Impact of Workplace Bullying Amongst First Responders - Systematic Review

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ABSTRACT
The phenomenon of workplace bullying is pervasive and exposure to bullying leads to long-term, systemic and individual negative impacts to targets of bullying and the organizations in which they work. Multiple studies confirm that workplace bullying is associated with psychological trauma and serious negative long-term outcomes for targets including mental health disorders and in extreme cases suicide. Emergency service organizations by design are hierarchical in nature, creating power structures that can lead to increased potential for bullying. The literature shows that first responders who work in emergency service organizations report rates of workplace bullying at upwards of 60% (six times the National average). The prevalence of workplace bullying amongst first responders, given their already high stress jobs, along with the long term negative impacts to a targets health, mental health and wellbeing are significant and constitute a serious crisis within the emergency services community.

Keywords: workplace bullying, first responders, law enforcement, mental health, depression, anxiety, suicide

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Introduction
There is an increasing body of work examining the prevalence of bullying within emergency services and the long-term negative impacts associated with this behavior (Carter et al., 2013; Demir, Rodwell, & Flower, 2013; Emdad, Alipour, Hagberg, & Jensen, 2013; Lutgen-Sandvik, Tracy, & Alberts, 2007; Nielsen, Mageroy, Gjerstad, & Einarsen, 2014; Podsiaedly & Gamian-Wilk, 2015; Walker, 2017). This review examines the fundamental and recent contributions on the detrimental impact of bullying on individuals, organizations and service outcomes. Further, this review will focus on the prevalence of workplace bullying, the negative consequences of bullying in the workplace (Carter et al., 2013; Emdad et al., 2013; Lovell & Lee, 2011; Robinson, Wang, & Kiewitz, 2014), and how the sociality and organizational structures of an organization, especially ESOs, can create and enforce bullying behaviors (Coyne & Monks, 2010; Gilbert, Raffo, & Sutarso, 2013; O’Donnell & MacIntosh, 2015). Finally it examines the emerging body of literature on workplace bullying amongst first responders drawing much needed attention to this serious issue (Brewer & Whiteside, 2012; Nielsen & Einarsen, 2012; Owoyemi, 2011; Tuckey & Neall, 2014).

Theoretical Framework of Workplace Bullying
For the purpose of this review, Bronfenbrenner’s (1979) ecological systems theory was utilized to explain the phenomenon of workplace bullying (Härkönen, 2007; Johnson, 2011; Swearer & Hymel, 2015). The ecological model of workplace bullying is grounded in Bronfenbrenner’s early work of human development that states that human development is constructed by factors through hierarchical systems which include microsystems (i.e., direct interpersonal relationships such as friends), the mesosystem (i.e., the intersection of various groups such as family), and the macrosystem (i.e., the broader systems that impact an individual such as government) (Härkönen, 2007; Hong & Espelage, 2012; Johnson, 2011). The ecological model of workplace bullying evaluates the systems described above that encompass the multiple events which construct and constitute bullying (Hong & Espelage, 2012; Johnson, 2011). The microsystem encompasses the perpetrator and target, the mesosystem involves the immediate workgroup along with the supervisor or manager, the macrosystem is the organization as a whole (Hong & Espelage, 2012; Johnson, 2011; Lee, 2011).

When evaluating the microsystem, composed of the perpetrator and target, which in some cases consists of a number of bullies and targets, there is no definitive research on consistent associations on demographic characteristics such as age, race, gender and being a target of workplace bullying (Hoel & Cooper, 2001; Salin & Hoel, 2013). To date, no agreed upon target profile has been identified in the research to properly categorize the makings of a bully, aside from some associated difference between the personality of targets and non-targets related to emotional stability (Glasø, Nielsen, & Einarsen, 2009; Nielsen, Tangen, et al., 2015; Podsiaedly & Gamian-Wilk, 2015). Targets do not differentiate from the average worker population in terms of interpersonal problems such as being confrontational or the ability to trust others (Glasø et al., 2009). When considering the role within the microsystem, perpetrators of bullying, like targets, are a diverse group that range from supervisors to co-workers, subordinates, senior managers within and from other departments in an organization (Johnson & Rea, 2009).

Studies show that both genders engage in bullying with women typically bullying women and men bullying men (Einarsen et al., 2003). The motivation behind bullying behavior is poorly understood through the ecological systems model, however it is suggested that bullying behavior could be motivated due to self-esteem issues, social competence, poor leadership skills along with micro political behavior to advance one’s career (Einarsen et al., 2003; Glasø et al., 2009). At the micro level,
outcomes of workplace bullying for the target includes mental health problems including depression (Emdad et al., 2013), anxiety (Farmer, 2011), sleep issues (Nielsen & Einarsen, 2012) and post-traumatic stress disorder (Nielsen, Tangen, et al., 2015) along with negative physical health outcomes including cardiovascular disease (Rooyen & McCormack, 2013).

At the mesosystem level, co-workers, supervisors along with the manager of the perpetrator and target are present (Johnson, 2011). Here, individuals can intervene, they may encourage bullying by ignoring it, or overtly support the bullying of the target (Hoel & Beale, 2006; Hoel & Cooper, 2001). Research shows that increased levels of incivility and gossip as psychosocial factors associated with workplace bullying (Hodgins, MacCurtain, & Mannix-McNamara, 2014). Other antecedents include poor working conditions, low levels of social support, aggression and hostility, role confusion and role conflict (Kwan, Tuckey, & Dollard, 2016; Tuckey & Neall, 2014). At this level, outcomes can include low levels of job satisfaction, decreased commitment to organizational mission and goals, decreased creativity and lower levels of teamwork (Baillien, Notelaers, De Witte, & Matthiesen, 2015; Hogh et al., 2012; Lutgen-Sandvik et al., 2007).

