

Can observations of workplace bullying really make you depressed? A response to Emdad et al.

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Abstract

Background A recent study by Emdad and colleagues published in International Archives of Occupational and Environmental Health concluded that being a bystander to workplace bullying is related to future symptoms of depression. In this response to the authors, we argue, through the use of empirical evidence, that this relationship can be explained by the observers own exposure to bullying. Furthermore, by also investigating the reversed association between the variables, we show that observations of workplace bullying can be influenced by symptoms of psychological distress.

Method A reanalysis of prospective questionnaire survey data with a two-year time lag based on a representative sample of Norwegian employees was used to determine long-term relationships between observed bullying, self-reported exposure to bullying, and psychological distress. **Results** Bivariate, baseline observations of others being bullied were significantly associated with subsequent symptoms of psychological distress. Yet, this association disappeared when controlling for the observers own exposure to bullying. Analyzing reversed relationship between the variables, baseline symptoms of distress predicted being a bystander at follow-up.

Conclusion By showing that the relationship between being a bystander to bullying and distress can be fully explained by the observers own exposure to bullying, our

results question the conclusion by Emdad et al. (Int Arch Occup Environ Health. doi:10.1007/s00420-012-0813-1, 2012) that observed bullying in itself is related to subsequent distress. Together with the finding that psychological distress predicts subsequent observations of bullying, it is concluded that future research on observers should always take the observers' own exposure to bullying, as well as negative perceptions biases, into account.

Keywords Workplace bullying · Harassment · Psychological distress · Observations · Bystanders

Introduction

Since the publication of the first scientific peer-reviewed paper on the topic of workplace bullying in 1989 (Mattiesen et al. 1989), the main focus in this field has been on the targets of bullying (Nielsen and Einarsen 2012a), whereas little is known about perpetrators and observers. It was therefore with great interest that we read the recently published paper in International Archives of Occupational and Environmental Health entitled “The impact of by standing to workplace bullying on symptoms of depression among women and men in industry in Sweden: an empirical and theoretical longitudinal study” which addresses the possible psychological health outcomes among those observing bullying at their workplace (Emdad et al. 2012). Although we sincerely applaud the authors for raising awareness on the potential outcomes of being a witness to workplace bullying, we have some theoretical and methodological concerns which may have important implications for the findings and conclusions of their study. Building on empirical evidence from a representative sample of Norwegian employees, we will, in this response

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study, show that (1) the observers' own exposure to workplace bullying is a significant confounder that can explain the established health outcomes of observed bullying, and (2) that findings on the observations of workplace bullying and mental health always should take negative perception biases into account as existing mental health problems may also explain subsequent reports of bullying.

Based on the findings from a prospective study among 2,563 Swedish industry workers, the main conclusion in the article by Emdad and colleagues is that being a bystander to workplace bullying, that is, observing others being bullied at the workplace, is related to future depressive symptoms. This association was found to persist even after controlling for factors such as demographic characteristics, rumors of changes in the workplace, lack of role clarity, high job strain, and lack of appreciation of being in a group. Although this conclusion is in line with other studies on bystanders to bullying (Vartia 2001; Totterdell et al. 2012; Sims and Sun 2012), we have problems seeing a valid theoretical framework which can explain how the perception of others being bullied should constitute a secondary trauma leading to such severe symptoms as those characterizing depression, that is, what are the mechanisms that explain the relationship between being a bystander to bullying and mental health problems?

