talk to one another, exchange views, clarify positions and reach an agreement. However, honest communication may be jeopardised if power imbalances exist.

Ferris (2009)[270]

Intervention and outcomes

Ferris described mediation in the Canadian context, based on 13 years of consultancy experience. However the author reported reservations regarding its utility for bullying.

Context and mechanisms

Two potential risks of mediation as a bullying intervention were highlighted. Firstly, an unskilled mediator or someone unfamiliar with the nuances of bullying may undertake mediation. Secondly, there is typically a power differential between alleged target and perpetrator, therefore one party is likely to be at a disadvantage. Ferris notes that targets of bullying may be psychologically fragile and may not be sufficiently resilient to participate, while alleged perpetrators may be very angry and need coaching to be able to discuss their position without further aggression.

Poitras (2007)[290]

Intervention and outcomes

Poitras examined the role of taking responsibility during the mediation process. Mediators (n=74) from three Canadian conflict management bureaus were surveyed. Four factors were identified as significantly predicting willingness to cooperate in mediation: willingness to reconcile, willingness to resolve, respondents' acceptance of partial responsibility, and the other party's acceptance of partial responsibility. Parties' acceptance of partial responsibility was shown to have a negative influence on willingness to cooperate, while the three other factors had a positive influence. Further analyses found that: 1) where one party accepts their share of responsibility, the situation is worse than if no one accepts responsibility, and 2) where both parties accept their share of responsibility, then the situation is much better than if no one accepts their share.

Context and mechanisms

Where the behaviour of the party was considered abusive, discriminatory, rule-breaking or possibly illegal it would be considered wrong for the mediator to reframe the conflict as joint responsibility. The acknowledgement of responsibility was identified as an important contextual factor and a proposed three step model was introduced to address this, involving validating the parties' willingness to resolve the conflict, exploring the role that each party played in the conflict, and constructing a joint summary describing each of the parties' responsibility in the creation of the conflict.

Crawley (2009)[291]

Intervention and outcomes

Crawley provides a critique of the limitations of mediation based on practitioner experience, which offers some useful contextual considerations.

Context and mechanisms

Crawley argues that mediation may be underperforming because it is too narrowly focused in HR staff, who may not be perceived as impartial; that there is a lack of awareness of the service and the benefits of mediation; the mediation service is not embedded in the organisation; approaches to conflict are not joined up; internal mediators experience role conflict and tension with management as their mediator role pulls them away from work; staff may not engage in or trust the process; and mediators may be inexperienced due to lack of regulation of training or standards.

A range of recommended improvements are also suggested, including promotion and resourcing of services, quality assurance, embedding into management practices, recruitment of a cross-section of staff to be mediators, and establishing a business case.

Mediation: Summary of findings

Intervention and outcomes

The studies in this section focused on the use of mediation and alternative dispute resolution procedures. Many papers on mediation represent conceptual reviews and practitioner perspectives, some of which offered insight into relevant contextual factors and mechanisms. However, several papers did provide outcome data evaluating mediation.

Two US studies conducted large scale evaluations of mediation services[279, 281] and reported positive outcomes, with high participation rates[281], willingness to use mediation if needed in the future[279], and improvements in the organisational climate and managerial conflict management[281]. Mediation participants reported high satisfaction with the process and the mediator, but lower satisfaction with the outcome[279, 281]. However, these studies focused on discrimination cases, therefore applicability to bullying cases is uncertain. In addition, a transformative model of mediation was adopted, rather than the facilitative model typically used in the UK. Latreille et al. surveyed professionals with experience of using mediation and the majority believed that mediation was suitable for bullying and harassment cases, although most felt that mediation was useful in some, but not all, cases of workplace conflict[288]. Respondents also reported that mediation improved interpersonal relationships and understanding of the other party's perspective, but these results may not represent the perceptions of service users. One study described the introduction of an internal mediation service in an NHS trust and stated that around half of the cases were related to bullying[287]. This study reported that almost all cases reached an agreement and participants indicated that, in the absence of mediation, they would have considered filing a grievance, taking sick leave, or leaving the department, whereas a case study from West Midlands Police found that around half of their 83 mediation cases were successfully resolved (cited in Podro & Suff[274]). One qualitative study investigated the subjective experience of mediation in two conflicting dyads, and reported evidence of increased self-reflection and understanding of the other's perspective[289].

These studies offer some evidence that mediation can have positive outcomes for individuals and organisations, although there is a lack of follow-up research investigating whether mediation resulted in behavioural change and improved relationships.

Context and mechanisms

The effectiveness of mediation for bullying cases is disputed and several bullying experts believe mediation is inappropriate for escalated cases[237, 275]. Crawley (1992) suggested that mediation is particularly suitable when the conflict involves a manager and employees as it removes the power imbalance between them[291], whereas Ferris (2009) argued that the power differential may leave one party at a disadvantage[270]. Further concerns include the psychological fragility of bullied targets and the potential to cause further harm[270, 276], the injustice of framing bullying as a joint responsibility and failure to punish past behaviours[276, 290], and the lack of organisational learning regarding patterns of bullying behaviour[275, 276]. Podro and Suff recommend a more measured approach, suggesting that mediation can be helpful for bullying cases, but that the mediator should make a judgement call and cease the mediation process if serious bullying occurred that requires formal investigation[274]. However, this relies on the mediator's skill and willingness to abandon mediation under these circumstances.

The competence, training, judgement and experience of the mediator were highlighted as important[279, 281, 288] and the absence of regulation of standards was a concern[285, 291]. For bullying cases, a lack of knowledge of the complexity of bullying is highlighted as a risk[270].

Several papers observed that the mediation service needed to be properly resourced and supported[284, 291], which may be assisted by leadership support[287]. Bingham et al. noted the significant investment made by USPS[281], and Jennings and Tiplady described a resource commitment involving initial training, ongoing support, publicity and replacement of mediators[287]. Awareness of the role and scope of mediation was viewed as important[275, 280, 284, 291], and strategies to publicise the service were described[281, 287]. In addition, mediation may be more successful if it is part of a joined-up approach to bullying, incorporating policy development and publicity[287, 291].

The use of internal versus external mediators was discussed in several papers[274, 275, 280, 284]. Positive outcomes have been associated with both types[279, 281, 287], but external mediators may be initially perceived as more impartial, whereas internal mediators may suggest more realistic options[279]. Podro and Suff suggested that external mediation might be necessary due to issues of confidentiality, impartiality or availability of existing mediators[274]. Latreille et al.'s analysis indicated that negative outcomes were more often associated with the use of external mediators, but this

may be associated with the severity of the case[284, 288]. In practice, some organisations may prefer a combination of internal and external mediators[280].

Mediation triggers change through several mechanisms. It increases awareness of the other party's perspective, including how behaviours are perceived and their impact[281, 288, 289]. Mediation facilitates communication between parties, focuses on the issues creating conflict, and generates solutions[275, 279]. An agreement is often developed[275, 287], which may increase commitment to behaviour change and act as a reminder.

Expert Commentary

- Some experts recommend caution when considering mediation for bullying and express concern regarding the target's psychological safety and ability to challenge an intimidating bully. Some believe it is not the target's responsibility to help bullies change.
- Mediation deals with individual cases but, due to confidentiality issues, there is no organisational learning or identification of patterns of negative behaviour, restricting long-term impact.
- Internal mediators need to be trusted, but they have the opportunity to feed back learning points for the organisation.
- Mediation may deal with an individual case, but the bully may continue their behaviour with another target.
- Mediation aims to find a middle ground, which may not be possible if there is a power differential between parties.
- Success may depend on mediator skills and early intervention.

Case Studies: Internal mediation services (see Appendix 8 for full case studies)

Two case studies described internal mediation services in two NHS trusts. One service was delivered by occupational psychologists and the other by volunteer staff who had successfully completed a selection process. Both received training in mediation and both followed the typical two-stage mediation processes (individual meetings followed by a facilitated discussion with both parties). Positive outcomes were reported in that most mediation sessions reach an agreement. In one organisation, anonymous monitoring information from mediation is reported to the equality and diversity team and feeds into organisational learning.

Mediation aims to develop insight into the other party's perspective and to generate solutions to issues raised. Solutions are typically written up into an agreement, which acts as a commitment to change behaviour. The competence and skills of the mediator are regarded as important, including their ability to recognise when mediation is not appropriate.

Case Study: External mediation and conflict management providers (see Appendix 9 for full case study)

An external provider of mediation and conflict management services described their approach to tackling bullying. A flexible range of interventions is offered, including mediation, specialist training (e.g. for harassment advisors), and awareness-raising. Mediation is also offered using a more flexible structure and may incorporate other interventions (e.g. coaching) or mediators may adopt a more active role in generating solutions if parties cannot reach an agreement. No outcome data was available.

Mediation was regarded as more effective when part of a broader organisational approach to bullying incorporating multiple interventions, and when parties are engaged and open to seeking an agreement. Mediation should not be used as a replacement for good management.

Mechanisms of change in mediation include raising awareness of the problem, understanding the views of other parties, increased self-awareness, and problem solving. In some cases, interventions develop increased self-belief through integrated interventions such as coaching.

Tips for NHS Managers

- Mediation may have benefits for individuals and organisations, but its use in bullying should be carefully assessed on a case by case basis.
- Mediators (internal or external) should be highly trained and competent.
- A mediation service should be well resourced, supported and publicised.
- Mediation should be integrated with organisational policies and related programmes, training and initiatives.

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4.2.4 Multisource Feedback

Multisource feedback (MSF), or 360-degree appraisal, refers to the use of multiple raters in the assessment of individuals, and may involve seeking feedback from superiors, co-workers and subordinates[292]. MSF is typically used for developmental purposes, rather than performance appraisal, and it is important that raters perceive their feedback to be anonymous and confidential[293]. Some papers have recommended that, to help prevent and manage bullying, leaders and managers seek feedback from staff through 360 degree appraisal[294].

Although the search strategy found few papers evaluating the effect of multisource feedback for bullying behaviour, other research has investigated the effect of MSF on behaviour. Smither et al. (2005) conducted a meta-analysis of longitudinal studies of MSF and found that feedback ratings generally improved over time, but that the effect size was small[295]. They concluded that feedback will benefit some individuals under certain conditions, and suggested that improvements depended on a range of factors, including characteristics of the feedback, initial reactions to feedback, personality, feedback orientation, perceived need for change, beliefs about change, goal setting and taking action.

Of concern for MSF in relation to bullying is the finding that discouraging feedback, and feedback that threatens the recipient's self-esteem, reduce the efficacy of feedback interventions[296]. Other research has found that leaders whose initial reactions to MSF were negative received lower ratings from subordinates one year later[297], suggesting that behaviour may deteriorate following negative feedback. Alleged perpetrators of bullying are often surprised when accused of bullying and do not regard their behaviour to be bullying[147]. If this perception leads them to reject feedback, then improvements may be less likely[298]. However, other research has indicated that when recipients overrate themselves and are exposed to lower feedback ratings from others, improvements can be greater than for those who do not overrate themselves[299, 300].

Resch and Schubinski (1996)[217]

Intervention and outcomes

This paper describes several measures for bullying prevention and intervention, based on case studies and the authors' experience. The

authors recommend that training on conflict management and bullying should be targeted at leaders and that leaders should seek feedback on their behaviour from employee appraisals to evaluate the efficacy of the training. However, no interventions were evaluated.

Context and mechanisms

Several general contextual factors for bullying interventions are noted: top management support, pressure on the organisation to deal with bullying, acknowledgement from the organisation that they have a bullying problem, and the absence of competing initiatives.

Upwards appraisal from employees acts as a feedback mechanism to identify deficits in leader behaviour and to evaluate management training. Any behavioural problems that are highlighted could be the focus of further training and development, which should improve the leader's ability to recognise bullying early and manage conflict.

Crawshaw (2005)[301]

Intervention and outcomes

Crawshaw's PhD thesis uses a case study approach to describe a coaching method for abrasive executives (n=3) in the USA. As part of the process, the coach interviews co-workers on the strengths and weaknesses of their client's management style, the specific behaviours and words that have caused distress to others, and the impact of the client's behaviours on morale and work outcomes. The coach presents this feedback to the client and explores the reasons and triggers for abrasive behaviour. MSF is also used as a 'pulse check': the coach re-interviews co-workers every 3-4 months to measure any behavioural changes and to evaluate the coaching process. Further details are described in the coaching section. The MSF resulted in greater awareness of the negative impact of their behaviour and the pulse checks indicated that the executives' behaviours improved to an acceptable level following 6-8 months of coaching, on average. However, specific data are not presented in the paper to protect client anonymity, only three case studies are presented, the clients were all middle-aged white American males, and the results may be biased as the author uses the coaching approach in a business consultancy.

Context and mechanisms

The coach should have relevant expertise, role model empathy, and address early resistance to the coaching approach. Confidentiality is also essential to build trust. The MSF helps to reduce abrasive behaviours by increasing client insight into the impact of their behaviour, contributing to the development of empathy, and challenging client denial that their behaviours caused harm.

Multisource feedback: Summary of findings

Intervention and outcomes

MSF may offer valuable behavioural feedback to staff, but it has received little research attention in relation to bullying. Two papers[217, 294] recommended the use of feedback but did not introduce or evaluate an intervention. One paper used MSF as part of the coaching process for abrasive executives and reported behavioural improvements[301], but the small sample size and lack of explicit evaluation data limit the generalisability of the results.

Context and mechanisms

Although no empirical support for particular contexts and mechanisms is provided in the papers, several factors are suggested. MSF for bullying may be more successful if delivered in a context in which there is top management support for bullying interventions, pressure on the organisation to deal with bullying, organisational acknowledgement that they have a bullying problem, and an absence of competing initiatives. In addition, MSF within the coaching process may be more effective when the coach possesses relevant expertise, is able to role model empathy, addresses resistance to the coaching approach, and builds trust by assuring confidentiality.

The papers suggest that MSF helps to reduce negative behaviours by increasing awareness of the impact of these behaviours, contributing to the development of empathy, and challenging denial that certain behaviours caused harm. MSF can also act as an evaluation tool for management training, to identify behavioural issues requiring further training and development.

Other research on MSF indicates that predicting the efficacy of feedback is highly complex, as outcomes may be beneficial or detrimental depending on numerous moderating factors, including the type of feedback and the type of recipient. Furthermore, it is important for raters to feel protected by anonymity, which may be difficult in small teams.

Expert Commentary

- Used on a regular basis, MSF can offer feedback on management style, but multiple raters are needed to ensure staff feel safe.

Tips for NHS Managers

- Very limited evidence found on the use of MSF for bullying prevention or management.
- Feedback can be used as a coaching tool, or to triangulate other data.
- Other research indicates that the success of MSF depends on numerous factors, including the type of feedback and type of recipient.

4.2.5 Bystander interventions

Many employees witness workplace bullying, which is associated with negative consequences[4]. Bystanders are defined as "those who witness bullying in the workplace, but are not primarily bullies or targets"[189,p.219]. As negative work relationships escalate, it is difficult for bystanders to remain uninvolved as targets tend to seek support for their case[302]. Bystanders may become embroiled in a bullying episode as a witness in a formal case, and even if they had not witnessed workplace bullying, targets often share their experience with co-workers[3]. Despite being regarded as a powerful mechanism to prevent bullying[25, 303], bystanders frequently do not feel able to intervene[304]. Few studies have explored bystander interventions, but relevant papers are described below and additional evidence is presented in

the Teambuilding & Team Training and Individual Training sections of this report.

Rayner and McIvor (2008)[25]

Intervention and outcomes

Rayner and McIvor conducted interviews and focus groups on bullying with UK public, private and third sector organisations and developed recommendations based in their data. To develop a zero-tolerance culture, all staff should feel individually responsible for challenging inappropriate behaviours – either themselves or by alerting a manager. Expecting all staff to challenge inappropriate behaviours as they occurred was recommended. This level of bystander intervention was described as the "cornerstone to identifying and tackling negative behaviour before it becomes problematic and is seen as a highly effective preventative measure"[p.59]. The authors acknowledged that strong barriers exist to inhibit bystander intervention, but that training may help bystanders develop skills to support targets. They also recommended a voluntary peer support system, which could be used to de-escalate problems informally (this is described in the Support section). However, no specific interventions were evaluated.

Context and mechanisms

The overall organisational strategy for addressing bullying was regarded as a contextual factor for bystander support. Bystander intervention is expected in progressive organisations in which indicators are monitored and regularly reviewed; problems are proactively identified and managed; bullying training is valued and embedded; managers are skilled at informally handling conflict, and selected and promoted based on interpersonal skill as well as task performance; informal support services are available; and bullying is regarded as a organisational problem. However, bystander intervention is less likely, or even unsafe, in organisations that fail or struggle to manage bullying.

If all employees challenged inappropriate behaviour, targets would feel supported, the perpetrator would be made aware that their behaviour was unacceptable and had a negative impact, behavioural issues would be corrected early at an informal stage; and a zero-tolerance culture would prevail. If peer support was available, targets and bystanders could access

an informal support system and advisers could offer social support and help tackle issues before they spiral into formal complaints.

Scully and Rowe (2009)[304]

Intervention and outcomes

In a review paper, the authors argue that bystanders can enforce organisational norms by encouraging positive behaviours and discouraging negative behaviours by their immediate reaction. But there are many barriers that may keep bystanders silent (e.g. fear of negative consequences, getting involved, or losing friends). Training using relevant scenarios can help bystanders recognise when to intervene and enable observation and practice of appropriate responses. Training often demonstrates 'micro-inequities' - seemingly minor slights - and a range of responses, and should include a discussion on when to respond, when and whom to consult, and when to report behaviours. In addition, 'allies' can be trained: trusted individuals with the specific role of building inclusive environments and supporting colleagues, even in their absence. Although little detail is provided, trained allies would presumably be endorsed by the organisation to intervene if they witness negative behaviours.

Specific outcome data is not provided but potential training outcomes and anecdotal evidence are discussed, including bystander confidence to 'pivot' a negative situation into a supportive one, a collective approach to tackling bullying, and a positive and inclusive climate. Allies could also challenge negative behaviour (eg. gossiping) when the target is not present, reinforcing positive norms.

Context and mechanisms

Critical mass of trained bystanders is a key contextual factor, as this may build a culture of challenging behaviours and offer support to bystanders who intervene, as other trained active bystanders may be present. Organisational support in the form of support officers, complaint systems, and structural support (e.g. ombudsmen) provides bystanders who may be hesitant to act with further options.

Training sufficient bystanders to challenge negative behaviour should establish positive norms and prevent bullying at an early stage, offering

social support to targets and bystanders who speak out. Learning when to step in and practicing how to respond should increase bystander confidence that they are improving the situation and give them the skills to do so, as bystanders are often concerned they will make the situation worse. Training may also facilitate difficult discussions and uncover reasons for negative behaviour (e.g. biases, stereotypes).

Van Heugten (2011)[189]

Intervention and outcomes

This paper described culture change that occurred due to active bystanders challenging bullying of social workers in New Zealand. Although no intentional intervention was implemented, change occurred when research findings from an interview study with bullied social workers (n=17) were fed back to the organisation. Interviewees reported that most bystanders were passive and they experienced a lack of colleague support, social isolation and loss of faith in social work as a caring profession. The author presented these findings at several invited seminars, raising awareness of the problem of bullying and unintentionally initiating an intervention. Seminar attendees observed that bullying contradicted their professional code of ethics and they wanted to improve the situation by being active bystanders.

Outcomes of this action research approach included increased awareness of the need to support colleagues and the negative consequences of being a silent bystander, collective commitment to challenge abusive behaviours and promote positive interactions, and anecdotal evidence of the development of a culture in which challenging bullying and incivility was regarded as appropriate.

Context and mechanisms

Bystanders and targets are less likely to challenge managers in a poor economic climate due to job insecurity, and they are more likely to remain silent if fearful of becoming a target. Important contextual factors for the culture change may include the occupational group: social workers have a code of ethics referring to respectful treatment of colleagues and they generally require a level of interpersonal skill. In addition, a critical mass of bystanders collectively agreed to challenge incivility.