At the macrosystem level, one must consider the organization as a whole and how it contributes to a climate of workplace bullying (Gloor, 2014; Nielsen & Einarsen, 2012). Organizations that are highly structured, authoritative, hierarchical, with chaotic operating systems, rapid change (e.g., downsizing, restructuring) and competitive work cultures such as emergency service organizations are more likely to experience bullying (Hodson, Hogg, & MacInnis, 2009; Hutchinson, 2013; Hutchinson & Jackson, 2015). Drawing on work from Hutchinson et al. (2009) in their evaluation of the Australian healthcare sector, they found that corruption and misuse of power are core antecedents for cultures of workplace bullying. Applying the ecological systems model to this scenario, the theory dictates that workplace bullying in organizations does not occur due to individual conflict but rather from alliances among perpetrators who use their power to control, discipline and silence targets (Hurley, Hutchinson, Bradbury, & Browne, 2016; Hutchinson, 2013; Hutchinson & Jackson, 2015). Organizational acceptance and tolerance creates a culture of normalization of the bullying behavior. There are significant organizational costs associated with workplace bullying including loss of productivity (Rooyen & McCormack, 2013), increased sick time (Lynch, 2002), and litigation (Bartlett & Bartlett, 2011). In health organizations, it has been noted that bullying results in over 2 billion dollars in associated costs and also increased job turnover (Karatza, Zyga, Tziaferi, & Prezerakos, 2016; Ovayolu, Ovayolu, & Karadag, 2014). Patient care has also been identified as a major concern with negative outcomes from medication errors (Spence Laschinger, 2014) to significant harm including death (Spence Laschinger, 2014; Houck & Colbert, 2016).

At the macroystem level, the ecological systems model states that societal, as well as cultural norms, regulate behavior and govern workplace bullying (Johnson, 2011). In the US, multiple studies show that the prevalence of workplace bullying is experienced by 10-30% of workers (Lutgen-Sandvik et al., 2007; Nielsen, Matthiesen, & Einarsen, 2010) compared to Sweden where studies show prevalence as low as 1-5% (Einarsen et al., 2003). Cultural differences also influence workplace bullying through the lens of ecological systems, for example in Europe the value and appreciation of employees is higher compared to the United States as well as in many Scandinavian countries where legislation is in force to manage workplace bullying and leads to lower rates (Einarsen et al., 2003). The outcome of the effects of workplace bullying at the societal level has not been well documented, however, increased costs to consumers and tax payers
due to higher rates of work related illness and loss of productivity are significant (James E. Bartlett & Bartlett, 2011; Nielsen & Einarsen, 2012; Rooyen & McCormack, 2013; Tehrani, 2012).

Previous research has investigated the relationships between bullying behavior and individual characteristics (e.g., age, gender) along with direct relations (e.g., family and peer) and the work environment (Nielsen & Einarsen, 2012; Podsidiady & Gamian-Wilk, 2015). There is limited research into the broader factors associated with bullying such as environment and cultural influences (Hong & Espelage, 2012). A better understanding of the ecological systems levels that influence workplace bullying is an area of study that continues to expand (Gloor, 2014; Hong & Espelage, 2012; Lee, 2011). Focusing on factors associated with workplace bullying and its impact on targets is understood within the context of Bronfenbrenner’s work related to bullying in schools through the ecological model (Bronfenbrenner, 1979; Bronfenbrenner, 1994; Conlon & Zandvoort, 2011). As previously noted, researchers have investigated workplace bullying from many theoretical frameworks, including mental health, emotional stress, leadership styles, conflict management, social interaction, and corporate culture, connecting workplace bullying to organizational outcome, and issues associated with relational power (Einarsen, 1996; Leymann, 1996; Zapf et al., 1996). For the purposes of this review an ecological systems model was employed.

Characteristics of Workplace Bullies

The examination of workplace bullying has arisen from the need to address a social problem and has focused mainly on the bullies. Theories guiding workplace-bullying research are somewhat limited (Hogh et al., 2011; Zapf & Einarsen, 2005). The nature and characteristics of the perpetrator (the bully) is often noted as the leading cause of bullying, while the behavior of the target and workplace culture also often was viewed as irrelevant (Rayner & Fioel, 2007).

Rayner and Fioel (2007) showed that only a minority of survey participants felt that the social environment impacts bullying, while experts suggest that attitudes conveyed by the workplace culture can make all the difference. People become bullies because of self-esteem problems, personality problems, and anger management difficulties (Rayner and Fioel, 2007). Bullies tend to torment those that they believe do not fit into their group because of their appearance, behavior, race or religion, the emergence of a threat to career factors or because bullies think the target may be homosexual (Hauge, et al., 2011). When considering the characteristics of bullying behavior in general populations, males typically present higher rates of having the personality traits linked to perpetrators. Parkins and colleagues (2006) investigated the underlying personality traits of workplace bullying and discrimination. They found that being male, social dominance orientation and low social desirability scores impacted whether or not an individual would be the target of bullying (Parkins, Fishbein, & Ritchey, 2006). They also found that predictors of who the perpetrator of bullying would be were related to right-wing authoritarianism, anxiety and Caucasian ethnicity of the individual (Parkins et al., 2006).

