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Workplace bullying and incivility: a systematic review of interventions

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Abstract

Purpose – Workplace mistreatment has a negative impact on the health and well-being of approximately 20 per cent of workers. Despite this, few interventions have been evaluated and published. The purpose of this paper is to address the question “what interventions designed to reduce workplace bullying or incivility are effective and what can be learnt from evaluated interventions for future practice?”

Design/methodology/approach – A systematic review was undertaken in which 11 electronic databases were searched, yielding 5,364 records. Following screening on abstract and title, 31 papers were retained for detailed review and quality assessment. Subsequently, 12 interventions to address workplace bullying or incivility were critically appraised.

Findings – The papers spanned a wide range of approaches to and assumptions about resolving the problem of bullying and/or incivility. Half the studies focused on changing individual behaviours or knowledge about bullying or incivility, and duration of intervention ranged from two hours to two years. Only four studies were controlled before-after studies. Only three studies were classed as “moderate” in terms of quality, two of which were effective and one of which was partially effective.

Originality/value – A final synthesis of results of the review indicate that multi-component, organisational level interventions appear to have a positive effect on levels of incivility, and should be considered as a basis for developing interventions to address workplace bullying.

Keywords Review, Bullying, Intervention, Incivility

Paper type Research paper

Introduction

Workplace mistreatment is a broad or overarching term, capturing a range of more specific abuses and insults that workers may experience, often routinely, in their workplace. It can include indiscriminate discourteous and disrespectful treatment, more targeted, personalised abuse, or more generalised unreasonable treatment where management practices and procedures are offensive, demeaning or used in a way that undermines confidence. Mistreatment can be perpetrated by individuals or groups: colleagues, managers or clientele. Many of the forms of mistreatment, including bullying, incivility, third-party violence, sexual harassment, have been studied in their more specific constructions, although there have been calls for a synthesis of terms and greater conceptual clarity (e.g. Di Martino *et al.*, 2003; Aquino and Thau, 2009), based on the potential overlap between manifestations, and the need to move from analysis to action in addressing what is a known threat to health and well-being in the workplace. While there



are conceptual differences between forms of mistreatment, these may be less important than the similarities. Workplace mistreatment, particularly bullying and incivility, has been researched with some intensity over the last 20 years, and although the negative impact on health has been demonstrated beyond dispute along with consequent losses in job satisfaction and productivity (e.g. Di Martino *et al.*, 2003), there is little evidence that mistreatment has reduced in any way or become less potent in workplaces. Indeed, bullying, harassment and violence have been identified in an expert forecast of emergent psychosocial risks in the workplace (Brun and Milizarek, 2007) and as an issue for priority inclusion in the development of psychosocial risk factor surveillance systems (Dollard *et al.*, 2007). On this basis, a systematic review was undertaken to explore the effectiveness of interventions to reduce the prevalence of workplace bullying and incivility.

Incivility and workplace bullying

Incivility and bullying co-occur to quite a significant degree. The British Workplace Behaviour Survey found that one-third of a nationally representative sample experience both incivility and unreasonable treatment, the term preferred over bullying (Fevre *et al.*, 2012). Similarly, in a survey of working conditions across 34 countries, overlap in responses to items measuring verbal abuse, threats, humiliation and bullying ranged from 34 to 79 per cent.

A close examination of what is meant by the terms, and the conditions under which they occur renders this concurrence unsurprising. Incivility in the workplace is defined as “low-intensity, deviant behaviour with ambiguous intent to harm the target, in violation of workplace norms for mutual respect” (Anderssen and Pearson, 1999, p. 457). Examples of uncivil behaviour include rudeness, slights, sarcasm, mocking, disparaging remarks and the belittling or excluding of others (Pearson and Porath, 2005; Lim and Cortina, 2005). Bullying is defined as “the systematic mistreatment of a subordinate, a colleague, or a superior, which if continued and long lasting may cause severe social, psychological, and psychosomatic problems in the target” (Einarsen *et al.*, 2011, p. 4). Bullying is a process, enacted over time and usually by an individual with power, hierarchical or social, over his or her target or targets. Intent to harm, coerce or manipulate is usually evident in bullying, although difficulties with measurement and perception have been noted (see e.g. Keashly and Jagatic, 2011).

Incivility is defined as ambiguous with regard to intent to harm, although it is acknowledged that incivility can spiral in workplaces and lead to higher levels of aggression and purposeful efforts to harm (Pearson and Porath, 2005) and can segue into bullying or harassment (Lim and Cortina, 2005). For both bullying and incivility, managers are the most common, but not the only perpetrators (Pearson and Porath, 2005; Fevre *et al.*, 2012; Georgakopoulos *et al.*, 2011; Zapf *et al.*, 2011).

