Negative behaviours in the workplace

A study of two Primary Care Trusts in the NHS

Bernard Burnes and Rachael Pope

Manchester Business School, University of Manchester, Manchester, UK

Abstract

Purpose – The purpose of this paper is to draw attention to the need to treat negative workplace behaviours which are not perceived as bullying as seriously as those which are. The paper also aims to examine whether or not the National Health Service (NHS) appears to experience a higher level of negative behaviour than private sector organisations and whether lower frequency behaviour has similar levels of effect as higher frequency behaviour.

Design/methodology/approach – A mixed-method approach is used whereby a mainly quantitative questionnaire is complemented by the inclusion of qualitative questions and the collection of qualitative data collected within the two NHS Trusts concerned.

Findings – The evidence collected draws attention to the considerable impact that workplace incivility, which may or may not be classed as bullying, has on the well-being of employees and the effectiveness of organisations. Where aggression is present, the levels of effect are shown to be higher and the behaviour is always classed as bullying. The evidence also shows that the NHS does appear to experience a higher level of negative behaviour than private sector organisations, and that lower frequency behaviour does indeed appear to have similar levels of effect as higher frequency behaviour.

Originality/value – This article shows that the focus placed by many researchers and organisations on countering/eliminating behaviour purely perceived as bullying is unlikely to be effective unless they also adopt a similar approach to the full range of negative behaviours that employees experience/witness in organisations.

Keywords Employee behaviour, Workplace, Bullying, National Health Service, National Health Trusts, United Kingdom

Paper type Research paper

Introduction

Since the 1990s, much attention has rightly been paid to understanding and preventing bullying in the workplace (Leymann, 1996; Rains, 2001; Raynor, 2002 Raynor, 2005; Spurgeon, 2003). This is not just because bullying can have a severe effect on the well-being and effectiveness of those who are the targets of bullying, but also because it can undermine the effectiveness of the organisation (Einarsen *et al.*, 2003). It should be acknowledged that the term "bullying" is somewhat imprecise and there is a lack of consensus as to how it should be defined (Hoel and Cooper, 2000).

Regardless of the imprecision though, it is clear that any good employer would wish to take steps to prevent or eliminate bullying in their organisation. However, there is a whole raft of negative workplace behaviours which perhaps because of their nature or infrequency may not be classed as bullying, and for that reason tend to be either ignored or treated as part of the rough and tumble of organisational life (Pearson *et al.*, 2001). Indeed, two recent large studies (Hoel and Cooper, 2000; Task Force on the Prevention of Workplace Bullying, 2001) found that the majority of negative workplace behaviours were of a lower frequency ("now and then" and "occasionally"

respectively). Under most definitions, such behaviour would not be classed as bullying because of its low frequency. Nevertheless, the studies also found that these behaviours did have an adverse effect on the well-being and performance of those who were the target. Furthermore, Pearson *et al.* (2001) researching what they described as the lower intensity behaviour of incivility found that this type of behaviour was a substantial, common and costly problem both to the individual and the organisation.

In terms of the incidence of negative workplace behaviours in the UK, there is a lack of consensus, with studies varying between 10 per cent and 50 per cent of staff experiencing/witnessing such behaviours (UNISON, 1997; Zapf *et al.*, 2003; Quine, 1999, 2001). There could be a number of reasons for this, such as the use of different definitions of negative behaviours, whether researchers are examining people's short-term or long-term experiences, and variations between different industries and sectors. In this latter respect, research appears to show that, on balance, the incidences of negative behaviour appear to be higher in the public sector in the UK than the private sector (Hoel *et al.*, 1999; Hoel *et al.*, 2004; Zapf *et al.*, 2003). Of the public sector, the National Health Service (NHS) appears to experience one of the highest levels of negative behaviours with, in some surveys, over 50 per cent of staff experiencing/witnessing negative behaviours (CPHVA/MHNA, 2003; Quine, 2001; Stein *et al.*, 2002). Why the public sector, and particularly the NHS, should be more prone to negative behaviour than other sectors is difficult to say. Zapf *et al.* (2003) point to such factors as low job mobility and a high degree of personal engagement which, they argue, can make people more vulnerable to bullying. Leymann (1996) observes that the bureaucratic and impersonal nature of public sector organisations, together with the low priority traditionally given to management skills, might account for the apparently high level of bullying. In terms of the NHS, the findings of a review of the literature on bullying conducted by the Chartered Society of Physiotherapy (1997) are interesting. It found that the incidence of bullying tended to be related to factors such as a highly competitive work environment, an authoritarian management style, organisational change, impossibly tight deadlines and aggressive behaviour as a deliberate management tactic. For many observers, this might well be a description of life in the NHS (Lilley, 2003; Newdick, 2005).

The main objective of our research was to investigate the effects of incivility, aggression and lower frequency behaviours in terms of their impact on individuals and organisations and to assess the relationship of the behaviours to the perception of bullying. A secondary objective was to assess whether the incidence of negative behaviours in the NHS is as high as previous studies appear to show. In order to address these objectives, this paper will firstly review the literature on negative behaviours in organisations. It will then describe the methodology used in our empirical research in the NHS. This is followed by a presentation and discussion of the findings from our empirical research. The findings show that, in the two NHS trusts studied, over 50 per cent of staff experienced/witnessed negative behaviours. This appears to confirm what other researchers have found in terms of the high incidence of negative behaviours in the NHS. The findings also show that though most of the behaviours were at the lower "now and then" frequency, they had a similar impact on the individuals concerned as higher-frequency behaviours. Also, whilst many of the incidents were classed as incivility, but not as bullying, they nevertheless, had a similar adverse effect on the well-being of those concerned and on the performance of

their organisations as behaviours defined as incivility *and* bullying. Aggressive behaviour was shown to have higher levels of effect and was always classed as bullying. The article concludes by arguing that focusing purely on bullying in the workplace has led researchers and practitioners to ignore or play down the damage done to both individuals and organisations by negative behaviour not classed as bullying. Therefore, to focus on bullying alone is to be sidetracked from tackling the full range of damaging behaviours in the workplace.