As research has shown that bullying among adults in many cases takes the form of indirect and ambiguous behavior that are difficult to perceive and comprehend for potential bystanders, individuals other than the target person may only receive limited information about the actual bullying process (Einarsen et al. 2011). Hence, targets and observers may have quite different perceptions of the situation. This is exemplified by the findings in a study of 5,288 UK employees which examined how targets and observers of bullying rated the leadership style of their immediate superior (Hoel et al. 2010). In this study, it was showed that while observers of bullying perceived their leader as having an authoritarian leadership style, the targets of bullying viewed their superior more as an inconsistent leader who may behave quite differently toward different subordinates. Furthermore, research has shown that outcomes of exposure to bullying are highly dependent on the cognitive interpretation of being victimized by the bullying, that is, the feeling of being unable to defend oneself against the mistreatment (Nielsen et al. 2012). Hence, it is not necessarily the bullying behaviors in itself that is the biggest threat to well-being among targets, but rather how they interpret their own ability to cope with the bullying. Consequently, as a neutral observer of bullying are not exposed to actual bullying behaviors, and therefore do not need to defend him-/herself against maltreatment, it is reasonable to assume that workplace bullying should have less impact on observers compared to its targets.

Following the above line of arguments, we suggest that there are strong reasons to assume that the bystander's own exposure to bullying could be an important confounder on subsequent health problems among observers of workplace bullying. Previous studies have found an extensive overlap between observed and self-reported bullying (cf. Hoel et al. 2010; Hauge et al. 2007), thus showing that many observers actually are targets of bullying themselves. Taking into consideration the large body of prospective empirical evidence showing that exposure to bullying is associated with subsequent mental health problems for targets and victims (e.g., Finne et al. 2011; Nielsen et al. 2012; Lahelma et al. 2011; Kivimäki et al. 2003; Hansen et al. 2011), it is therefore plausible that a fair share of the variation in psychological distress found among bystanders to workplace bullying can be explained by the fact that many observer are targets of bullying themselves (Agervold 2007). Consequently, if the bystanders' own exposure to bullying is not controlled for, as was the case in the study by Emdad and colleagues, there is a risk that the established relationship between being a bystander to bullying and subsequent depression is largely exaggerated due to this confounding factor, something which may lead researchers to incorrectly reject a true null hypothesis and committing a type 1 error.

Compared with cross-sectional research, studies with prospective research designs have the advantage that we can be quite certain of the direction of the association from exposure to response. Hence, when bullying at baseline is found to be associated with increased psychological distress at follow-up, we know that bullying has a long-term relationship with subsequent reports of mental health. Yet, in addition to the impact of confounding variables, there is always a possibility that reversed associations between our variables also exist. In the case of observed bullying and psychological distress, this implies that mental health problems may also predict subsequent observations of bullying. For instance, following negative perception bias such as the "gloomy perception mechanism" (de Lange et al. 2005), distressed employees may report less favorable work characteristics because they evaluate their work environment more negatively than do other employees. Hence, distressed workers may simply report more observed bullying because they are distressed. In line with this, it might also be that persons with mental health problems have a lower tolerance for exposure to bullying and, as a consequence, have a lowered threshold for interpreting certain behaviors as bullying (Bowling and Beehr 2006). In order to fully understand the association between observed bullying and mental health, it is therefore of great importance to acknowledge and address the potential for reversed causation where mental health influence subsequent observations of bullying.

In order to empirically illustrate and exemplify the importance of taking the observers own exposure to bullying, as well as reversed causation, into account when investigating bystanders to workplace bullying, we will present longitudinal findings on the observations of bullying and psychological distress from a representative sample of Norwegian workers that includes observers own reports of being bullying as well as the reversed effect of distress on subsequent observations of workplace bullying.

Method

Procedure and sample

The study is based on a reanalysis of the data from a prospective study based on a two-wave survey in a random and representative sample of Norwegian employees (see also Nielsen and Einarsen 2012b; Nielsen et al. 2012). The time lag between the surveys was 2 years. In 2005, Statistics Norway drew a random sample of 4,500 employees from The Norwegian Central Employee Register (NCER). Sampling criteria were adults between 18 and 67 years of age registered in the NCER as employed during the last 6 months before the survey, in an enterprise with a staff of five or more, and with a mean working time of more than 15 h per week. Questionnaires were distributed through the Norwegian Postal Service to the respondents' home addresses. The study is a part of a larger project and is based on the data from a collaboration between the University of Bergen and Statistics Norway. The project was approved by the Regional Committee for Medical Research Ethics in Western Norway.