Impact on health

The negative impact of bullying and incivility on health and well-being is indisputable. Although incivility is often described as low-level or minor, it is not without impact (Vickers, 2006; Bartlett *et al.*, 2008). Experiencing incivility is associated with psychological distress (Cortina *et al.*, 2001), burnout, anxiety and depression (Langlois *et al.*, 2007) and general reduced well-being (Hershcovis, 2011). Bullying has been demonstrated to be associated with sleep difficulties, somatic problems and irritability (O'Moore *et al.*, 1998) but in particular anxiety and or depression (Quine, 1999, 2001; Kivimaki *et al.*, 2003; Hansen *et al.*, 2005; Hauge *et al.*, 2010). The more frequent the

exposure to bullying the higher the risk of depression (Niedhammer *et al.*, 2006). In a study of working conditions across 27 EU states, while 15 per cent of the sample experienced six or more symptoms of poor health, this figure rose to 40 per cent for those bullied (Parent-Thirion *et al.*, 2007). Witnessing bullying also leads to reduced health and well-being (e.g. Niedhammer *et al.*, 2006; Hansen *et al.*, 2005). Exposure to bullying in work has been described as a more crippling problem for employees than all other kinds of work-related stress put together (Zapf *et al.*, 2003).

These negative effects are not confined to a small minority. Workplace mistreatment is remarkably common. Drawing from a wide range of studies, and attempting to take noted measurement difficulties into account (for a more detailed treatment see Nielsen *et al.*, 2010), Zapf *et al.* (2012), estimate that between 3 and 4 per cent of workers experience serious bullying, between 9 and 15 per cent of workers experience occasional bullying and at least 10-20 per cent experience negative social behaviour at work, which may not meet strict criteria for bullying but nonetheless cause stress and impact negatively on health (Zapf *et al.*, 2011). This latter category corresponds with notions of incivility and is consistent with incivility prevalence estimates (e.g. Cortina *et al.*, 2001; Pearson and Porath, 2005; Fevre *et al.* 2012). Fevre *et al.* (2012) found that, about 47 per cent of workers in the UK experience some form of mistreatment, such as unreasonable treatment, incivility, denigration or physical violence. Just over one-third of Australian workers report being sworn or yelled at while at work, and almost one-quarter reporting having been humiliated in front of others (Dollard *et al.*, 2012).

Theoretical explanations

Workplace bullying has been recognised as an organisational problem since Leymann (a pioneer in the study of workplace mistreatment), first explored it in the context of the psychosocial work environment and leadership practices (Einarsen, 1999; Einarsen *et al.*, 2011). Leymann maintains that given the appropriate conditions anyone can engage in bullying, and research supports the significant contribution of organisational factors. In recent years interest in exploring how work environment factors contribute to bullying has accelerated (Salin and Hoel, 2011), accumulating evidence of associations between prevalence and work environment factors, in particular role conflict. Where employees perceive contradictory expectations, demands and values in their jobs and where expectations are perceived as unclear or unpredictable bullying and harassment will thrive (Salin and Hoel, 2011). Further patterns of prevalence reveal “institutional context” to be important. Bullying is more likely in large organisations, in public sector organisations and male-dominated organisations (e.g. Vartia, 1996; O’Moore *et al.*, 1998; Zapf *et al.*, 2011), and in health, public administration and educational sectors (Zapf *et al.*, 2003). For example a national survey of bullying prevalence in Ireland found an overall rate of 7.9 per cent, but with rates of 13, 13.3 and 14 per cent in health, public administration and education, respectively. Furthermore, bullying is especially prevalent in total institutions, where dominance and power imbalances are deeply embedded and virtually unquestioned, where there is rank structure, highly authoritarian leadership style, many regulations and restrictions (Vartia, 2001; Salin, 2003). Qualitative studies of target’s experiences frequently find that workers feel highly compromised with regard to confronting bullying behaviour in the workplace, believe that they will not be listened to, that the organisation will not reprimand or punish bullies and that their only option is to “shut up and put up” (Hodgins, 2006; Lewis, 2006). This raises the prospect of “higher order” organisational factors, sometimes termed climate or culture, which may give rise to the kind of working conditions that facilitate bullying, such as role conflict and

ambiguity. Organisational factors may also act as a direct antecedent for bullying, for example organisational cultures in which a bullying style of management and communication is virtually normative. It can also be the case that senior management fail to respond to bullying by ignoring it or using soft measures when it is brought to their attention (e.g. [Klein and Martin, 2011](#); [Van Rooyen and McCormack, 2013](#)). Based on this evidence a number of theoretical models have been proposed that posit bullying as the product of interplay between individual, situational and cultural factors (e.g. [Omari, 2007](#); [Salin, 2003](#); [Einarsen *et al.*, 2011](#)). The literature on incivility also acknowledges organisational antecedents of incivility, including for example downsizing, organisational change and autocratic work environment ([Bartlett *et al.*, 2008](#)) and a more generalised culture in which habitual incivility goes unpunished and disrespect is commonplace ([Pearson and Porath, 2005](#)).

