



BACKGROUND

- The rate of workplace bullying increased 57% since 2017
- Workplace Mobbing is the non-sexual repeated bullying of an individual by a group of coworkers over a period of time, with tacit approval from leadership or the organization**
- The purpose is to remove the individual from a position, a unit, or the organization

OBJECTIVES

- To publish and implement a framework to raise awareness and address workplace bullying/mobbing and improve professional wellbeing and workplace safety.

METHOD/APPROACH

Five steps included:

- literature review of "workplace mobbing"
- interviews with 12 senior administrative leaders in academic medical centers/hospital system
- input from a consultant and an advocacy group
- research study using mixed methods (survey and structured interview) with volunteer self-identified WPM "targets" (*on-going*)

REFERENCES

Home - Workplace Bullying Institute: For others- See [handout](#)

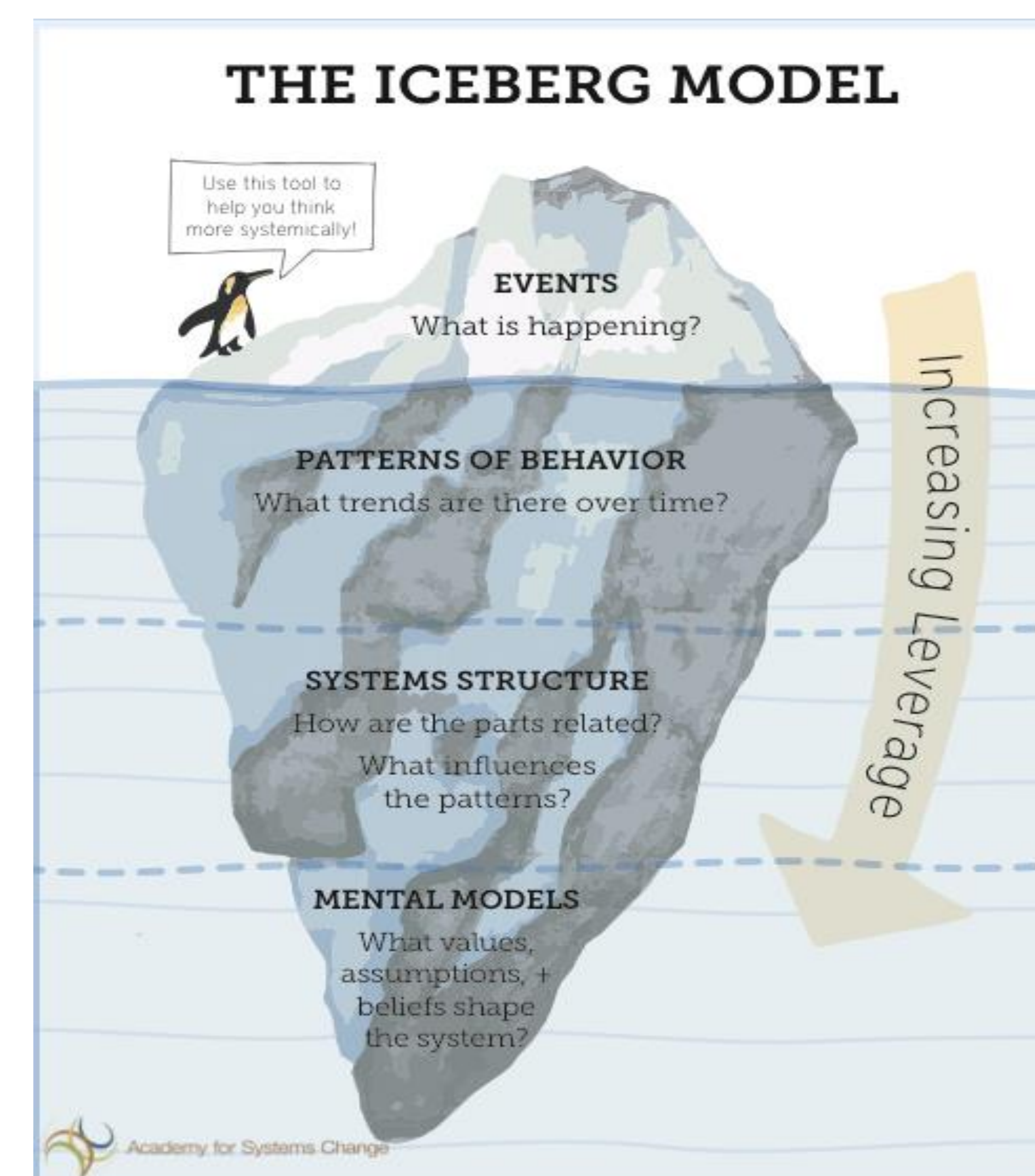
In the PUBMED database, 41% of 175 articles on WPM over 26 years were published in the last 5 years, the majority from outside the United States