Mechanisms of change included the raised awareness of the impact of doing nothing and how this is perceived by targets, seminar attendees taking personal responsibility for initiating change, and a collective commitment to support colleagues and challenge negative behaviours. Although training was not implemented in this study, the author suggested that bystanders can learn to recognise inappropriate behaviours using their inner discomfort as a signal and then intervening.

D'Cruz and Noronha (2011)[190]

Intervention and outcomes

A qualitative study described bystander experiences linked to work friendships (n=17) in an Indian call centre. A core theme was 'helpless helpfulness' [p.276] as bystanders attempted to support targets through emotional support, sometimes gently challenging the bully, being vigilant and helping them make sense of the bully's behaviour, offering advice, and sometimes accompanying targets when they approached HR. Over time, bystanders became more concerned that supporting the target would have negative consequences for them and they limited their support to more covert forms (e.g. emotional support outside of work).

Outcomes of bystander support included gratitude from the target and understanding of the bystander's difficult position. Initial overt support of targets sometimes resulted in negative reactions from management, which led bystanders to restrict their support for self-protection purposes. Bystanders often reported guilt and remorse that they did not do enough, associated with negative physical and mental health outcomes. This study presents an analysis of potential outcomes for bystanders, but the context and sample (17 bystander-friends in a non-unionised Indian call-centre) may limit its generalisability.

Context and mechanisms

The lack of organisational support is a key contextual factor. Despite the organisational message of professionalism and concern for employee wellbeing, HR were perceived as apathetic and unsupportive and expressed disapproval regarding bystander support. Targets and bystanders were left powerless and many left the organisation.

Bystander support provided emotional support to targets, helped make sense of the situation, and offered advice and reassurance. Initially, they also gently reprimanded bullies (e.g. using humour) to raise the bully's awareness of the impact of their behaviour and the fact that others noticed it.

Bystander interventions: Summary of findings

Intervention and outcomes

Four papers discussed the role of bystanders. None implemented and evaluated a specific intervention, but one described culture change in which bystanders began to challenge incivility following research on the impact of passive bystanders[189]. Descriptive papers recommended: a zero-tolerance culture in which all staff were expected to challenge negative behaviours[25], training on how to challenge incivility[304], training 'allies' to promote a positive culture[304], and the provision of peer support staff[25]. Anecdotal evidence indicates that these interventions can raise awareness of the importance of bystander action, develop positive norms and cultures, and give bystanders the skills and confidence to intervene.

Context and mechanisms

Contextual factors are critical for the success of bystander interventions. In particular, organisational support is crucial, including a strategic approach to bullying, structural support, complaint systems, informal support options, and active HR staff[25, 190, 304]. Bystander training should be provided for a critical mass of staff, using relevant scenarios[189, 304]. In addition to organisational factors, multiple barriers exist that inhibit bystander intervention: fear of becoming a target, lack of status, inexperience, lack of training or skills in dealing with complex issues[25, 190], fear of losing friendships, causing embarrassment, or making matters worse[304].

Mechanisms of change include the increased awareness of the impact of passive bystanders and taking personal responsibility for changing the culture[189]. Training develops the skills and confidence of bystanders[304], and early intervention and peer support can prevent bullying escalating[25]. A critical mass of active bystanders will change the culture of a team or organisation by enforcing positive norms and will act as a powerful mechanism to prevent bullying[25, 189].

Expert Commentary

- Bullying is related to organisational norms and a critical mass of staff is needed to change norms. Train all staff on how to respond if they witness bullying.
- Develop a culture of heightened sensitivity, in which co-workers are supportive and aware of the behaviour of others.
- Organisations should aim for employees to police themselves by monitoring their own and others' behaviours.
- Bystanders may not feel able to intervene directly, but they may wish to report issues to peer support advisors or offer to help the target (e.g. by accompanying them to report the issue to HR).

Tips for NHS Managers

- Train all staff to be active bystanders:
  - raise awareness of the negative impact of doing nothing,
  - communicate the expectation that all staff should challenge inappropriate behaviour,
  - instil individual personal responsibility,
  - provide opportunities to practice when and how to respond to bullying,
  - address bystander concerns and barriers to intervention.
- Develop a strategic approach to bullying at the organisational level that supports active bystanders.
- Consider providing a peer support service (also see Informal Support section).

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4.3 Realist Review – Individual level

4.3.1 Training for individuals

Training is defined as "the systematic acquisition of skills, rules, concepts, or attitudes that result in improved performance in another environment"[305,p.1]. Training is a commonly used method to prevent and manage workplace bullying[232], and encompasses a range of approaches from prevention (e.g. communication skills training), to management (e.g. conflict resolution and mediation training), to recovery from bullying (e.g. stress management training). Within organisations, individual level training is typically delivered via openly available courses, often advertised as part of a general menu of opportunities, where any staff member could attend, and a cohort of trainees could be drawn from across the spread of an organisation.

Despite the widespread endorsement of training to tackle bullying, surprisingly few studies have evaluated the efficacy of training interventions for workplace bullying with large samples and a pre/post design. This is perhaps due to the complexity of evaluating bullying and culture change within a complex organisational environment presenting numerous confounding variables. However, the search strategy did identify a number of relevant articles, including empirical studies evaluating interventions for workplace bullying, as well as review papers on bullying interventions and descriptive studies.

Rayner and McIvor (2008) recommend that training is used in multiple ways: 1) management training should be provided to ensure managers are aware of bullying and harassment issues, can identify bullying situations and behaviours, moderate their own behaviour and ensure they possess the skills and confidence to intervene in bullying situations using conflict management and mediation training; 2) worthwhile (and ideally mandatory) bullying training should be provided and included as part of induction for all staff; and 3) group training and teambuilding should be implemented following a bullying investigation[25]. Zimmerman and Amori (2011) recommend that following an incident of insidious behaviour, an assessment of negative behaviours should be conducted to identify patterns and any workplace factors that could be potential triggers, and that training and coaching should be offered to help individuals learn appropriate response patterns[134]. Training should be matched to the type of negative behaviour and should drive change by raising awareness of the impact of behaviour and by suggesting alternative ways to respond to frustrations. Ferris (2009)

recommends conducting a half-day workshop for all staff which would increase awareness and empower staff to point out negative behaviours[270]. Additional training would be required for leaders, managers, and occupational health. Role specific training might also incorporate elements of bullying training; for example, Latham et al. (2008) described a comprehensive programme for mentors that included bullying training content[246]. The content of bullying training at an individual level is very broad. For example, Stanley et al. (2007) recommend educational interventions and effective leadership to reduce the effects of oppressive and negative behaviours[242]. A review of interventions for aggressive behaviour suggested training content which might be appropriate for an employee accused of aggression and supports recommendations by Hannabuss (1998) for direct training in areas such as workplace aggression, conflict resolution, or policy[254, 257]. Treven and Potocan (2005) suggested that stress management might be useful[306], which Hoel and Giga (2006) examined through a quasi experimental study[229]. Several training studies are described below.

Griffin (2004)[307]

Intervention and outcomes

Griffin (2004) evaluated a 2-hour training programme for newly registered nurses (n=26) in a US hospital. Training content included a didactic lecture on workplace bullying and an interactive session on cognitive rehearsal and appropriate responses to the ten most frequent types of bullying behaviours. Cue cards were provided which listed behavioural expectations and common responses learned during the training. One year later, the nurses participated in a focus group. Most of the nurses (96%) had observed bullying and 12 nurses (46%) had been a target of bullying behaviours. All 12 of the nurses who had been a target had confronted the perpetrator and, although the confrontation was reported as difficult, in all cases the behaviour ceased. A subsequent paper indicated that this training programme was associated with a high 80% retention rate, double the national benchmark[308] (Griffin, 2007, unpublished data; cited in Roberts, DeMarco & Griffin, 2009.) The outcomes of this intervention are promising and show evidence of efficacy in a healthcare environment.

Context and mechanisms

The organisation supported the training programme in that time was set aside within the nurses' induction to learn about handling bullying

behaviours. The nurses in this sample also experienced a positive work atmosphere in a 'primer program' as part of their orientation, before they started work in their assigned departments. This "warm and friendly" experience contrasted with their assigned departments and perhaps highlighted any negative behaviours they witnessed subsequently.

This training increased awareness of the existence and types of workplace bullying. Knowledge and rehearsal of appropriate responses to common bullying behaviours enabled newly registered nurses to challenge perpetrators back in the workplace. In addition, the cueing cards acted as a reminder and an empowering tool.

Stagg et al. (2011)[309]

Intervention and outcomes

Stagg et al. (2011) reported the findings of a small study using cognitive rehearsal with nurses (n=15) in two rural affiliated community hospitals in the US. Pre-intervention measures indicated that 80% of the nurses had experienced bullying and that nursing peers were the most common source of bullying. The nurses attended a 2-hour cognitive rehearsal training programme on responding to common bullying behaviours which was designed to increase nurses' knowledge about workplace bullying management, based on Griffin (2004, described above). A comparison of pre- and post-intervention measures found statistically significant improvements: levels of observed bullying decreased, bullying of others decreased, reported adequacy of training on the management of bullying increased, and nurses' knowledge regarding workplace bullying increased. However, no significant difference was detected between pre- and post-intervention confidence in the ability to defend oneself against a bully. The study is limited by its small convenience sample.

Context and mechanisms

This intervention was successful in a US context in which peer bullying was most common. The training increased knowledge and awareness of bullying behaviours, and enabled nurses to practice appropriate responses to common bullying behaviours.

Two reviews of workplace bullying interventions literature have supported the use of cognitive rehearsal of appropriate responses to the most frequent bullying behaviour as the most effective method of managing bullying[33, 36] and both endorse using Griffin et al. (2004) as the basis for future work.

Hoel and Giga (2006)[229]

Intervention and outcomes

Hoel and Giga conducted a randomised controlled study across five UK public sector organisations (more details are reported in the organisation section). Different groups of approximately 20-25 staff took part in one of four intervention conditions or a control condition, in each organisation. The conditions included: 1) policy communication, 2) policy communication and stress management training, 3) policy communication and negative behaviour awareness training, 4) policy communication and stress management training and negative behaviour awareness training, and 5) control where there was no intervention.

Extensive pre- and post-intervention data were collected, including measuring experiences of bullying and negative behaviour, potential risk factors, mental health, sickness absence, intention to quit, self-rated productivity, job satisfaction, and psychological contract. They found no significant pre/post differences on any of the key variables between the intervention groups. As such, the authors were unable to conclude that any intervention (or combination) was more effective than others. However, some organisations did show substantial improvements, suggesting that contextual factors may be important determinants of the success of the interventions. For nine (45%) of the 20 experimental groups, changes were in the desired direction for most variables, compared to the control group. The post-training questionnaires reported positive feedback from participants (on relevance, interest, and overall rating), and the post-intervention focus groups highlighted the value of the transactional analysis aspects of behaviour training, and reported some impact of the training on behaviour. In addition, a reduction in bullying from supervisors was observed in three organisations.

Context and mechanisms

This study highlighted that *who* attends the training is important, with respect to the seniority of attendees, the number of attendees, the status of

attendees and their degree of managerial responsibility. It was recommended that training sessions should be homogenous to create a safe environment for staff, people with the power to drive change in the organisation should be present, and a "critical mass" is required with respect to numbers of participants and duration of training (1 day sessions were more effective than 3-hour or 30-minute sessions). The sessions were aimed at those with managerial responsibility, but managers formed only half of the participants, so training may not have had the maximum effect.

The stress management training was introduced because abusive behaviours by managers were often the result of their own heavy workload and stress. By enabling managers to better control the causes of stress and their reaction to it, the authors hypothesized that bullying would reduce. The negative behaviour awareness was designed to both raise awareness and provide the tools to manage difficult situations which should help to reduce bullying.

Mikkelsen et al. (2011)[268]

Intervention and outcomes

Mikkelsen et al. (2011) adopted a quasi-experimental process-oriented design to evaluate a package of interventions, which included two training elements: bullying lectures and a conflict prevention and management course (see conflict section for more details). Reflections on the bullying lecture from group interviews and the researchers indicated that participants were active and interested. Lectures created a common understanding of bullying, but some participants felt the content was not relevant for them.

Context and mechanisms

Both training interventions were delivered within a wider package of interventions that attempted to create a participatory approach to tackling bullying, including local steering groups and 'dialogue meetings' in which staff discussed issues and generated concrete solutions. All of the interventions were facilitated if the intervention had sustained support and commitment from top management and active participation from other staff who took responsibility for the project. However, interventions were less successful if the organisation was perceived as being poor at following up on initiatives and if the interventions were poorly planned and organised.

For the lectures, there was little provision of information on the background and purpose (e.g. prevention, not to manage existing bullying), to help participants link to their own experience. Participants felt bullying was not a major problem, and because the lectures were not framed as a preventative intervention, this led some staff to question their value. However, the lectures did increase awareness and develop a shared understanding of bullying.

Training for individuals: Summary of findings

Intervention and outcomes

The empirical studies in this review used a range of approaches to training and focused on different content. A range of evaluation designs were reviewed, and the strength of the evidence varied across studies from recommendations based on practice to one randomised controlled intervention, and from immediate feedback of reactions to training to long term evaluation of training transfer.

The most rigorous scientific study of bullying interventions, using a randomised controlled design, was unable to conclude that policy communications, stress management training, negative behaviour awareness training, or a combination worked better than others across all organisations[229]. Their mixed results are suggestive of the importance of contextual factors; however, they did report trends in the desired direction on measures of bullying prevalence and witnessed bullying in some organisations.

A systematic review of bullying and violence prevention interventions concluded that no clear strategy to eliminate bullying emerged, but highlighted a promising intervention involving the cognitive rehearsal of appropriate responses to common bullying behaviours[33]. One year after a cognitive rehearsal training programme, all trainees who were targets of negative behaviours reported that they had confronted perpetrators and that the behaviour had ceased[307]. In a second study using cognitive rehearsal, Stagg et al. (2011) found that levels of observed bullying decreased, bullying of others decreased, feelings of being adequately prepared to handle bullying increased, and nurses' knowledge regarding workplace bullying increased[309]. However, both studies on cognitive rehearsal have been tested on small samples of US nurses.

The literature indicates that training interventions may provide staff with the knowledge and skills to improve their interpersonal behaviour and reduce bullying at work, but the mixed findings suggest that contextual factors and the use of multiple interventions should be considered. In addition, conclusions are limited as many studies have small sample sizes and the outcomes may be confounded with other factors.

Context and mechanisms

Several contextual factors appear to be important for successful training interventions. The number and composition of the trainees is clearly important for intervention efficacy. Firstly, a 'critical mass' of staff is required to ensure that changes are not diluted when employees are back in the workplace[25, 229, 268]. Secondly, staff should have sufficient access to training and not be prevented due to work demands[229, 268]. Thirdly, the composition of the training group should be considered: several papers argue that training interventions should be focused particularly on managers, who typically have the responsibility to manage bullying behaviours and are frequent perpetrators of bullying[25, 229, 270].

The importance of providing a safe, non-threatening environment in which to raise issues and practice new skills was emphasised by several papers[33, 229].

The relevance of training is an important factor. The content should be tailored to local needs and include relevant examples[33]. How the training is framed and its stated purpose also affect perceptions of relevance, for example, if bullying is not perceived as a problem in an organisation, framing training as a preventative tool may be more beneficial than framing it as a management tool[268]. Rayner and McIvor also recommend that the training is interactive and delivered by highly regarded instructors[25].

A number of mechanisms were highlighted in the studies. Many training interventions begin with information about the phenomenon of bullying in order to raise awareness and develop a common understanding among participants[229, 268, 307, 309]. Definitions of bullying typically state that bullying is defined by the perceptions of the target, therefore fostering a shared understanding may help to calibrate perceptions and highlight certain behaviours that could be perceived as bullying by some individuals, but not others.

Some individuals may not be aware of the negative impact their actions can have on others. This heightened awareness may act to increase monitoring of the trainee's own behaviour and sensitivity to the impact on others.

A key mechanism in several successful training interventions was empowerment through the rehearsal of behaviours and responses to bullying[268]. This could be through cognitive rehearsal[307, 309], watching actors (see drama-based training case study), or in a virtual environment[264] (see Evans & Curtis in conflict training). This rehearsal, typically conducted in a safe practice environment, may build self-efficacy and increase the likelihood that appropriate responses are made in real bullying[271]. Cue cards were used as a tool to empower nurses when they were back in the workplace[307]. The cue card and responses provided in cognitive rehearsal training offered a framework for behavioural responses.

In summary, the studies suggest that training interventions can be effective if implemented in favourable organisational contexts, although it is difficult to isolate the impact of training and several studies are limited by sample size. However, many important contextual factors were highlighted in these papers, including: training a 'critical mass' of staff; ensuring the composition of the group offers a safe environment; enabling access to training for all staff; clear support from the organisation, particularly senior management; developing training that is relevant and tailored to local needs; and providing interactive training, delivered by credible instructors/facilitators.

Expert Commentary

- Focus on at risk groups and deliver bespoke training.
- Positive behaviours need to be linked to organisational processes (appraisal, promotion, induction).
- Consider making training attendance more attractive by making it a requirement for promotion beyond a certain level, or part of induction. Frame training as individual development.
- Make a long-term commitment: staff are almost immune to short-term training, it is seen as politically-correct box-ticking.

Tips for NHS Managers

- Integrate bullying training into other organisational processes such as induction, promotion, and appraisal.
- Training should focus on building skills and the confidence to use them (e.g. through role-play).
- Deliver bespoke training that is relevant to the audience.
- Train a 'critical mass' of staff.
- Ensure staff have clear management support.
- Consider regular short sessions which are relevant to the individuals.
- Focus on potential at risk groups.

Project 10/1012/01

Case Study: Drama-based training (see Appendix 10 for full case study)

An NHS acute trust delivered drama-based training on bullying and negative behaviours. The half-day training involved an interactive drama session in which trainees observed actors in a bullying scenario, interviewed the actors, then coached one of the actors during a re-run of the scenario. In the re-run, trainees can 'freeze' the action and advise the actors on how to behave differently and what to say. Departments in which bullying was identified as an issue received an additional training session in which they discussed and practiced challenging negative behaviours with an actor, followed by feedback from the group and the actor. The interactive drama scenario was tailored to the organisation, using relevant occupational roles and activities. The training also had senior management support.

Following training, staff reported that they were more aware of negative behaviours and their impact, intended to monitor their own behaviour more and planned to intervene if they witnessed a colleague being bullied. Staff also felt more confident in their ability to challenge inappropriate behaviours and intervene if they witnessed bullying, especially those who had practiced challenging behaviours in the extra training session.

4.3.2 Coaching and Mentoring

Coaching and mentoring are learning relationships which help people to take charge of their own development, to release their potential and to achieve results which they value[310]. Although there have been frequent attempts to distinguish between coaching and mentoring, in practice the terms are often used interchangeably and they share similar features.

Coaching definitions vary, but generally agree that coaching is "a collaborative relationship formed between coach and coachee for the purpose of attaining professional or personal development outcomes which

are valued by the coachee"[311,p.126]. This breadth of definition allows for different types of coaching to be accommodated such as leadership, executive, group, personal, and career coaching. Applications can be classified as skills coaching, performance coaching and development coaching[312]. Applied to bullying, the coachee can be the target, an accused perpetrator, or bystander[275, 301]. Namie and Namie (2009) suggest that coaching can be used to prepare executives to be more comfortable in confronting perpetrators, or to educate them on the benefits of preventing and managing bullying[227].

In application it can involve a range of methods such as raising personal awareness and self reflection, goal setting and development plans, role-playing and skill development. The approach often needs to be tailored individually to help the client in the most effective way[134]. Skorek (2009) suggested that coaching could be used with targets of bullying to become less of a target by (a) encouraging a target to see options, (b) helping a target give permission to leave a job if appropriate, (c) helping a target see beyond current circumstances[313].

Mentoring can be defined as "a dynamic, reciprocal relationship in a work environment between an advanced career incumbent (mentor) and a beginner (protégé/mentee) aimed at promoting the career development of both"[314,p17]. With respect to bullying, the aim of the relationship could be to help one of the parties through bullying. Mentoring can continue for a sustained length of time and may be carried out informally or formally. Mentoring relationships have been described as being based on professional and personal interests[315]. They imply an exchange of information that allows the mentor and the mentee to appreciate the other as a whole person[316]. The mentoring role involves supporting mentees in both a psychosocial manner (counselling, acceptance, coaching) and regarding job related issues (sponsorship, challenging assignments).