Intervention

Given that bullying and incivility are now widely acknowledged as forms of workplace mistreatment that lead to negative consequences for organisations and for society ([Vartia and Leka, 2011](#)) a key question is how to address these problems. Organisations, in the main, do not appear to have an impressive record in this respect, repeatedly failing to manage the problem of workplace bullying or effectively preventing it ([Georgakopoulos *et al.*, 2011](#); [Einarsen *et al.*, 2011](#); [Kahn and Kahn, 2012](#); [Van Rooyen and McCormack, 2013](#)). Formal mechanisms provide only weak levels of protection and even large organisations with dedicated HR functions fail to navigate the manipulations of the system ([Klein and Martin, 2011](#)). Approximately half of bullying targets state intention to leave ([Vartia, 1993](#); [O'Driscoll *et al.*, 2010](#); [Simons, 2006](#)). In a study of Finnish municipalities, only 55 per cent had anti-bullying policies, less than one-third provided training in identification of bullying and only one-quarter monitored and recorded bullying cases ([Salin, 2006](#)). Together these indicate poor organisational response to bullying. Theoretical advances in the area indicate that interventions will be best placed at the level of the organisations, rather than individual perpetrators ([Vartia and Leka, 2011](#); [Fevre *et al.*, 2012](#)), and this may be why organisations find it so challenging to address the problem. Several commentators have noted the paucity of evaluated interventions (e.g. [Hoel and Giga, 2006](#); [Mikkelsen *et al.*, 2011](#)), perhaps a further reflection of the difficulty inherent in addressing this problem.

To this end a systematic review was undertaken to identify and explore the effectiveness of published interventions designed to prevent or reduce workplace incivility or workplace bullying.

Methods

With regard to guidelines for good practice ([Centre for Reviews and Dissemination, 2009](#)), the review considered two questions: what interventions designed to reduce workplace bullying or incivility are effective and what can be learnt from evaluated interventions for future practice?

The review also documented the characteristics of interventions including whether they targeted individual behaviour change or organisational behaviour change (or both) whether they were theory-based and what sectors or occupational groups they targeted. There were four stages in the review process: first, searching for records of potential studies; second, assessing study relevance and initial screening for

inclusion in the review; third, final screening and quality assessment of included studies; and fourth, summarising intervention characteristics and evidence of effectiveness.

Searching for records of potential studies

The search strategy involved outlining inclusion and exclusion criteria for the review, identifying appropriate bibliographic databases, and agreeing appropriate search terms. Using combinations of search terms that included work/workplace, bullying, harassment, incivility, mobbing, victimisation and ill-treatment, 11 electronic databases[1] were searched. Search terms were broad, as initial scoping revealed a number of studies with multiple elements (e.g. prevalence, exploring relationships, perceptions and understanding). The most commonly used terms for workplace bullying were included in searches. Where limitations could be set, searches were limited to articles or papers in peer-reviewed academic publications and in English, acknowledging that this introduced language bias (Centre for Reviews and Dissemination, 2009). Searches were also limited to studies published between 1992 and 2012, as initial scoping had revealed no empirical work or validated measures of bullying or incivility prior to 1992. Dissertation databases were not searched, due to resource constraints.

No limits were set on study design. All intervention study designs were included. This decision was based on a number of factors. First, it had been noted that there are few interventions in the literature (Hoel and Giga, 2006). Second, given the complexity and sensitivity of this topic, opportunities to randomly allocate workplaces to intervention and control conditions were thought to be limited, and therefore very few RCTs were expected. Finally, it is acknowledged that health promotion and public health programmes are more likely to be evaluated using a wide variety of study designs (Rychetnik *et al.*, 2002; Burton, 2010) and that this can still inform understanding even if not employing randomised allocation.

Searching led to the identification of 8,127 records in electronic databases. Records were uploaded into EPPI software and screening took place using embedded tools. An initial duplicate screen led to exclusion of 2,841 records, leaving 5,286 records for second-level screening.

Assessing study relevance

This pool of 5,286 was supplemented with 78 further potentially relevant studies, accumulated by the author via manual searching, and not appearing in the electronic search results, resulting in 5,364 records for screening (see Figure 1). Records were screened by abstract and title, for inclusion or exclusion in the review.

Studies were excluded from this review on the basis of having no abstract, being off-topic (i.e. not about workplace bullying, incivility, etc.) being an inappropriate publication (book reviews, book chapters, editorials), being on-topic but not an evaluated intervention (e.g. conceptual or commentary, measuring prevalence, correlates or outcomes of bullying or incivility) (see Table I). Studies were retained that appeared, on the basis of the abstract, to be an evaluation of an intervention that addressed workplace bullying or incivility. This resulted in 31 eligible papers, covering 29 studies, which were then sought in full text for eligibility consideration.