Research conducted over a two-year period by Nielsen and Knardahl (2015) examined personality traits contributing to bullying. They found that neuroticism predicted subsequent bullying when analyzing the direct association between personality traits and targets of bullying (Nielsen & Knardahl, 2015). In an exploratory study by Linton and Power (2013), research was conducted on perpetrators and targets of bullying to identify specific bullying-tyifying traits. They found that Machiavellianism, narcissism and psychoticism were related to the scores of perpetrators (Linton & Power, 2013). Research showed that both male and females who possess personality traits associated with bullying behavior might, in fact, choose occupations granting them high levels of...
freedom and stronger hierarchical structures (Jonason, Wee, Li, & Jackson, 2014). Bullies also have the tendency to structure their social environments based on occupational choice. Research on personality characteristics synonymous with bullying found that women and men were equally as likely to be engaged in aggressive sexually coercive behavior, which in the workplace is a form of sexual harassment or sexual bullying (Blinkhorn, Lyons & Almond, 2015; Vartia & Hyyti, 2002). Whereas sexual coercion in men display what psychological researchers define as adaptive narcissism, similar behaviors in women show a type of maladaptive narcissism by which they demonstrate toxic and more pathological behaviors (Barnett & Powell, 2016; Blinkhorn, et al., 2015).

There is no defined profile as to how a bully may choose an organization to work in for example emergency services, however, there is a body of literature that has found that bullying is often perpetrated by individuals in positions of power (Hurley et al., 2016; Hutchinson & Jackson, 2015). When an unequal power structure is created there is an opportunity for an abuse of power placing a subordinate into a vulnerable position within the power structure where they are unable to defend themselves or unable to remove themselves from the situation (Hurley et al., 2016; Hutchinson & Jackson, 2015; Wiltermuth & Flynn, 2013). First responders by the definition of their role are placed in positions of authority and their organizational structures are typically para-military and hierarchical (Hilary Miller & Rayner, 2012; Schafer et al., 2015). Emergency service organization culture often reflects a tradition of hazing, inappropriate jokes, gender inequity and where leaders in the organization will ignore or openly condone this type of behavior (Lynch, 2002; McKay, 2013; Hilary Miller & Rayner, 2012). Given the complexity of the insular emergency service organization culture perpetrators are often protected or encouraged in their behaviour which has negative outcomes including mental and physical health issues (Einarsen & Nielsen, 2015; Spence Laschinger & Nosko, 2015; Verkuil et al., 2015; Walker, 2017) for targets who may not have a mechanism to address bullying behaviors (Brown & Daus, 2015; Campeau, 2015; Hilary Miller & Rayner, 2012).

Leadership and Workplace Bullying

Fragouli and Ibidapo (2015) described leaders as those who can perceive and influence an action or opinion. Effective leaders may be defined as people who do the right things and who can communicate and collaborate with others in guiding an organization’s operations. It can, therefore, be said that leadership is crucial to effective management, and effective leaders know how to accomplish organization goals while properly managing crisis, including identifying and addressing workplace bullying (Hauge et al., 2011; Hutchinson & Hurley, 2013; Nielsen, 2013).

Poor organizational leadership has been a subject of academic research because of a well-documented theoretical relationship between psychopathology and its effect on the success of organizations (Boddy, 2014; Ladyshewsky, & Galvin, 2010). Psychologists have focused on the adverse effects that leaders who exhibit negative personality characteristics, such as bullying, can have on the organization and employees (Aasland, et al., 2010; McCrimmon, 2010). Recent research has examined the impact of emotional intelligence (EI) and the five-factor model of personality on the effectiveness of organizational leadership (Ladyshewsky, & Galvin, 2010). Researchers are finding that these leaders can often be considered charismatic, driven and adaptive while mirroring the traits of severe narcissists based on many of their psychological characteristics (Lunenberg, 2012).

Leaders who display severe narcissistic characteristics may be convinced that they are successful leaders, but they are typically in a leadership position because of their access to power. These types of leaders can have a significant effect on an organization’s outcomes,
but current speculation on the possible impact of corporate leaders as bullies on organizational issues has not yet been thoroughly examined by the literature (Back et al., 2013; Caponecchia, Sun & Wyatt, 2012). For example, corporate leaders who are bullies damage individuals and the organizations regarding mental and physical health along with decreased productivity (Olive & Cangemi, 2015). These effects include stress, diminished confidence, feelings of helplessness and worthlessness as the result of becoming a target of an organization’s leader(s) (Caponecchia, Sun & Wyatt, 2012).

According to Gudmundsson and Southey (2011), bullying amongst leaders who are bullies has identified sub-clinical cluster B personality traits in these individuals such as narcissism. Leaders with cluster B personality traits who appear successful in the eyes of others have been known to be self-serving, egocentric, opportunistic, charming and manipulative (Boddy, 2011; 2014). Many people describe effective leaders as those who demonstrate charisma, confidence, persuasiveness and courage (Boddy, 2011; 2014). Successful corporate leaders with bullying traits might be confused with transformational leaders because they both share so many of the same qualities, but the difference between the two is that bullies do not respond well to criticism and act out against those who appear to be ‘against’ them (Aasland et al., 2010; Gudmundsson & Southey, 2011). This environment provides bullies a place to use their charm as a cover for their abuse of power and manipulation. When an organization’s structure is faulted, and when there is an absence of organizational rules and limits of their leaders’ initiatives, for instance, a lack of policy or consequences to bullying, the behavior will likely continue to emerge giving them leverage to initiate destructive leadership behaviors (Gudmundsson & Southey, 2011).

