

Strategies to combat workplace bullying



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Eva Gemzøe Mikkelsen, Høgh, A., & Louise, B. P. (2011). Prevention of bullying and conflicts at work. *International Journal of Workplace Health Management*, 4 (1), 84-100. doi: <http://dx.doi.org/10.1108/175383511111118617>.

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The objective of the investigation is to evaluate bullying and conflicts at work since it continues to be a significant work environment stressors. Two best practice intervention measures and process factors were identified to discuss the implementation and perceived effects of interventions: (1) to examine qualitative process evaluation data to determine the consequences of the interventions; and (2) to apply qualitative process evaluation data to ascertain motivating and obstructing factors impacting the implementation and effects of interventions. A quasi-experimental research design was used for comparison on bullying, harmful acts, conflicts, psychosocial work environment and health factors were acquired from a survey study encompassing three thousand and three hundred sixty-three employees from sixty public or private workplaces. Ten out of the participating workplaces were asked to participate in the intervention study based on fallouts relating to the prevalence of bullying and conflicts, team climate and business management's handling of conflicts. Three administrative centers were recognized. Workplace A, a business college (n = 157). Workplace B, a hospital department (anesthesiology) (n = 264) and workplace C, five faculties at a university (n = 500). Workplaces A and B received the same program intervention, and since workplace C received a limited number of interventions, workplace C was not included in the investigation. The results illustrated that the participants received significant

benefits from the following interventions: such as the three hours dialogue meetings conducted at a business college and the two-day course in conflict prevention and management for the entire management staff and essential employees which were held by two consultants. Moreover, the data showed obstructions factoring influencing the implementation and effects of the interventions, such as lack of continuous commitment on the part of management and key employees; poor planning and organization of the interventions; lack of clarification of roles and expectations; low identification with targeted stressor; aspects of the organizational culture; and external factors. The implications of the study showed that by using of process evaluation to document the phases of the study, and relevant process factors illustrated an extraordinary strength. However, a limitation of the investigations only included two public sector workplaces and no control groups. In conclusion, the use of qualitative process evaluation assisted in identifying critical process factors affecting the implementation of interventions and their perceived effects.

Strandmark M., & Gullbriitt, R. (2014). Development, implementation and evaluation of a process to prevent and combat workplace bullying. *Scandinavian Journal Of Public Health*, 42 (Suppl 15): 66-73. [doi: 10.1177/1403494814549494]

The aim of the study was to generate and execute an intervention program in affiliation with workplace personnel from two eldercare wards at nursing homes in two cities and one geriatric psychiatric ward in a hospital setting, to evaluate the process as a vehicle to prevent and combat bullying. The method used was a community-based participatory approach which used a <https://assignbuster.com/strategies-to-combat-workplace-bullying/>

shared community-based analysis of social problems, and an orientation towards community action distinguished participatory research from general studies. The data was obtained from twenty-six employees who participated in the focus group interviews. The participants included: thirteen nursing aids, three mental health nursing aides, one pediatric nursing aide, two are assistants, six nurses, and one social worker. A grounded theory methodology was used as a comparative analysis to study the before and after an intervention was completed. The results of the four parts intervention and implementations process to prevent and combat workplace bullying showed that bullying behaviors were counteracted during three of the focus group meetings with the usage of their immediate supervisors, teammates or co-workers, and upper management. Zero tolerance of workplace bullying was achieved when the participants role were able to influence prevention and counteract bullying; the humanistic value system that worked against bullying; the awareness about raising suitable acts and less fear towards the bullying problems; initiating a more open atmospheres to increase the coworkers participation; balancing the group and stronger collaboration amongst groups counteracting bullying; and unresolved conflicts facilitating bullying behavior. Interventions were implemented such as lectures and reflection groups which encourage a clear action plan which established clear outcomes, identifying who the stakeholders are and defining when the actions or task are due. The fourth focus group meeting showed that three new conflicts needed to be approached. One example is when conflicts consisted of disagreements concerning job execution and individual properties. As a result of several implementations revealed that employees were then more aware of bullying difficulties; the workplace

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climate improved; the collaboration between and within the group was achievable; and the supervisor worked continuously to prevent and combat bullying, by analyzing the whole person, and the uniqueness of each participant. In conclusion, the anti-bullying program in the workplace produced some benefit, but the developmental intervention process showed that this intervention is a continuous, systematic method of executing effective organizational change.

Thomson, D., Patterson, D., Chapman, H., Murray, L., Toner, M., & Hassenkmp, A-M. (In press, 2016). Exploring the experiences and implementing strategies of physiotherapy students who perceive they have been bullied or harassed on clinical placement: Participatory action research. *Physiotherapy*: 1-8. Retrieved from <http://www.sciencedirect.com.proxy1.ncu.edu/science/article/pii/S0031940615038638?>

