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Prevention and management of bullying behaviour in academic medicine

A scoping review protocol

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PROTOCOL

Background

Workplace bullying in healthcare organizations has been prevalent for decades and is recognized worldwide as a significant problem.^{1,2} A 2009 survey among American nurses found that 70% had experienced workplace bullying from either a superior or colleague, and a survey of new graduate nurses in Ontario found that 33% had been bullied.^{1,3} There is also evidence of substantial bullying among medical trainees; a 2012 survey found that three-quarters of Canadian medical residents experienced bullying at some point in their careers.⁴ In contrast, there is little direct evidence for the presence of workplace bullying among other medical professionals, particularly among faculty in academic medical centres and teaching hospitals, but the existence of such widespread bullying among medical trainees and nurses raises the question of whether this issue is being adequately addressed in these environments. Interventions to prevent or mitigate workplace bullying include legislation to protect individuals from bullying; education and awareness programs; zero tolerance policies regarding bullying or unprofessional behaviour; and methods to report and track bullying.^{1,2} However, the effectiveness of these strategies and their degree of implementation in among faculty in medical schools and academic medical centres or hospitals is currently unclear.

Objectives

To identify interventions to prevent and manage bullying or unprofessional behaviour in any workplace or professional setting.

Scoping review definition

Our research objective will be addressed through a scoping review, which is a type of knowledge synthesis “that systematically maps the literature available on a topic, identifying key concepts, theories, sources of evidence and gaps in the research”.⁵ Our scoping review will be informed by the methods proposed by Arksey and O'Malley⁶ and the recently updated methodologically rigorous guidance published in Joanna Briggs Institute Methods Manual for Scoping Reviews.⁷

‘Workplace bullying’ or ‘unprofessional behaviour’: Common definitions and terms

Initial searches for published systematic reviews revealed there is no standard definition or list of terms used to describe what we are identifying as ‘workplace bullying’ or ‘unprofessional behaviour’ ([Table 1](#)). There are, however, common themes among the definitions in use:

- repeated, frequent, and long-term negative or aggressive behaviours or actions directed towards one or more individuals that undermine confidence and lower the victims’ self-esteem^{1,2,8,9}
- the effects of bullying can manifest as social, psychological or psychosomatic problems^{1,2}
- colleagues or subordinates can be the victim of bullying perpetrated by one or more individuals who are part of the same group^{2,9}
- the victim of bullying feels powerless or unable to defend themselves or stop the bullying behaviour^{8,9}

There are various behaviours associated with bullying that range in severity from ignoring phone calls to undermining professional status. Behaviours commonly cited in the literature include:

- verbal hostility (demeaning criticism, humiliation, attacking personal values/beliefs)^{1,8,9}

- social exclusion (non-communication, withholding information, ignoring phone calls/emails)^{8,9}
- threats to professional status (false accusations, unreasonable workload and unrealistic deadlines, removal of key responsibilities, assigning meaningless tasks or work below their competence levels)^{8,9}

Eligibility criteria

Our eligibility criteria are outlined using the PICOS framework, as follows:

- Population: All individuals, full-time or part-time, in any workplace setting
- Interventions: Interventions to prevent and manage unprofessional or bullying behaviours
- Comparators: Usual care, other bullying interventions or no intervention
- Outcomes: Any relevant outcomes including institutional culture, prevalence of bullying behaviours, retention and recruitment of staff, faculty, or trainees
- Study designs: All RCTs and NRCTs, including experimental (RCTs, quasi-RCTs, non-randomized trials), quasi experimental (interrupted time series, controlled before after), and observational (cohort, case control). Only studies with a comparator (or control) group will be included.

Systematic reviews and other types of knowledge synthesis are not eligible for inclusion.

Other: No other limitations will be imposed; all years of publication, unpublished and published studies, and studies written in all languages of dissemination are eligible for inclusion.

These criteria will be revised, as necessary, upon receipt of feedback from the University of Toronto Department of Medicine (DOM).

Literature search

The literature search will be drafted by an experienced librarian and revised using feedback from the research team and the DOM. We will ask the DOM to provide us with “seed” papers that they expect to be included in our review. These will be used to validate the search strategy. The search will be peer reviewed by another librarian on the team using the PRESS Checklist for peer reviewing literature searches.¹⁰

The search will be revised and subsequently executed in the following databases: MEDLINE, EMBASE, CINAHL, The Cochrane Library, Education Resources Information Center (ERIC), PsychInfo, and Social Sciences Citation Index, legal databases and business databases.