**Physical Health Implications of Workplace Bullying**

Multiple studies have examined the impact of health problems experienced by targets of workplace bullying (Einarsen & Nielsen, 2014; Nielsen et al., 2010; Nielsen, Nielsen, Notelaers, & Einarsen, 2015). Nielson (2014) investigated the degree to which bullying leads to significant health problems and found that exposure to workplace bullying has a direct correlation to mental health concerns and somatic symptoms that result in absenteeism from work. Brewer and Venaik (2011) examined the degree to which workplace bullying has on the stress, poor physical condition, and mental health problems as well as lower job satisfaction amongst prison staff. Research showed that particular bullying behavior (i.e. dismissive of the individual and their work) predicted adverse physical health outcomes for the employee as well as increased psychological distress (Brewer & Venaik, 2011). Research indicates that organizational climate is the core mitigating factor that influences the physical and mental (psychological, emotional) well-being of employees (Qureshi, Rasli, & Zaman, 2014). The phenomenon of bullying has been examined by Qureshi and colleagues (2014) through structural equation modeling, and they found a negative relationship between organizational climate and increased harmful impact on employees’ health where workplace bullying is present. The impact on employee health ranges in severity and scope to decreased sleep, increased rates of cardiovascular disease to depression and anxiety (Lovell & Lee, 2011; Qureshi et al., 2014; Walker, 2017). Some of the medical consequences related to workplace bullying across work environments include increased health complaints, neck pain, musculoskeletal complaints, acute pain, fibromyalgia and cardiovascular disease (Sansone & Sansone, 2015).

Morbidity and mortality can result in severe outcomes for targets of bullying up to and including death (Baker, 2011; Bartlett & Bartlett, 2011; Hoel, Faragher & Cooper; 2004; Farmer, 2011; Hogh, Hansen, Mikkelsen & Persson, 2012). Nielsen and colleagues (2015) investigated whether targets of bullying are at an
increased risk for suicidal ideation and suicidal relation over time is a direct result of bullying. The authors found that workplace bullying was a precursor to suicidal ideation, which shows the actual severity of this problem (Nielsen et al., 2015). Of concern is the emerging researching that shows the definitive linkage between exposure to workplace bullying and suicidal ideation including suicide or death (Leach, Poyser, & Butterworth, 2016; Sansone & Sansone, 2015; Turner & Leach, 2012).

**Mental Health Implications of Workplace Bullying**

Over the past twenty years, research on workplace bullying has evolved with a significant focus being placed on the adverse health (mental) related impact to workers who experience bullying (Bano & Malik, 2013; Charles, Piazza, Mogle, Sliwinski, & Almeida, 2013; Einarsen et al., 2009; Einarsen & Nielsen, 2014). As workplace bullying increases, researchers have dedicated a lot of resources to examine issues related to the range of adverse health effects including depression, anxiety and PTSD symptomatology (Nielsen, Tangen, et al., 2015). Bullying behaviors can lead to diagnosable mental health conditions including depression, anxiety, sleep disturbances, panic, nightmares, post-traumatic stress disorder, and suicide (Bano & Malik, 2013; Bartlett & Bartlett, 2011; Bilgel, 2006; Farmer, 2011; Hogh, Hansen, Lapierre et al., 2005; Mikkelsen & Persson, 2012; Walker 2017). The psychological impact on employees who are targets of workplace bullying are prevalent and predominantly negative (Einarsen et al., 2009; Nielsen & Einarsen, 2012a; Verkuil, Atasayi, Molendijk, et al., 2015). Studies consistently show that workplace bullying is a predictor of poor health, higher rates of mental health, suicide and PTSD (Spence Laschinger & Nosko, 2015).

Sansone and Sansone (2015) examined 12 studies that showed that, across work organizations, over 11% of workers identify with having been bullied. They found that females were typically bullied more often than men, however, the emotional consequences of workplace bullying (i.e. mental distress, sleep disturbances, fatigue, sexual dysfunction, depression, anxiety, adjustment disorders, and suicide) were distributed equally between men and women (Sansone & Sansone, 2015). The consistent finding of studies in this area finds that workplace bullying has a bi-directional association with reduced mental health (Nielsen, Tangen, et al., 2015; Spence Laschinger & Nosko, 2015; Verkuil et al., 2015). Spence and colleagues (2015) conducted research on the relationship between bullying and PTSD amongst a sample of 1,205 nurses. They found that frequent exposure to workplace bullying was significantly related to PSTD symptoms which inevitably impacted work productivity, employee health and patient outcomes (Spence Laschinger & Nosko, 2015; Verkuil et al., 2015). Larger cross-sectional and longitudinal studies show the positive association between workplace bullying and symptoms of depression, anxiety and stress-related mental health complaints (Verkuil et al., 2015).

In a five-year longitudinal study, research evaluated the long-term relationship between exposure to workplace bullying and mental health disorders in the form of anxiety and depression (Einarsen & Nielsen, 2014). Results showed that even after controlling for baseline mental health status workplace bullying was a predictor of mental health problems five years and beyond further signifying the severe and long-term impact that bullying has on targeted workers (Einarsen & Nielsen, 2014). Research has examined how physical, mental and behavioral strain experienced by targets of bullying in the workplace impact higher degrees of absenteeism related to illness (McTernan, Dollard, & LaMontagne, 2013; Nielsen & Einarsen, 2012). In a cross-sectional study of 262 employees, the interactive effects of job demands and workplace bullying increased physical exhaustion, depression, and
Absenteeism causing a significant drain on the workforce and the employee (Devonish, 2013). Considered a workplace hazard, bullying has also been identified as being a strong predictor of emotional (psychological) exhaustion (Tuckey & Neall, 2014). Tuckey and Neall (2014) found that weekly emotional exhaustion due to workplace bullying showed negative effects on optimism and self-efficacy of the target employee. The resource loss associated with exposure to bullying at work damages job and personal resources by drawing energy from the individual resulting in physical and mental deficits (Tuckey & Neall, 2014).