Coaching can be performed internally by someone within the organisation, who has been specifically trained for the role[317], or by an external consultant[270, 275, 301]. The areas of coaching and mentoring have evolved from an individual focus to the introduction of 'programmes' of coaches and mentors across the organisation[246, 317]. Programmes are often centrally coordinated, trained, and resourced. A programmatic approach is more likely to lead to team and organisational level impact, rather than being restricted to individual impact.

Saam (2010)[275]

Intervention and outcomes

Saam (2010), in a review of consultant practices, found half of the participants reported using coaching in relation to bullying often adopting a multilevel orientation that originated at the individual. Coaching can be focused on the bystander to remove the antecedents and consequences of bullying on the group level, but can also support the management executive or the works council official who is responsible for resolving the conflict in the organisation. Consultants may also coach the target; in this case the goal is to strengthen the individual as much as possible so that they can solve their own problems. The effectiveness of coaching may be observed through its impact on the relationships and positive working environment. The intervention is terminated after group cohesiveness and support for group members have increased again due to responsible action by superiors or the works council.

Context and mechanisms

The coaching interventions described by the consultants reported resolving leadership problems. The intervention empowered individuals through gains in self-confidence, social competence, and exercising an adequate degree of authority. Subsequently the impact of bullies will decrease as individuals will feel in a stronger position to challenge negative behaviours.

Crawshaw (2005)[301]

Intervention and outcomes

Crawshaw (2005) presented a case study to demonstrate how the coaching process helps US technology executives (n=3) construct less abrasive management strategies. The coaching intervention consisted of six parts: establishing the coaching alliance, assessment, feedback, goal-setting, actual coaching, and follow-up. The first stage is to form a trusting relationship in which the coach is perceived as credible and supportive. The client and referring parties are then asked to compile a list of co-workers at all organisational levels to be interviewed by the coach. Assessments look at tools such as 360 degree feedback, psychometric tests, and qualitative interviewing; this is followed by feedback and goal setting, where the client and coach determine the objectives of coaching. Coaching uses a range of

techniques such as discussion, reflection, education, advice-giving, training, reading assignments, role-modelling, simulations, brainstorming, and journal-keeping. The client prioritises abrasive behaviours from feedback to decide what will be coached.

Context and mechanisms

Coaching can be a deeper process that demands slightly more from clients compared to other interventions; they are required to actively engage with the process for it to be effective. Self-reflection, insight and openness to change are requirements of many coaching programs. One of the key aspects underpinning this coaching intervention was the executive's ability to empathise with co-workers.

Coaching is confidential and no information regarding the client is shared with the employer or co-workers without the client's consent. From the coach's perspective, the challenge in implementing effective coaching stems from the client's anxiety over being described as impotent and incompetent in their role. The coach has to instil a belief that the client will become "super-competent" and the coaching process is a fundamental building block towards this. Also the coach is required to be psychodynamically informed and qualified to deal with the emotions generated in both the client and coach.

Ferris (2009)[270]

Intervention and outcomes

Ferris described a leadership coaching case study that she undertook as an external practitioner. The case involved a senior staff member who had been described by colleagues as engaging in hostile behaviours over a sustained period. The company recommended a performance management interview with senior staff and a letter of expectation to improve behaviour. Attendance at assessment and coaching was strongly recommended. Assessment revealed the client was aware of their behaviour and the negative impact it had on others. The Minnesota Multiphasic Personality Inventory also revealed mistrust and suspiciousness, social isolation, and a negative outlook. After testing, assessment, and review by the testing psychologist, the author met with the client and discussed a checklist of bullying behaviours. The behaviour checklist formed the basis of leadership coaching. The need for behaviour change was discussed, focusing on areas

of business risk to the employer (lower productivity, high turnover) and the risk of eventual loss of employment if the behaviour did not stop. The client was then referred to a leadership coach. Feedback from the leadership coach and a senior company leader suggested that the client had significantly improved their behaviour and this was maintained over a period of six months.

Context and mechanisms

Whilst going through the process there were barriers put up by the individual in response to the behavioural change initiative. The individual was defensive and dismissive of assessment used during the process. The company had to be clear that behaviour change was expected and the individual had to cooperate with the process. The individual valued their job, which acted as a motivation to participate. If employees do not enjoy or value their job there may be difficulties when trying to engage them in behaviour change. Without an acknowledgement that their behaviour has to change they may be reluctant to enter into the process.

The checklist of behaviours was reported to be quite interesting for the client and generated a lot of discussion about the behaviours. The checklist was a useful tool for raising awareness and giving a basis for a discussion about definitions of bullying behaviours. The need for change was also discussed which may have helped the client gain further insight into their behaviours and the impact they have on others.

Zimmerman and Amori (2011)[134]

Intervention and outcomes

Zimmerman and Amori describe some of the sensitivities of coaching particular styles of bullying. A coach has to adapt the coaching process depending on the individual. A model that can be used for intervening to eradicate insidious intimidation is presented which considers addressing behaviour by both the individual and the system. Behaviours need to be assessed as well as the system factors that contributed to them. For example, is the situation acute or a pattern, what are the system triggers for the behaviours, and has the individual been given opportunities to learn appropriate response patterns? The model is a tool to evaluate reported behaviour as well as the habitual response to behaviours.

Context and mechanisms

When intervening to address the individual or the system, the process is somewhat reliant on the accuracy of data collection. This may be a lengthy process including a mixture of qualitative and quantitative data to measure levels of insidious behaviours. Also it is important to review prior root cause analyses and incident reports to ascertain what is really occurring. This will be a powerful tool for garnering organisational and leadership support when trying to implement the coaching steps. By seeking buy in from the top this will help obtain resources, leadership and governance support for recommendations and changes attempted. The paper also discusses the importance of maintaining energy; this can be achieved through communication mechanisms (newsletters, emails).

Communication strategies can be used to raise awareness, celebrate success, evaluate data and help to maintain commitment throughout the organisation. Establishing a project champion may assist by building in accountability for the success of any interventions and to avoid the process being labelled as flavour of the month within the organisation. Coaching itself helps by raising awareness and understanding of bullying in the work environment. When taking a systems approach, if done successfully this can be effective in removing frustrations that contribute to the occurrence of negative behaviours.

Brinkert (2011)[317]

Intervention and outcomes

Brinkert reported on the introduction of a 'comprehensive conflict coaching model' through a train the trainers course in a US hospital environment. Nurse managers (n=20) attended a 12-hour training course involving an integrated approach between traditional conflict management research and theory with communication and social constructionist approaches. The stages of the model included a focus on understanding elements of conflict (power, identity, emotion), using appreciative inquiry to craft a better vision of future outcomes, and the honing of conflict communication skills. Evaluation of the training was generally positive and trainees described examples of applying the training to their work; frequent usage of what they had learned and early intervening in conflict before it escalated. Typically application was either within a formal disciplinary setting where there were clear instructions about necessary behaviour change, or informal

settings where the situation was not a threat to the employment of the nurse involved but required a conflict being addressed.

Context and mechanisms

An action research model was unintentionally adopted which provided programme support through intensive interviews with trainees pre-post training which enhanced the group experience, offered customization of the training, and acted as a quasi-supervision role. The inclusion of pre-post support during training was a significant contextual factor. The mechanism in the intervention was that trainees were trained to deliver a coaching model that focused on increased awareness and understanding of conflict, developing the client's ability to manage conflict through enhanced conflict communication skills and re-framing the possible outcome in positive terms.

Latham et al. (2008)[246]

Intervention and outcomes

Latham et al. reported on a multi-component programme delivered through a hospital/university partnership involving: mentoring, culture evaluation and change, training, and structural support. The primary focus of the study was a mentoring programme (n=171 nurses: 92 mentor-mentee teams; 95 mentees, 76 mentors). The role of the university team included collecting evaluation data, establishing a website, completing sociometric analyses of informal leadership and support on each unit, serving as a sounding board for mentor-mentee issues, and coordinating the semi-annual governance board meetings. The hospital role included advocating mentoring by nurses, recruiting mentees and mentors, and scheduling all meetings and classroom space. A hospital liaison was appointed from each hospital to champion the project at the hospital and work with the university team.

The mentoring program was developed to identify future nurse leaders who could support others and possibly become informal leaders and help to change the culture in the work environment. Mentors were chosen because of good communication skills, high expertise, familiarity with the organisation and motivation to help fellow nurses. Mentors had support meetings quarterly where they could discuss problems and successes, and recommend changes to improve the program. Data from the support meetings began to demonstrate that "informal leaders who had been

identified as negatively influencing the unit were being replaced with mentors who had a positive, caring effect on the work environment."[p.35]

Context and mechanisms

There was strong structural support from the organisations involved with members from relevant sections of the organisation. Collectively the committees that were set up had appropriate authority to be able to implement the mentoring scheme so that it was taken on board by staff. The messages from these committees were robust and consistent by repeatedly emphasising the project theme of "nurses supporting nurses."

A mechanism used by the mentoring intervention was raising self awareness. Personality and learning styles were identified and this information was then shared between mentors and mentees to increase their self-reflection. To assist the mentors, informal meetings were invaluable in identifying their needs as it gave them a forum to discuss their progress in a safe environment. This was also a catalyst for developing strategies to recruit new mentors and mentees, adjusting the project to the culture of the organisation, and maintaining momentum for the project. Reflection from the mentors on their own performance in the role helped them move forward and analyse any difficulties they were faced with.

Coaching and mentoring: Summary of findings

Much of the existing evidence around the use of coaching and mentoring interventions towards bullying is reliant on case study reports, practitioner reports, and limited outcomes data. This reflects the state of coaching evidence in general reported by Grant et al. (2010)[311]. Practitioner reports provide some examples of positive outcomes where coaching and mentoring have had an impact[270, 301, 317]. Further evidence in these areas is required, particular that which can include outcome data and quasi-experimental designs.

Intervention and outcomes

There is a growing corpus of papers that support the notion of using coaching and mentoring as an appropriate intervention for workplace bullying. There is an absence of papers offering critiques or challenges to the use of coaching and mentoring for bullying, with most reported evidence from coaching practitioners' experience. Case studies of coaching and

mentoring interventions shared commonality in elements of a supportive one-to-one intervention but also were distinguishable with differences in scope of client focus. Studies have reported the focus of coaching and mentoring targeted at the perpetrator[134, 270, 301] and focused on improving managers[227, 317]. Coaching of perpetrators commonly included an investigation of the type of bullying that was occurring to help the perpetrator address their behaviours.

Context and mechanisms

The importance of management support for successful mentoring has been recognised[318]. Contextual factors in the mentoring relationship include a strong trusting relationship and the suitability of properly trained supervisors. There may be challenges to coaching, such as a slight reluctance to engage or poor motivation to change behaviour[270]. Coaches need to be sensitive to the range of potential responses from the coachee. Caponecchia and Wyatt (2011) recommend using coaches from outside the organisation to facilitate executive coaching[319]. Ferris (2009) reported a case study where she acted as an external consultant which was successful, however many of the other papers involved internal coaches and mentors[246, 270, 317]. There were no studies comparing internal and external coaches. While coaches and mentors can often work externally and in isolation, a growing practice is to have programmes of interventions which are supported by coordinated administration, training, and supervision.

An important mechanism for change is developing perpetrator insight to address and challenge their behaviours[301, 320]. Coaching interventions are frequently heavily dependent on the individual engaging in the process[301] or resisting[270].

In focusing on targets of bullying, coaching and mentoring empowered individuals through gaining self-confidence, social competence, and exercising an adequate degree of authority[134, 246]. The impact of the bully is expected to decrease as individuals feel in a stronger position to challenge negative behaviours[275]. Jackson (2007) reviewed personal resilience, which is fundamental to many one-on-one coaching interventions, as a strategy to cope with workplace adversity[320]. The opportunity to talk to someone outside the immediate group was viewed as positive as there is less potential of exposing individuals to unnecessary vulnerability. Mentoring relationships can be the tool to provide nurses with this opportunity to enter into mutually beneficial supportive and nurturing relationships[321].

Expert Commentary

- Coaching and mentoring can help people who have been accused of bullying gain insight into how others interpret their behaviour and why it is seen as unacceptable
- There is a danger of individualising the problem. Issues can become an individual's fault and the onus is on them to change, rather than examining problems at the organisational level.
- Coaching tends to be focused on making people more resilient.

Tips for NHS Managers

- Make supportive networks (through coaches and mentors) available to staff away from the immediate workplace.
- Review the effectiveness of mentoring and coaching interventions that exist in organisations through client feedback.
- Coaches and mentors who have clients involved in bullying (accused, target, or bystanders) should have bullying specific knowledge and training.
- Consider establishing internal coaching and mentoring programmes to offer a supportive framework to individuals.

Project 10/1012/01

Case Study: Coaching bullies (see Appendix 11 for full case study)

A psychology consultancy company has coached bullies to develop insight into the impact of their behaviours on others and to learn how to behave appropriately in workplace situations. Using feedback from the bully's boss and co-workers, the psychologist and client work through example episodes of bullying behaviours to examine the impact and formulate alternative responses, including specific behaviours and words to use or avoid. Role play is sometimes used to practice new behaviours. This approach has been used successfully with five clients, and organisations have retained the client's expertise whilst modifying their bullying behaviours.

4.3.3 Informal Support

Informal support for employees involved in bullying can be offered through the presence of trained employees who often act in a voluntary support role within the organisation alongside their contracted employment. Rayner and Lewis (2011) highlight the importance of such informal support[322] while Hubert (2003) and Resch and Schubinski (1996) emphasise such roles as important elements of anti-bullying programmes[217, 234]. In the Netherlands 90 per cent of organisations employing more than 200 employees had a designated confidential supporter[323].

Employees require different forms of social support: emotional, evaluative, information and instrumental[324]. Sources of informal help within organisations can include networks of employees who volunteer to be signposts and confidential listeners for colleagues. These roles can vary in function and reflect varying social support needs. Resch and Schubinski (1996) describe a contact person role available to offer support to targets[217]. Spiers (1995) reported how the role of an Occupational Health Nurse can act as harassment counsellor and fulfil a similar function[325]. These variations are also reflected in the various titles, known here as harassment counsellors[325], contact people[217], complaint officers[266], confidential counsellors[234] and specialist advisors such as Dignity at Work, First Contact or Bullying and Harassment Advisors[25] and elsewhere as dignity advisors and listeners.

Hubert (2003)[234]

Intervention and outcomes

Hubert, in her proposed systematic approach for the prevention and management of undesirable behaviour in the Netherlands, described the role of the 'confidential counsellor' who was an appointed employee whose role was to listen to the target, inform and talk about possible intervention strategies, and refer to a medical officer or psychologist in the case of serious psychosomatic or psychic complaints. Confidential counsellors reported experiences where targets sometimes become able to speak about the behaviour to the offender, who may not be aware that it is causing a problem. In some cases mediation may be required, which is not the role of the confidential counsellor as they should always be on the target's side.

Context and mechanisms

The role of these trained confidential counsellors in the Netherlands is to support the target in a confidential manner, provide a listening ear, inform about options, and refer if necessary.

Training was necessary in how to meet and how to advise a target. Having a duty of secrecy and not taking any action without permission of the target were reported to be important. Following a successful intervention strategy the role of the confidential advisor is to inquire after some time whether the undesirable behaviour has stopped permanently.

Rains (2001)[326]

Intervention and outcomes

Rains describes the introduction of a practical volunteer 'peer listeners' scheme into a division of the UK's Royal Mail service following internal research (discussion groups and employee opinion surveys) revealing a fairly consistent pattern of bullying and harassment and little confidence in the formal complaints procedures. The role of these peer listeners would be to listen to colleagues and provide information on the choices available to resolve their difficulties, and to provide support in the handling of formal procedures if they chose to take that route. They would listen

sympathetically and impartially, and discussions (which could either be by telephone or face-to-face) would be confidential.

Outcomes reported included an initial increase in complaints, alongside an increasing proportion of cases being resolved informally, and increased employee belief that the division took harassment and bullying seriously. A slight fall in the number of contacts from its peak after the first three years of the scheme was suggested to be an indication that a change in culture had started to become established.

Context and mechanisms

Careful selection and training of listeners, preparing the ground- publicising the availability of listeners (who were independent and confidential), and dispelling any fears from managers, union representatives and employees were important contextual factors.

Rayner and McIvor (2008)[25]

Intervention and outcomes

Rayner and McIvor (2008), based on a large scale qualitative study in UK public, private and third sector organisations, recommended a broad, whole-systems approach to tackling bullying. Advisory services were often seen as fundamental to individual support, and were highly regarded where they were working effectively. Specialist advisors, often termed Dignity at Work, First Contact or Bullying and Harassment Advisors, were rarely employed full-time in these positions, usually undertaking the role on a reactive basis. Many organisations found them to be useful in providing information and support at the informal enquiry stage.

Context and mechanisms

Rayner and McIvor noted there appeared to be considerable overlap between signposting, advisory, listening and counselling roles, which was potentially confusing to people using the service. It was very important to ensure consistency between the expectations of users and the service actually on offer, including initial clarification of employee needs; misalignment could undermine the reputation and future use of the service.

Useful design elements included quota approach to selection, mentoring of new volunteers, and buddying or networking amongst volunteers enabled discussion of situations and offloading of stress. Numbers and the nature of enquiries were made available for strategic review within the confines of strict anonymity and confidentiality.

Informal Support: Summary of findings

Intervention and outcomes

Literature reporting on support roles was mainly descriptive and described the role of employees who act as a source of informal support. Rayner and Lewis (2011) point to a lack of research evaluating exactly who is seen by whom[322]. Potential outcomes could be a decision whether to go to formal procedures[325], resolution of cases and disputes[217, 266], and increased information and support for users of the service[25, 234] or greater confidence to be able to speak to offenders about their behaviour. Rains (2001) did report outputs and outcomes of one scheme showing a higher proportion of cases were resolved informally, and an increase in employees believing the division took harassment and bullying seriously[326].

Context and mechanisms

Outcomes may be achieved through providing a 'listening ear' for those wishing to discuss a complaint informally with a person other than their manager or other superior.

Important features of these roles were independence and neutrality[217, 266, 325] and the opportunity to discuss situations in confidence[25, 234] and to offer each other support, for example through networks, mentoring and buddying[25]. Rayner and McIvor noted that there could be overlap between titles given to similar roles, which was potentially confusing to those considering using the service, and consistency of expectations of the service was important[25].

All the papers referred to the need for training in the necessary knowledge and skills for these roles while other facets such as on-going support and careful selection were also identified as important factors that could influence the success of a scheme[25, 217, 326].

Case Studies: Peer Support Advisors (see Appendix 12 for full case studies)

Four case studies of informal peer support advisors were reviewed. Advisors were volunteers from the organisation who were trained to listen, outline options (e.g. mediation, formal action), and signpost employees to support services (e.g. counselling, occupational health, HR). Success varied depending on key contextual factors, particularly publicity and promotion of the service and senior management support. One organisation used anonymous monitoring data from the service to proactively identify patterns of negative behaviours, which can be fed back to divisional managers.

Tips for NHS Managers

- Informal support schemes offer an alternative and complementary process to formal procedures.
- Support schemes need to be resourced, coordinated, and publicised.
- Support officers need to be trained to an appropriate standard.
- Organisations need to ensure the continual maintenance of schemes through promotional and awareness activities, ongoing CPD, and replacement of leavers.

4.3.4 Therapeutic approaches and counselling

Therapeutic approaches to managing workplace bullying in the UK are often in-house counsellors and therapists within an occupational health function, or external organisations such as specialist providers or employee assistance programmes (EAPs). Interventions can incorporate a range of methods such as debriefing, narrative therapy, cognitive behavioural

therapy, eye movement desensitization reprogramming (EMDR), traumatic incident reduction (TIR), and rehabilitation[327]. Other interventions reported have included the use of expressive writing[328] and group work[201].