Negative behaviours in the workplace
Terms and definitions
Within the organisational literature, a wide and often confusing range of terms are used to describe or categorise negative behaviours in the workplace (Einarsen *et al.*, 2003). The most commonly used term is workplace bullying, which may or may not involve actual physical harm (Martino, 2003; International Labour Organization *et al.*, 2002). Definitions of bullying behaviour vary significantly with some being quite emotive, such as mobbing and victimisation, while others, such as incivility, seem almost bland and offer little indication of the emotional effect or psychological trauma they can occasion (Hoel and Cooper, 2000; Lutgen-Sandvik, 2003). Also most definitions stress that for behaviour to be classed as bullying, it has to be relatively frequent and/or persistent; some definitions specifically excluding "one-off" incidents (Einarsen *et al.*, 2003; Hoel and Cooper, 2000; Task Force on the Prevention of Workplace Bullying, 2001). However, Hoel and Cooper (2000, p. 6) note that, "...defining the concept of 'workplace bullying' has created considerable problems for researchers and there is no consensus on this issue". They also state that "...people's own definition of bullying is not necessarily in line with the one provided by the researchers"; in particular, people's own definition did not require behaviour to be either frequent or persistent in order to class it as bullying (Hoel and Cooper, 2000, p. 9).

Other often-used terms to describe the systematic ill-treatment of individuals in the workplace are victimisation, harassment, and psychological terror/violence (Einarsen *et al.*, 2003). Lutgen-Sandvik (2003, p. 474) uses the term "employee emotional abuse", which she defines as:

> ... targeted, repetitive workplace communication that is unwelcome and unsolicited, violates standards of appropriate conduct, results in emotional harm, and occurs in relationships of unequal power.

She maintains that the term embraces what others have called workplace mistreatment, workplace aggression, workplace harassment, verbal abuse, psychological abuse, and psychological violence. She argues that the terms "mobbing" and "workplace bullying" are similar in meaning to "emotional abuse". Einarsen (1999) and Einarsen *et al.* (2003) also see such terms as mobbing, emotional abuse, harassment, bullying and victimisation as referring to the same phenomenon.

The behaviours described above are ones which are usually seen as having the most serious effects and, therefore, tend to be the behaviours which organisations are most strenuous in attempting to eliminate. However, Pearson *et al.* (2001, p. 1397) draw attention to the damage that can be done by lesser forms of workplace ill-treatment, which they term workplace incivility:

[This] is low intensity deviant behaviour with ambiguous intent to harm the target, in violation of workplace norms for mutual respect. Uncivil behaviours are characteristically rude and discourteous, displaying a lack of regard for others.

As Figure 1 shows, Pearson *et al.* (2001) see incivility as being part of a wider cluster of negative behaviours in organisations, which also include:

- antisocial behaviour – any behaviour that harms organisations and/or their members;
- deviant behaviour – a type of antisocial behaviour that violates workplace norms; and
- aggression – behaviour where the intent to harm the target is unambiguous and clear.

Pearson *et al.*'s (2001) use of the term "deviant behaviour" raises, as Raynor (2002) observes, an important issue: what is normal behaviour? Raynor notes that different organisations have different norms, and for some organisations the "norm" itself may in fact be negative behaviour and, therefore, those who exhibit positive behaviour to colleagues could be the ones exhibiting deviant behaviour. Nevertheless, as Neuman (2000, p. 1) maintains, whatever the term used, and no matter whether the behaviour could be considered as deviant or normal:

Implicit in all of these formulations is the notion that an individual, or group, is engaging in some form of behaviour that would be considered harmful (or at least, undesirable) to the target-individual, group, or organisation.

Raynor (2002, p. 16) in fact suggests that the term, "...negative experience" might be a more suitable term to use rather than identifying different aspects of behaviour.

In the light of the varying terms and definitions, the differences in perception and understanding of behaviours within the academic field and the problems identified in the above statements, we chose to use the broad term "negative behaviours" in the
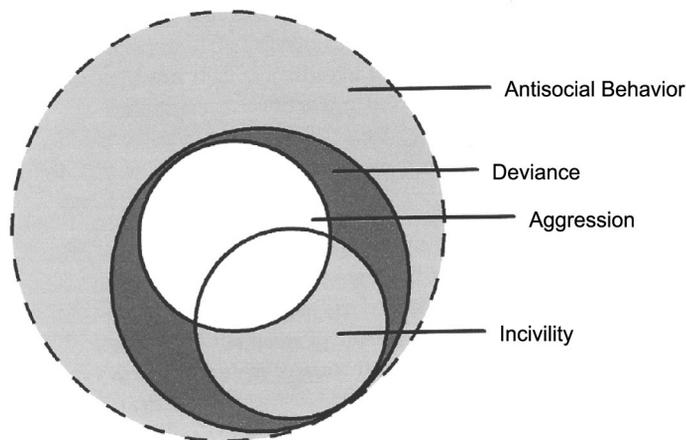
Figure 1.
Incivility and other forms of mistreatment in organisations

Source: Pearson *et al.* (2001, p. 1403)

research, to embrace other behaviours. The other reason for the use of this term was to avoid assumptions regarding the perception of the behaviour when assessing aggression, incivility and the relationship to the perception of bullying. The authors agree with the statement of Raynor (2002, p. 1) that there is an "... apparent conceptual untidiness within the field" of the study of behaviours in the workplace.