At baseline, 2,539 questionnaires were returned (response rate: 57 %). The second wave of data was collected in 2007, with a response rate of 70 %, thus yielding a cohort participation rate of 40 % ($N = 1,775$). Women (55 %) were slightly overrepresented in the sample. At baseline, the mean age was 46.5 years. About 85 % were employed in a full-time (68 %) or part-time (17 %) positions. Fifteen percent were on temporary sick leave, paid leave, or vocational rehabilitation. For a more comprehensive description of the sample, see Hauge et al. (2010) and Nielsen et al. (2012).

Instruments

The respondents' own exposure to workplace bullying was measured by asking the respondents to indicate whether they considered themselves to have been victimized by bullying at work during the last 6 months according to the following definition: "Bullying takes place when one or more persons systematically and over time feel that they

have been subjected to negative treatment on the part of one or more persons, in a situation in which the person(s) exposed to the treatment have difficulty in defending themselves against them. It is not bullying when two equally strong opponents are in conflict with each other" (Einarsen and Skogstad 1996). The response categories were: "no," "yes, rarely," "yes, now and then," "yes, once a week," and "yes, several times a week." Respondents answering any of the "yes" responses to this question were categorized as victims of bullying.

Using the same definition of bullying as presented above, being a bystander to workplace bullying was assessed by a single-item question about whether or not the respondents had observed bullying of others (than themselves) at their workplace during the last 6 months. Response categories were "No," "Yes, at my own department," "Yes, at another department," "Yes, at both my own and another department." "Yes" responses were recoded into one category.

Psychological distress was assessed with the Hopkins Symptoms Checklist-25 (Derogatis et al. 1974). The HSCL-25 is a widely used screening measure that covers the most common psychiatric symptoms in the area of anxiety and depression. The items are scored on a severity scale from 1 ("not at all") to 4 ("extremely") using the "last week" as a frame of reference for answering. A case of psychological distress, that is, the need for treatment, was defined as having an average score ≥ 1.75 (Nettelbladt et al. 1993).

Results

At baseline, 12.7 % of the sample had observed others being bullied, while 4.2 % reported to have been bullied themselves. A total of 13 % had symptoms of psychological distress above the cutoff threshold. At follow-up, 12.6 % had observed bullying, while 4.8 % reported to be victims of bullying. A total of 12.8 portrayed symptoms of psychological distress "caseness." At both baseline and follow-up, 26 % of those who had observed bullying of others also reported to be a victim of bullying themselves.

Logistic regression analyses with odds ratios (ORs) were conducted to examine longitudinal relationships between being a bystander to workplace bullying and psychological distress (Table 1). In order to be consistent with the study by Emdad et al. (2012), only respondents who were categorized as showing no symptoms of psychological distress at baseline according to the cutoff score for the HSCL-25 were included in the analyses ($N = 1,318$). Replicating the findings of Emdad and colleagues, baseline reports of being a bystander to bullying significantly predicted new cases of psychological distress at follow-up (OR = 2.19; 95 % CI = 1.23–3.89). Yet, the association between

Table 1 Being a bystander to workplace bullying as predictor of subsequent psychological distress controlling for the bystanders own exposure to bullying (OR = odds ratio; 95 % CI = 95 % confidence interval)

Step	Baseline variables	OR	95 % CI
Step 1	Bystander to bullying	2.19*	1.23–3.89
Step 2	Bystander to bullying	1.66	.87–3.15
	Own exposure to bullying	3.45*	1.39–8.58

Only respondents free of symptoms of psychological distress at baseline ($N = 1,315$) are included in the analysis