The use of therapeutic interventions in workplace bullying cases has been widely adopted. NHS HR practitioners (67% of those surveyed) reported using counselling services frequently. The use of Employee Assistance Programmes (EAP) or help-lines was also commonplace (42% of those surveyed)[329]. Therapeutic interventions are often used in the most serious cases of targets of bullying. Some interventions might include short-term counselling that provides support during the investigation and intervention by the organisation[330, 331]. While counselling on stress management strategies may have also been employed[332], this is likely to be appropriate only in the short term rather than in situations of persistent bullying.

In the UK the National Institute of Health and Clinical Excellence (NICE, 2005) provides guidance around the treatment of traumatic events and post traumatic stress disorder[333]. Although it makes no reference to workplace bullying, therapeutic approaches that treat workplace bullying with a trauma orientated approach will likely guide practitioners treating bullying targets presenting with trauma symptoms. The NICE Guidelines review the evidence of five therapeutic groupings (trauma-focused cognitive behaviour therapy, eye movement desensitization reprogramming, stress management, group cognitive behaviour therapy and other therapies) and recommends a combination of early intervention watchful waiting, where the sufferer is monitored in the aftermath of the event, and trauma-focused psychological treatment.

In some European countries in-patient treatment is used. Schwickerath and Zapf (2011) report on one such facility in Germany, AHG Klinik Berus - European Centre for Psychosomatic and Behavioural Medicine[201]. In Italy Clinica del Lavoro Luigi Devoto, Milan, treats patients with around 80% experiencing work conflict stress or bullying. Leymann and Gustafsson (1996) examined targets of bullying who attended a clinic specialising in the treatment of victims of psychological trauma, including victims of armed raids, industrial accidents and serious car crashes[62]. Through diagnostic questionnaires they found 92% had Post Traumatic Stress Disorder. Other variations include specialist providers of out-patient rehabilitation services, e.g. 'Specular' in Denmark. No examples of in-patient treatment have been reported in the UK. Services can be provided through the health service, by general public health facilities or primary care services, or the private sector.

A growing number of authors have indicated the association between workplace bullying and trauma or post traumatic stress[62, 168, 169, 334]. This association can be as a result of: the subjective nature of bullying as an attack, or the bullied in hiding their feelings may condition a strong association with a range of work related situations, or bullying may continue for prolonged periods which may result in a state of learned helplessness[169]. Interventions associated with addressing trauma and post-traumatic stress disorder have been adopted in therapeutic interventions for workplace bullying.

Barclay and Skarlicki (2009)[328]

Intervention and outcomes

In a US college study, Barclay and Skarlicki examined the benefits of expressive writing about feelings of organisational injustice with paid volunteers (n=100). A practical option reported here was to encourage targets of workplace injustice to write a private journal to help them emotionally and cognitively to work through their experiences. Participants were randomly assigned to one of four conditions in which they wrote about their 1) emotions only, 2) thoughts only, 3) emotions and thoughts, 4) a trivial condition. The study findings indicated writing resulted in participants reporting less anger, higher sense of resolution, and higher psychological wellbeing after the intervention.

Context and mechanisms

Three explanations are offered as to this effect: expressive writing repeatedly exposes individuals to the negative experience and allows them to address any accompanying fear or anxiety; the expressive writing intervention can help the individuals confront their experience, reducing inhibition and allowing individuals to actively think about the experience and acknowledge their emotions and decreases overall stress; and expressive writing allows individuals to vent emotions.

Rayner and McIvor (2008)[25]

Intervention and outcomes

Rayner and McIvor reviewed organisational interventions and remarked that while employee assistance programmes (EAPs) help specific employees cope, they are generally unable to get to the root of problems (i.e. with the bully, harasser, or organisation). Less optimal organisations perceived EAP provision as a cure-all while those with better practice employed a range of methods.

A common approach used in EAPs is cognitive therapy where employees are empowered to 'restructure' how they think about problems in order to learn how to cope with difficult issues, a criticism therefore is that this is constructed as a problem of and for the individual.

Lewis et al. (2002)[332]

Intervention and outcomes

Lewis et al. discussed the strategies that counsellors can use to work with targets of bullying. The counselling intervention focused on different elements of bullying that might include symptomatic support for the target, validating the experience, improving self confidence, and support for careers management.

Context and mechanisms

Lewis et al. highlight the need for counsellors to be aware of workplace bullying. This is particularly important in relation to understanding whether common presenting symptoms such as depression, stress, and anxiety are caused by workplace bullying, as often targets might not recognise it themselves when seeking support.

A particular mechanism is the naming and understanding of the experience of bullying. This may then validate the experience of the client and renew their self-esteem; an area that is often affected by workplace harassment. The recognition of associated feelings from workplace bullying such as self-blame, shame, self-deprecation and insecurity may contribute to a self

fulfilling prophesy so that workers believe they are not competent. Counsellors can recognise that such feelings are a result of the persistent bullying behaviour and can help targets recognise the source of their feelings and assist them to regain their self-confidence.

A specific intervention termed bibliography has been used, where counsellors provide targets with information about bullying. Through the providing of resources, the target can normalise their experiences, and identify strategies for dealing with bullying. The target is therefore empowered to becoming actively involved in the healing process.

Sperry and Duffy (2009)[335]

Intervention and outcomes

Sperry and Duffy suggest that a conventional therapeutic strategy on its own may be insufficient due to the influence of the wider organisational dynamics. Treatment should follow a course of action: identification and naming of the bullying experience alongside a conventional therapeutic strategy of providing support and symptomatic relief. They emphasised client options that included staying in or exiting the organisations, seeking redress, and commitment to on-going therapy. The therapist role could include assisting the target in returning to work, or liaising with organisations to ensure that appropriate working conditions are established for any return to work.

Context and mechanisms

Sperry and Duffy emphasise the importance of therapists being familiar with the bullying literature in general and the organisational dynamics. This would reduce risk of misdiagnoses and better support the client's decision around leaving, staying, and seeking redress.

The naming and identifying of the experience as bullying is a powerful mechanism reported here. A target who is traumatised, feeling powerless and filled with self-doubt may initiate the process of restoration of personal agency. The ongoing support and symptomatic relief alongside is an important mechanism allowing the client to make informed decisions around future courses of action.

Antai-Otong (2001)[336]

Intervention and outcomes

Antai-Otong reviewed and reflected on experiences in respect to workplace violence and stress. Critical Incident Stress Debriefing (CISD) is described as a preventative approach; the goal is to promote a sense of psychological closure with regards to a critical incident or traumatic experience. Stress debriefing has been introduced to facilitate adaptive coping responses for individuals encountering occupational trauma and emergencies (e.g. Mitchell, 1986; Mitchell and Bray, 1990; Spitzer and Burke, 1993). For employees it offers immediate emotional support, and enables them to recognise, understand, resolve, and normalize their reactions. The efficacy of psychological debriefing is controversial with inconsistency of findings (See Bolwig, 1998; Matthews, 1998).

Critical Incident Stress Debriefing involves a single structured extended group session that goes through a process of seven phases: 1) introductory – ground rules, 2) fact phase – describing the event, 3) thought phase – what were their thoughts on the events, 4) reaction phase - focus on reaction during and subsequently, 5) symptom phase, transition from emotional level to more cognitive level, 6) educational phase, discusses clusters of stress symptoms, 7) re-entry, provide closure, reassurance, make any referrals.

Context and mechanisms

Antai-Otong described approaches of CISD applicable for psychiatric nurses and management, however other occupational groups are referred to the intervention.

The focus of the CISD model is prevention with the assumption that early intervention (within 2-7 days of trauma) reduces the long-term impact following from trauma. The main mechanisms of the CISD model include immediate emotional support, education about normal stress reactions, symptoms reduction, and appropriate referrals. Part of this process is that the CISD team offers a safe place to communicate, restore order, and develop trust.

Tehrani (2003)[327]

Intervention and outcomes

Tehrani reviews various practices, based on her own experience, of counselling approaches to bullying. Although acknowledging the use of single therapeutic approaches, the use of integrated approaches incorporating multiple models and frameworks is advocated. This therefore places an emphasis on the counsellor to be sufficiently skilled across multiple methods. A range of interventions are described within the therapeutic tradition which include: debriefing, narrative therapy, cognitive behavioural therapy, eye movement desensitization reprogramming (EMDR), traumatic incident reduction (TIR), and rehabilitation.

An important characteristic that Tehrani highlights is the use of an assessment tool for assessing a target of bullying. The process described takes around two hours to complete, incorporates a range of diagnostic measures and provides the counsellor with a thorough understanding of the extent of the distress and a baseline for the effectiveness of the intervention.

Context and mechanisms

Tehrani highlights the individual focus and misattributions as factors that may impact on the effectiveness of counselling. Misattribution is where the counsellor focuses on the individual employee rather than examining the nature of a dysfunctional relationship. The focus of counselling on the individual is problematic as it may be difficult to understand the complexity of a troubled dynamic from the viewpoint of a single member. Clients are likely to present themselves as blameless and in the best light[13] which challenges the ability of the counsellor to be objective.

A difficult challenge for the counsellor is sometimes being able to distinguish who is the bully and who is the target. A further limitation of counselling when applied to bullying, is that therapy is focused on healing the individual, but has limited potential in healing organisational issues.

Skorek (2009)[313]

Intervention and outcomes

Skorek's PhD thesis examined the effectiveness of the interventions counsellors use with targets. Interventions that were used focused on helping the target become less of a victim. The interventions incorporated: active listening and assessment of functioning, building self-esteem, providing support and validation of the target's experience, educating the target, coaching, creating an action plan, and awareness of workplace resources.

Context and mechanisms

The counsellors interviewed in Skorek's study highlighted a lack of information and training about workplace bullying for counsellors as important contextual factors. The counselling relationship was also constrained as they did not have access to the other party's perspective.

Skorek suggested that most of the participating counsellors reported that the main goal of the intervention was to help a target become less of a target. This involved making the client less fragile and less interesting to the bully and therefore was paid less attention. Related to this was increasing self-esteem, resilience, and improving assertiveness. The counsellor encourages the client to have practice conversations, develop action plans, and use post-it notes to remind them of what to say to bullies. Also recommended was educational reading material to better understand bullying and the range of options available to them, and encourage self-care.

Schwickerath and Zapf (2011)[201]

Intervention and outcomes

Schwickerath and Zapf (2011) report on an inpatient hospital facility in Germany that treats patients with experience of bullying. The therapeutic intervention incorporated cognitive behavioural therapy informed by evidence from bullying research. There were a number of elements to treatment: a therapy process that includes the phases 'distancing', 'understanding' 'decision making' and 'taking action'; a focus on

organisational aspects and how the patient contributes to the bullying situation; the formulation of a model related to bullying; practical exercises such as distancing oneself from the situation, and other wider measures from within the in-patient setting such as sports or occupational therapy. A core component facilitating these elements was the use of group work throughout the course of treatment.

Schwickerath and Zapf provide outcome data drawn from an earlier evaluation study[337]. Pre- and post-treatment measures were collected from patients (n=102), with follow up data one year later (n=51). Significant health improvements were identified through the reduction of health symptoms, depressive moods, and psychosomatic complaints. Patients reported overall satisfaction with the therapy but also reported optimism and being able to set themselves new goals and values for the future.

Context and mechanisms

Results indicated that bullying targets experience high levels of stress and tend to be poor at distancing themselves from the bullying situation. To cope with problems adequately it is essential to allow them to be emotionally stabilized through taking them out of the workplace to gain distance.

The decision to complete inpatient therapy is based on set criteria: most of the problems typical of bullying apply, behavioural patterns, chronic diseases have developed, and the patients show a basic motivation and readiness to take on responsibility and deal with the problems related to workplace bullying. A core mechanism of change is the use of group work throughout the inpatient process.

Therapeutic approaches and counselling: Summary of findings

Intervention and outcomes

The outcomes counselling has attempted to achieve were for the client to become less of a target by strengthening the target's resilience, increasing self-esteem and assertiveness[313]. However, only one study reported actual outcome data[201]. Research in this area remains limited; despite the widespread use of counselling and therapeutic approaches within organisations, Tehrani (2001) noted little has been done to develop effective counselling interventions to assist targets of workplace bullying[338].

The range of interventions that have been associated with therapeutic intervention is very broad. For example, Tehrani (2003) suggests: debriefing, narrative therapy, EMDR, TIR, rehabilitation, and CBT[327]. Self help and education have been recommended, specific to bullying and in general in relation to trauma[313, 332]. Use of writing as a means of addressing bullying experiences has been reported as showing evidence in supporting bullying targets[328] and builds on earlier companion evidence that writing has positive benefits for managing trauma[339]. Stress debriefing was suggested, particularly when considering bullying as a traumatic event[336]. While some reports are supportive on the use of debriefing, within the UK these approaches need to follow current NICE guidelines which are a combination of watchful waiting and trauma based psychological therapy. Several approaches emphasised symptomatic support[313, 332]. In addition, validation of experiences, naming and understanding the bullying, was considered crucial[332, 335, 340]. Tehrani (2012) suggests that a counsellor's ability to integrate a number of counselling models and interventions is beneficial, requiring the counsellor to be skilled in the use of a range of counselling models and able to recognise when an intervention would be most effective[341].

Context and mechanisms

A contextual factor frequently reported was that work with the target is likely to be constrained in its overall effectiveness. A therapeutic approach is unlikely to be able to address a broader scope of organisational issues or the root of the problems[25, 327, 335]. A focus on the individual restricts a broader understanding of an event which is informed through a dyadic relationship[313, 327].

Counselling is delivered from within the organisation and also through external providers. Some of the therapeutic interventions reported are characterised by the client distancing themselves from the bullying situations and therefore the organisation[201]. The external organisations can then be viewed at a distance, which might be seen as welcome by the target. However, they are restricted in only being able to influence the target and possibly not wider causes[25]. Namie and Namie (2009) suggested that a further consideration could arise as the employer pays the internal counsellor contract, which could lead to a conflict of interest[227].

The counsellor's knowledge and awareness of bullying in general, and the organisational awareness, is an important context[332, 335, 342]. Clients may present without recognising they have been bullied or are being bullied, due

to the often insidious nature of the treatment. A lack of awareness about workplace bullying can lead to counsellors holding targets responsible for their condition and Skorek highlights this is likely compounded by a lack of education and training[313]. Tehrani (2003) notes clients who are targets of workplace bullying present for counselling with common symptoms such as anxiety, depression and physical concerns[327]. In a workplace counselling setting awareness of workplace bullying is crucial. Lewis (2002) suggests that this is critical to the diagnosis and treatment of targets[332]. A confounding factor is that common classification systems (e.g. International Classification of Diseases, ICD-10; Diagnostic and Statistical Manual of Mental Disorders, DSM-IV) provide little information around the treatment of bullying. This has led to some calls from researchers for classification to be revised to accommodate bullying as a workplace trauma[334]. In response to this concern, use of tools for assessing targets was reported[201, 327] although no standardised assessment tools have been adopted to date.

A number of mechanisms were highlighted. A key mechanism across therapeutic interventions was the naming and understanding of the bullying experience[25, 328, 332, 335]. The process of validating the experience may lead to increasing a client's damaged self-esteem and the recognition of associated negative feelings. This could be as a result of sessions with a therapist[25, 332, 335] or through the use of expressive writing[328, 332]. The establishment of social support also seemed to be an important mechanism[201, 335, 336]. Increasing social support could be developed through group work[201], within the therapeutic setting[313], and in the workplace through debriefing[336].

In summary, studies describe a range of therapeutic interventions that can be introduced within and external to the organisation. They indicate that these interventions can be of benefit to the client who has been bullied, although there is only limited evidence that bullying is reduced or health outcomes are improved. The understanding of the bullying experience and the associated feelings it generates, and the subsequent validation of the experience and those feelings, seem to be key mechanisms. The support provided through the therapeutic intervention also appears to be an important mechanism of change.

Expert Commentary

- Therapy can help clients examine their own role – not to blame themselves, but to avoid similar situations in the future.
- The accused person also needs support.
- Support (for both targets and accused) should include someone to talk to confidentially (this could be informal support advisors with basic counselling skills), as well as information about the investigation process.
- Early intervention is very important. Occupational health staff helping with return to work have expressed concern for the degree of health deterioration observed in targets of bullying.

Tips for NHS Managers

- Counsellors, psychologists and therapists involved in cases with potential targets of bullying should have specific training, based on bullying research, to inform their practice, and be able to offer up-to-date psycho-educational support.
- Therapeutic practices should involve early assessment of clients to help identify bullying targets.
- Systemic approaches should be pursued to ensure that effective outcomes in therapeutic interventions are not then lost due to persistent problems in the workplace.
- Educational resources and guidance can be made available and accessible that can complement therapeutic interventions.

Project 10/1012/01

5 Discussion

This review aimed to synthesise evidence on interventions to prevent and manage workplace bullying and inappropriate behaviour. We found numerous papers based on practitioner opinions, experience, case studies and observations on workplace bullying but very few studies evaluating interventions focused on workplace bullying. The majority of papers identified were limited in their research design and sample size and there was a lack of clear evidence to show impact. However, rather than returning a report concluding 'more research is needed' we examined the details of interventions using a realist synthesis approach (see Appendix 12 for the middle-range theory). This enabled us to identify patterns by considering studies that, although deficient in terms of robust research findings, nonetheless offered insight into the important contextual factors and mechanisms that could explain why an intervention was likely to work or not.

This report has resulted in broader and detailed reading. Unlike a traditional systematic review it has not simply focused on positive outcomes, but rather on recognising patterns and understanding why a particular context and likely mechanism led to a given outcome. Much can be learned from considering the context of an intervention and the mechanisms that will bring about change. For example, such detail could be used to explain why a teambuilding intervention may fail if management are not supportive yet a similar intervention succeeds if managers are committed.

Key learning points are described below. The discussion begins with a review of the findings from the organisational, team-dyad, and individual level chapters, followed by recommendations to prevent and manage workplace bullying.

5.1 Discussion of organisational interventions

In this section we considered literature on interventions targeted at the organisation level: climate, leadership and management, policy, formal processes, job design, code of conduct, selection, and monitoring. We found

very few studies that were interventions, evaluations or comparative studies on workplace bullying[25, 215, 221, 224, 226, 228, 229]. The studies by Dollard and Bakker (2010) and Law et al. (2011) highlighted the link between the level of management support for employees and the level of psychological distress and workplace bullying[214, 215], also reported by Vartia and Hyyti (2002)[131]. When the work climate was poor bullying was higher, and when the climate was good bullying was reduced. Quine (2001) reported that a supportive work environment protects individuals from some of the harmful effects of bullying[73]. The work of Rayner and McIvor (2008) illustrated and compared organisations with low and high levels of bullying and harassment[229]. One key difference focused on managers' approach to staff wellbeing; all organisations focused on task performance but organisations with much lower workplace bullying were equally focused on the wellbeing of the staff.

Organisational climate was strongly influenced by the behaviours and values of managers and their commitment to supporting (or not) the wellbeing of staff. Several studies identified that managers act as role models for employees, who then reflected their behaviours and values[25, 30, 209, 210]. Awareness of this role and commitment to the wellbeing of staff was identified as managers "walking the talk." This involved engagement with staff, regular communication to identify difficulties and working towards early resolution thus avoiding problems developing and becoming more complex and entrenched[25].

Changing organisational climate and culture from one that fails to manage bullying to one that prevents and manages bullying is a long-term process that requires ongoing investment of time and resources. It requires a broad approach that considers all organisational processes and activities, including employee selection, performance appraisal, promotion and rewards systems, leadership behaviours, norms and their enforcement, formal processes and policies, training and development, early intervention from managers and bystanders, and effective support services.

5.1.1 Leadership Commitment

We identified that interventions were more likely to succeed if leadership commitment was present[25, 221, 226, 228, 258] and fail when absent[25, 229-231, 268]. The managers needed to identify bullying and harassment as an important area of concern for the organisation, sometimes following evidence from surveys[221]. Both Dollard and Bakker (2010) and Law et al. (2011) discussed the importance of senior management in influencing the workplace climate,

highlighting managers as an important target for an intervention aimed at changing the work climate[214, 215].

The importance of leaders and managers was also found in related research. For example, Nielsen et al. (2010) reviewed methods used for organisational-level occupational health interventions and found that gaining senior management support was vital for success[343]. They cited evidence that a lack of support contributes to the negative attitude of staff [344], particularly when managers communicate a belief that an intervention is a waste of time[345], and participation rates are higher when employees are released from their work duties to attend training[346].