Study results (On-going)

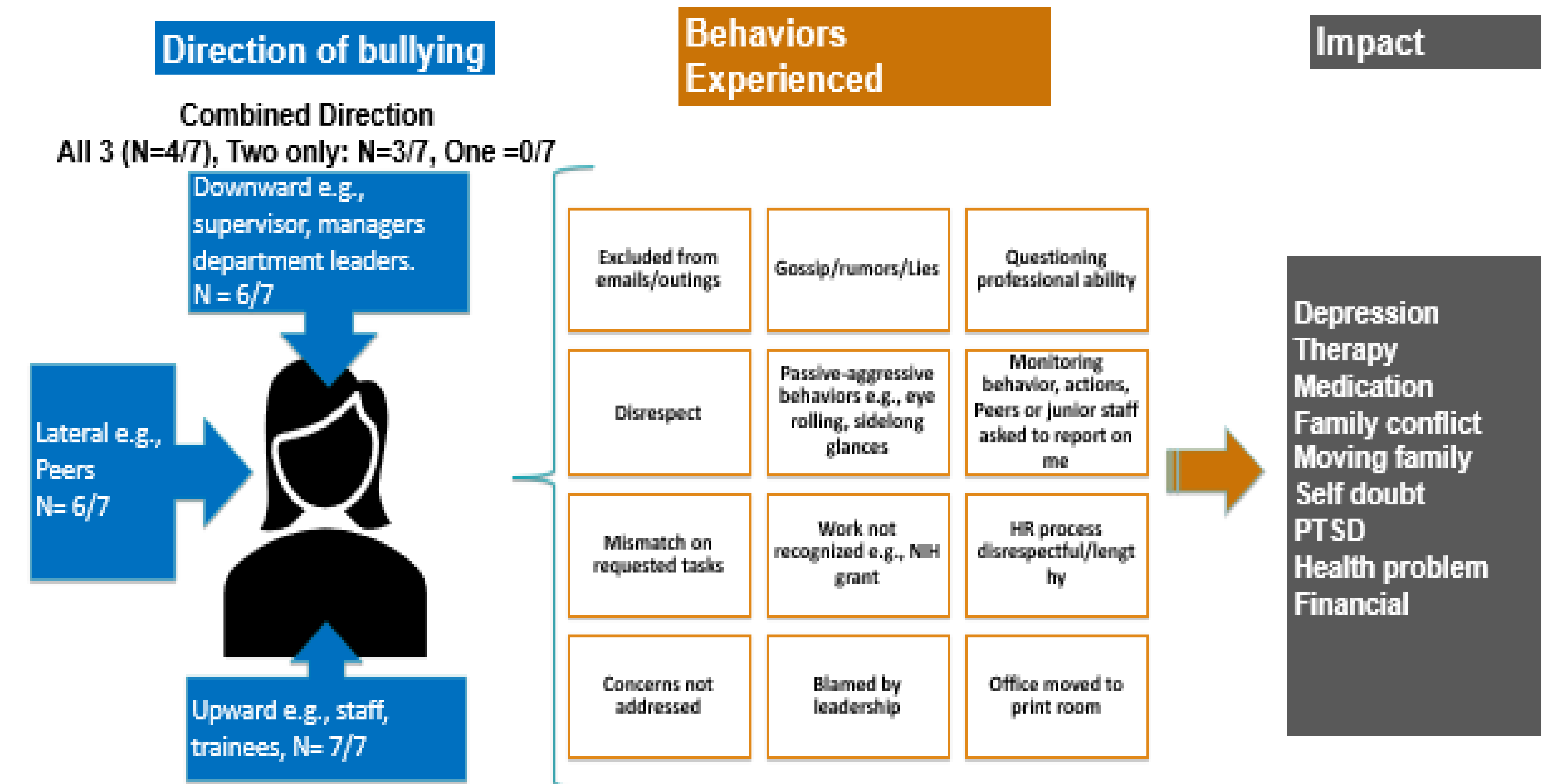
Seven self-identified WPM targets; Female (6) male (1); non-Hispanic White (5) non-Hispanic Black (2), Formal leadership (5), trainee (1). Length of mobbing period: 1- 8 yrs Median period: 2-3 years

What was most difficult?