In a recent study, Einarsen (2016) investigated the long-term relationship that occurs from exposure to workplace bullying and mental health issues (anxiety and depression) after a time lag of five years and whether there are gender differences. In a sample of 1,613 employees in the Norwegian workforce, symptoms of anxiety and depression were evaluated at two points of time (Einarsen, Skogstad, Rørvik, Lande, & Nielsen, 2016). Results showed a significant predictive factor of long-term mental health issues, five years on, and that baseline levels of mental health symptoms (anxiety and depression) did not predict subsequent exposure to bullying among women but anxiety did with men (Einarsen et al., 2016). Research shows that the long-term impacts of workplace bullying have grave consequences to the health of workers especially men.

**Workplace Bullying and Organizational Outcomes**

Bullying does not just harm the targets and the co-workers of the target, but also impacts the organization itself (Escartín, Rodríguez-Carballeira, Zapf, Porrúa, & Martín-Peña, 2009; Nielsen & Einarsen, 2012; Salin, 2003; Sheehan & Griffiths, 2011). Studies have indicated that between 10% and 52% of a target’s time at work was deemed ‘unproductive’ due to the amount of time required to defend themselves and seek out support, worrying, thinking about the bullying impact on their career, lack of satisfaction at work, being easily distracted, experiencing higher rates of anxiety and depression while increasing sick time for illnesses related to stress (Devonish, 2013; McTernan, et al., 2013). Bano & Malik (2013) evaluated workplace bullying on organizational outcomes using the NAQ-R, and found that workplace bullying is a strong predictor of low job satisfaction and wellbeing (Bano & Malik, 2013). At the organizational level, workplace bullying is often normalized as part of the work culture and where job as well as social stressors impact targets (Leymann, 1996; Salin, 2003). Until recently, the organization has been seen as playing a tertiary or background role when it comes to workplace bullying where interpersonal conflicts are cultivated and left to be resolved at the individual level (Gloor, 2014).

In today’s competitive business world, organizations are increasingly driven by the bottom line where cost-cutting objectives are constantly evolving (Salin, 2003; Valentine, Fleischman, & Godkin, 2015). Given the serious issues associated with workplace bullying such as poor mental and physical health outcomes (Einarsen & Nielsen, 2015; Gabriele Giorgi et al., 2016; Spence Laschinger & Nosko, 2015) and as noted earlier, increased sick time (Lynch, 2002; Matthiesen & Einarsen, 2004) as well as low productivity (Bano & Malik, 2013) organizations are increasingly facing costs of workplace bullying. Where the organizational culture does not effectively identify and address workplace bullying, the workplace can become toxic leading to further issues such as low morale, decreased job satisfaction, increased errors, increased employee turnover and increased absenteeism which has a detrimental impact on the organization’s ability to meet their financial and growth goals (MacIntosh, Wuest, Gray, & Aldous, 2010; Namie, 2003). Loss of productivity and work quality are not unique to the target of bullying, non-bullied employees and witnesses of bullying in the workplace are also impacted (Lovell & Lee, 2011; Samnani, 2013).
Other associated costs for organizations on top of productivity loss includes the intervention of third party investigations, litigation, increased compensation claims, and increased liability (Cooper, Hoel, & Faragher, 2004; Gloor, 2014; Salin, 2003). Researchers have also reported the increase in employee turnover and the associated costs of recruitment and retention as a result of workplace bullying (Bano & Malik, 2013; Frederick, 2014).

Many organizations have taken extremely proactive measures against workplace bullying, such as the threat of immediate repatriation, because of the severe impact that it has had on businesses, including profit margins (Rooyen & McCormack, 2013). To mitigate this situation, creating an active social community at work can decrease the impact of poor leadership and workplace bullying (Francioli et al., 2016). The social community acts as a mediator and contributes to mechanisms involved in the prevention of bullying.

**Emergency Service Organizational Culture**

Archer (1999) was among the first to conduct studies into the influence of power and culture on bullying within the UK Fire Service. This study found that bullying occurs in the Fire Service under two contexts, the first being inappropriate behavior by supervisors such as intimidation, threats and the use of discipline and secondly, bullying within groups which are found to be the most damaging to individuals (Archer, 1999). This group is dependent on socialization processes, acceptance, conformity, rank and file, indoctrination and to preserve the hierarchy at all costs (Archer, 1999).

In a study by Ward and Winstanley (2006) investigation into the UK Fire Service explored workplace bullying among sexual minorities and social diversity. The research found that organizational culture has impacted the ability for sexual minorities and those of diverse race, non-Caucasian, and has led to the fragmentation of regional departments, fire stations, and shifts (Ward & Winstanley, 2006). Data shows that complex cultural ‘norms’ within the Fire Service, which was white male dominated, impact the work environment, verbal discourse, how members work together and increased levels of harassment and bullying (Ward & Winstanley, 2006).