5.1.2 Leaders need good interpersonal skills

Rayner and McIvor (2008) highlighted the need for managers to have people skills and Sheehan (1999) suggested organisations should select managers with strong interpersonal skills to help identify and deal with incidents of bullying[25, 219]. Autocratic leadership has been associated with higher levels of bullying[14, 138, 139] whereas participative leadership style and ethical leadership were associated with the lowest levels of bullying[22, 218]. Laissez-faire leadership is also associated with workplace bullying and conflict[133].

5.1.3 Organisational ownership of bullying issues

Rayner and McIvor (2008) reported that the best organisations had a proactive, strategic mindset in relation to bullying[25]. They had clear policies and formal processes and took ownership for incidents of bullying, immediately accepting the role of the organisation in supporting the problem and working from organisational responsibility towards resolution. Individual blame came much later, if problems were repeated and not learned from. This type of approach is more likely to diffuse a bullying scenario and enhance employee relationships without individual blame. We did not find any evaluation studies using this approach in dealing with bullying but we did find evidence of the benefits of organisations monitoring, expecting bullying and planning how to deal with it[25, 221] (see Monitoring-feedback case study). There was some evidence that introducing a zero tolerance anti-bullying policy and establishing a code of conduct at work were successful once the leadership was committed and policies were enforced[224, 226, 228]. One case study also supported the value of introducing a code of conduct.

Our analysis of contextual factors and mechanisms identified that the priority should be to focus preventative interventions firstly at the leaders and managers, who are critical to intervention success. The behaviours they role model, reward, punish, and ignore are observed by employees and act as powerful indicators of acceptable and unacceptable behaviours[210, 235, 318]. In the NHS, managers are also the most frequent perpetrators of bullying[2-4]. Leaders and managers need to be committed to reducing bullying and to actively supporting interventions if they are to be effective. At an executive level, leaders can act as 'champions' and maintain the strategic importance (and associated resource allocation) of bullying.

In addition we identified that leaders and managers who possess good interpersonal, communication, and conflict management skills should be selected and promoted to demonstrate the value the organisation places on active management of bullying. Managers should take ownership of the problem and be proactive with regard to potential cases of bullying and intervene quickly by nipping incidents in the bud to prevent escalation.

5.2 Discussion of team-dyad interventions

This section reviewed a range of interventions primarily targeted at teams, groups and dyads, although the interventions also affect individuals and organisations. Interventions included teambuilding and team training, conflict management training, mediation, multisource feedback, and bystander interventions. Some evidence was found supporting the use of these interventions for positive outcomes including culture change[189, 246, 281], improved group cohesion[222, 258], insight into the impact of behaviour[189, 246, 263], turnover reduction[221, 246, 258], and increased skills and confidence[262, 265, 268], but there was little evidence of an explicit reduction in bullying.

Disagreement exists regarding the suitability of mediation for bullying, and appropriate use relied on the judgement of the mediator[270, 274, 275, 288]. However, several studies reported positive results[279, 281, 287]. Evidence is limited on multisource feedback; predicting the outcome is complex and this intervention may result in unintended consequences.

There was considerable overlap in the contextual factors that increase the likelihood of intervention success. Interventions are typically more successful when part of a strategic approach to tackling bullying at the organisational level[25, 221, 246, 268], involving senior management support[221, 222],

structural support and resources[222, 246], proactive and empowered staff[189, 222, 246], publicity[287], and readiness for change[222]. The role of leaders and managers is crucial: to lend support and credibility to interventions, role model appropriate behaviours, drive and maintain change, and create a culture in which negative behaviours are challenged, supporting the findings at the organisational level[217, 221, 222, 265].

Training and team activities benefit from involving a critical mass of staff or being targeted at managers[25, 217, 221, 268], and being delivered by skilled facilitators[222, 258, 266]. Training content that is relevant and tailored to the local context (e.g. role play scenarios) may help staff transfer to the work environment and generate practical solutions[221, 222, 258]. Sufficient opportunity to practice new skills (eg. through role play) will enable staff to develop skills as well as the confidence to use them[221, 222, 246, 262, 264, 265, 268].

Interventions should focus on key mechanisms for change: increasing insight into the perspective of others and differences in personal style[189, 222, 246, 258, 263] practicing of conflict management and communication skills[221, 222, 246, 262, 265, 266, 268], instilling personal responsibility to challenge negative behaviours[189, 221], generating solutions to local problems[221, 222, 258], empowering staff to implement change[221, 222, 246], and ensuring leaders are positive role models[217, 222].

5.3 Discussion of individual level interventions

This section reviewed interventions primarily directed at the individuals who were targets, accused, or bystanders of bullying. Interventions included individual training, coaching and mentoring, informal support, and therapeutic approaches. Therapeutic interventions typically focused on target support or rehabilitation, whereas training, coaching and mentoring, and informal support focused more on the prevention and management of bullying. Limited evidence of positive outcomes was reported supporting the use of these interventions. Wider related research focused on therapeutic interventions for trauma and post traumatic stress disorder, which have an evidence base providing positive findings[333], however the link between post traumatic stress disorder, trauma and bullying remains contested. Only one paper reported positive outcomes for therapeutic interventions, but this followed in-patient treatment[201]. There was a lack of clear outcome data on the effectiveness of coaching, mentoring and informal support, although case studies suggested they provide benefit.

Evidence from training interventions on policy communication, negative behaviour awareness and stress management targeted at individuals was mixed[229] but cognitive rehearsal training showed promising results with small US samples[307, 309].

There were some consistencies in the contextual factors that influence the likelihood of intervention success. Use of externally-based interventions allowed clients to distance themselves from the bullying[201, 319] but may be unable to tackle root causes in an organisation[25, 327]. Internally-delivered interventions may benefit from greater insight into organisational factors and are better positioned to attempt to influence workplace problems[335]. Implementing individual interventions (e.g. mentoring) as part of a programmatic or strategic approach may offer wider team and organisational level impact[246, 317].

Contextual factors related to therapeutic interventions include the therapists' experience or knowledge of bullying and their use of integrated models. Whether individual level interventions are able to influence wider organisational issues may determine longer term success. Any success gained through individual interventions might be lost if the same maladaptive behaviours are inherent in the setting that the client has to work in. Again, this supports the importance of the organisational climate and role of managers.

Interventions should focus on key mechanisms for change: empowering the individual through gaining self-confidence[313, 332], raising awareness of bullying[332, 335], developing traits of emotional intelligence and resilience[201, 301, 320], and helping the client be less vulnerable as a target[332].

5.4 Study conclusion

This report has summarised evidence on the prevalence, causes, and consequences of workplace bullying and synthesised evidence on interventions focused on the prevention and management of bullying and harassment. We have identified a high degree of consensus across both reviews and with regard to the views and insight shared from experts in the field. The consensus is that a major issue in tacking workplace bullying starts at the organisational level with a focus on leadership and management. An organisation with an anti-bullying ethos will be better equipped to anticipate and manage bullying proactively. The realist

synthesis has added to this by highlighting that interventions are more likely to be successful if the leadership are supportive. This was further supported by evidence from case studies.

Bullying is a complex problem that requires a broad-ranging, strategic approach that targets organisational, team-dyad and individual levels. Organisations should also implement interventions that aim to prevent bullying before it occurs, manage bullying as it occurs, and offer support to help targets recover and bullies to change[25, 237].

Recommendations

- Focus preventative interventions firstly at the leaders and managers. Leaders and managers have considerable power to prevent and manage bullying by role modelling positive behaviours and intervening early using effective conflict management and interpersonal skills. Priority should be placed on their selection, training and development. Leaders need to recognise bullying behaviours and possess the skills and confidence to manage them.

- When an intervention is introduced, leaders and managers should be committed to supporting it. Leaders are critical to intervention success. Single interventions were likely to fail or have little long-term impact on the organisation or team unless they were supported by committed leaders and managers. Support may include explicitly prioritising attendance at training, following up on issues raised (e.g. attempting to reduce sources of work conflict), and acting as a role model by displaying positive behaviours and challenging negative behaviours.

- Formal policies and procedures should be established to outline the organisation's explicit commitment to tackling bullying. Policies should be embedded in the organisational culture, be accessible, and easy to use and apply. Enforcement of the policy should be consistent, fair, and apply to all staff, regardless of their status. Formal investigations should be timely, conducted by trained staff that are independent and have personal responsibility to progress the case, and include the offer of support for both the accused and the target. Enforcement of policies could be developed further using a code of conduct, and could form the basis of bystander interventions and positive norm development.

- Proactive monitoring of organisational data (e.g. bullying prevalence, sickness, turnover, staff satisfaction) can identify patterns and outliers to help target interventions where they are needed (e.g. see Stevens 2002[221]; Monitoring-feedback case study).

- Use effective training to prevent and manage bullying. Evidence from the review suggests that training should focus on several key mechanisms: developing trainee insight into their own behaviour and its impact on others; creating a shared understanding of acceptable/unacceptable behaviours; developing interpersonal, communication and conflict management skills and the confidence to apply them via sufficient practice (e.g. role play, cognitive rehearsal) in a safe environment; and identifying local problems and causes of conflict and generating solutions. Training on communication skills, conflict management, and how to challenge incivility may also help bystanders to intervene. Evidence from the review identified important contextual factors for training success: training should be delivered to a critical mass of appropriate staff (particularly managers), and it should be supported by engaged leaders. Content should be relevant to the local context. The behavioural norms of the organisational culture (e.g. bystanders challenging negative behaviours) should also encourage the transfer of new skills.

- Consider mediation for informal resolution of conflict, but be aware of its limitations. Mediation may be effective for informal conflict resolution, but it is crucial that the mediator is sensitive to the target's fragility, has the ability to manage any power imbalance that exists between the parties, and recognises when serious cases require formal procedures.

- Use counsellors with expertise. If counselling and therapy are offered, counsellors should possess expertise in multiple therapeutic approaches as well as knowledge of bullying.

5.5 Limitations

Our review identified a lack of robust interventions, evaluations and comparative studies demonstrating unequivocal evidence. Studies tended to be descriptive, case studies, and have small sample sizes. Outcome measures, when available, were not always focused directly on bullying or negative behaviours and measured related outcomes (e.g. turnover).

The realist review methodology also has limitations. The inclusion and exclusion criteria used for selecting papers were less definitive than in a systematic review. Therefore, selection of the included papers was not as clearly bounded as in systematic reviews. The further identification of data that falls outside the review which may help to test a candidate theory is an example of this.

What a realist synthesis adds is a focus on context, mechanism and outcome (what works, for whom, how, and in what context) which goes beyond a systematic review. The level of detail required to identify CMOs for each study deepened the analysis but also extended the review process. Identifying the study outcome was often clear, but sometimes the context and mechanism were not always evident. In other papers, contextual information was provided without reference to explicit outcome data.

We focused our attention on evaluating interventions and identifying relevant CMOs, and structured the report according to families of interventions rather than a middle-range theory. We believe this resulted in a more usable and accessible resource for NHS managers. Finally, due to the size of the review (which identified 18 families of interventions) we had limited time and resources to identify companion literature, and this impacted on our ability to further develop and test a middle-range theory.

5.6 Future research

There is a need to conduct robust research evaluating the impact of interventions focused at reducing workplace bullying, incorporating process evaluation.

- Evaluation of interventions targeted at leaders and managers to change the organisation into one with an anti-bullying ethos. This might include an evaluation of an intervention involving the introduction of a code of conduct, zero tolerance or using monitoring and feedback to target change.
- Evaluation of training programmes aimed at changing a problematic team. This might include:
    - an intervention targeted at changing staff responses via cognitive rehearsal, managing conflict or bystander interventions.

- Evaluation of the longer-term impact of bullying interventions, including mediation and culture change.

- Evaluation of the effectiveness of mentoring, coaching, counselling and therapeutic approaches used in individual cases of workplace bullying.

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Appendix 1: Search strategy

SEARCH 1: Bullying

bullying OR bully OR bullied OR mobbing OR harassment OR "negative acts" OR "negative behaviour" OR "negative behavior" OR "abusive supervision" OR "workplace violence" OR "horizontal violence" OR "lateral violence" OR "workplace conflict" OR "dignity at work"

SEARCH 2: Work

Work OR Workplace OR Worker OR Working OR Organisation OR Organisations OR Organisational OR Organization OR Organizations OR Organizational OR Occupation OR Occupations OR Occupational OR Employment OR Employed OR Employee OR employees OR Staff OR NHS OR "National Health Service" OR "Private sector" OR "Public sector" OR Industry OR Industrial

SEARCH 3: Intervention (including efficacy terms)

Intervention OR interventions OR intervene OR Program OR programs OR Programme OR programmes OR Scheme OR schemes OR Initiative OR initiatives OR Evaluate OR Evaluation OR evaluations OR evaluated OR Coaching OR coach OR Train OR Trainers OR Training OR Trainees OR Assertiveness OR assertive OR Awareness OR "Team building" OR "Coping skills" OR Resilience OR Mediation OR mediate OR Mentor OR mentors OR Mentoring OR Buddy OR Helpline OR signpost OR Signposting OR "Listening post" OR Listeners OR Counselor OR counselors OR Counseling OR Counsellor OR counsellors OR Counselling OR "Dignity at work" OR rehabilitation OR Support OR "Occupational therapy" OR Witness OR witnesses OR witnessing OR Observer OR observers OR Bystander OR bystanders OR "Code of conduct" OR Induction OR Promote OR Promotion OR "Work design" OR "Job design" OR "Risk assessment" OR "Risk analysis" OR Policy OR Strategy OR Strategies OR Strategic OR Disciplinary OR Investigation OR investigations OR Grievance OR "Informal process" OR "Formal process" OR Arbitration OR Tribunal OR Dispute OR "Formal dispute resolution process" OR Appraisal OR feedback OR "zero tolerance" OR Change OR changing OR Inhibition OR Prevent OR prevention OR preventions OR prevented OR Tackle OR tackles OR Tackling OR Address OR addresses OR addressing OR addressed OR Manage OR Management OR resolution OR efficacy OR Utility OR development OR develop OR developed

SEARCH 4: 1 AND 2 AND 3

SEARCH 5: Children OR child OR youth OR infant

SEARCH 6: 4 NOT 5

SEARCH 7: limit 6 to yr= "1991-Current"

Appendix 2: Data extraction sheet

Our ID:	First author:	Year:	Source (Journal title, thesis, etc):	Reviewer Initials:
Intervention*				
Rating of RELEVANCE (1-5)*				
Rating of TYPE OF EVIDENCE (1-5)*				
If rejected, state why (code 1-4)* and brief reason				
1 = Not relevant to workplace bullying interventions (to prevent/manage/rehabilitate/recover from workplace bullying) *2 = Not adult workplace sample, targeting staff on staff bullying (i.e. school, children, patients on staff, prisoners, home - domestic abuse)* *3 = Not English language* *4 = Other (please describe briefly)*				
RESEARCH OBJECTIVE: Synthesise evidence on the preventative and management interventions that address workplace bullying interventions and inappropriate behaviour				
Aims				
Setting (NHS, public/private sector, retail, etc), population, numbers/sample				
Type of study/design/measures				
Results (relevant to research objective)				
Implications for research objective				
Limitations				
Description of INTERVENTION				
Potential CONTEXTUAL FACTORS (e.g. factors that affect whether intervention works/does not work - environment, climate, management support, trusting relationships, etc)				

Potential MECHANISMS (How the intervention causes the outcome, causal/change process, often hidden, e.g. increased awareness)
Potential OUTCOMES (e.g. lower bullying, lower stress, better team climate, increased knowledge, feeling able to voice issues, etc)
Other REALIST EVALUATION evidence/information
Additional References to follow-up*
Other comments – what does the study add?*

Appendix 3: Table of papers reviewed in detail

Author(s)	Year	Country	Setting	Intervention directly implemented?	Design	Sample size	Relevant Report Section(s)
Antai-Otong D.	2001	USA	Healthcare setting, psychiatric nurses	No	Descriptive study. No empirical data collected.	No sample used	Therapeutic approaches and counselling
Appelbaum SH, Deguire KJ, Lay M.	2005	n/a	Generic organisations	No	Literature review	n/a	Formal investigations/ Grievance procedures/ Punitive measures and rewards Selection
Appelbaum SH, Iaconi GD, Matousek A.	2007	n/a	Generic organisations	No	Literature review	n/a	Organisational level - Introduction Selection
Barclay LJ, Skarlicki DP.	2009	USA	University, service industry, sales, professional offices	Yes	Experimental study, pre/post design (with control group and random assignment)	n=100	Therapeutic approaches and counselling

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Author(s)	Year	Country	Setting	Intervention directly implemented?	Design	Sample size	Relevant Report Section(s)
Barrett A, Piatek C, Korber S, Padula C.	2009	USA	Private hospital	Yes	Pre/post design. Questionnaire and qualitative evaluation.	n=145 nurses sent a questionnaire, n=59 (41%) completed it pre-intervention and 45 (31%) post-intervention.	Leadership and management Teambuilding and team training
Bingham LB, Hallberlin CJ, Walker DA, Chung W.	2009	USA	Major, unionized employer (United States Postal Service)	Yes	Longitudinal case study across 12 years (1994-2006). Questionnaire and interview study.	n= 227,196 post-mediation surveys; n=211 pre-intervention interviews; n=214 post-intervention interviews.	Mediation
Brinkert R.	2011	USA	Hospital	Yes	Pre/post case study design over 8 months. Semi-structured interviews, questionnaires.	n=20 nurse managers trained as conflict coaches; n=20 frontline nurses/staff as coachees; n=3 senior nursing leaders.	Coaching and mentoring

Author(s)	Year	Country	Setting	Intervention directly implemented?	Design	Sample size	Relevant Report Section(s)
Crawley J.	2009	UK	Generic organisations	No	Descriptive paper based on practitioner experience	n/a	Mediation
Crawshaw LA.	2005	USA	Private sector, low-tech and high-tech companies	Yes	Case studies	n=3 abrasive executives	Coaching and mentoring Multisource feedback
D'Cruz P, Noronha E.	2011	India	International-facing call centres	No	Qualitative interviews	n=17 bullying bystanders	Bystander interventions
Dimarino TJ.	2011	USA	Healthcare setting, Ambulatory Surgical Centre	Yes but limited/no data	Descriptive case study	All staff members involved (no sample size given)	Code of conduct
DiMeglio K, Padula C, Piatek C et al.	2005	USA	Private acute care hospital	Yes	Quasi experimental pre/post intervention study.	c300 Pre-intervention n=165 (47% response rate); post-intervention n=118 (34%)	Teambuilding and team training
Dollard MF, Bakker AB.	2010	Australia	Education workers in schools	No	Repeated measures questionnaire study (separated by 12 months), nested in 18 schools	n=209 (Time 3) -288 (Time 1)	Work climate Monitoring

Author(s)	Year	Country	Setting	Intervention directly implemented?	Design	Sample size	Relevant Report Section(s)
Evans DA, Curtis AR.	2011	USA	University, nursing students	Yes	Post-intervention evaluation questionnaire; student self-reflections.	n=20 senior pre-licensure nursing students	Conflict management training Training for individuals
Ferris PA.	2009	n/a	General	No	Discussion of interventions, partially based on practitioner experience	n/a	Mediation Training for individuals Coaching and mentoring
Griffin M.	2004	USA	Hospital	Yes	Qualitative post-intervention evaluation (focus groups)	n=26 newly registered nurses	Training for individuals
Hoel H, Giga SI.	2006	UK	Public sector (healthcare, civil service, police)	Yes	Randomised controlled design, pre/post intervention quantitative and qualitative evaluation. Questionnaire validation study.	Pre-intervention questionnaire: n=1041 (41.5% response rate) Post-intervention questionnaire: n=884 (35.4%) Interventions participants: n=150 Focus groups participants: n=272	Policy and legislation Monitoring Training for individuals