Screening for eligible studies

Close inspection of the 29 studies led to the final inclusion of 12 papers for detailed critical appraisal and the exclusion of 17 papers. In all, 17 were excluded for the

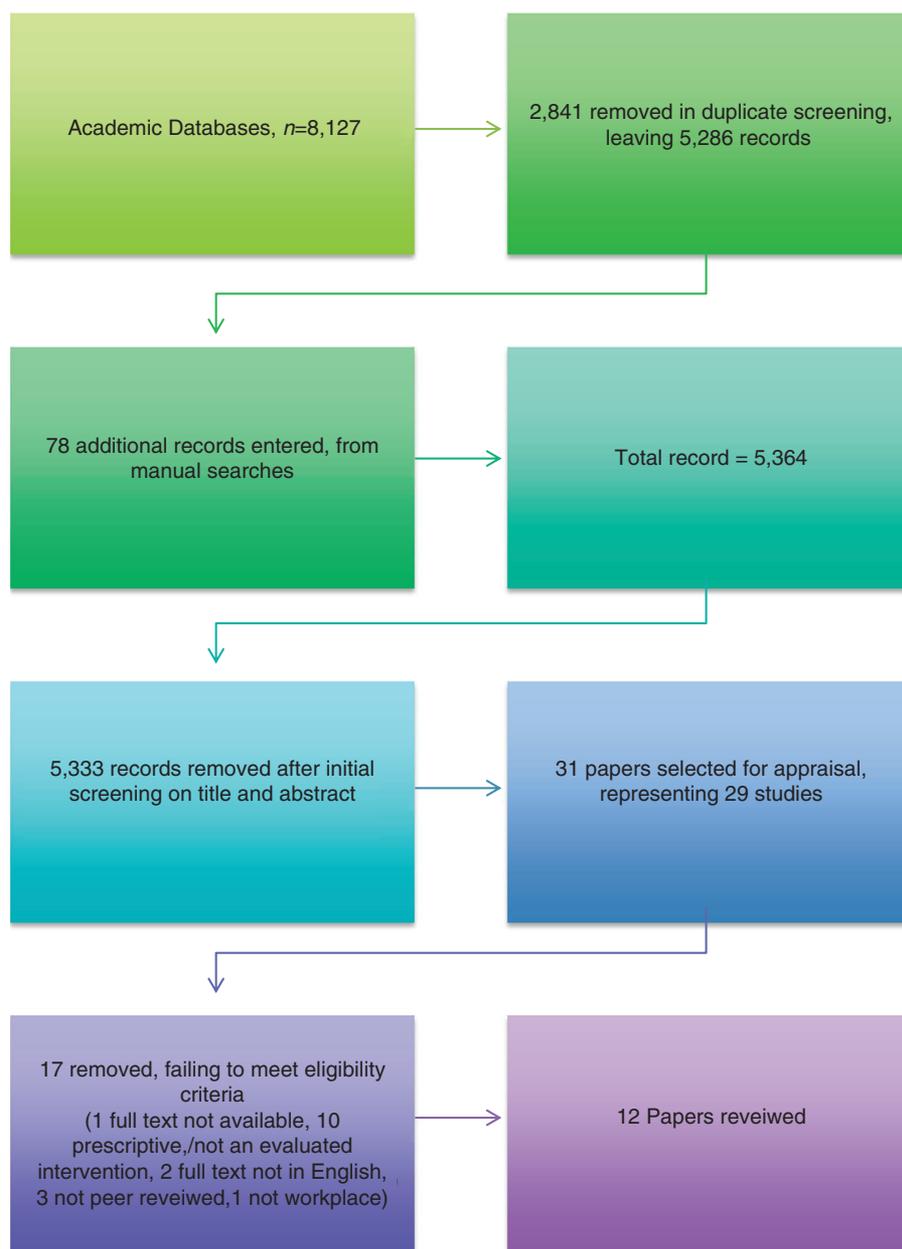


Figure 1.
Flow of papers
identified for screening

following reasons: full text was not available for one abstract, ten papers were prescriptive papers advocating intervention but not reporting a specific intervention, two studies did not have full text in English, three studies were not peer reviewed, one was not actually workplace-based.

The 12 intervention studies, critically appraised, are listed in Table II. These 12 studies included ten quantitative studies, one qualitative study using participatory theatre and one study of process factors influencing the implementation of an intervention (10, 6).

Quality assessment

The 12 studies were read in full text, summarised using a data extraction form, and then subjected to quality assessment using the Quality Assessment Tool from the Effective Public Health Practice Project (National Collaborating Centre for Methods and Tools, 2008). The main fields for the data extraction form were full citation,

Table I.
Screening criteria

Exclusion criteria	Inclusion criteria
Philosophical or conceptual studies	Studies exploring either process, impact or outcome of an intervention addressing bullying or incivility
Measurement studies; prevalence/exposure	Both comparative and non-comparative evaluations
Associative studies; exploration of relationships	Both qualitative and quantitative data/analysis
Studies measuring effects of bullying incivility on health or organisational productivity	
Editorials, book chapters, book reviews	