The frequency, experience and effects of negative behaviours

As mentioned in the Introduction, it is difficult to estimate the extent of negative behaviours in organisations. This is because, as the above shows, different researchers use different methods, ask different questions and focus on different forms of negative behaviour. Nevertheless, it is clear that negative behaviours are a problem in the workplace generally, and especially, it would appear, in the NHS (CPHVA/MHNA, 2003; Quine, 2001; Stein *et al.*, 2002). As Raynor (2002) notes, most of the studies of negative behaviours have sought to assess the extent of bullying: however, only approximately half of those experiencing bullying behaviours consider themselves to be bullied, and therefore both groups need to be considered and assessed. Two large studies give the majority of negative behaviours as being of a lower frequency than that required by many of the definitions of bullying, which would lead to their being ignored by many researchers and practitioners (Hoel and Cooper, 2000; Task Force on the Prevention of Workplace Bullying, 2001). Also, as Pearson *et al.* (2000, 2001) show, lower intensity negative behaviours, which they class as workplace incivility, are a serious, common and costly problem.

One of the main obstacles to effectively tackling negative behaviours in the workplace is the fact that those responsible for preventing such behaviours, i.e. managers, are the ones most likely to be committing the offence, though some of the studies also show that a high percentage of co-workers are also perpetrators ((Hoel and Cooper, 2000). Pearson *et al.*'s (2000) work on incivility also showed that the perpetrator of incivility was three times more likely to be of a higher status than the target.

The specific forms of negative behaviour seen in the various studies are quite wide-ranging. Quine (2001, p. 80), in a study of the NHS, found that:

> The behaviours reported most frequently were shifting the goalposts, withholding necessary information, undue pressure to produce work, freezing out, ignoring or excluding, and persistent attempts to belittle or undermine the person's work.

The Hoel and Cooper (2000) study across a number of work sectors shows similar results, with the most common negative behaviours being as follows:

- withholding information, which affects a person's performance;
- having your opinions and views ignored;
- the setting of unreasonable or impossible targets; and
- being exposed to an unmanageable workload.

In contrast, the research undertaken for the Task Force on the Prevention of Workplace Bullying (2001) showed that the most common form of bullying behaviour was verbal abuse and insults (81 per cent of cases reported). Exclusion was reported in 35 per cent of cases. Sexual harassment was cited in only 3.3 per cent of cases and physical abuse in 1.8 per cent of cases. This is similar to the findings of both Quine and Hoel and Cooper who found very low incidences of sexual harassment and physical abuse.

Pearson *et al.*'s (2000, 2001) research on incivility does not identify the most common behaviours, but gives examples of generally rude and disrespectful/discourteous behaviours. As with the other studies mentioned, some form of "exclusion" was reported.

Across the literature there appears to be a consensus regarding the causes of negative behaviours in the workplace. As indicated in the Introduction, the Chartered Society of Physiotherapy (1997) review found that the presence of negative behaviours was more prevalent where there was: a highly competitive work environment; job insecurity; an authoritarian management style; organisational change; impossibly tight deadlines; insufficient training; lack of worker involvement in decision making; lack of clear workplace procedures; excessive workload; deskilling/multi-skilling; aggressive behaviour as a deliberate management tactic; and the presence of high-levels of stress.

Regardless of the causes of negative behaviours, or how they are defined, whether they are labelled as bullying, aggression or workplace incivility, the main issue is the adverse effects of such behaviours on both organisational effectiveness and individual well-being, especially the long-term psychological harm which even more subtle incivility can occasion (Industrial Relations Service, 2002; Hoel *et al.*, 2003). As Pearson *et al.* (2000, p. 5) maintain:

> Words and deeds conveying disrespect can cause psychological harm to the target. When norms for mutual respect in the workplace are not honoured, perceptions of unfairness, or feelings of interactional injustice occur in the target, generating a state of negative effect. Targets of incivility assess the uncivil action, recognise the unfairness, and experience hurt feelings, displaying both cognitive and affective impairment. Furthermore, targets report that the impact of uncivil incidents may linger for a decade or longer, after the event. The subtleties of incivility – the ambiguity of intent and the suspense about what may happen next – can create additional associated cognitive and affective reactions in targets such as confusion, fear, or even a sense of panic.

Pearson *et al.* also identify evidence of incivility behaviour spiralling and cascading through organisations with a progression towards more aggressive acts.

As Hoel *et al.* (2004, pp. 18-19) note, it is not just those in the firing line who are affected by negative behaviour:

> ... becoming a target of bullying, independently of whether the experience is labelled as bullying or not, appears to have a considerable detrimental effect on targets, seriously affecting their health and well-being. For many victims some of the effects may remain for a considerable time after the bullying ceased. In some cases the negative effects also appear to include witnesses or bystanders, thus the total implications of bullying are wide-reaching.

Hogh and Dofradottir (2001) argue that the impact of negative behaviours on the individuals concerned is not necessarily related to the quantity or frequency of such behaviours. The findings of Hoel *et al.* (2004, pp. 13-14) support this:

> The experience of bullying would tend to be complex and idiosyncratic, independently of the frequency of their exposure, with some in the regularly bullied category comparatively little affected, whilst the opposite trend may be found for some individuals bullied occasionally.

In terms of the cost to organisations of negative behaviours, Pearson *et al.* (2000) found that when people are targets of incivility their work suffers:

- Over 25 per cent of respondents acknowledged that they wasted time avoiding the instigator and they withdrew from collaborative efforts that involved this person.
- More than 50 per cent reported that they lost time because of worrying about the incident that had occurred or worrying about future events.
- Over 30 per cent of respondents said that they intentionally reduced their commitment to the organisation and withdrew from tasks and activities that went beyond their job specifications, such as helping newcomers and assisting colleagues. They also reduced their commitment to the organisation by taking themselves off committees/task forces or by reducing efforts to inspire innovation.
- Nearly 25 per cent admitted that they "stopped doing their best" and intentionally decreased the effort they put into meeting their own responsibilities.
- Many decreased the time spent at work and approximately 5 per cent stated that they had stolen property as a retaliatory act because of the treatment they had received.