* $p < .01$

Table 2 Psychological distress as predictor of being a bystander to workplace bullying controlling for bystanders own exposure to bullying and being a bystander to bullying at baseline (OR = odds ratio; 95 % CI = 95 % confidence interval)

Step	Baseline variables	OR	95 % CI
Step 1	Bystander to bullying	4.85**	3.37–6.97
	Psychological distress	1.68*	1.12–2.54
Step 2	Bystander to bullying	4.34**	2.94–6.42
	Psychological distress	1.61*	1.06–2.45
	Own exposure to bullying	1.67	.89–3.15

* $p < .01$

observations of others being bullying and distress became insignificant after controlling for the respondents own victimization from bullying in the second step of the regression, thus indicating that observing the bullying of others in itself is not related to subsequent psychological distress. As a means of ruling out all potential impact of own exposure bullying among bystanders, regression analyzes were rerun for the subgroup of respondents that had not been exposed to bullying themselves at the baseline measurement ($N = 1,201$). The results confirmed our previous findings in that the neutral observation of bullying was not related to subsequent psychological distress (OR = 1.63; 95 % CI = .81–3.26).

The findings on the association between baseline psychological distress and subsequent observations of workplace bullying are presented in Table 2. Having controlled for baseline observations of bullying, baseline distress significantly predicted new cases of observers (OR = 1.68; 95 % CI = 1.12–2.54). This relationship remained significant even after controlling for the respondents' own exposure to bullying.

Discussion and conclusion

Using high-quality prospective data with strong external validity (cf. Nielsen et al. 2012), we have illustrated how

observers' own exposure and victimization from bullying influence the long-term association between being a bystander to bullying and psychological distress. More specifically, our findings show that the health outcomes of being an observer of workplace bullying are fully explained by the observers own exposure to bullying and not by the neutral observation of others being bullied in itself. Consequently, the results question the conclusion by Emdad et al. (2012) that being a bystander to workplace bullying is related to future mental health problems, as no evidence is provided for an prospective association between neutral observations of bullying and subsequent health problems. Our findings also go against previous evidence on bystanders of bullying which have established associations between observations of bullying and mental health without ruling out the impact of the bystanders own exposure (Vartia 2001; Totterdell et al. 2012). Yet, it should be emphasized that although we did not find any relationships between observing bullying and later mental health problems, it may still be that witnessing the bullying of others has implications for the bystanders in the form of affective outcomes such as reduced job satisfaction, lowered commitment, and increased intentions to leave the organization. In order to fully understand the nature and consequences of the workplace bullying phenomenon, future research should therefore increase the focus on being a bystander of bullying. Van de Vliert (2011) argues that more research is needed on bystanders of workplace bullying also from a conflict management perspective as bystanders are often unable to interfere or change the course of events in a bullying scenarios, hence being a “zeroth-party” of the actual conflict, as opposed to managers or safety representatives who, due to their formal positions, may be seen as a true third party in a conflict perspective.

Although it is questionable whether observations of bullying lead to mental health problems among bystanders, the results of our study show that a reversed relationship exists between the variables where psychological distress at baseline is related to the observations of bullying at follow-up. Hence, psychological distress should be perceived as a predictor of observed bullying rather than an outcome. In line the gloomy perception mechanism (de Lange et al. 2005), this suggests that reports of observed bullying can be heavily influenced by negative perception bias and that prevalence rates of observed bullying may be exaggerated due to this kind of biases. It is therefore important that future research on bystanders of workplace bullying take perception biases into consideration in the interpretation of their findings. Yet, one cannot rule out the possibility that distressed employees may also be more sensitive to the misery of others than are the general worker.

An important implication of our study is that its findings question the objectivity of third-party reports of a given phenomenon as we have shown that the observations are colored by both the observers own exposure to the phenomenon as well as his/hers psychological health. Hence, the findings of this study could also be generalized to other forms of third-party, or at least “zeroth-party,” reports.

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