- Destroying my professional & personal reputation
- 'The HR process'
- Shame and Self-blame



RESULTS



What helped you cope? Leaving the institution, Having someone say, "we believe you", "Having someone stand up for me", "Therapy", "Spouse/Family/Friends"

Interview with 12 medical school leaders/hospital administrators

- Three-quarters (75%) were unaware of WPM. With a definition, 10 easily recalled WPM.
- Recommendations to address WPM included: 1) Use systems approach (Iceberg model) (2) policies (3) increase awareness (4) peer coaches (5) establish faculty affairs HR liaison position (6) multi-institutional research group, (7) focus on trainees (8) AAMC collaboration

SUMMARY AND NEXT STEPS

- WPM occurs with maladaptive institutional cultures, structures, dynamics, and conflict management
- The harm to the target and organization is long term and significant.
- Recommendations must be system-based as lessons from WPM apply broadly
- Next steps:** Complete study, publish framework and implement recommendations

ABSTRACT: 2019 ELAM Institutional Action Project

Project Title: Addressing Institutional Responsibility in Workplace Mobbing (Group Bullying)

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Topic Category: Faculty Affairs (Professional Wellbeing and Safety)

Background and Significance: Since 2017, the rate of workplace bullying has increased 57%. In 2021, 21 million adults in the United States civilian workforce reported direct experience with workplace bullying. These range from incivility to the extreme, workplace mobbing (WPM). In WPM, there is *non-sexual repeated bullying over a period of time* of a coworker by a group of workers in an organization, often with *tacit approval by leadership*. The group acts to devalue, humiliate, marginalize, demean, discredit, and destroy the reputation of the target, often with the intent of removing the target from a position or the organization. WPM in academic medical centers or healthcare institutions results in an unsafe professional environment, poor patient care, negative physical and psychological wellbeing for the target, and potential legal implications for the institution. Multiple factors trigger WPM/bullying, but at the core are maladaptive institutional structures, culture, dynamics, and conflict management. Lessons learned from WPM are applicable for the less severe forms of workplace incivility and non-group bullying.

Objectives: To publish a framework to raise awareness, address workplace bullying/mobbing and improve professional wellbeing and workplace safety in academic medical centers/healthcare systems.

Methods: The framework will be developed using the following activities: (a) literature review of "*workplace mobbing*", using three health-related databases (PUBMED, EMBASE, PsycINFO); (b) interviews with 12 senior administrative leaders and managers in academic medical centers/hospital system; (c) input from a consultant and an advocacy group; (d) review of existing surveys on workplace conflict and bullying; and (e) research study using mixed methods (survey including negative acts questionnaire and structured interview) with eight volunteer WPM "targets" to describe the "lived" experience and identify themes that may mitigate or exacerbate workplace bullying.

Outcomes/Results: Between 1994-2022, a search of the four databases yielded 230 unique publications. Of the 175 articles in the PUBMED database over 26 years, 41% were published in the last 5 years, and the majority were from outside the United States. An intersection of personal, interpersonal, and institutional factors drives WPM. The directionality of WPM can be upward, lateral, downward or a combination. Targets tend to be female, ethnic minority, conscientious, anxious, high-level performers or perceived as different. The premise that the mobbing target is the 'bad apple' and is to blame is no longer endorsed. Institutional risk factors include autocratic or laissez-faire leaders, unclear reporting structure, and discrimination. Three quarters (75%) of the 12 medical school leaders/administrators interviewed were unaware of WPM. However, after providing a definition, ten individuals easily recalled knowledge of a mobbing event. They suggested the following system-level recommendations to address WPM: increasing awareness, creating case-based rounds, or learning modules, developing institutional policies, establishing a position in faculty affairs to support executive coaching, creating a team of peer coaches on conflict management and workplace safety, focusing at the trainee-level (medical students, residents, fellows), creating a multi-institutional research and scholarship workgroup, and collaboration with AAMC. The research study is on-going, and results will be presented.

Discussion: There is limited awareness and a deficit of scholarship on WPM despite the substantial negative impact on individual health and professional wellbeing, workplace safety, work satisfaction, performance, and productivity. Academic medical centers/hospital systems can proactively and judiciously implement system-level activities to prevent and/or mitigate WPM.