Author(s)	Year	Country	Setting	Intervention directly implemented?	Design	Sample size	Relevant Report Section(s)
Hoskins ML, Stoltz JM.	2003	Not stated	Information not provided	Yes	Qualitative case studies	n=4	Mediation
Hubert AS.	2003	Netherlands	Government, public administration, healthcare, hotel and catering	No	Descriptive paper on an intervention approach, based on group discussions and expert meeting	n=27 in group discussions n=19 in expert meeting	Informal support
Jennings T, Tiplady C.	2010	UK	One acute NHS Foundation Trust	Yes but limited/no data	Descriptive paper	n=19 mediators trained No sample size for mediation participants	Mediation
Johnstone R, Quinlan M, McNamara M.	2011	Australia	Occupational health and safety inspectorates in four Australian state jurisdictions; variety of industries	Yes	Longitudinal study with two rounds (2004 and 2006) of semi-structured interviews and observation	Interviews with agency staff: n=36 senior managers/policy officers; n=89 inspectors. n=42 inspectors took researchers on at least one workplace visit (120 observations in total).	Policy

Author(s)	Year	Country	Setting	Intervention directly implemented?	Design	Sample size	Relevant Report Section(s)
Keashly L, Neuman JH.	2004	USA	US Department of Veteran Affairs	Yes	Pre/post intervention design with control groups. Questionnaire and organisational data.	11 centres from US Department of Veteran Affairs and 15 matched comparison sites. No questionnaire sample size stated.	Work climate
Latham CL, Hogan M, Ringl K.	2008	USA	Partnership between a university and two hospitals	Yes	Pre/post intervention design with qualitative and quantitative evaluation of intervention and training.	n=171 nurses in 92 mentor-mentee teams	Monitoring Teambuilding and team training Training for individuals Coaching and mentoring
Latreille PL.	2010	UK	Organisations in private, public and voluntary sector	No	Questionnaire study	n=327 (relevant sample taken from a larger survey of n=766)	Mediation
Law R, Dollard MF, Tuckey MR, Dormann C.	2011	Australia	Income earners in private, government and non-government organisations	No	Cross-sectional questionnaire study of randomly selected income earners via telephone interviews.	n=220 participants from 30 organisations	Work climate

Author(s)	Year	Country	Setting	Intervention directly implemented?	Design	Sample size	Relevant Report Section(s)
Leon-Perez JM, Arenas A, Butts Griggs T.	2012	Spain	One Spanish manufacturing corporation	Yes	Pre/post intervention design. Questionnaire study.	n=195 (90% response rate) pre-intervention; n=127 8 months post-intervention	Conflict management training
Lewis J, Coursol D, Herting Wahl K.	2002	n/a	n/a	No	Literature review	n/a	Therapeutic approaches and counselling
Longo J, Dean A, Norris SD, Wexner SW, Kent LN.	2011	USA	Healthcare (nursing)	Yes	Post-conference evaluation questionnaire.	n=31 evaluation survey respondents (from 120 conference participants)	Work climate
McCarthy P, Barker M.	2000	Australia	Managers/ supervisors in education, health, finance and community sectors	Yes	Questionnaire study	n=176	Policy and legislation
McDermott EP, Perdue FP, Obar R et al.	2000	USA	Users of the US Equal Employment Opportunity Commission's mediation programme	Yes	Questionnaire study	n=1683 complainants; n=1572 alleged perpetrators	Mediation

Author(s)	Year	Country	Setting	Intervention directly implemented?	Design	Sample size	Relevant Report Section(s)
Meloni M, Austin M.	2011	Australia	Private and public hospital	Yes	Case study with longitudinal questionnaire data	c1200 employees; questionnaire sample sizes: n=421 (2005), n=660 (2007), n=710 (2008)	Policy and legislation
Mikkelsen E, Hogh A, Puugaard LB.	2011	Denmark	Two public sector organisations (business college and hospital anaesthesiology department)	Yes	Quasi-experimental. Pre/post qualitative process evaluation (interviews, observation)	n=157 - Business College n=264 - hospital anaesthesiology department	Conflict management training Training for individuals
Namie G, Namie R.	2009	USA	Not for profit organisation	Yes but limited/no data	Descriptive case study	c1500 employees	Policy and legislation Coaching and mentoring Therapeutic approaches and counselling
Pate P, Beaumont P.	2010	UK	Public sector organisation	Yes	Longitudinal case study with questionnaire data	c200 employees surveyed; response rate varied 52-63%	Policy and legislation
Poitras J.	2007	Canada	Government defence department; users of conflict management bureaus	No	Questionnaire study	n=74	Mediation

Author(s)	Year	Country	Setting	Intervention directly implemented?	Design	Sample size	Relevant Report Section(s)
Rains S.	2001	UK	Royal Mail	Yes but limited/no data	Descriptive case study with some organisational data and pre/post questionnaire data	No reported sample size for questionnaire. 178 contacts with the service over 12 months.	Informal support
Rayner C, McIvor K.	2008	UK	Public, private and third sectors	No	Review of interventions based on qualitative interviews and focus groups	n=12 expert interviewees, n=34 practitioner interviewees, n=111 focus group participants, 3 special focus groups to represent minorities	Work climate Work design and work environment Leadership and management Policy and legislation Formal investigations/ Grievance procedures/ Punitive measures and rewards Monitoring Selection Bystander interventions Training for individuals Informal support Therapeutic approaches and counselling
Reddy V.	2005	n/a	n/a	No	Literature review	n/a	Selection

Author(s)	Year	Country	Setting	Intervention directly implemented?	Design	Sample size	Relevant Report Section(s)
Resch M, Schubinski M.	1996	Germany	Generic organisations	No	Descriptive paper, with reference to practitioner experience	n/a	Work design and work environment Leadership and management Formal investigations/ Grievance procedures/ Punitive measures and rewards Teambuilding and team training Conflict management training Mediation Multisource feedback Informal support
Saam NJ.	2010	Germany	Generic organisations	No	Qualitative interviews on practitioner experience	n=18 consultants	Mediation Coaching and mentoring
Salin D.	2008	Finland	Finnish municipalities	Yes	Questionnaire study and analysis of bullying policies	n=205 HR survey respondents; 27 bullying policies analysed	Policy and legislation
Schwickerath A, Zapf D.	2011	Germany	Hospital	Yes	Pre/post treatment design. Quantitative and qualitative data.	Pre-treatment: n=102 patients; Follow-up: n=51 patients	Therapeutic approaches and counselling
Scully M, Rowe M.	2009	n/a	Generic organisations	No	Review paper	n/a	Bystander interventions

Author(s)	Year	Country	Setting	Intervention directly implemented?	Design	Sample size	Relevant Report Section(s)
Skorek JL.	2009	USA	Counselling services (members of Northern Illinois Employee Assistance Professionals Association or community mental health agency)	No	Qualitative interviews	n=11 counsellors	Coaching and mentoring Therapeutic approaches and counselling
Sotile WM, Sotile MO.	1999	USA	Medical organisations	No	Descriptive paper, with reference to advice from conflict resolution experts.	n/a	Code of conduct Formal investigations/ Grievance procedures/ Punitive measures and rewards Teambuilding and team training
Sperry L, Duffy M.	2009	USA	Generic organisations	No	Descriptive paper with case study	n/a	Therapeutic approaches and counselling
Stagg SJ, Sheridan D, Jones RA, Speroni KG.	2011	USA	Community hospitals	Yes	Pre/post intervention design. Questionnaire data.	n=15 nurses	Training for individuals
Steen M.	2011	UK	University	Yes but limited/no data	Descriptive paper, limited evaluation data.	Sample size of student midwives not reported	Conflict management training

Author(s)	Year	Country	Setting	Intervention directly implemented?	Design	Sample size	Relevant Report Section(s)
Stevens S.	2002	Australia	Hospital	Yes	Pre/post intervention descriptive case study. Qualitative focus group and quantitative organisational data.	Sample size of nurses not reported.	Leadership and management Teambuilding and team training
Tehrani N.	2003	n/a	General	No	Descriptive paper	n/a	Therapeutic approaches and counselling
van Heugten K.	2011	New Zealand	Social workers in public health organisations and NGOs	Yes	Qualitative semi-structured interviews, followed by descriptive account of action research approach.	n=17 interviewees	Bystanders interventions
Wilson EA, Kristjanson C.	2002	Canada	Medical school	Yes	Pre/post intervention design. Questionnaire evaluation data.	Sample size of medical student and teaching staff participants not reported.	Conflict management training
Zimmerman T, Amori G.	2011	n/a	Healthcare	No	Descriptive paper	n/a	Monitoring Training for individuals Coaching and mentoring
Zweibel EB, Goldstein R.	2001	Canada	Medical school	Yes	Descriptive paper	Workshop participants: n=40 Mediation trainees: n=5	Conflict management training

Author(s)	Year	Country	Setting	Intervention directly implemented?	Design	Sample size	Relevant Report Section(s)
Zweibel EB, Goldstein R, Manwaring JA, Marks MB.	2008	Canada	Medical schools	Yes	Pre/post design with pre/post questionnaires, workshop observation notes, post workshop focus groups, follow-up semi-structured interviews.	Questionnaire: n=73; Focus groups: n=102; Interviews: n=24. Medical residents and faculty.	Conflict management training

Appendix 4: Flowchart showing links between source data, section summaries and tips for NHS managers

This flowchart presents a worked example of the links from source data (i.e. papers included in the review), through the description of the article in the report, to the section summary, tips for NHS managers, and final discussion.

The example shows quotes from two papers reviewed for the 'Teambuilding and Team Training Interventions' section and focuses on references to the importance of leadership for intervention success. The quotes are taken from Barrett et al. (2009) and Stevens (2002) and act as the 'data' for a realist synthesis. During the analytical process, these quotes were considered alongside evidence from other papers and were discussed at regular team meetings. Important themes, contextual factors and mechanisms were identified during this iterative process by examining patterns across papers.

Please note that these papers (and the corresponding descriptions and summaries) also refer to other contextual factors and mechanisms, but only relevant references to leadership are included here. Furthermore, other papers reviewed in the 'Teambuilding and Team Training Interventions' section provided additional evidence for the importance of leadership.

Barrett et al. (2009): Source data (quotes)

"The unit with the manager who was most engaged in the process and clearly articulated expectations had the greatest improvement. This result underscored the importance of the leader in ensuring appropriate processes are implemented, setting and articulating role expectations and role modelling collaborative communication. In contrast, the 3 other units, where the managers were less engaged, appeared fearful of conflict, and identified with the staff as victims, were marked by chaotic work environments and noncohesive behaviours." (p. 348)

"The leadership strategy became one of encouragement, facilitation of problem solution, and obtaining resources for the implementation of the staff's ideas" (p.344)

"Acknowledging what the key issues were that created tension and disruption, the new nurse manager designated a consistent charge nurse and it became the responsibility of the clinical coordinator on the unit to prepare the schedule" (p. 347)

"The common denominator in units experiencing successful culture change was the intentional presence of the nurse manager. Managers' ability to clearly articulate trust and belief in the potential for improvement in unit cohesion was critical." (p. 348)

"requires an effective nurse manager to drive and sustain substantial change" (p. 349)

Stevens (2002): Source data (quotes)

"Nursing management responded promptly…Several of them took personal responsibility for the situation, and a consensus was reached that they were going to actively bring about change by developing, publishing, and implementing their strategies" (p.191)

"each workshop was addressed by the hospital's nursing leader, who explained her response and feelings on the research findings and asked the groups for their help in addressing the findings. For many staff, this leader appeared in a new light as someone willing and able to acknowledge shortcomings in the profession and in this specific organization" (p.191)

"Many others felt empowered to promote a different way of doing things…and to remind senior management of their commitment to change" (p. 191)

"It may be necessary to provide role models of leaders who actively address bullying behaviour" (p. 192)

"nursing leaders felt that their having a greater presence in the work areas was an important step to encouraging staff to feel that they would be supported and that issues would be dealt with promptly." (p. 192)

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Extract of paper description from report (4.2.1)

"Leader engagement varied across units and most improvement was evident in the unit with the most engaged manager. They ensured appropriate processes were implemented, set and articulated expectations, role-modelled collaborative communication, and expressed belief in the potential for improvement."

"a new manager in one unit tackled work flow and organisational issues to reduce tension and chaos, and assigned responsibilities to ensure changes were made."

"Several mechanisms centred on the manager's role: whether they role-modelled appropriate behaviours, dealt with conflict, communicated expectations, and tackled sources of tension (e.g. work flow and scheduling)."

Extract of paper description from report (4.2.1)

"Important contextual factors which facilitated the interventions were highlighted [including]… visible senior support as each workshop was addressed by the hospital's nursing leader and several managers took personal responsibility for change. The author also reported that, in order for bullying culture change strategies to be effective, staff needed to acknowledge that there was a problematic bullying culture."

"Mechanisms of change discussed in the paper include nursing leaders taking personal responsibility for change, nursing supervisors acknowledging that bullying is a problem and that they have a role in creating the culture. Supervisors reported that they felt empowered by the support of the nursing leader (evidenced by their presence at the workshops) to implement strategies and to remind senior management of their commitment to culture change. In addition, the workshops focused on problem-solving targeted at local issues."

Extract from 'Teambuilding and team training interventions: Summary of findings' (4.2.1)

Context and Mechanisms

"Leader engagement was cited as an important contextual factor: positive outcomes were observed when a team manager proactively addressed organisational conflict triggers, role-modelled appropriate behaviours, and dealt with conflict, and when management took personal responsibility to drive change and addressed workshops. Organisational and leadership involvement via structural support …and acknowledgement that bullying is a problem may also help the intervention to succeed."

"Mechanisms of change described in the papers included…the empowerment of staff to implement change… and the role modelling of appropriate behaviours by managers."

Extract from 'Tips for NHS Managers' (4.2.1)

- Leadership support is important. This can be achieved through informal communication (e.g. addressing staff groups), recognition that bullying is a problem, role modelling, and structural support (e.g. steering groups).

Extract from 'Discussion of team-dyad interventions' (4.2.1)

"Interventions are typically more successful when part of a strategic approach to tackling bullying at the organisational level, involving senior management support, structural support and resources [and] …proactive and empowered staff. The role of leaders and managers is crucial: to lend support and credibility to interventions, role model appropriate behaviours, drive and maintain change, and create a culture in which negative behaviours are challenged, supporting the findings at the organisational level."

"Interventions should focus on key mechanisms for change…instilling personal responsibility to challenge negative behaviours, generating solutions to local problems, empowering staff to implement change, and ensuring leaders are positive role models."

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Appendix 5: Culture change and code of conduct case study

Case Study: Culture Change and Code of Conduct

Intervention and outcomes

An NHS acute trust has worked to embed a developmental approach to behavioural problems over a number of years, centred on a code of conduct. The code of conduct was developed in consultation with several hundred staff and describes positive behaviours that staff should demonstrate as well as unacceptable behaviours. The code is explicitly tied to employment contracts such that staff may face disciplinary action if they breach the code, and it is used as the foundation for a developmental approach to behaviour change.

In-house Organisational Development (OD) experts recognised that 'informal intelligence' in the form of comments and feedback from staff offers valuable information that would not necessarily be reported via formal avenues. By asking leaders, managers and clinicians to listen to this organisational feedback, behavioural issues can be raised and managed at an earlier stage. Increasing feedback is an important part of this approach with the use of developmental conversations, often conducted over coffee, to help staff with challenging behaviour to appreciate and face the impact their approaches may have in the team environment. The individual is then offered support using a developmental (rather than a disciplinary) approach, such as coaching, mentoring or the opportunity to use psychotherapeutic change models, with the aim of supporting behaviours in line with the organisation's code of conduct. Experience-based learning from the trust suggests that staff have a great propensity for self reflection when supported in developmental processes, rather than quickly being confronted with disciplinary procedures. In one case, an employee requested a move to another department after reflecting upon their relationships with colleagues and acknowledging that their challenging behaviour was due to stress and burnout, and that they were indeed in need of support to live differently at work. An important element of this approach is the focus upon building up feedback within the team context: when co-workers highlight problems, they are tasked with providing praise and feedback to colleagues when behaviour improves. The overall philosophy is one of engagement, with staff being confronted with unacceptable behaviour in an open and developmental manner, supportively but firmly, with the opportunity to

change. The staff member always has the option of declining the developmental approach or the feedback. In such a case, an employee might be advised that development options would remain available, but that their choices may mean that should unacceptable behaviour continue then formal competency or disciplinary processes may be used.

The use of informal intelligence is also employed at a team level, alongside other organisational indicators. The organisation's managers and OD practitioners also support 'team health checks' as part of the business planning process which may highlight concerns, and the team capitalises on further opportunities for assessment.

The use of a developmental approach is also adopted when a team is felt to be significantly underperforming to the extent that patient care may be affected. In this case, the team is supported by 'special measures,' which emphasise the link between behaviours that are incongruent with the code of conduct and those that affect patient safety. In response to a special measure situation, tailored interventions are introduced, organisational data is monitored (e.g. sickness, staff satisfaction, serious untoward incidents, complaints, staff satisfaction), change is led by an executive director, and reports are regularly fed back at Board level. This type of intervention is time-consuming and the process is likely to take 12-18 months. Part of the initial contracting process is to adopt an honest and open dialogue in order to develop improvements. In one department the developmental approach involved the completion of over 40 'discovery interviews' to understand the perspective of staff members, including particular concerns and behavioural experiences. Interviews focused on listening to staff members' 'stories' and adopting a narrative approach.

Trust-held outcome data suggests that the approach has positive outcomes, such as reduced sickness levels, but rates of bullying have not been directly measured. There is also evidence of culture change in that staff feel able to raise issues informally, and managers themselves are holding informal conversations, working proactively with their line managers and gaining support early in problematic situations as opposed to needing assistance from the Organisational Development team.

Context and mechanisms

The Trust's Chief Executive acts as a champion for the developmental approach, works to role model the behaviours described in the code of

conduct, and maintains the strategic importance of the code of conduct through regular blogs and communication with staff. For new employees, the code of conduct is incorporated into recruitment material and features in the induction. The OD team, who initiated and championed the developmental approach, possess expertise and understanding of behavioural issues and the human dynamics of the workplace, which has enabled them to work with staff to gain insight into their behaviours and role in the organisation. The OD team also had the time and resources to listen to staff issues and conduct informal but difficult conversations. Other resources available include an organisation-wide network of trained coaches across different occupational groups (n=50) which can offer 1:1 support.

The Trust makes a clear association between unacceptable behaviours, such as workplace bullying, and clinical risk and patient care. By linking with this inherent value in the health service, a more permissive dialogue is opening up around behavioural issues that affect this core goal.

This approach required a change of mind-set from traditional 'paternalistic' approaches dominated by formal procedures to a focus on informal processes. The use of coffee conversations and informal intelligence was counter-intuitive to managers' and HR practitioners' traditional ways of working. Embedding the new mind-set was reported as being a long-term, ongoing process across the organisation. An important cultural change was developing employee trust that any disclosed information would contribute to making a difference and not result in being penalised.

Through the informal conversations, individuals gain insight into their behaviours and awareness of their impact on others. A narrative, story-telling approach is used to reconnect staff with their purpose in the organisation, and the code of conduct is used to explicitly guide staff regarding the acceptability of behaviours. Initial communications with employees who raise a concern places an emphasis on accountability. This creates a culture in which highlighting concerns brings with it a responsibility to be part of the solution. This can come through offering praise and feedback to colleagues when they witness evidence of behaviour change.

Appendix 6: Code of conduct case study

Code of Conduct (Compact) from Tees Esk and Wear Valleys NHS Foundation Trust.

Our values and behaviours

It is not only what we do that is important, but the way we do things matters enormously

The values of the trust form the guiding principles and behaviours of the way we do our work in Tees Esk and Wear Valleys NHS Foundation Trust. Staff, service users, carers and their families were invited to take part in consultation workshops to give their views on what the trust's values should be, and how this impacts on the way that we should behave in the trust. From these workshops a revised statement of values and their associated behaviours was developed. The values and their associated behaviours are listed below.

Visit our Living the values section and see how some our staff have been recognised for living the trust's values...

Commitment to quality

We demonstrate excellence in all of our activities to improve outcomes and experiences for users of our services, their carers and families and staff.

Behaviours :

Put service users first.

Seek and act on feedback from service users, carers and staff about their experiences.