1. Chipps and Mcurry (2012), "The development of an educational intervention to address workplace bullying: a pilot study", *Journal for Nurses in Staff Development*, Vol. 28 No. 3, pp. 94-98.
2. Holme (2006), "Impact not intent", *Industrial and Commercial Training*, Vol. 38 No. 5, pp. 242-247.
3. Kirk *et al.* (2011), "The effect of an expressive writing intervention for employees on emotional self-efficacy, emotional intelligence, affect and workplace incivility", *Journal of Applied Social Psychology*, Vol. 41 No. 1, pp. 179-195.
4. Leiter *et al.* (2011), "The impact of civility interventions on employee social behaviour", *Journal of Applied Psychology*, Vol. 96 No. 6, pp. 1258-1274.
5. Meloni and Austin (2011), "Implementation and outcomes of a zero tolerance of bullying harassment programme", *Australian Health Review*, Vol. 35, pp. 92-94.
6. Mikkelsen *et al.* (2011), "Prevention of bullying and conflicts at work", *International Journal of Workplace Health Management*, Vol. 4 No. 1, pp. 84-100.
7. Osatuke *et al.* (2009), "Civility, Respect, Engagement in the Workforce (CREW) Nationwide Organisation Development Intervention at Veterans Health Administration", *Journal of Applied Behavioural Science*, Vol. 45 No. 3, pp. 384-410.
8. Pate and Beaumont (2010), "Bullying and harassment: a case of success?", *Employee Relations*, Vol. 32 No. 2, pp. 171-183.
9. Probst *et al.* (2008), "A preliminary evaluation of SOLVE: addressing psychosocial problems at work", *Journal of Occupational Health Psychology*, Vol. 13 No. 1, pp. 32-42.
10. Quinlan (2009), "Using participatory theatre with health care workers", *Action Research*, Vol. 8 No. 2, pp. 117-133.
11. Stagg *et al.* (2011), "Evaluation of a workplace bullying cognitive rehearsal program in a hospital setting", *Journal of Continuing Education in Nursing*, Vol. 42 No. 9, pp. 395-401.
12. Stevens (2002), "Nursing workforce retention: challenging a bullying culture", *Health Affairs*, Vol. 21 No. 5, pp. 89-193.

Table II.
Studies critically appraised

publication type, country, sector and target group, type of intervention, implementation issues (fidelity, exposure to the intervention, details on delivery e.g. trainer experience and qualification), outcomes measures and main results. The quality assessment form contained a series of questions within the following categories: selection bias, study design, confounders, blinding, data collection methods, withdrawals and drops outs and the integrity of the intervention (i.e. was it delivered as planned). Each category was rated and then, as per instruction within the tool, a global rating given for the study (see Figure 2). All studies were read and assessed by two reviewers, and 11 studies were read and assessed by a third reviewer. For 11 studies, all reviewers agreed. For the remaining study two reviewers offered weak ratings and one a moderate rating (see Table III).

Results

The 12 papers listed in Table II spanned a wide range of approaches to and assumptions about resolving the problem of bullying and/or incivility. Considerable variation with regard to methodological rigour was also evident. One study focused on process aspects of the evaluation, not reporting outcome data, and therefore this study (6) is included in the summary of intervention characteristics, but not in the synthesis of evidence of effectiveness.

Characteristics of interventions

Three studies were conducted in Australia (3, 5, 12), two in the UK (2, 8), three in the USA (1, 8, 12), two in Canada (4, 10), one in Scandinavia (6) and one across seven countries (9). Five studies involved only one organisation (1, 5, 8, 11, 12), four of these being hospitals, and one a private sector and one a public sector organisation. Four studies involved multiple organisations or units (3, 4, 7, 9), two of which were within health care, one compared a health care and education organisation (6) and one focused on one occupational group; health care assistants.

Two studies were observational (2,10), one a case study (12), five were uncontrolled before-after studies (1, 5, 8, 9, 11) and four were controlled before-after studies (3, 4, 6, 7). There were no randomised controlled designs.

Only four interventions explicitly addressed organisational factors (5, 6, 8, 12). Two of these (5, 6) were complex multi-component interventions, one (8) involved the development of “Dignity at Work” policy and one involved a series of specific actions, emerging from exploratory internal processes (12). Two further interventions (4, 7) focused on behaviour change, but with integrated actions to facilitate management engagement and commitment to reducing bullying and incivility. The remaining six interventions focused on behaviour or knowledge change, for example, training days or courses informing participants about bullying, recognising negative behaviours, coaching or drama-based sessions to develop better responses to bullying, or general stress management.

The duration of interventions ranged from two years (5) to a two-hour session (11). Six interventions took place within less than six months (1, 2, 3, 9-11). Only two studies (4, 7) explicitly linked the intervention to a theoretical framework: organisational development theory. There was a wide range of outcome measures and instruments across the 12 studies (e.g. behavioural checklists for negative acts and/or incivility, knowledge about bullying, perceived prevalence of bullying, perceived confidence in recognition of bullying or confidence in tackling bullies, witnessing of bullying, staff turnover rates, job satisfaction, intention to quit, etc.).

