

Health care related to workplace bullying

Recent research indicates strong correlations between workplace bullying and mental and physical health problems. The prevalence of bullying in Norwegian working life is well documented, but we have little knowledge on the types of therapies that may have an effect and may thus ensure that those whose health has been impaired as a result of bullying can continue in their profession. «Jobbfast» is the first examination and treatment service to specifically target this group of patients in Norway.

It is a well-documented fact that conflicts, bullying, sexual harassment and whistleblowing in working life are associated with impaired health among employees (1). Longitudinal studies of the effects of bullying show an increased prevalence of both mental and physical health problems (2). In addition to the costs inflicted on those who are affected, the social costs are assumed to be considerable. In Germany, absence due to illness caused by bullying has been estimated to represent a cost to enterprises of EUR 2.3 billion (3).

During the first half of the 1990s, approximately 8–9 % of all Norwegian employees were being bullied (4). At the time of the last investigation in 2010, this figure had been halved (5). Legislative regulations, public awareness, better knowledge of the phenomenon, nationwide campaigns and reinforced preventive efforts have most likely been key factors behind this change. Preventive efforts thus seem to have had an effect, but 4–5 % of all Norwegian employees nevertheless continue to be exposed to this type of strain at work.

Despite the comprehensive attention being paid to bullying in Norway, those who have developed resulting health problems have not had access to specially adapted treatment and rehabilitation options. There is consequently little clinical experience with regard to this group, and a concomitantly large need for research in this field.

Jobbfast

Jobbfast is a research outpatient clinic for traumas and psychosocial strains in working life, established in the autumn of 2011. Its services are included in the outpatient activities of the Department of Occupational Medicine, Haukeland University Hospital. The outpatient clinic receives patients from the entire country, on referral from doctors or psychologists in the first- or second-tier services. Those who can be referred include patients with health problems related to conflicts, bullying, whistleblowing and sexual harassment in the workplace. The patients will not necessarily be on sick leave, although the referring professional is required to follow up the patient after his or her discharge from Jobbfast.

Over a period of three days, the patient undergoes a programme of examination, therapy and rehabilitation, provided by a

team that includes doctors, a psychologist, a physiotherapist and an occupational consultant. Emphasis is given to letting the patient tell his/her story, and an investigation of the patient's mental health is undertaken, as are a psychomotor assessment by a physiotherapist and a traditional occupational-

working environment (1, 4, 6, 7) and contributes its competence on organisational psychology to the examination. With its comprehensive research experience and wide-ranging international networks, this research group has contributed greatly to the development of the service.

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medical examination. Finally, a thorough educational review is provided, focusing partly on the specific workplace strain that served as basis for the referral and partly on general topics related to bullying and conflicts.

The review takes the character of a dialogue with the patient – the various topics are addressed in a conversational format rather than as traditional teaching. On the third day, we summarise findings and evaluations in consultation with the patient and discuss further interventions, including those proposed by the occupational consultant with regard to adaptation of the job situation. The case is also discussed with an organisational psychologist. In a telephone conference held four weeks later the main points of the examination/programme are reviewed, with emphasis on the road ahead.

The planning stage of Jobbfast has been undertaken in close cooperation with representatives of the trade unions and the employers' organisations, various occupational health services and research institutions at the University of Bergen, Bergen Municipality and the Division of Mental Health, Haukeland University Hospital. The Bergen Bullying Research Group at the University of Bergen has accumulated long-standing experience in research on bullying and the

Research

Research undertaken at the outpatient clinic aims to provide knowledge on the characteristics of the patients who are examined, the nature of their health problems and the types of treatment that can restore their health and promote their return to work after sick leave. During the examination we undertake a clinical evaluation of the patient's mental health and a psychomotor examination (8). A clinical interview, including a diagnostic structured interview, as well as established questionnaires, are used to reveal conditions such as anxiety and depression. Patients are followed up over time with the same questionnaires.

Data on sick leave and other data taken from the historical event database FD-Trygd will be used for vocational activity. Our data will be collated with data on other patient groups and population data.

We already know that there is a major total loss of job participation among our patients. Many of them have received work assessment allowance for three years or more before referral to Jobbfast.

Feedback and the road ahead

Experience gained from close to two years of operation indicates that the service is perceived as useful by patients and referring professionals alike. In oral and written feedback, the patients have expressed that a combined service of this kind is beneficial, though intense. Referrers have provided encouraging comments on the meeting format. The examination is deemed to be practically useful. As yet, we have little knowledge on the effects of the service in terms of individual health and vocational activity – research needs to make further progress before any conclusions can be drawn.

We plan to provide individual and group treatment with teaching and rehabilitation as a supplement to some of the patients. This service will be evaluated in control-group studies.

The future will show the relevance of establishing similar services in other health regions as well. More information on Jobbfast can be found at www.jobbfast.no.

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Prevalence of workplace bullying in Norway: comparisons across time and estimation methods. *Eur J Work Organ Psychol* 2009; 18: 81–101.

5. Arbeidsmiljøet i Norge og EU – en sammenligning basert på data fra European working conditions survey. Tab 6.12, kap. 6. STAMI-rapport nr. 7/2012. Oslo: Statens arbeidsmiljøinstitutt, 2012.
6. Einarsen S, Skogstad A. Bullying at work: epidemiological findings in public and private organizations. *Eur J Work Organ Psychol* 1996; 5: 185–201.
7. Einarsen S, Hoel H, Zapf D et al, red. Bullying and harassment in the workplace – developments in theory, research, and practice. Boca Raton, FL: CRC Press, 2011.
8. Kvåle A, Ljunggren AE, Johnsen TB. Examination of movement in patients with long-lasting musculoskeletal pain: reliability and validity. *Physiother Res Int* 2003; 8: 36–52.

Received 5 September 2013, first revision submitted 20 September 2013, approved 30 September 2013. Editor: Hanne Støre Valeur.

References

1. Nielsen MB, Einarsen S. Outcomes of exposure to workplace bullying: a meta-analytic review. *Work Stress* 2012; 26: 309–32.
2. Einarsen S, Glasø L, Nielsen MB. Mobbing i arbeidslivet: en litteraturoversikt. *Tidsskrift for Norsk psykologforening* 2008; 45: 308–17.
3. Von Dahlkamp S, Gezer Ö, Kaiser S et al. Kollege Feind. *Der Spiegel* 16.4.2012. www.spiegel.de/spiegel/print/d-85065931.html (30.9.2013).
4. Nielsen MB, Skogstad A, Matthiesen SB et al.