To better understand the insular organizational culture in emergency service, Campeau (2015) provided a great deal of insight into what is commonly referred to as ‘cop culture’. Within police agencies, the notion of ‘police or cop’ culture is based on an unwritten set of entrenched values (e.g. solidarity, suspicion, ritualism, conformity, conservatism) where institutional tradition far outweighs modern day accepted human resource practices that include the management of bullying behavior (Campeau, 2015; McKay, 2013). Similar to the fire service, the police service is also based on rank, hierarchy, and paramilitary structures (Archer, 1999; McKay, 2013; Ward & Winstanley, 2006; Walker, 2017). Quite often these organizational ‘values’ of self-determination, self-regulation and insular culture may, in fact, ignore the impact of bullying within the organization and the negative consequences to their members’ mental and physical health.

An in-depth qualitative study using the self-categorization theory and the interaction ritual chain theory in a group of police officers found that isolation is the key bullying behavior identified within a law enforcement ESO (Miller & Rayner, 2012). Research showed that other forms of bullying such as ridicule, harassment, offensive discourse or embarrassing sexual inferences were tolerated provided there was no social exclusion (Miller & Rayner, 2012). Police culture is deeply rooted in the notion of the acceptance of ritualistic behavior that contained bullying similar to that of the Fire Service (Archer, 1999; Miller & Rayner, 2012; Ward & Winstanley, 2006). Beckley (2014) examined the concept of organizational justice as a fundamental component of trust and legitimacy amongst the police service in Australia as it impacts the occupational health and well-being of police officers. When a police force displayed...
a culture that included positive and supportive organizational justice regarding managing bullying in the workplace the occupational commitment of the employees (police officers) showed commitment and dedication towards their peers and the work (Beckley, 2014). Workplace bullies have a substantial and severe impact on the organization in which they serve, and when this ‘bullying atmosphere’ begins to pervade an organization, morale is compromised, and productivity is affected (Bartlett & Bartlett, 2011; Samnani & Singh, 2014). Research shows that many leaders within ESOs either fail to recognize workplace bullying or they are in fact, the party to the problem itself (Owoyemi & Sheehan, 2011; Miller & Rayner, 2012; Jones & Williams, 2015).

**Workplace Bullying in Healthcare**

The health system has not been immune to scandals related to workplace bullying calling into question senior leaders’ ethics and their disregard for considerations around how bullies thrive in modern institutions (Baker, 2011; Hutchinson & Jackson, 2015). Failures in health care standards have been the result of organizational outcomes that often lead to public inquiries due to the presence of workplace bullying (Alberti, 2009; Francis, 2010; Garling, 2008; Hutchinson & Jackson, 2015). Prior work has identified that pervasive manager and worker bullying have resulted in patient care failures such as medication errors, medical misadventures and in extreme cases death (Alberti, 2009; Francis, 2010; Garling, 2008; Hutchinson & Jackson, 2015). Workplace bullying is, in fact, a prevalent contributing factor in adverse patient outcomes, further supporting the importance of this research study’s investigation of the prevalence and impact of workplace bullying on first responders (Alberti, 2009; Francis, 2010; Garling, 2008; Hutchinson & Jackson, 2015).

Building on evidence that workplace bullying is linked to medical errors, unsafe hospital environments and negative patient outcomes, Skarbek and colleagues (2015) interviewed nurse managers through semi-structured interviews. Through the use of Ray’s Theory of Bureaucratic Caring the following themes emerged: (a) awareness, (b) scope of the problem, (c) quality of performance and (d) healthy, caring environments, and were all associated with mitigating and preventing workplace bullying (Skarbek, Johnson, & Dawson, 2015). They found that managers typically characterized bullying as an interpersonal issue between the perpetrator and the target, attributable to the characteristics of the perpetrator. Managers often described supporting the target’s effort to end bullying and took more responsibility for intrapersonal bullying (Skarbek et al., 2015). What is clear from this research is that managers and leaders in organizations take varying approaches and varying degrees of responsibility towards bullying by way of categorizing the type of bullying they perceive is occurring (Skarbek et al., 2015). This can lead to inconsistencies in organizational culture around bullying, potentially allowing for continued bullying behaviors, leading to adverse outcomes.

Hutchinson and Jackson (2015) examined workplace bullying in the Australian public service through the assessment of various power dynamics and critical failures in health and social services. They noted that health-care and public service organizations were deemed to be at high-risk for entrenched degrees of workplace bullying due to the perception that health care is part of the helping profession and therefore conventional wisdom may suggest that a culture of bullying would not be created, which is untrue (Frederick, 2014; Wright & Khatri, 2015). Other related studies have confirmed that high-risk workplaces for bullying include health-care; teaching and emergency services (Lynch, 2002; Estryn-Behar et al., 2008; Hutchinson 2013).

Etienne (2014) examined a sample of Pacific Northwest nursing staff using the NAQ-R to measure the degree of bullying amongst nurses. They found that 48% of respondents admitted to
having been bullied in the workplace within a 6-month period. The majority of respondents identified “being ignored (Etienne, 2014) or excluded” as the most common negative experience. Etienne’s (2014) research noted that bullying in the nursing profession has been identified as one the greatest factors impacting negative patient outcomes and increased occupational stress and job turnover which is consistent with other research in this area (Condon, 2015; Etienne, 2014; Granstra, 2015; Wright & Khatri, 2015).