Raynor (2002) points to labour turnover as being a common response to negative behaviours. Not only did she find that in the UK some 25 per cent of those who experienced bullying leave their employer, but also some 20 per cent of witnesses leave. Pearson *et al.*'s (2000) study of incivility at work showed a leaving rate of 12 per cent. However, Neuman (2000, p. 6) points to the difficulty in estimating the cost to organisations and individuals of negative behaviours:

> If we can't even count the bodies [deaths caused by negative behaviours], how can we hope to capture the costs associated with spreading damaging gossip, failure to return phone calls or provide needed information?. . .how do you capture things that might have been but weren't? i.e. ideas and innovations, that result in a loss to the organisation . . . there is ample evidence that injustice, stress, aggression and bullying are costly to people and organisations. If you doubt this for an instance, just spend a few minutes listening to the victims of bullying and there will be little doubt left in your mind.

As can be seen from the above review, though the extent of the cost of negative behaviour in the workplace can be difficult to define, it is costly to both employers and employees. Also, "negative behaviours" embrace more than bullying and, indeed, behaviour such as incivility may have a more pernicious and wide-ranging impact on organisations because it is less visible. Also, more infrequent behaviour may have similar levels of effects as higher frequency behaviour. In order to investigate these issues further, the remainder of this article will report on our research on negative behaviours in two NHS trusts in the UK.

Methodology

As stated earlier, the objectives of our research were: to investigate the effects of incivility, aggression and lower frequency behaviours in terms of their impact on individuals and organisations and to assess the relationship of the behaviours to the perception of bullying; and to assess whether the incidence of negative behaviours in the NHS is as high as previous studies appear to show. As Yin (1994) maintains, the

choice of research methodology is a function of the nature of the research being conducted. Given that we were attempting to quantify the frequencies and impacts of different forms of negative behaviours, a quantitative approach using a self-administered postal questionnaire appeared to be the most suitable approach. However, whilst quantitative methods have their benefits, they also have their drawbacks (Tuchman, 1998). In addition to quantifying the occurrence of negative behaviours, we also wished to give the respondents the opportunity to state in their own words how experiencing/witnessing negative behaviours impacted on them. Therefore, this required a qualitative element to our research (Denzin and Lincoln, 1998). As a consequence, as will be described below, we used a mixed-method approach to data gathering (Creswell, 2002). Our main data gathering approach was quantitative but we also collected qualitative data as part of the questionnaire and gathered other qualitative evidence from data collected within the organisations concerned. As Bryman (2006) notes, there are number of reasons to combine quantitative and qualitative research methods. In our case we used a mixed-method approach both to triangulate our findings – i.e. to cross-check our quantitative findings against the qualitative data, and to complement the quantitative findings – i.e. to use the qualitative data to illustrate and elaborate the quantitative findings.

Our research was undertaken in two NHS Primary Care Trusts. The provision of primary care, such as doctors and dentists operating in the community, accounts for some 80 per cent of the NHS's budget. Primary Care Trusts, often covering large geographical areas, are responsible for both commissioning and providing health care in the community and are separate from acute hospital care and cover. PCTs also work closely with local authorities and other agencies that provide health and social care locally.

The two Primary Care Trusts in our study covered a large, mainly rural geographical area with units of greatly varying size including several community hospitals. Trust A had at that time approximately 585 employees and Trust B 1,250 employees. Trust B included some mental health employees as well as staff providing physical services. The random samples (obtained electronically) were drawn from staff with substantive contracts, both full- and part-time across all grades of staff. The following staff were excluded from the research: general practitioners with clinical assistant contracts, "bank only" staff, training participants who did not have an internal base, board members and any staff groups that had contracts with the Trusts, but were managed by an outside organisation.

Questionnaires were sent to 100 people in Trust A (18 per cent, after exclusions) and 120 in Trust B (10 per cent, after exclusions). In Trust B the final figure was 116 for analysis purposes as four people in the sample population had left the Trust. The reason for the different sample sizes was that, historically, staff in Trust A had been poor responders to surveys. The samples were stratified in order to provide a representative sample of both manager/team leader groups and non-manager groups. Prior to being sent out, the questionnaire was discussed and piloted with a small group of staff drawn from the two Trusts.

The pilot group identified that incivility could be perceived as bullying and that people were moving jobs within the organisation to avoid negative behaviour. They also identified the existence of group bullying, i.e. groups of women, such as experienced nursing assistants, picking on men. Exclusion was seen as a key

behaviour and one incident was identified as having a huge negative effect on an individual. The pilot group resulted in questionnaire modification for reasons of clarity of questions and confirmed the direction of the research.

In order to assess the incidence and impact of incivility and less-frequent negative behaviours as well as bullying and aggression, negative behaviours were divided into three categories and defined in the following manner.

Workplace incivility

Rude, insensitive or disrespectful behaviour towards others in the workplace with ambiguous/unclear intent to harm.

Bullying

Offensive, abusive, intimidating, malicious or insulting behaviour or abuse of power, which makes the recipient feel upset, threatened, humiliated or vulnerable, undermines their self confidence and may cause them stress (Chartered Society of Physiotherapy, 1997, p. 4).

Aggression

Aggressive behaviour with the unambiguous, clear, intent of causing harm to a person.