Clarify people's needs and expectations and strive to ensure they are exceeded.

Improve standards through training, experience, audit and evidence based practice.

Learn from mistakes when things go wrong and build upon successes.

Produce and share information that meets the needs of all individuals and their circumstances.

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Do what you / we say we are going to do.

Strive to eliminate waste and minimise non-value adding activities.

Respect

We listen to and consider everyone's views and contributions, maintaining respect at all times and treating others as we would expect to be treated ourselves.

Behaviours:

Be accessible, approachable and professional.

Consider the needs and views of others.

Be open and honest about how decisions are made.

Observe the confidential nature of information and circumstances as appropriate.

Be prepared to challenge discrimination and inappropriate behaviour.

Ask for feedback about how well views are being respected.

Consider the communication needs of others and provide a range of opportunities to access information.

Involvement

We engage with staff, users of services, their carers and families, governors, members, GPs and partner organisations so that they can contribute to decision making.

Behaviours:

Encourage people to share their ideas.

Engage people through effective consultation and communication.

Listen to what is said, be responsive and help people make choices.

Provide clear information and support to improve understanding.

Embrace involvement and the contribution that everyone can bring.

Acknowledge and promote mutual interests and the contributions that we can all make at as early a stage as possible.

Be clear about the rights and responsibilities of those involved.

Wellbeing

We promote and support the wellbeing of users of our services, their carers, families and staff.

Behaviours:

Demonstrate responsibility for our own, as well as others, wellbeing.

Demonstrate understanding of individual and collective needs.

Respond to needs in a timely and sensitive manner or direct to those who can help.

Be pro-active toward addressing wellbeing issues.

Teamwork

Team work is vital for us to meet the needs and exceed the expectations of people who use our services. This not only relates to teams within Tees, Esk and Wear Valleys NHS Foundation Trust, but also the way we work with GPs and partner organisations.

Behaviours:

Be clear about what needs to be achieved and take appropriate ownership.

Communicate well by being open, listening and sharing.

Consider the needs and views of others.

Be supportive to other members of the team.

Be helpful.

Fulfil one's own responsibilities.

Always help the team and its members be successful.

Visit our Living the values section and see how some our staff have been recognised for living the trust's values...

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Appendix 7: Monitoring and feedback case study

Case Study: Monitoring and Feedback

Intervention and outcomes

An NHS Deanery-based specialty school tackled workplace bullying using an ongoing programme of monitoring and feedback. The intervention was initiated by the School Board, in response to national GMC survey results highlighting bullying as an issue in the specialty. However, these overall bullying rates did not indicate what behaviours were most problematic nor did they reveal which units were experiencing difficulties.

In collaboration with a trainee and an academic partner, the specialty school developed a questionnaire tool to measure specific bullying behaviours, based on earlier work by Quine (1999). The questionnaire also asked about the source of the bullying, witnessed bullying, and where the bullying occurred, and included space for free-text comments.

The questionnaire was distributed to all trainees within the specialty at the Deanery (approx. n=120) and responses were collated and anonymised by the school. The results for each unit were colour-coded using a traffic-light system. As the school had adopted a zero tolerance approach to bullying, units were only green if no issues were reported. Units were coded as amber if 1 or 2 trainees reported issues (<15% of trainees in the unit), and coded red if 3 or more trainees reported issues. Units were then compared and particular behavioural issues were identified in certain units. These results were also triangulated with results from the national GMC survey, the national specialty survey, and other local school research.

The results were fed back to the relevant College Tutor in each NHS Trust (who acts as a link between the trust and specialty school) and the trust's Director of Medical Education, before being made freely available to all of the participating units. The school then worked with the trust to identify problems and any issues underlying them. In response, the trust may then implement interventions and the school can also offer relevant training options. For example, where the questionnaire highlighted issues relating to

perceived persistent and unjustified criticism of work, the Deanery offered training on work-based assessment and giving feedback. In one trust, the consultants met privately to informally discuss bullying issues raised by the questionnaire and to talk frankly about who may be responsible for the reports of negative behaviours. Based on this discussion, trainees were not allocated for educational supervision to individual consultants and trainees with specific training needs were allocated to individual consultants with more experience in educational supervision.

Critically, members of the unit (consultants, trainees, other staff) knew that their unit-level results would be made public and compared to other units. They also knew that the questionnaire was to be repeated annually and that the school would be looking for improvements over time.

In the first year, the response rate was approximately 50%. By the fourth successive year, the response rate was over 90%, perhaps because trainees realised that the school regards their responses as important and is proactive in flagging issues. The data show trends indicating that units initially flagged as red have reduced bullying behaviours over time, and are now flagged as amber or green. This reduction in bullying, coupled with anecdotal evidence that trainees are happier to challenge more senior staff regarding inappropriate behaviour and trainers are more prepared to challenge each other, suggests that the culture is changing. In addition, the longitudinal nature of the data sometimes enables the school to identify causes of problems, especially in units where previously no problems were reported. For example, negative behaviours increased in one unit following a difficult period of short-staffing where pressure was being placed on trainees to cover additional shifts.

Other specialty schools in the Deanery have adopted the survey and several have reworked the behavioural items into a school charter.

Context and mechanisms

The Deanery-based specialty school has a role in quality assurance, but does not have a direct role in managing bullying issues or employment. As such, they are seen as a more neutral, external body and an 'honest broker'. However, they can choose not to allocate trainees to units where they have concerns regarding training opportunities or bullying. By withholding trainee posts, the school can impose a penalty through a reduction of employees in the unit. Therefore there is a clear link between

the management of bullying and organisational performance. The school maintains communication channels with the trusts in the Deanery area, and these channels are used to informally discuss issues which are raised by the questionnaire data. This intervention also benefits from senior leadership support, as the Postgraduate Dean and all the specialty schools are committed to reducing bullying.

The cycle of monitoring and feedback has raised the profile of bullying issues and increased awareness of specific problematic behaviours in particular units. This has enabled interventions to be targeted where they are most needed. Individuals have realised that their behaviours are being monitored and their units will be publicly benchmarked. Anecdotally, trainees are reported to be happier to challenge more senior staff and trainers are more prepared to challenge each other, suggesting that, despite the hierarchical nature of the training relationship, the boundaries of acceptable behaviour are being maintained.

Appendix 8: Internal mediation service case studies

Case Study 1: Internal mediation service

Intervention and outcomes

A mediation service is provided by two occupational psychologists in an NHS foundation trust, within the overall services of the Organisational Psychology Department. The service primarily targets conflict management and dealing with issues in which an employee relationship has broken down and there is a need for this to be resolved to allow working together to continue. A typical situation might involve a relationship that has broken down between colleagues and one is upset about working with the other. As a result, they may be on sick leave or feel they cannot cope with being in the same room together.

The mediation process involves an initial meeting between the mediator and each of the parties in turn. This first meeting allows the mediator to understand the case from each party's perspective and to encourage listening and self-reflection prior to any face to face meetings. The parties are encouraged to tell their story but also to consider the other party's perspective. A typical position might be that the employee has developed a clouded view of the other party to the point everything they do is interpreted negatively. A facet of the initial meeting is an assessment on the volatility of the dispute. There might be circumstances where the conflict is so severe mediation is not appropriate, however the psychologist can also offer counselling and coaching as an alternative to mediation or to supplement the mediation process. These first meetings are usually only a single event, however in some situations there might be a need for more than one meeting with the parties individually.

The second stage of mediation occurs when parties come together. Two mediators facilitate the process of understanding the differences that the parties have and then attempting to reach an agreed way forward. The mediator undertakes a number of roles. Some disputes involve a power imbalance and therefore the mediator has to be mindful of ensuring that both parties are able to voice their concerns. The mediator also moderates

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the process of understanding differences to ensure any conflict arising is managed.

The frequency of mediation cases can be sporadic, there can be an absence of cases for a period of time and then multiple cases emerge. Referrals are usually through informal organisational networks; managers already having a relationship within the department or one of the party contacting one of the psychologists directly.

Due to the frequency of the cases, quantitative data was not collected by the service. All of the mediations that had proceeded to the second stage (in which parties came together) had resulted in an outcome being agreed. Anecdotally the mediator was aware of longer-term outcomes. That none of the parties had returned for mediation, and the dispute had not resurfaced or escalated, can be offered as some indication of positive outcomes. However, this evidence was based on practitioner reporting. No outcome data was collected

Context and mechanisms

The two mediators involved have a psychology background and have received training through multiple sources, e.g. supervised mediation, on the job training, and a traditional 4-6 day course on mediation provided by a specialist provider. Their foundation psychology knowledge and experience of coaching, counselling and conflict management means that the psychologists conducting the mediation are highly competent.

Throughout the process the mediator periodically assesses the appropriateness of mediation for the situation, as there are situations where mediation may not be appropriate. The main factor is that mediation is to be used to improve a working relationship, to ensure staff can work together in future. A historical situation involving two parties might not come to mediation if they do not share a current or future working relationship. In such circumstances then other interventions for one or both parties might be suggested (e.g. counselling). A further factor could be the power difference between parties and whether this would prove a significant barrier in allowing the mediation process to proceed. The mediator plays a key role in establishing a safe place to speak and managing any power imbalance to ensure both parties have a voice.

The wider organisational context can be a contextual factor that influences the ongoing outcomes of mediation. An agreement might be reached between the two parties to change their behaviour, however if they return to the workplace and systemic organisational factors are contributing to conflict this might prevent the long term fulfilment of their agreement. For example, if wider organisational issues such as lack of role clarity and clear lines of authority are neglected then these issues will impact on the long term efficacy of the reached agreement. A related issue is that of confidentiality, if issues raised within mediation cannot contribute to organisational learning. The mediators recognised this and have discussed options such as raising problems at the organisational level as a wider concern or seeking an agreement from the parties to take issues forward. This ability reflects the dual role of the mediator and organisational psychologist, as they are able to translate these issues to the wider organisational realm. The recognition of the problem being more than an issue between the two parties, and a systemic or organisational issue, was often seen as a relief by parties - it wasn't just about 'them' but about the general working arrangements.

The contextual difference between being an internal and external mediator was also a factor. As an internal, the mediator is often well informed and has a contextualised knowledge of the organisation, or often the individuals themselves from beyond the mediation process. In contrast, the external mediator is not part of the organisational system. Boundary issues can therefore be a challenge for the internal mediator particularly if those involved have existing or future roles with the parties.

There are a number of mechanisms underpinning mediation as an intervention. Throughout the process the mediator attempts to allow both parties to voice their perspective on the dispute. In doing so they are offered opportunities for self-reflection on their behaviour and for understanding different perspectives. Facilitation from the impartial mediator helps to overcome barriers to resolving conflict, such as a power imbalance or an inability from both parties to constructively resolve their differences. The pace of the intervention can also be dictated by the mediator in response to the progress made. The resolution or agreement is a further mechanism that allows the transference of the intervention to the workplace and provides a physical guide for parties to refer to later.

Case Study 2: Internal mediation service

Intervention and outcomes

A mediation service is provided by 12 staff volunteers in an NHS organisation of around 2200 staff. No mediators are based in human resources (HR), as HR may be involved later if cases escalate. Mediators go through a selection process to ensure they possess sufficient interpersonal skills, and when selected, receive two days of intense training. Staff can request mediation or mediation may be recommended following a formal investigation. Parties typically meet separately with the mediator before coming together to discuss issues in facilitated forum. Anonymised feedback is reported back to the equality and diversity team, who can monitor the incidence of conflict across the organisation, contributing to organisational learning from this intervention.

There are approximately 12 mediation cases per year and almost all reach an agreement. Not all mediators are used regularly, and staff often prefer a more senior staff member to act as mediator.

Context and mechanisms

The skill level of mediators is recognised as important, and the selection process is used to ensure that mediators have suitable skills. Mediators are available at different levels and locations in the organisation, offering choice to staff.

Mechanisms involved in mediation include identifying the problem, generating solutions and coming to an agreement. An impartial mediator can facilitate communication between parties and help them work towards an agreement. The agreement acts as a future commitment to change behaviour.

Appendix 9: External mediation service case study

Case Study: External conflict management and mediation service provider

Intervention and outcomes

A specialist provider of interventions to tackle workplace bullying and conflict offers organisations a range of services, including specialist training on conflict and mediation skills, awareness-raising and particular roles (e.g. investigators, mediators, listeners, management). They also offer external investigation services and an external mediation service. These are provided to client organisations in the UK and internationally. Clients usually approach the service if they have a high prevalence of complaints, or where a diagnostic measure, such as an annual employee survey, has reported high levels of perceived bullying which may or may not be reflected in actual cases. Typically, the client organisation has an underlying driver of factors such as cost or the management time taken to tackle issues.

Interventions are tailored to organisational need, but are also available as generic packages such as an open-house training calendar. If employee surveys reveal a high prevalence of perceived bullying but there are few actual complaints, the service could investigate why there is a reluctance to raise complaints. This could then be followed up with interventions to raise awareness, emphasise and clarify responsibilities (e.g. of managers and staff), and establish core values.

Mediation was also used as an intervention. A flexible structure was offered, which contrasts with the often prescribed structured approaches in which mediation is conducted within a specific time frame (e.g. a day), using a particular set of steps and processes. In this approach, mediators could spend more time in individual meetings with parties, or incorporate coaching when one party was so overwhelmed by the other that they would not have been able to function effectively in a joint mediation setting. In such a case, greater time was spent developing self-belief and confidence. Mediation in such cases often became the conduit for an employee to return to the workplace. The adaptability of the process also allowed the mediators to become more directive in some situations. For example, following an

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investigation and hearing outcome two employees have to return to working together and establish a functional relationship. If they are unable to reach an agreement themselves, the mediator might take a more formal and active role in problem solving to ensure that some agreement is reached.

No outcome data was available, however measures of success might be better considered qualitatively due to the intangible nature of outcome success. For example, through mediation the decision by one party to leave might be a positive outcome for the individual but not the organisation. Mediation services that emphasise success rates might also place pressure on the mediators to bring about a settlement, rather than use constructive strategies to explore broader options. Key measures are: Would you recommend mediation? Do you feel better than before? If you planned to raise a formal complaint, do you still intend to?

Context and mechanisms

Interventions were considered in relation to an overall strategy and mediation was not considered a solution on its own. A forward thinking client invests in an integrated approach of multiple interventions that include leadership development, communication training and bespoke targeted workshops. The organisational approach and level of support are important: a small group of internal harassment advisors may be trained but then not supported or may be underused due to the resistant organisational culture.

The mind-set of mediation, where two people are unable to resolve a problem and therefore are willing to devolve the responsibility of dealing with it to a third party, may be problematic. The outcome may lead to a resolution, however employees may avoid tackling issues themselves. Mediation is more effective when parties are engaged and open to seeking an agreement, and less effective when parties seek blame, are less reasonable, or lack self awareness.

Mediation may also be at risk of being used as a replacement of good management. A good manager is willing to have a protected conversation about difficult issues such as behaviours and is likely to use mediation skills such as acknowledgement, raising concerns, and problem solving. The value of confidentiality is emphasised in mediation, however this is an important contextual factor. Models and training of UK workplace mediators can historically be largely attributed to community mediation, where

confidentiality between neighbours' personal affairs has to be maintained. While the confidentiality as a philosophy has been inherited by workplace mediation it may be less appropriate for an organisational setting. Outcomes and agreements can often have implications for management action and disputes can be symptomatic of a wider organisational problem. Conflicts between parties are rarely limited to the two parties, with contagion, bystander support and witnesses being affected. It is therefore unlikely that confidentiality would be maintained and in some instances other parties who have lived through the process themselves might require some confirmation of a resolution.

The mediators themselves play a key role in determining the success of the resolution. Individual competence such as experience and training will influence the delivery of the intervention. Other factors such as the mediator's prior assumptions on the appropriateness of mediation to the case, content, and difficulty, are also important.

Being an external provider is a contextual factor. External mediators are often brought in when cases have already exhausted the efforts of an internal mediation service, they are considered too difficult to be addressed internally, or involve very senior employees. Faced with external mediation, parties often have unmet expectations as a result of what the organisation has communicated to the parties. For example, parties expecting to be told what to do, as in an arbitration intervention rather than mediation, can be disappointed if a judgement is not given. External mediators can also lack the contextual understanding of the workplace setting or reality of the organisational position.

Several mechanisms of change were highlighted. Primarily the external provider offers the client expertise to be able to manage the bullying problem they face. Interventions can be focused on increasing awareness in the workplace, developing culture change where values are instilled, preventing conflict from escalating through management training, and establishing role specific interventions such as mediators and harassment advisors. Where behaviours are incongruent with the values and behaviours agreed a further intervention of formal investigations can be provided which acts as a policing of the process. In mediation, mechanisms include raising awareness of a problem, understanding the views of other parties, increased self-awareness, and problem solving. In some cases this might also include developing increased self belief in parties through integrated interventions such as coaching.

Appendix 10: Drama-based training case study

Case Study: Drama-based training

Bullying was identified as a significant ongoing problem in an NHS acute trust, based on the triangulation of several data sources: 1) the annual NHS staff survey, 2) human resources knowledge that bullying was an issue in certain departments, and 3) local research that found high levels of bullying and witnessed bullying, and identified which negative behaviours were most problematic in different staff groups. In response, the trust implemented a drama-based training programme designed to reduce bullying, using the local research to inform the design of the intervention.

The trust took two approaches to training delivery: offering half-day open sessions for staff across the organisation, and offering full-day sessions targeted at departments in which bullying was known to be a problem. In total, 179 staff members have attended this training to date.

The half-day sessions included: 1) feedback on bullying prevalence in the organisation, the impact of bullying, and support available; 2) a discussion and activities related to positive organisational values; 3) an interactive drama session in which trainees observed a bullying scenario, interviewed the actors, then coached one of the actors to behave differently during a re-run of the scenario; and 4) a wrap-up discussion and personal commitment (trainees completed the sentence: "After this training, I will...." on a slip of paper). The full-day sessions were targeted at particular departments and included all of the content of the half-day sessions, plus: 5) a discussion of how to challenge inappropriate behaviours; and 6) a role-play practice of challenging negative behaviours with an actor, followed by feedback from the group and the actor.

The interactive drama scenario was tailored to the organisation, using relevant occupational roles and activities. For example, one scenario involved a consultant orthopaedic surgeon, a staff nurse and a ward sister and the negative behaviours included gossiping about other staff, shouting at juniors, and undermining others. In the re-run of the scenario, trainees can 'freeze' the action and advise the actors on how to behave differently and what to say.

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Evaluation data found that trainees reported that they were more aware of negative behaviours and their impact, intended to monitor their own behaviour more and planned to intervene if they witnessed a colleague being bullied. Self-efficacy also increased following training, indicating that trainees felt more confident in their ability to challenge inappropriate behaviours and intervene if they witnessed bullying. This was particularly true for the full-day trainees, who had practiced challenging behaviours and having difficult conversations. Such skills-based training in a safe environment (in which they can review and receive feedback, with no adverse consequences if mistakes are made), although challenging for some, appeared to be effective.

Context and mechanisms

A new human resources director was recruited at the trust and made tackling workplace bullying a priority. Structural staffing support was also established as an Equality & Diversity officer was given responsibility for taking the initiative forward, and was supported by other senior Organisational Development staff. Furthermore, the human resources director personally introduced each training session, and stressed the importance of tackling bullying to the organisation.

The trust has a leader's group, comprised of senior clinical and workforce leaders across the organisation. Before staff were recruited to take part, the half-day training package was delivered to the leader's group in order to secure high-level buy in and to request that the leaders encourage their staff to attend the training. The leaders responded positively to the training.

The full-day sessions were targeted at departments with known bullying-related issues. Although not all staff members could attend, these sessions concentrated the intervention in certain groups. This 'critical mass' is known to be an important factor for successful interventions.

Experienced external trainers were used, and they developed bespoke training scenarios that were relevant for the occupational groups involved, in partnership with the trust. The scenarios also incorporated negative behaviours that had been identified in local research.

Several mechanisms of change were highlighted in the evaluation. Trainees reported increased monitoring of their own behaviours and insight into the

negative impact that certain behaviours can have on others. This may be due to observing the impact of negative behaviours in the interactive drama session, as well as observing how changing one's responses and language can improve outcomes in work situations. The drama scenarios helped staff to recognise when and how to intervene, and the role-play enabled staff to practice their new skills and build confidence to apply them.