In addition, we will conduct a search to identify difficult to locate or unpublished studies (i.e., grey literature) using the Canadian Agency for Drugs and Technologies in Health checklist to comprehensively and systematically search the grey literature.¹¹

Study selection

The eligibility criteria will be pilot-tested by the team using a random sample of 25 citations (titles and abstracts). Once the inter-rater agreement reaches $\geq 80\%$, the citation screening will be conducted by pairs of reviewers, independently. Discrepancies will be resolved by discussion or involvement of a third reviewer. The full-text of potentially relevant articles will be obtained and the eligibility criteria will be pilot-tested on a random sample of 25 papers. When $\geq 80\%$

agreement has been reached, full-text screening will be conducted by pairs of reviewers, independently. Discrepancies will be resolved by discussion or involvement of a third reviewer. All screening will be conducted using Synthesi.SR, the team's proprietary online software.¹²

Data abstraction

The team will compile a data abstraction form that will be revised upon receipt of feedback from the DOM. Anticipated data to be abstracted include study characteristics (e.g., country of conduct, setting, study design), population characteristics (e.g., type of participant, mean age and % female, level of education, expertise), intervention and control characteristics (e.g., description of bullying intervention/program, target group, intensity), and types of outcomes (e.g., staff retention, prevalence of behaviours, institutional culture). After pilot-testing the data abstraction form on 5 relevant studies, pairs of independent reviewers will abstract all data, which will be verified by a third reviewer.

Since this is a scoping review, we will not conduct quality appraisal, which is consistent with the Joanna Briggs Institute Methods Manual for Scoping Reviews.⁷

Synthesis

The synthesis will focus on providing: 1) a description of approaches used for preventing and managing bullying or unprofessional behaviour; 2) a snapshot of different bullying initiatives that exist internationally; and 3) a comparison of the effectiveness of prevention and management strategies by various outcome measures. This will be achieved by charting the literature according to the types of participants, interventions, comparators, and outcomes identified. The analysis will predominantly be conducted quantitatively using frequencies. As well, we will consider qualitative analysis (e.g., content analysis) for key variables, as necessary. Two reviewers will conduct the initial categorization code independently, using NVivo software, and the results will be discussed by the team. These reviewers will subsequently identify, code, and chart relevant units of text from the articles using the categorization code. Discrepancies will be resolved through team discussion.

Optional consultation exercise

The consultation exercise is an optional step for a scoping review. Upon completion, we will share our results with the DOM and specifically ask about the interpretation of evidence and finalize the knowledge translation strategies.

Table 1: Workplace bullying definitions, behaviours, and key words

Review (Author, year)	Definition	Identified Behaviours	Key Words
Johnson, 2009⁸	<p>There is no one agreed upon definition of workplace bullying. However, there is agreement that bullying is different from simple conflict in that it occurs more frequently, and for a longer period of time (Leymann 1996; Lutgen Sandvik et al. 2007). Also, in workplace bullying, unlike simple conflicts, the victim is unable to defend themselves and bring about an end to the conflict because they have less power than the bully (Leymann 1996; Lutgen-Sandvik et al. 2007). In general, workplace bullying occurs when the victim 'experiences at least two negative acts, weekly or more often, for six or more months in situations where targets find it difficult to defend against and stop abuse.' (Lutgen- Sandvik et al. 2007, p. 841).</p> <p>Workplace bullying was initially called 'mobbing' when it was identified in Sweden in the 1980s by the psychologist Heinz Leymann (Einarsen et al. 2003). In the 1990s, researchers in the UK began to study the same phenomena, which they labeled 'bullying' (Rayner & Keashly 2005). In the USA, researchers have focused on similar workplace issues, such as emotional abuse and generalized harassment, but have only recently begun to study workplace bullying in a systematic manner consistent with research that has been done in other countries</p>	<p>Behaviours that constitute bullying include:</p> <ul style="list-style-type: none"> • threats to professional status, such as belittling remarks, persistent criticism, humiliation, intimidation and inaccurate accusations <p>(Moayed et al. 2006; Quine 2001; Zapf & Einarsen 2005)</p> <p>Bullies can threaten an individual's social status through</p> <ul style="list-style-type: none"> • verbal and physical threats and aggression, • and by spreading rumours <p>(Moayed et al. 2006; Quine 2001; Yildirim & Yildirim 2007).</p> <p>Social isolation, manifested through acts such as</p> <ul style="list-style-type: none"> • withholding information, • not returning phone calls and emails and • ignoring a person <p>(Moayed et al. 2006; Quine 2001; Zapf & Einarsen 2005).</p>	<ul style="list-style-type: none"> • workplace bullying • horizontal violence • lateral violence • mobbing