The target of the research was to examine and empower five final year physiotherapy students who were enrolled at a metropolitan university who reported being bullied or harassed on clinical placements to co-develop, implement and evaluate strategies that can be adopted by the school. A participatory action research design was utilized. The group of students was heterogeneous with an age range of twenty-four to thirty-six years old. An initial focus group was then set up to explore their experiences of being bullied or harassed on their placements. The students, in collaboration with the researchers, suggested strategies address any further experiences of harassment and bullying. The group met again after the students' sixth and final placement for another focus group to evaluate their experiences and to suggest further strategies. A thematic analysis of the focus group data was <https://assignbuster.com/strategies-to-combat-workplace-bullying/>

carried out which began with a process of familiarization of the data and initial ideas and possible coding schemes noted. Preliminary codes were then generated and organized into themes. The relationships between the systems that contributed to each potential issue were recorded and explored, and an initial idea or theme map was produced. Following this preliminary analysis, the students took part in refining the specifics of each topic and collaboratively generated clear descriptions and names for each theme. Subsequently, the essence of each subject or idea and its underlying narrative was selected to produce further information about the students' experiences and possible strategies as well as their suggestive plan for coping with these situations. All preliminary drafts of the analytical process were shown to a co-worker familiar with qualitative analysis to check the validity of the codes, sub-themes, and themes. Four topics or themes and their sub-themes arose from the investigation. These were: students negative experiences on placement, coping strategies for high-threat incidents and recommendations for supportive practice, the role of the visiting tutor, and the placement assessment. The limitation of the study focused on four major areas. First, the study was conducted at one university which prevented the transferability of its perspicacity to other schools. Secondly, the study involved two tutors and five participants which transpired at the completion of the undergraduate course. The two instructors or tutors included were not part of any further individual branding of this accumulation of students. A third significant limitation was the generalizability of the findings because of the minute amount of participants. A fourth limitation could be the simple number of participants who volunteered for the research indicating that bullying or harassment might be

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an insignificant problem. In conclusion, the students commented on their placement and believed that they should be supported throughout their placement, receive clear guidelines on how that are to seek support, and receive same fairness when welcomed and assessed by the clinical team.

Forsell, R. (2016). Exploring cyberbullying and face-to-face bullying in working life – Prevalence, targets and expressions. *Computers In Human Behavior* , 58 454-460. doi: 10. 1016/j. chb. 2016. 01. 003

The aim of the study is to investigate the prevalence of cyberbullying and person to person bullying in a participatory manner of the Swedish working experience and its association with gender and organizational positioning. During the research, several hypotheses were explored, such as 1) How prevalent is cyber bullying and face to face bullying in working life? And 2) How are cyberbullying and face to face bullying related to gender and organizational position? To investigate this study, three levels of harassment were measured using several methodological approaches, such as perceived face to face bullying victimization; self-labeling method of perceived victimization, and exposure to cyberbullying behavior questionnaire. The online survey was presented to three thousand, eight hundred and eighty-five participants, but the final sample consisted of three thousand, three hundred seventy-one participants; forty-nine percent female and fifty-one percent male. The sample mean age was 49. In total, sixty percent of the respondents had a university degree and thirty-two percent had a supervisory position at their workplace. Of the majority of the participant, seventy-three percent reported the use of digital devices such as a computer, portable phone, and iPad continuously in their daily work. A <https://assignbuster.com/strategies-to-combat-workplace-bullying/>

cyberbullying questionnaire was used to investigate exposure to aggressive and intentional behavior to a group or individual using electronic forms of contact. A multivariate analysis was used to analyze differences regarding gender and organizational position while measuring for age and collegiate level. The multivariate analysis contains three dependent variables (1) exposure to cyber bullying behavior; (2) self-labelled cyberbullying; and (3) self-labelled person-to-person bullying. The results showed 9.7% of the respondents from the cyberbullying behavior survey could be identified as cyberbullied. Approximately 7% of the respondents labeled themselves as cyber bullied and 3.5% identified themselves as bullied in person. The study revealed that men to an extraordinary degree than women were exposed to cyberbullying. Furthermore, individuals with managing position were more vulnerable to cyberbullying than people with no managerial accountability.

Fida, R., Tramontano, C., Paciello, M., Kangasniemi, M., Sili, A., Bobbio, A., & Barbaranelli, C. (2016). Nurse moral disengagement. *Nursing Ethics*, 23(5), 547-564. doi: 10.1177/0969733015574924

The aim of the inquiry is to cultivate and authenticate a nursing moral disengagement scale by illustrating eight mechanisms at four notable locations such as behavior, agency, outcome, and recipient. By doing so, it examined how moral disengagement is affiliated with counterproductive and citizenship behavior in an Italian work environment. Also, to examine its internal, reliability and concurrent validity by exploring the effect of nursing moral disengagement on counterproductive job performance and organizational citizenship practice.

The research design was comprised of a qualitative and quantitative study, combining a participatory approach. Three hypotheses examined moral disengagement measures. The methodology consisted of two phases. The initial phase was the development of the nursing moral disengagement scale and the second phase included testing the nursing scale through exploratory factor analysis, confirmatory factor analysis and investigating the impact of moral disengagement on both counterproductive work behavior and organizational citizenship behavior by employing a full structural equation model. The sample consisted of sixty nurses currently included in clinical work and registered as students in a postgraduate master's program in Italy. Data for the items collected were through the brainstorming process by using a five step process. The data analysis used 19. 0 Statistical Package for the Social Sciences (SPSS Inc.). The limitations showed that moral disengagement measure might not be entirely appropriate to other countries. Moreover, since the methodology employed in this investigation was based solely on self-report, one may examine the extent to which self-reporting bias determined the responses about unacceptable behaviors such as counterproductive work behavior. In conclusion, the examination highlighted a significant association between moral disengagement, both counterproductivity and citizenship behaviors. The nursing moral disengagement scale can balance employees monitoring and assessment methods currently in place and supply additional knowledge to nursing administrators for outlining interventions directed at enhancing compliance with ethical regulations by improving the quality of the nurses' performance conditions.