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Appendix 11: Coaching case study

Case Study: Coaching Bullies

Intervention and outcomes

When a bully is identified in the workplace, one option is to coach the bully to change their behaviour. An Icelandic psychology consultancy company has worked with bullies across a range of different sectors, including banking, healthcare and education. The process is typically initiated by the bully's organisation, who may wish to retain their skills and expertise. The organisation must secure agreement from the bully to ensure they are willing to go through the intervention as a client, work with the psychologist, and change their behaviour. In addition, unlike regular psychologist-client consultations, co-workers will all be aware of the intervention, and the client knows that their participation in the intervention will not be confidential.

First, the client's boss emails the psychologist with a list of bullying episodes and examples of bullying behaviours the client has exhibited (e.g. shouting, tantrums, being arrogant), based on their own observations or reports from co-workers. The psychologist then meets privately with the client to work through this feedback. The psychologist will go through the example episodes and ask the client how they behaved, what impact they believe their behaviour has had on others, and how they could have behaved differently. There is a particular focus on consideration of how other people feel as a result of bullying behaviours, and a discussion of moral issues in which the psychologist asks the client whether they would like to be a person who bullies others. Over the course of approximately ten 1-hour sessions, the psychologist and client work through actual and hypothetical scenarios which may trigger inappropriate behaviour (e.g. asking a co-worker to do a piece of work, dealing with co-worker errors). Specific behavioural details are discussed in relation to the scenarios, including how to broach delicate topics, words to use, and words to avoid. If required, the psychologist will use role-play to enable the client to practice new behaviours and will give honest feedback on their style. Clients will often record appropriate words and phrases for use in the workplace. The sessions are typically spread over 8-10 months and the psychologist seeks feedback from the client and their boss on behaviours and any complaints.

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This approach has been used with five clients, and all have resulted in improved behaviours (as evidenced by positive feedback and an absence of complaints over the 8 to 10 month period). The coaching process provides clients with insight into the impact of their behaviour and practical guidance on how to communicate with co-workers in a non-aggressive manner. If successful, this enables the organisation to retain the client's expertise whilst modifying their bullying behaviours.

Context and mechanisms

This approach is only possible if the bully agrees to participate and is motivated to change their behaviour. If they are not motivated, they will usually not go through the process. Typically, the client will be at risk of losing of their job due to their behaviour, which acts as an additional motivating factor. The client requires a degree of emotional intelligence, to enable them to gain insight into their behaviours and to learn how to behave appropriately. In addition, the intervention is assisted by a supportive boss who is willing to collate views from the team and give feedback on behaviours.

The key mechanism of change is the client's realisation of the impact of their actions on others. In the coaching sessions they also learn new ways to approach work situations, which reduces the incidence of negative behaviour.

Appendix 12: Peer support case studies

Case studies: Peer Support Advisors

Peer Support Advisors are increasingly popular as an informal support service for staff dealing with workplace bullying, as well as a range of other work-related issues. They may also be known as First Contact Officers, Staff Support Officers, Bullying and Harassment Advisors, Confidential Counsellors, and Dignity at Work Officers. These advisors provide an informal and confidential first point of contact for staff concerned about bullying and harassment. They are trained to outline options (e.g. mediation, formal action) and signpost employees to support services (e.g. counselling, occupational health, HR).

Typically, staff from different parts of the organisation will volunteer for the role. They may be trained on workplace bullying and harassment issues, listening and communication skills, options for staff who are being bullied, and the boundaries of their role.

Case Study 1: Dignity at Work Officers at an NHS organisation

Bullying was identified as a problem in an NHS organisation and an impartial staff support and signposting service was established. Expressions of interest were requested from staff across different sites and occupational levels, and an informal interview procedure ensured that Dignity at Work officers possessed sufficient interpersonal skills for the role. Officers received two days of intensive training on their role and relevant legislation and practiced listening and signposting skills in role play scenarios.

Thirteen officers are currently available to support staff, although some officers are approached more than others. In the first year following the launch of the service, approximately 30 staff used the service. In subsequent years, approximately 12 staff have approached Dignity at Work officers per year. Staff use the service to discuss bullying (e.g. being ignored, excluded or humiliated) or general complaints (e.g. pay). Often staff take no further action following a meeting with a Dignity at Work officer, but the officer will listen and discuss options (e.g. speak to the person displaying negative behaviours, mediation, formal routes). The

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officer may also offer to speak to the perpetrator on the staff member's behalf. Anonymous monitoring forms are collated annually and examined alongside data on formal complaints to identify any patterns of negative behaviours. If several staff have used the service from the same division, this is fed back to the divisional manager. The service is regarded as a valuable and successful part of the organisation's approach to dignity at work.

Context and mechanisms

The organisation is geographically dispersed with around 2200 staff, therefore it was important to ensure staff had access to a range of different Dignity at Work officers. The service was launched and publicised via a leaflet attached to all payslips, an article in the staff magazine, and posters and leaflets around the organisation.

The service offers informal support and information on the range of options open to staff, which may minimise the number of formal grievances raised. Data from this informal service and formal cases are used to monitor and feed back issues to the organisation, enabling problems to be identified and addressed.

Case Study 2: First Contact Officers and Mediators in an NHS organisation

An NHS organisation recognised the need for informal avenues to allow staff to discuss bullying and harassment confidentially. In response, two new services were developed: First Contact Officers (FCOs) and mediation. Ten volunteers were trained in a dual role as FCOs and mediators. The FCO service was designed to provide an informal and confidential contact who could listen empathically and signpost staff to support services. The mediation service provided an impartial third party to help staff understand their differences and ideally reach a resolution, without resorting to formal action.

Training for the dual role was delivered in four consecutive days by an external consultant. Trainees received two days of training on the FCO role, which included: legislation on discrimination that may be relevant for bullying and harassment cases, factors that affect motivation, the differences in values across generations, and the boundaries of the FCO

role. FCO training also incorporated role-play to practice listening skills and outlining options to clients. Two days of training on mediation followed, which included: styles of communication, negotiation skills, the mediation process, and the boundaries of the mediator role. Role-play was also utilised in the mediation training to practice listening skills, negotiation skills, and handling the mediation meeting.

Upon completion of the training, volunteers became a designated person whom employees could contact if they experienced difficulties with workplace conflicts or bullying and harassment issues. An evaluation of the training was conducted using online pre- and post-training questionnaires. The post-training questionnaire was completed within two weeks of course completion. The evaluation results indicated that, overall, participants were very positive about the training. The course was enjoyable, well-delivered, and left participants feeling generally prepared for their roles as FCO and mediator. Self-efficacy for skills relevant to the FCO and mediator roles all increased following training, and participants observed that the role-plays were particularly helpful for skill development.

Two years later, three of the FCOs had been used by staff, with a total of nine cases. Most of the cases involved bullying or negative behaviours, and typically staff wanted to use the FCOs as an informal listening service. The mediation service was rarely used.

Context and mechanisms

Reflections from the FCOs indicated that the service was not properly promoted to staff. The FCOs suggested that increased publicity as well as senior management support (e.g. promoting the service at large staff meetings) may have increased staff awareness and use of the service. In the absence of this publicity, the service was under-used.

The training itself was regarded very highly, was delivered by an experienced trainer, and incorporated role play to practice new skills. Despite requests for refresher training, none was provided until a new human resources director was appointed who agreed to support the service. The lack of organisational support may have been related to significant organisational change and restructuring.

In cases that were raised, the FCOs listened to staff, offered informal support and signposted staff to options. This enabled staff to offload their concerns in a supportive confidential context and consider options for further action.

Case Study 3: Staff Support Officers in an NHS organisation

Thirty-six volunteer staff support officers provide a listening, advisory and signposting service to an NHS acute trust with around 8000 staff. There is no selection process, and volunteers received one day of training on the role of staff support officers, role boundaries, bullying behaviours, legal issues, case studies, and communication and listening skills.

Four staff have used the service in the last year, and all cases were related to bullying. There is a lack of awareness of the service and it is under-used. Human resources staff regard the service as "better in principle than in practice".

Context and mechanisms

There is a lack of awareness and promotion of the service. Although it is highlighted in bullying training programmes and on the trust intranet, many staff do not know Staff Support Officers are available. Also, the organisation is highly unionised and staff may talk to union representatives first. The trust recognises the importance of having officers across different sites, occupational groups, and levels of hierarchy, as people often want to talk to someone more senior or someone they do not know.

Case Study 4: Training Bullying and Harassment Advisors in the private sector

A consultancy firm was commissioned to deliver training to a private organisation in the travel sector that had identified high levels of bullying from its staff survey. Bullying and Harassment Advisors were trained to listen, present options for action (e.g. speak directly to the perpetrator, ask a third party to intervene, file a formal complaint, or no action), and discuss the pros and cons of each option. Advisors were shift workers, and were signed off their shift to fulfil the Advisor role. To make best use of their

time, they were also tasked with marketing the new service within their local division.

One year after the introduction of Advisors, bullying prevalence reported in the staff survey increased. This was attributed to increased awareness of bullying issues. However, in the following year, bullying prevalence and number of cases decreased.

Context and mechanisms

Communication and publicity regarding the Advisor role is important. By giving Advisors personal responsibility for marketing the service, they had more ownership of the role and actively promoted the service. A consistent message from leaders that bullying is a problem and needs to be addressed is also vital for success.

Summary

Four case studies of informal peer support advisors were reviewed. Advisors were volunteers from the organisation who were trained to listen and present options for action. Success varied depending on key contextual factors, particularly publicity and promotion of the service and senior management support. One organisation used anonymous monitoring data from the service to proactively identify patterns of negative behaviours, which was fed back to the divisional manager.

Appendix 13: Middle-range theory

Identifying candidate theories

The team considered candidate theories to explain why workplace bullying did or did not occur. For example, the study by Rayner and McIvor[25] highlighted the importance of leadership style, particularly with regard to leaders who focus on task only or those who focus on task and staff wellbeing. The importance of the role of leadership was also identified in the narrative review where certain styles of leadership were associated with bullying and others not. Studies on psychosocial safety climate[214] (senior commitment to staff wellbeing) highlighted a relationship between management commitment to staff wellbeing and the psychological health of staff. The follow-up study by Law et al.[215] highlighted the relationship again, this time focusing on bullying and harassment. These studies highlighted the influence leaders have in setting the work climate.

The potential influence of leadership led to us rereading papers to explore whether this theme was evident in the studies. We identified studies that had both positive and negative outcomes that could be better understood by questioning the commitment of the leadership to reducing workplace bullying. For example, the findings from the RCT study[229] could be explained by reference to the role of the leaders; all leaders were not involved or committed to the interventions. Studies by Stevens[221] and Barrett et al.[222] also highlighted the importance of leadership commitment to achieve positive results from interventions.

Workplace bullying: middle-range theory

Through the course of the review a potential middle-range theory was identified and developed. The theory is intended to explain the occurrence of workplace bullying, serve as a predictive model highlighting how it could be prevented, and offer a contextual landscape to explain why organisational culture can influence the effectiveness of interventions.

Culture

The foundation of the model is workplace culture, one that in its more extreme is either positive (less likely to support workplace bullying) or negative (permissive and supportive of workplace bullying). Culture was understood to be something that was created from the behaviours and values of the managers. The relationship between managers and staff then influenced the type of workplace culture that develops, and the culture in turn influences the relationships between staff. The culture is maintained by positive organisations through monitoring, anticipation and planning to deal with occurrences, taking ownership for incidents of bullying (thus diffusing it), and accepting systemic and organisational responsibility without individual blame.

Management's approach toward staff influences the organisational culture, the management mindset towards the importance placed on employee wellbeing being an important element. Managers who are jointly interested in task performance and staff wellbeing are more likely to proactively identify and challenge negative behaviours at an early stage. Managers who are less interested in staff wellbeing will focus on task or service. These managers would be less concerned about bullying behaviours exhibited by staff, and as a result are more likely to ignore or condone these behaviours in the interests of achieving set targets.

Predicting bullying and harassment

The Job Demands-Resources model (JD-R)[155] tested in a study by Dollard and Bakker[214], contributes to the understanding of the middle-range theory. Dollard and Bakker added to the JD-R by identifying the organisational resource called psychosocial safety climate (PSC) which refers to policies, practices and procedures that when in place can contribute to employee psychological health. The inclusion of this extra dimension to the model enabled the researchers to predict the presence of bullying in organisations[215].

Impact on employee relationships

The final part of the middle-range theory is the impact of workplace culture on employee relations with each other. Within the determinants of the organisational culture, employees model the values and behaviours

observed in management. The employees learn about whether the managers are focused only on achieving a goal at any cost to employees or whether they are equally concerned and focused on employee wellbeing. We expect the benefits of a positive culture for employees will be encouraged and even policed by them; informing newcomers that "we respect each other here" or share that "our issues matter to management" and it's safe to report that something is not going well. Conversely those who observe that management are not interested in employees, only on getting to the goal, may act out similar disinterest in and support for one another.

Appendix 14: Reflection on the challenges and choices of conducting a realist synthesis with reference to lessons learned for future researchers

Learning about a realist synthesis and how it differed from systematic reviews was an important feature in this review. We read the key text book by Pawson and Tilley[55] as well as other papers that used the realist approach, and two of the team attended a workshop set up by leaders in the field working on the NIHR-funded RAMESES (Realist And Meta-narrative Evidence Synthesis: Evolving Standards) project. We invited one of the experts to run two workshops with the whole team to further our knowledge, debate some of the issues around realist reviews and conclude with agreed conceptualisations of our approach. At the second workshop we reviewed our early writing on the findings and the CMO summaries. We also dedicated time to discuss a middle-range theory that could help explain the findings (Appendix 13). We are indebted to Geoff Wong for his help in bringing realist review to life for us, providing an independent critique of some of our early findings and for facilitating our thinking around a middle-range theory.

What were the challenges?

The main challenge was in understanding the nuances of realist synthesis, and how it differs from other reviews, including systematic reviews. We also needed to understand how it could be applied to the area of workplace bullying. In our early reading we examined a number of examples of realist synthesis taking place[51, 347]. What is notable about these studies is that they focus on very distinct areas with specific defined areas of focus such as using the internet in medical education and policies on smoking in cars. However, our study involved the examination of a broad range of interventions that included the combined review of around eighteen different families of interventions (numbers based on this report), each one of which could have been a review in itself.

We recognised our study exceeded the scope of many of the existing realist reviews we were drawing upon. A consequence of this was that there were limited time and resources to seek out companion literature within each

family of interventions in order to further test and develop concepts and theory. For example, if our review had focused on 'the use of mediation as a workplace bullying intervention' we would have then reviewed companion literature related to family and community mediation and more general studies around restorative justice strategies; we could have also focused on a mechanism such as 'increasing awareness of the other party's perspective' in other settings.

The starting point of the process of doing a realist synthesis was similar to a systematic review: searching the databases using the relevant key words, and screening the titles and abstracts to decide which papers should be read in full. We set inclusion and exclusion criteria, but the group included many papers that could add important background knowledge rather than focusing only on studies that reported on an intervention (not normally found in systematic reviews). Empirical papers could provide good information on outcomes but sometimes lacked contextual information or explicit mechanisms. Opinion and descriptive pieces from practitioner reports were often far richer in contextual details and invaluable for the review. We recognised early on that there were few robust intervention studies, therefore we broadened our focus to include important papers that added to our understanding of the issues and important contextual factors and mechanisms. An example here would be a report by Rayner and McIvor[25] which involved qualitative interviews and focus groups with experts, practitioners and stakeholders, although the study did not introduce or test an intervention. However the report was particularly informative and made an important contribution to our understanding of workplace bullying interventions.

We extended our search and read papers that informed the topic but were not interventions. This presented a challenge in terms of research rigour and clear signposting on decisions about which papers to include in the report. All the full papers that were reviewed were coded for relevance and quality of evidence on a 5 point scale. This clearly influenced decisions about where to focus, but some papers were added as they contributed additional information to a pattern we had already identified or when information was scant.

The research group read and coded papers and discussed what issues emerged on a regular basis. Initially we read the same papers and discussed them at length. We later read a proportion of all the papers and discussed the papers at research meetings. By reading widely, we started to identify patterns in the data. We discussed models and patterns in the

papers and these developed and changed with more reading and further discussion.

Reading papers and thinking about the context, mechanism and outcome involved a much deeper engagement with the papers than would be the case in systematic review. Identifying the context and outcome were often clear, but the mechanism was not always evident. Some papers already suggested a mechanism, but when they did not we needed to identify potential mechanisms, although we were aware that simply suggesting a mechanism did not always unpack the black box, as mechanisms were rarely observable or measured.

What were the choices?

Our search strategy returned many papers on violence and sexual harassment, but we chose to exclude these from our review. Although these are important issues for the NHS, they were beyond the scope of the current review. Furthermore, generalising from papers on violence and sexual harassment to workplace bullying can be problematic. For example, approaches to tackling violence frequently focused on physical interventions and responses, and many of the sexual harassment papers focused on the legal context, often in the US. Several bullying researchers have drawn a distinction between bullying and both sexual harassment and workplace violence[52-54] arguing that they are frequently excluded from categories of bullying behaviour and that they relate to different bodies of evidence and interventions. For example, there were a large group of studies set in US emergency departments that had adopted interventions such as gun control policies. We also felt that the prevalence of workplace violence between staff in the NHS is considerably lower than non-violent negative bullying behaviours[4] and therefore we wanted to focus on what would be of most importance to NHS managers.

We also decided not to focus entirely on papers that presented or evaluated interventions. We also read review papers, reports, descriptions of services and opinion pieces. This increased our workload but these papers helped to identify patterns in the data and learn more about the context of bullying (present or absent) and what may trigger an increase or decrease, as well as identify key contextual factors and mechanisms for interventions.

In the interests of usability for NHS managers, and following published realist reviews[45], we focused our realist synthesis on contextual factors,

mechanisms and outcomes (CMO configurations). CMOs offer insight into the factors that make an intervention more likely to be successful, and are likely to be useful for NHS managers and organisations seeking to implement workplace bullying interventions.

Our middle-range theory emerged as we developed search terms and through on-going engagement with experts and practitioners. We discussed a tentative model (middle-range theory) (Appendix 13), that could potentially predict when bullying would or would not occur, based on our reading[40]. However, as our primary goal was to provide a usable and accessible document for NHS managers, the report was structured according to intervention types (e.g. teambuilding, mediation), rather than the model. Testing the model against less related topics (e.g. family mediation in divorce cases) may be perceived as irrelevant for workplace bullying and writing up such findings may have risked losing the interest of our target audience. As such, we kept the model tentative and it was included as an appendix (Appendix 13).

Our approach to realist synthesis

We spent time learning about realist synthesis and getting advice from a leading researcher in the field. This was very helpful and enabled us to test our understanding and receive feedback on our early drafts of the findings and our CMO configurations.

Although there are movements in the area of realist review to standardise approaches (RAMESES), we would acknowledge that there is a great deal of debate over elements of the realist review methodology. Even within our team we spent time debating this. As a consequence our approach to realist review is our agreed interpretation as a team. We recognise that some proponents of the methodology may critique some of our decisions e.g. prioritising CMO configurations over developing a middle-range theory; however we felt that our adopted approach was the best fit for our study requirements. In turn, due to the current state of knowledge in the use of realist review methodologies, we would hope that this study is able to challenge and contribute to the overall debate on the approaches to realist review.

Some of the team identified that the method had similarities with grounded theory: working iteratively with the data to identify patterns, attempting to explain the data in terms of theory and the theoretical sampling of looking outside the immediate collection of data for other evidence that would support or disprove the findings and theory.

We looked at other authors' reports using this approach and found one style that we all felt comfortable with[45]. We talked about the primary audience for the report and this influenced how we structured the report and how we adopted the realist approach.

As the aim of the report was to inform the decision making of NHS managers, we prioritised this more practical focus over a greater emphasis on middle-range theory. When the report was complete, we found it was well over the permitted word limit, and we decided to reduce some of the finer details on the context, mechanism and outcomes of each study to ensure the main messages were not hidden within a mass of information.