Workplace bullying within the nursing profession has been described as a wave of incivility that is typically left unaddressed (Condon, 2015; Frederick, 2014). Bullying behaviors are disruptive and harmful to individuals and institutions. While the prevalence of workplace bullying continues to rise in health care organizations, it is apparent that ethical tenants, shame, and betrayal are profound impacts on the targets of bullying and lead to negative patient care outcomes. Like most organizations, the health care profession is looking at ways to assess, prevent and mitigate workplace bullying (Bano & Malik, 2013; Etienne, 2014). Research shows that there is a significant problem in establishing reduction strategies to address and prevent bullying in the workplace (Bano & Malik, 2013; Etienne, 2014). Etienne (2014) showed that an effective solution amongst nurses is training and education on assertive and aggressiveness training. Further research is sorely lacking in adequate golden standard solutions. Skarbek (2015) found that while establishing systems to address workplace bullying a focus should be placed on communication, mutual support and teamwork to create an environment within nursing that promotes a culture of patient safety and positive workplace experiences, which inevitably impact patient care.

Workplace Bullying in Emergency Services

In attempting to formulate a complete picture showing the severity and rate of workplace bullying in the emergency services field, most research has been focused on police officers and firefighters (Miller & Rayner, 2012; Owoyemi, 2011; Walker, 2017). Miller and Rayner (2012) explored police officers’ perceptions of behaviors deemed to be bullying, specifically social exclusion, which is a common bullying tactic in emergency services. They examined why police officers participate in workplace bullying despite anti-bullying policies and organizational culture. Their research was grounded in the notion that workplace bullying may serve some function within the organization and efforts to eradicate it may be hampered because of its perceived utility within the occupational culture (Miller & Rayner 2012). Specifically, police culture can be seen as having a variety of mechanisms whereby officers learn to make sense of their jobs and the organization, as well as their role and the roles of others (Miller & Rayner, 2012). These mechanisms, which generate the basis of police culture, may be simple rituals performed and retold as stories for each new generation of officers or complex identities that capitalize on cynicism, macho masculinity, and separation between police and everyone else (Miller & Rayner 2012). As well, police officers’ acceptance and solidarity with the group was a product of their conforming to expected behaviors and correctly performing rituals, such as going to the gym with co-workers or seating arrangements in transportation, with much of these behaviors and consequences occurring subconsciously and nonverbally (Miller & Rayner, 2012).

Their findings also showed that often, police officers themselves do not categorize bullying behaviors as bullying, but rather a “rite of passage” or necessary process toward succeeding or advancing (Miller & Rayner, 2012). While being given, what may be deemed, as a series of tasks below their capabilities might be considered harmless, isolation from the team was noted as the most powerful and harmful for the target (Miller & Rayner, 2012). It goes to reason that police officers may contribute to
workplace bullying by adhering to organizational cultures and structuring their identities around bullying behaviors as the conventional way to respond.

McKay’s (2012) case study on the Royal Canadian Mounted Police (RCMP) sought to understand how the organization’s structures and processes impede solving the problem of workplace bullying. The RCMP has been criticized heavily over the past few years due to its history of systemic bullying and harassment within the organization, particularly among women. McKay’s (2012) research focused on the organizational and occupational context as the primary determinant of how workplace bullying is experienced and managed. Organizational structures impact individual bullying behaviors by preventing individual agency within highly bureaucratic systems. In other words, individual employees become bullies based on their access to power within the hierarchy (McKay 2012).

McKay (2012) asserts that it is the bureaucratic nature of the RCMP, which enables workplace bullying to persist despite threats of discipline. Strict adherence to the hierarchy, as well as the impersonal nature of relationships within the organization, contributed to police officers having little individual agency to speak up to intervene or prevent workplace bullying. (McKay 2012). Upon investigating the RCMP, McKay (2012) offered suggestions for how the organization can help to improve its anti-bullying efforts, including creating additional communication channels for employees where inappropriate interpersonal behavior can be reported. This information would be combined with employee evaluations and unionization to create an environment of accountability for bullies to face firm and severe consequences for their behaviors (McKay 2012). The findings from this research show that organizations must have open communication about workplace bullying. Organizations must create avenues whereby individual agency can be gained and expressed. Workplace bullying is usually about power, so helping police officers to feel they have the power within the hierarchy may help organizations struggling with bullying to move beyond the challenge and into applied practices.

Brunetto and colleagues (2016) investigated the impact of perceived organizational support from management for the target of bullying when it occurs amongst soldiers and police officers and subsequent job performance outcomes (Brunetto, Xerri, Shacklock, Farr-Wharton, & Farr-Wharton, 2016). Results showed that perceived organizational support and bullying explained a third (28%) of psychological well-being, perceived organizational support, bullying, and psychological wellbeing explained two-thirds (68%) of affective commitment, and bullying and affective commitment explained half (53%) of job turnover (Brunetto et al., 2016). The implications for this population is that soldiers and police officer are more likely to experience better workplace performance while being bullied if they are supported by organizational management.

Part of working with ESOs, including the fire service, is being able to operate in highly stressful and physically demanding situations where the need for psychological wellness is essential to conduct safe operations that save lives (Sinden et al., 2013). Female firefighters are a minority in this male dominated profession, like in many of the emergency services, and the impact of bullying towards and job demands on female firefighters, specifically through occupational health and safety outcomes, are significant (Sinden et al., 2013). Firefighters are placed in high-risk situations that increase the odds of sustaining an injury from a mental health and physical health perspective. Many female firefighters identify that negative attitudes or ‘bullying’ by their male counterparts are prevalent and detrimental to their recognition of injury. The risk of the bullying culture may lead the female firefighter to ignore safety concerns to minimize bullying behavior in executing their duties, leading to serious harm (Sinden et al., 2013). Implications of this study called for more
research that targets the physical and psychosocial aspects of firefighting and the impact on women.