Component	Questions	Rating
Selection Bias	Are the individuals selected to participate in the study likely to be representative of the target population? Very likely/Somewhat likely/Not likely/Can't tell	Strong
	What percentage of selected individuals agreed to participate? 80-100% agreement /60- 79% agreement /less than 60% agreement /Not applicable /Can't tell	Moderate
		Weak
Study Design	Indicate the study design Randomized controlled trial /Controlled clinical trial /Cohort analytic (two group pre + post) /Case-control /Cohort (one group pre + post (before and after)) /Interrupted time series /Other specify/Can't tell	Strong
	Was the study described as randomized? No Yes	Moderate
	If Yes, was the method of randomization described? No Yes	Weak
	If Yes, was the method appropriate? No Yes	
Con-founders	Were there important differences between groups prior to the intervention? Yes No Can't tell	Strong
	The following are examples of confounders: Race /Sex /Marital status/family /Age /SES (income or class) /Education /Health status /Pre-intervention score on outcome measure	Moderate
	If yes, indicate the percentage of relevant confounders that were controlled (either in the design (e.g. stratification, matching) or analysis)	Weak
Blinding	(Was (were) the outcome assessor(s) aware of the intervention or exposure status of participants? Yes No Can't tell	Strong
	Were the study participants aware of the research question? Yes No Can't tell	Moderate
		Weak
Data Collection Methods	Were data collection tools shown to be valid? Yes No Can't tell	Strong
	Were data collection tools shown to be reliable? Yes No Can't tell	Moderate
		Weak
Withdrawals Drop outs	Were withdrawals and drop-outs reported in terms of numbers and/or reasons per group? Yes No Can't tell Not Applicable (i.e. one time surveys or interviews)	Strong
	Indicate the percentage of participants completing the study. (If the percentage differs by groups, record the lowest). 80 -100% /60-79% /less than 60% /Can't tell /Not Applicable (i.e. Retrospective case-control)	Moderate
		Weak
Intervention integrity	What percentage of participants received the allocated intervention or exposure of interest? 80 -100% /60-79% /less than 60% /Can't tell	Strong
	Was the consistency of the intervention measured? Yes No Can't tell	Moderate
	Is it likely that subjects received an unintended intervention (contamination or co-intervention) that may the results? Yes No Can't tell	Weak
Analysis	Indicate the unit of allocation (circle one) and also unit of analysis community organization/institution practice/office Individual	Strong
	Are the statistical methods appropriate for the study design? Yes No Can't tell	Moderate
	Is the analysis performed by intervention allocation status (i.e. intention to treat) rather than the actual intervention received? Yes No Can't tell	Weak
Global Ratings	Strong: no weak ratings on any of the above Moderate: one weak rating Weak: two or more weak ratings	

Figure 2.
Quality assessment tool

Study number	Study design	Global quality rating reviewer 1	Global quality rating reviewer 2	Global quality rating reviewer 3	Effectiveness
1	UBA	Weak	Weak	Weak	Inconclusive
2	OBS	Weak	Weak	Weak	Inconclusive
3*	CBA	Weak	Weak	Moderate	Partially effective
4	CBA	Moderate	Moderate	Moderate	Effective
5	UBA	Weak	Weak	Weak	Inconclusive
6	CBA	Weak	Weak	–	No outcome data
7	CBA	Moderate	Moderate	Moderate	Effective
8	UBA	Weak	Weak	Weak	Inconclusive
9	UBA	Weak	Weak	Weak	Inconclusive
10	OBS	Weak	Weak	Weak	Inconclusive
11	UBA	Weak	Weak	Weak	Inconclusive
12	C/S	Weak	Weak	Weak	Inconclusive

Notes: UBA, uncontrolled before-after study (no comparison group); CBA, controlled before-after study (comparison group, but no random allocation); OBS, observational (one group, one time point), C/S, case study

Table III.
Quality assessment ratings

Evidence of effectiveness

In all, 11 of the 12 studies were judged in terms of both quality and effectiveness. Studies of poor quality (i.e. “weak” global rating, as per National Collaborating Centre for Methods and Tools, 2008) were deemed “inconclusive” (see Table III). Eight studies (1, 2, 5, 8-12) were so classified, and this group of studies included the case study and all the observational and uncontrolled before-after studies. Three studies (3, 4, 7) achieved a “moderate” rating, and were categorised as either “effective”, “ineffective” or “partially effective” depending on the study results.

The eight studies, weak in quality, and therefore “inconclusive” were flawed in various ways, in addition to study design. Four studies had very small samples (1, $n = 16$; 4, $n = 22$; 10, $n = 16$; 11, $n = 20$), five no statistical analysis (2, 5, 9, 10, 12) and none provided information on implementation factors (e.g. exposure, attendance, acceptability, delivery). Although seven of the eight reported positive results, given the paucity of information and lack of methodological rigour, it is very difficult to draw any conclusive information about the effectiveness of interventions to reduce workplace bullying from these studies.