Review (Author, year)	Definition	Identified Behaviours	Key Words
	<p>(Lutgen-Sandvik et al. 2007; Rayner & Keashly 2005). In the nursing literature, bullying is often defined as 'lateral or horizontal violence' (Curtis et al. 2007; Griffin 2004), 'verbal abuse' (Rowe & Sherlock 2005) or 'workplace aggression' (Farrell et al. 2006). This lack of a clear term and clear definition, makes it hard to compare the results of studies to each other, and to research on other occupational groups</p>	<p>The bullied individual might be subjected to</p> <ul style="list-style-type: none"> • an unreasonable workload, • unrealistic deadlines and • excessive monitoring of their work <p>(Quine 2001; Yildirim & Yildirim 2007).</p> <p>Additionally, their professional status might be destabilized by</p> <ul style="list-style-type: none"> • giving them meaningless tasks, • tasks that are beneath their level of competence or • by removing key areas of responsibility from them <p>(Moayed et al. 2006; Quine 2001; Yildirim & Yildirim 2007; Zapf & Einarsen 2005).</p>	
<p>Nielsen, 2012⁹</p>	<p>Workplace bullying is defined as a situation in which one or several individuals persistently, and over a period of time, perceive themselves as being on the receiving end of negative actions from superiors or coworkers, and where the target of the bullying finds it difficult to defend him or herself against these actions (Einarsen & Skogstad, 1996; Olweus, 1993). That is, while many instances of interpersonal aggression take the form of individual episodes, workplace bullying is by definition characterized by systematic and prolonged exposure to repeated</p>	<p>Although there is no definitive list of bullying behaviour, bullying mainly involves:</p> <ul style="list-style-type: none"> • exposure to • verbal hostility, • being made the laughing stock of the department, • having one's work situation obstructed, or • being socially excluded from the peer group. 	<ul style="list-style-type: none"> • Bullying, • harassment, • mobbing, • emotional abuse, and • victimization/victimization <p>*authors seem to cite (Einarsen et al., 2011b; Zapf & Einarsen,</p>

Review (Author, year)	Definition	Identified Behaviours	Key Words
	negative and aggressive behaviour of a primarily psychological nature, including non-behaviour and acts of social exclusion (Einarsen, Hoel, Zapf, & Cooper, 2011b; Leymann, 1996).	Empirically, such behaviour has been differentiated into seven categories: <ul style="list-style-type: none"> • work related bullying, • social isolation, • attacking the private sphere, • verbal aggression, • the spreading of rumours, • physical intimidation, and • attacking personal attitudes and values (Zapf, Knorz, & Kulla, 1996).	2005)as the source for these terms
Quinlan, 2014²	Searches for the scoping review indicate many different definitions of workplace bullying. While they all fall under the general rubric of repeated, sustained aggressive behavior within an interpersonal relationship, [26, 31–34] bullying does not have a single, universal meaning; it is assembled in multiple ways, mediated by social and material conditions. The definition congruent with the research on bullying and health care providers is as follows: workplace bullying is the systematic mistreatment of a subordinate or colleague by one or more individuals from the same group, over a frequent (at least once a week) and long period (at least six months) of time that can cause severe social, psychological, and psychosomatic problems in the victim.	NR	<ul style="list-style-type: none"> • “health care and bullying,” • “health professions and bullying,” and • “workplace bullying and health care.”
Stagg, 2010¹	Workplace bullying has several definitions. For the purposes of this article, workplace bullying is defined	<ul style="list-style-type: none"> • nonverbal innuendos, • verbal affront, 	<ul style="list-style-type: none"> • bullying, • evaluation,

Review (Author, year)	Definition	Identified Behaviours	Key Words
	<p>as the persistent demeaning and downgrading of individuals through vicious words and cruel acts that progressively undermine confidence and self-esteem (Adams, 1997). Numerous interchangeable terms have been used in the literature to describe workplace bullying. Workplace bullying is commonly known as <i>horizontal violence</i> and <i>aggression</i> (Sheridan-Leos, 2008); <i>mobbing</i>, <i>horizontal hostility</i>, and <i>lateral violence</i> (Craig & Kupperschmidt, 2008); and <i>verbal abuse</i> (Alspach, 2007). In addition, almost every nurse has heard the phrase “eating our young,” which is also used to refer to workplace bullying (Bartholomew, 2006).</p>	<ul style="list-style-type: none"> • undermining activities, • withholding information, • sabotage, • infighting, • scapegoating, • backbiting, • failure to respect privacy, and • broken confidences (Griffin, 2004)*. <p>*these were behaviours identified specifically by nurses</p>	<ul style="list-style-type: none"> • harassment, • implementation, • violence, and • workplace bullying