The definitions for workplace incivility and aggression were based on the descriptions and definitions of Pearson *et al.* (2001). The bullying definition, as shown, was drawn from a Health and Safety Briefing Paper written by the Chartered Society of Physiotherapy and was also the definition most commonly chosen by a sample of 223 Trust staff as being the definition that best described their experience, perceptions and understanding of bullying. All the above definitions were agreed upon and refined as part of the process of piloting the questionnaire.

In order to maximise the response rate, our aim was to keep the questionnaire as brief and comprehensible as possible. The questionnaire asked respondents:

- Whether they had experienced and/or witnessed any negative behaviours. They were provided with a list of 27 behaviours taken from the Prevention and Management of Bullying and Harassment Policy in Trust A. Respondents were also asked to indicate whether they had experienced and/or witnessed any other behaviours that they were unhappy about.

- To indicate the frequency of the behaviour using the following categories: "very rarely", "now and then", "several times a month", "several times a week" and "almost daily". They were also asked to indicate whether the perpetrator was a manager/team leader, colleague or subordinate.

- Whether their experience of negative behaviour had resulted in their experiencing "negative/stressful effects". They were also asked to provide information on how the experience had affected them in terms of: sickness absence; physical avoidance of the perpetrator; avoidance of communication; decreased job satisfaction, motivation or cooperation; decreased commitment to the department/organisation; and whether they had changed their job or considered doing so. In addition, respondents were asked whether they had retaliated in any negative way.

- To indicate whether they considered the behaviour they had experienced/witnessed was incivility, bullying or aggression, using the definitions listed above.

There was also a qualitative section in the questionnaire where respondents could:

- describe their feelings as a result of experiencing/witnessing negative behaviours;
- give their views on how to prevent and deal with negative behaviours more effectively; and
- make any other comments they considered relevant.

In addition to the main sample of staff from the two Trusts, there was also a much smaller "contact group" of 16 people (11 of whom returned completed questionnaires, i.e. a 69 per cent response rate). These were drawn from staff who had sought assistance after they experienced/witnessed negative behaviours. This group was identified by, and contacted through, Personnel Managers, Trade Union Representatives, Harassment Advisors and Occupational Health staff in both Trusts. With a few small exceptions, the contact group questionnaire was identical to the one sent to the random sample of staff. The main purpose of the contact group was to identify whether there was a difference between staff that had experienced/witnessed negative behaviours and contacted others for assistance and those who had not.

Also, data from the exit questionnaires and Improving Working Lives focus groups on equality and diversity were reviewed. Improving Working Lives is a Department of Health initiative to improve human resource practices in the NHS. The initiative involves self-assessment through interviews and focus groups followed by validation by independent evaluators.

Findings

This section presents the findings from both the quantitative and qualitative components of the research. In particular, it examines the prevalence and types of negative behaviours in the two NHS Trusts, their effects on those concerned, the impact of incivility, aggression and bullying, the significance of the frequency of such behaviours and the relationship of incivility and aggression to the perception of bullying.

Prevalence and types of negative behaviours

Of the sample of 100 people from Trust A, the response rate was 46 per cent (i.e. 46 people) of whom 63 per cent (29 people) stated perceived they had experienced and/or witnessed some level of negative behaviour. Of the sample of 116 people from Trust B, the response rate was 45.7 per cent (i.e. 53 people) of whom 52.8 per cent (28 people) perceived they had experienced and/or witnessed some level of negative behaviour. Of those who experienced and/or witnessed such behaviours, most considered they were negatively affected in some way (69.0 per cent Trust A and 78.6 per cent Trust B). These findings appear to be in line with other studies of the NHS which indicate a very high rate of staff experiencing/witnessing negative behaviours (CPHVA/MHNA, 2003; Quine, 2001; Stein et al., 2002).

The most common forms of negative behaviours in both groups of respondents were:

- claiming credit for someone else's work;
- setting out to make a member of staff appear incompetent and/or make their lives miserable through persistent criticism;
- deliberately withholding information/providing incorrect information; and
- isolating/deliberately ignoring/excluding someone from activities.

The effects of negative behaviours
As Figure 2 shows, a high percentage of those who experienced and/or witnessed some level of negative behaviour considered that the experience had been stressful (48.3 per cent in Trust A and 67.8 per cent in Trust B). The most commonly indicated specific negative effect was that of decreased job satisfaction, followed by decreased motivation. Other common responses were to avoid meeting, communicating or cooperating with the perpetrators of negative behaviours. Some people retaliated against the perpetrators, i.e. seven people (24.1 per cent) in Trust A and five people (17.8 per cent) in Trust B. In addition, five people (17.2 per cent) in Trust A and three (10.3 per cent) in Trust B changed jobs within their organisation and others were considering and/or had considered changing their jobs.

In Trust A, 31 per cent of people who had experienced and/or witnessed negative behaviour indicated that it had had no effect on them in response to the specific quantitative questions. In Trust B the figure was 21.4 per cent. These included one person who had experienced eight behaviours and had witnessed 18, but indicated that there had been no negative effects upon them, as did another person who had experienced seven behaviours and witnessed six. However, from the qualitative responses a slightly different picture emerges within the "no effect" group. A number
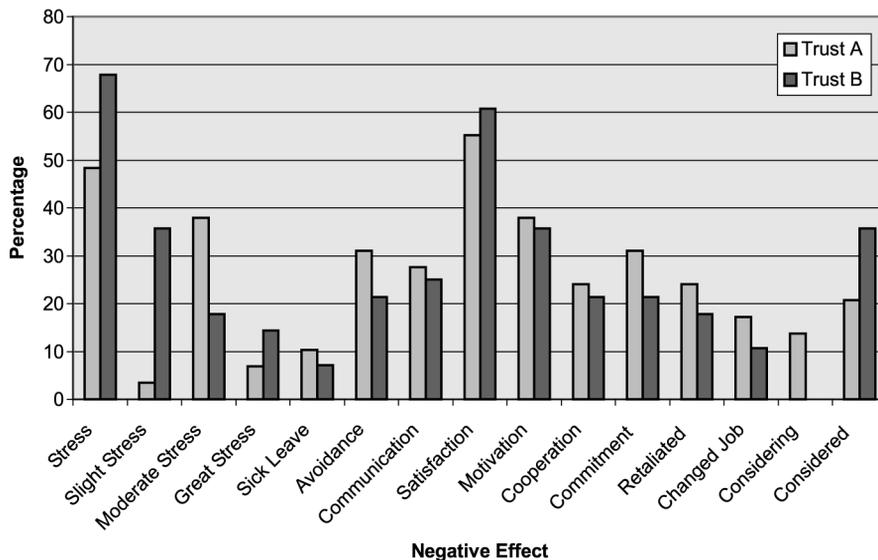
Figure 2.
Negative effect of negative behaviours in Trust A (29 people) and Trust B (28 people)