Owoyemi and Sheehan's (2011) work within ESO environments provided a working definition of workplace bullying as mirroring current standard definitions of bullying as noted above in this paper. The researchers also propose an aphasic approach regarding classifying how workplace bullying often moves from indirect, subtle and discrete bullying behaviors into more aggressive and hostile acts if the behavior goes unreported (Owoyemi & Sheehan 2011). Their research used the Negative Act Questionnaire to ascertain ESO employees’ direct or indirect experiences with bullying in their workplace. Their work showed significant differences whereby employees were subjected to interpersonal bullying, with men more likely to be bullied than women, and ethnicity and length of service also showing statistical significance (Owoyemi & Sheehan, 2011). Owoyemi and Sheehan (2011) demonstrated correlations between the bullying experienced and demographic identifiers. Heterosexuals, non-disabled people, men, people over 51, and those with an ethnicity marked as other were more likely to experience administrative bullying and be subject to social exclusion. Bullying in ESOs and emergency health services have serious and detrimental consequences for targets, witnesses and the organization as a whole (Archer, 1999; Blackstock et al., 2015; Johnston, Phanhtharath, & Jackson, 2009; McKay, 2013; Miller & Rayner, 2012). The implications for those involved in workplace bullying include serious mental health issues (Einarsen & Nielsen, 2015; Spence Laschinger & Nosko, 2015; Verkuil et al., 2015), physical health issues (Hutchinson & Jackson, 2015; Karatza et al., 2016), suicide (Dobry, Braquehais, & Sher, 2013; Leach et al., 2016; Sansone & Sansone, 2015), poor job performance (Devonish, 2013; Nielsen & Einarsen, 2012), negative patient safety outcomes (Houck & Colbert, 2016; Longo & Hain, 2014) and other associated costs to the organization such as absenteeism and employee turnover (Devonish, 2013, 2014; Nielsen & Einarsen, 2012; Salin, 2003) have serious and long term negative mental and physical health outcomes (Gabriele Giorgi et al., 2016; Glambek, Matthiesen, Hetland, & Einarsen, 2014).

**Bullying and Public Safety Outcomes**

Despite the lack of research on first responders who have experienced workplace bullying and related patient safety outcomes, a significant amount of research in recent years has been conducted in the nursing profession as it relates to workplace bullying and patient outcomes. The consensus of researchers is that workplace bullying is an issue that is being faced by all health care organizations (Condon, 2015; Johnston et al., 2009; Wright & Khatri, 2015). Studies continually show that an organization’s inability to identify, address and prevent workplace bullying is too detrimental and impacts staff as well as patient outcomes in negative ways (Condon, 2015; Johnston et al., 2009; Wright & Khatri, 2015). When considering public and patient safety as a critical element for quality care, Longo and Hain (2014) noted that evaluating threats to safety include the behavior of healthcare staff which has been associated with poor clinical outcomes (Longo & Hain, 2014). An environment where bullying exists has increased toxicity and adverse consequences for employees and the organization itself (Escartín et al., 2009; Parzefall & Salin, 2010; Saunders, Huynh, & Goodman-Delahunty, 2007).

The impact of workplace bullying among nurses leads to negative patient care outcomes including medical misadventure, medication errors and in some cases can result in death (Etienne, 2014; Granstra, 2015; Johnston et al., 2009; Wright & Khatri, 2015). Verkuil and colleagues (2015) conducted a study to investigate subtle forms of workplace bullying and the impact on patient safety, risk and nurse-assessed quality and prevalence of adverse events within a Canadian health care facility.
They found that bullying from nurses, physicians and managers had a direct and indirect impact on nurse-assessed adverse events such as misdiagnosis, medication errors, and treatment mistakes that can result in critically dangerous outcomes (Verkuil et al., 2015). The authors note that workplace bullying had unfavorable impacts on nursing outcomes with patients, patient quality and increased patient safety issues (Verkuil et al., 2015). Subsequent research by Houck (2016) examined negative nursing outcomes related to patient care, job dissatisfaction, turnover, and intent to leave amongst nurses who are targets of bullying in the workplace. Houck’s (2016) study showed significant patient safety risk including misdiagnosis, medical misadventures, medication errors and negative treatment errors associated with workplace bullying as well as increased physical and mental health issues experienced by targets of bullying. Workplace bullying can have severely negative impacts on the health, emotional stability, and wellness, self-worth, decision-making ability, job performance and satisfaction of workers, (Bartlett & Bartlett, 2011; Farmer, 2011; Hog, Hansen, Mikkelsen & Persson, 2012) but there is little research on the impact of bullying on the patient outcomes of first responders.

Conclusions
This review examined the theory, behavior, characters, prevalence and impact of bullying experienced by first responders and investigated the perceived impact of bullying on the participant’s mental health. Research shows that first responders working in ESOs report upwards of 60% having had experienced workplace bullying, which is similar to prior research on first responders and significantly higher than the national average (Archer, 1999; Hilary Miller & Rayner, 2012; Owoyemi, 2011; Walker 2017).

The prevalence of workplace bullying remains consistency high in emergency service organizations (Archer, 1999; Hilary Miller & Rayner, 2012; Owoyemi, 2011, Walker 2017). The implications shed light on a serious issue facing first responders that has potentially severe and negative outcomes including increased rates of mental health disorders and psychological trauma, impact to public safety, negative impacts on organizational culture and in severe cases suicide (Leach et al., 2016; Nielsen & Einarsen, 2012; Nielsen, Magerøy, Gjerstad, & Einarsen, 2014; Reknes et al., 2014). Future research must continue to examine ways in which workplace bullying can better understood to reduce the prevalence and impact of negative mental health outcome amongst first responders.

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