For the three studies deemed to be of moderate quality by at least one reviewer, one was partially effective (3) and two effective (4, 7). All focused on incivility, as opposed to bullying.

The study reporting partial effectiveness addressed incivility across a general sample of employees. On the premise that increasing emotional self-efficacy (via encouraging reflection and cognitive re-structuring) will lead to an improved ability to recognise and ward off incivility in the workplace, and also reduce the likelihood of communication with others in an uncivil manner, participants were asked to engage in an expressive writing technique. A convenience sample of 49 employed adults was recruited through personal contact, and allocated on an alternating basis to either the intervention condition or a control condition. The intervention involved writing for 20 minutes per day, over three consecutive days, reflecting participants’ “deepest thoughts and feelings related to the past workday or an important workday in the distant past [...]” (Kirk *et al.*, 2011, p. 188), in particular exploring whether analysing these thoughts and feelings can foster

confidence in the ability to manage emotions in self and others. The control condition task involved writing on any topic relating to the non-work day. Results indicated that 85 per cent of participants did write as requested (although written material was not assessed or analysed). Those in the intervention condition, with low or moderate levels of emotional self-efficacy showed significantly higher self-efficacy after the expressive writing task compared to the control group. Incivility was measured in two ways, by self-reported victimisation and by self-reported perpetration. The intervention had positive and significant impact on incivility perpetration, compared to the control condition. Those low or moderate on incivility victimisation showed lower victimisation compared to the control group, although there was no change for those scoring high on incivility victimisation (Kirk *et al.*, 2011).

The two effective studies rated as moderate (4, 7) focused on workplace incivility. Both involved a multi-component, six-month intervention called CREW (Civility, Respect, and Engagement in the Workplace). CREW is a facilitator-led series of group-based exercises, designed to allow participants to explore social relationships in their work group and in particular civil and uncivil communication. The intervention commences with preparatory work engaging organisation leaders and management, building a learning community of leaders and facilitators, training facilitators and communicating management buy-in to employees. While a structured programme guides the weekly workshops, the experiences and needs of individual groups also dictates choice of exercise thus responding to the unique situations of work groups. The focus is on building positive, civil behaviours, respect, cooperation and conflict resolution.

In study no. 7 (Oasatuke *et al.*, 2009), two CREW interventions were reported, one involving six intervention work groups and six comparison groups (approximately 650 workers), and in the second, 17 intervention and 17 comparison work groups (1,200 workers). Groups were not randomised, but were matched for occupational profile and organisational complexity.

In study no. 4 (Leiter *et al.*, 2011) the intervention was delivered to eight of 41 units in a regional health authority. Random allocation was not possible. Units were purposefully selected on the basis of interest and suitability – i.e. not engaging in any other workplace intervention during the six-month period and neither very troubled or very well adjusted. *Post hoc* comparisons indicated minimal differences between groups, thus not posing a threat to the validity of the analysis. All staff participated in pre- and post-intervention data collection, not just participants in the CREW workshop groups. A manipulation check was undertaken to ensure those in intervention were exposed fully to the intervention.

In both studies, significant pre-intervention to post-intervention changes in civility and incivility were recorded for the intervention groups, but not for the comparison groups. In study no. 4 it was established that other changes (respect, cynicism, job satisfaction, management trust and absences) were mediated by the changes in civility/incivility.

Discussion

This study aimed to assess the effectiveness of interventions designed to reduce workplace bullying or incivility, in order to inform future practice. The review also documented the characteristics of interventions. In all, 29 studies were identified, from an initial pool of 5,364 records. A total of 17 of these were interventions addressing bullying or incivility in the workplace, although only 12 were peer reviewed. These 12 studies were critically appraised and their main characteristics summarised.

In addition to encountering many examples of studies conducted with little attention to methodological rigour, often the case with systematic reviews (e.g. [Harden *et al.*, 1999](#); [Marine *et al.*, 2006](#); [Michie and Williams, 2003](#)), the review confirmed previous commentary regarding the dearth of evaluated interventions in this area (e.g. [Hoel and Giga, 2006](#); [Vartia and Leka, 2011](#)). Ten of the intervention studies identified were quantitative, either observational or uncontrolled before-after study designs and thus unreliable in relation to evidence of effectiveness. Health care organisations or occupational groups were strongly represented. In many cases interventions were short, targeted at small groups of individuals and not theoretically based.