of these people indicated that they were emotionally and psychologically affected, including some who had sought support and taken action in an attempt to address the problem.
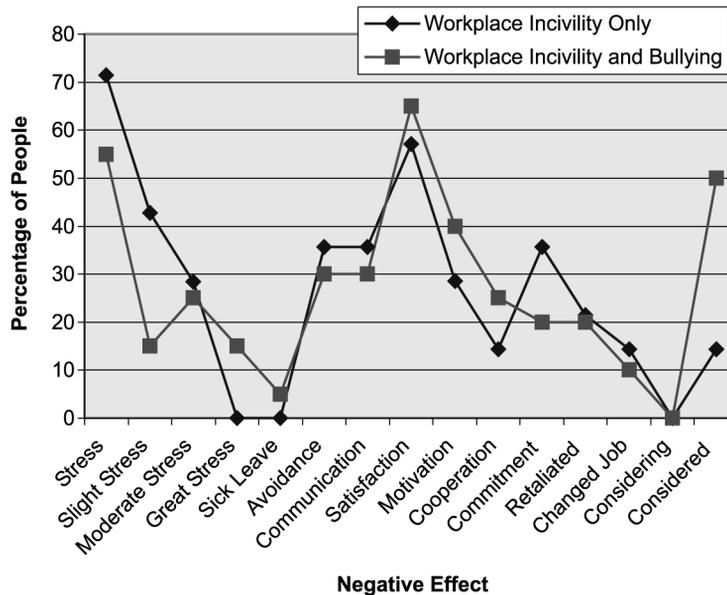
Incivility versus bullying

The negative behaviours experienced and/or witnessed were most commonly defined as incivility (rude, disrespectful/discourteous behaviour). However, some reported that the incivility was also perceived as bullying under the stated definition, whereas some did not. Nevertheless, as Figure 3 shows, whether the behaviour was classed as workplace incivility only, or whether it was associated with a perception of bullying, the negative effects on those involved appeared to be broadly similar.

In addition, it is worth noting that in Trust A the perpetrators were mainly managers or team leaders, whereas in Trust B, the perpetrators were mainly colleagues. Interestingly, the perception of bullying did not appear to be influenced by who the perpetrator was.

Frequency

Combining the figures from both Trusts, the following are the frequencies with which those who experienced/witnessed negative behaviours reported that they occurred in varying percentages (see Table I).

As can be seen, most respondents experienced/witnessed negative behaviours on a "now and then" basis. As Figure 4 shows, this group showed significant negative effects from their experiences. However, so too did the two groups who experienced such behaviours several times a month and several times a week/daily. In the main, the only group who do not appear to have experienced significant negative effects were the

Figure 3.
Negative effect of workplace incivility (14 people) compared to incivility also defined as bullying (20 people)

ones who reported that they only "very rarely" experienced/witnessed negative
behaviours.

Witnesses and managers/team leaders
Those who only witnessed negative behaviours were affected to a lesser extent than
those who experienced it directly. However, managers and team leaders who
experienced and/or witnessed negative behaviours were no less affected than their
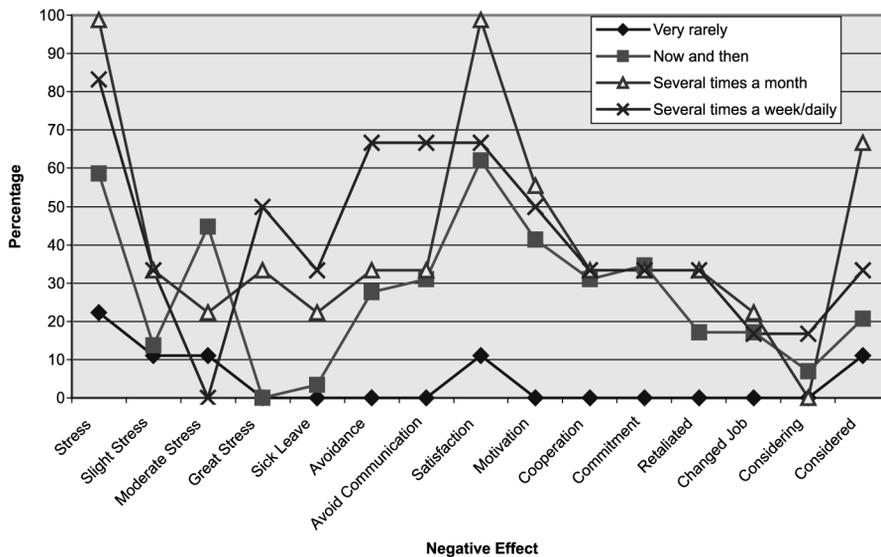subordinates.

Qualitative findings
From the comments in the qualitative sections of the random sample questionnaire, it
was clear that the experiences of negative behaviours had deeply affected people.
There were feelings of isolation, insecurity, fear, worthlessness and lack of value.
People felt very undermined, powerless and vulnerable. The following are some of the
comments:

> Completely incapacitated/ineffective at both work and in my private life. *Suicidal*.

> Stupid, lonely and vulnerable.

	%	
Very rarely	15.8	**Table I.**
Now and then	50.9	Frequencies with which
Several times a month	15.8	those who
Several times a week/daily	10.6	experienced/witnessed
Frequency not indicated	7.0	negative behaviours

Figure 4.
Comparing the negative
effects of behaviours at
different frequencies
(Trust A and B figures
combined)

Powerless, small, embarrassed.

Demoralised, low, unhappy to attend work.

People experienced similar feelings on witnessing negative behaviour but, in contrast, many also felt angry and frustrated. They felt helpless and unable to help or unsure what to do. Many expressed concern for the individuals who were the target of negative behaviours.

The contact group and the random group

The 11 respondents from the contact group, i.e. those who were known to have sought help in their organisations from Personnel Managers, Trade Union Representatives and Occupational Health staff, showed higher levels of negative effects than the random group (Figure 5). The most common negative behaviour experienced/witnessed by the contact group was: "putting someone's physical, emotional or psychological health at risk by making them upset frightened and/or ridiculed". As a result, four of the 11 had changed jobs within their Trust and another two had left their Trust. One person in the contact group who changed jobs had experienced only one example of negative behaviour, but such was its impact that they were off work for three months before eventually changing jobs. All the behaviours concerned in the contact group were classed as bullying and five of the people involved also stated that the perpetrators acted in an aggressive manner (i.e. with perceived clear intent to harm).

The comments of the contact group indicated they felt a much greater intensity of negative effects and emotional turmoil than the random group as a whole. The contact group reported feelings of great anxiety, extreme anger, of being let down and of
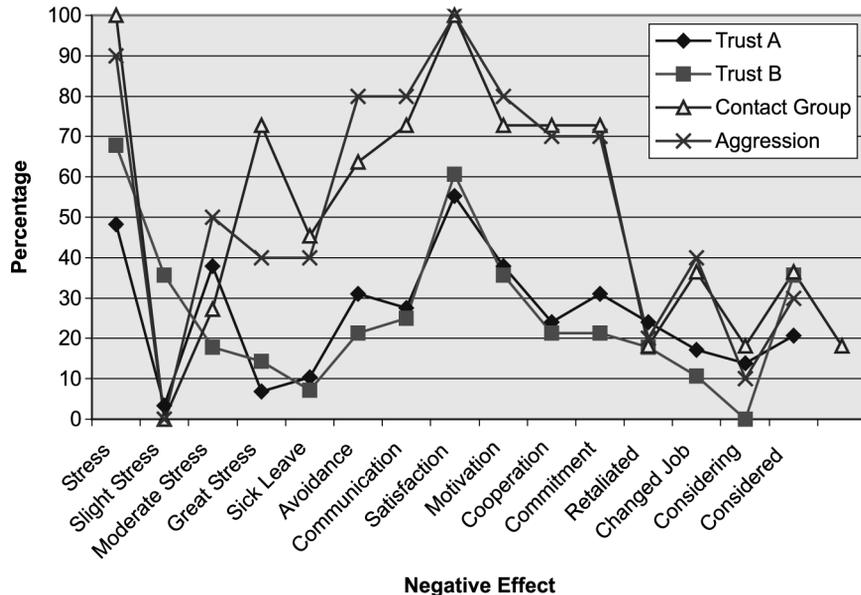
Figure 5.
Comparing the random group with the contact (11 people) and aggression (10 people) groups

frustration at their situation. The experiences of these people had obviously had a marked impact on them which they described with words such as: "destroyed", "paranoid", "hopeless", "worthless", "hostile", "ill", "tearful", "bewildered", "isolated" and "alone". Individuals in the random group who had sought help from Personnel Managers and others for the behaviours they encountered also appeared to have experienced similar levels of negative effects as the contact group.

All those indicating aggression in both the random group and the contact group were also reviewed (ten people). The levels of effect, perhaps not surprisingly, were almost identical to the contact group, as Figure 5 shows, and also therefore higher than the results of the random group. Significantly, all the people in the contact and aggression group reported that the behaviour was bullying.

The above findings were supported by the results of the three Improving Working Lives focus groups, which were held in Trust A. Two of these groups reported experiencing negative behaviours including shouting, tantrums, bullying, rudeness and favouritism. Also, data from the exit questionnaire given to staff leaving the two Trusts over the previous 12 months showed that 17.9 per cent of Trust A and 7.3 per cent of Trust B leavers who completed the questionnaires had left due to problems with work relationships.

In summary, therefore, the findings from the two Trusts show that a relatively high proportion of respondents either experienced or witnessed negative behaviours by managers or colleagues. Whether they were the target of these behaviours or witnesses to them, the experience had a negative effect on their well-being and work performance. This was the case whether the behaviours were frequent or infrequent (only when they were "very rarely" experienced did such behaviours cease to have an adverse impact, with some exceptions). Also, whilst more aggressive behaviours appeared to have the most significant impact on those concerned, the most frequently reported negative behaviours were classed as incivility and these too appeared to have significant negative effects on the individuals concerned and their work performance, whether or not they were also classed as bullying. These findings, of course, should be treated with some caution given that they result from only one study. Nevertheless, when taken with the other studies cited in the literature review above (e.g. Hogh and Dofradottir, 2001), they do indicate that negative behaviours, even those which some would consider as relatively infrequent or as low intensity incivility, can have a significant effect on the well-being of individuals and the effectiveness of organisations. Therefore, in understanding and tackling the adverse effects caused by the behaviours of managers and colleagues in the workplace, it is necessary not only to address the issues of obvious bullying and aggression, but also to recognise the harm caused by other negative behaviour, such as some incivility, which is not always perceived as bullying. This behaviour, though maybe seen as less emotive, may be just as pernicious and damaging, particularly in the light of the evidence of a progression towards more aggressive acts.

Discussion: redefining negative behaviour in the workplace

In our earlier examination of the literature on workplace behaviours which could have a negative effect on the well-being of staff, it was argued that a term such as bullying was too narrow and excluded other behaviours, such as incivility, which might have a significant negative effect on those concerned. The literature review also questioned

the tendency to assume that low-frequency behaviours could be seen as inherently less harmful than high-frequency behaviours. The findings from our research support the case for taking a broader view of what constitutes negative behaviour in the workplace, and for questioning the supposed correlation between the frequency of a negative behaviour and its impact. As Figure 3 shows, both incivility and incivility also considered as bullying appear to result in similar levels of negative effects. Also, as Figure 4 shows, lower-frequency behaviours (now and then) do not appear to have any less impact than higher-frequency behaviours. Nevertheless, as Figure 5 shows, the presence of more aggressive behaviour (with perceived intent to harm) does indicate higher levels of effect.

Drawing on both the literature review and our own findings, there is clearly a need to redefine what is meant by negative behaviours in the workplace. We would suggest that this is best achieved by building on and adapting the work of Pearson *et al.* (2001) which was presented earlier in Figure 1. As Figure 6 shows, we suggest that the various behaviours should be re-labelled. What they call "antisocial behaviour" should be termed "negative behaviour"; the reference to deviant behaviour should be dropped (as argued in the literature review, one organisation's deviant behaviour may be another organisation's normal behaviour); and the terms "aggression" and "incivility" should be kept, and defined as follows:

- *Negative behaviour.* Any behaviour that is disrespectful and undermines/violates the value/dignity of an individual. It is behaviour that harms individuals and organisations.

- *Incivility.* Rude or disrespectful/discourteous behaviour with ambiguous intent which may or may not be defined as bullying by those who experience/witness it.

- *Aggression.* Behaviour with the clear intention of harming the target. This is seen as being less common than negative behaviour in general or incivility in particular, but it is always classed as bullying.
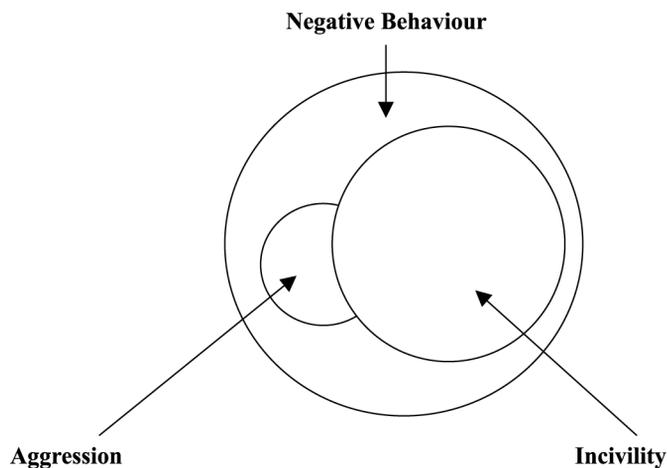
Figure 6.
Negative behaviour in the workplace

Source: Adapted from Pearson *et al.* (2001)

Conclusion

The findings from any one study should be treated with a degree of caution, unless, as in this case, they give support to and draw support from previous research. We believe that, when taken together with the evidence presented in the literature review, the findings from our research do have potentially significant implications. The findings indicate that:

- Focussing solely on bullying misses out a whole raft of negative behaviours, especially incivility, which are harmful to individuals and organisations. Instead, what is needed is the drawing together of the research and practice which deals with workplace incivility, aggression and bullying under the broader heading of negative behaviours.

- The perception of negative behaviour classed as bullying as being more harmful than behaviour not classed as bullying needs to be questioned. Our findings show that instances of incivility which was not perceived as bullying by those who experienced/witnessed it had similar negative effects to incivility which was perceived as bullying. However, where aggression was involved, i.e. where there was a clear perceived intent to harm the target, the level of negative effects was much higher, and the respondents always classed aggressive behaviour as bullying. All aggression involved bullying, but not all reported cases of bullying involved aggression; in fact most did not.

- There is a need to reconsider how the term "bullying" is defined. Our findings suggest that it is not necessarily the frequency with which a negative behaviour occurs which matters, but the effect on those concerned. Also, some incivility, behaviour with ambiguous intent, was also classed as bullying. Therefore, definitions of bullying need to take account of the impact on those who experience and witness the behaviours and it should not be defined solely by reference to frequency, persistence, duration or intent.

- As argued by other researchers (CPHVA/MHNA, 2003; Quine, 2001; Stein *et al.*, 2002), employees in the NHS appear to experience/witness a much higher incidence of negative behaviour than employees in the private sector. There is little doubt that by the nature of their work, NHS employees operate under a great deal of pressure. The NHS is also an organisation which attracts a great deal of public scrutiny, especially when it is seen to fail or make mistakes. In addition, it has also gone through and is still going through an enormous number of changes (Lilley, 2003; Newdick, 2005). Whether these cause or contribute to the high incidence of negative behaviours is difficult to say. However, our research does indicate that the high incidence adds to the pressure under which staff work and is detrimental to their and the NHS's effectiveness.

In conclusion, therefore, our findings support the argument that bullying and aggressive behaviours are damaging to both individuals and organisations. However, they also show that concentrating only on bullying and aggression is counterproductive, because it misses out the wider damage done by more prevalent forms of negative behaviours such as incivility.

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Corresponding author
Bernard Burnes can be contacted at: bernard.burnes@mbs.ac.uk