The review revealed a strong attachment to the notion that workplace bullying and incivility are principally problems of interpersonal behaviour. Half of the interventions eligible for appraisal, and three of the four rejected due to not being peer-reviewed, addressed individual behaviour change only. These studies aimed to reduce bullying or incivility by educational programmes, increasing awareness of and recognition of negative behaviours, or coaching “better” responses to negative behaviours. As such, they are underpinned by the assumption that workplace mistreatment will be lessened if more people know about it, know how to recognise it and be more assertive in their responses to it. This is a flawed assumption. Much of the literature on bullying and incivility reveals that employees who experience it are frustrated by the poor response on the part of the organisation, and the inability or unwillingness of organisations to devise or implement appropriate practices to prevent it ([Salin, 2003](#); [Pearson and Porath 2005](#); [Rayner and McIvor, 2008](#); [Fevre *et al.*, 2012](#); [Einarsen *et al.*, 2011](#)). An integrated approach including individual, job, organisational and societal levels is required to tackle workplace mistreatment. This is consistent with comprehensive models of workplace health promotion, which see the health of workers to be a product of interacting influences that include the physical and psychosocial environment, including aspects of the design and management of work and its social and organisational contexts. Bullying and incivility are complex organisational problems, although manifesting at the level of individual behaviour.

Only three interventions were conducted with sufficient methodological rigour to contribute to the evidence base for addressing the problem of workplace bullying and incivility. Two of these studies were effective, both studies employing the CREW intervention, which is designed to address incivility. As such, conclusions regarding effectiveness can only be drawn regarding incivility.

The CREW intervention is grounded in well-established principles of organisational development and is a multi-component, complex intervention. CREW is delivered at a number of levels; it focuses on individual behaviours, in a group context, and includes actions to ensure visible management commitment ([Osatuke *et al.*, 2009](#); [Leiter *et al.*, 2011](#)).

The success of the intervention, it is argued here, is due to the fact that it takes an organisational approach and adheres to recommended good practice in workplace health promotion. CREW aims to create a social context dedicated to improving civility ([Leiter *et al.*, 2011](#)). With its roots in organisational development, CREW clearly sees organisational change as the key to addressing incivility. Organisational development typically aims to foster a change in attitudes, values and beliefs ([Bennis, 1969](#)) and focuses on healthy relationships and process between individuals and groups across the organisation ([McLean, 2005](#)). As such it is strongly associated with facilitating change in organisational culture and in this context; its application to incivility is

interesting. Incivility is linked to organisational culture insofar as a tolerance for incivility and unwillingness to address it has been identified as a fundamentally contributing to the problem (Pearson and Porath, 2005). Organisational climate and morale have been shown to be predictors of levels of incivility and that relationships in the workplace are potent forces for organisational bottom lines (Simmons, 2008). The changes in cynicism in one of the studies (Leiter *et al.*, 2011), strongly suggests that the intervention facilitates promoting broader cultural change. Finally, the failure of the individually focused self-efficacy exercise to impact on high levels of incivility victimisation indicates a more comprehensive approach is required.

It is tempting to speculate whether an intervention similar to CREW would be effective in reducing levels of workplace bullying. Insofar as incivility is seen to be at the lower end of a continuum of abusive behaviour in workplace (Vickers, 2006) and can be a precursor for more aggressive forms of workplace mistreatment (Anderssen and Pearson, 1999; Cortina *et al.*, 2001; Bartlett *et al.*, 2008), building in baseline and follow-up bullying measures could establish this.

It is worth noting that incivility is easier to address than bullying, and therefore may be act as way station on the route to addressing bullying. Incivility affects more people, thus it may be easier to engage workers to address it and management to support initiatives. Being less personalised, it may be easier to recognise and expose. Difficulty identifying and “naming” workplace bullying has been noted in many studies, for a variety of reasons. Bullying can often be about what is not done, for example excluding from networks, denial of resources, etc. rather than what is done (Rayner and McIvor, 2008). A problem for organisations is the “thin and contestable line between bullying and managerial actions to reasonably ensure operational efficiency” (Omari, 2007, p. 105). Targets may question the legitimacy of their experience in the light of perceived right of management to manage and supervisors to get people to do their jobs. In support of this there is evidence that targets are slow to identify bullying (Gillen *et al.*, 2008; Lewis, 2004), experience guilt and shame (Hallberg and Strandmark, 2006; Lewis, 2004; Lewis and Orford, 2005), and can interpret their experience as an embarrassment or even as deserved.

The CREW intervention is underpinned by the principles of participation, responsiveness, contextual embeddedness and empowerment, making it highly consistent with good practice in workplace health promotion, which argues in its favour as a potential intervention for bullying. The design and implementation of the programme are consistent with characteristics of successful programmes to promote mental health (Barry and Jenkins, 2007), in particular the fact that it is theory driven, adopts a competence enhancement approach and employs a combination of actions that operate at different levels (see Figure 3).

Conclusions

Limitations of this systematic review notwithstanding (exclusion of dissertations and non-peer reviewed papers), the results confirm previous commentary regarding the paucity of interventions to address workplace mistreatment. The evidence of effectiveness is confined to two studies that employed the same intervention to address incivility. The success of the interventions, however, affirms the need to design complex interventions that intervene at several levels, with a clear focus on organisational change to reduce incivility, which in turn will improve employee health. Acknowledging that workplace bullying may be more complex and intractable than incivility, the success of the CREW interventions does signpost the way forward for the design and

Underpinning principles	Implementation
<p>Involving employees in the design and implementation of the intervention, drawing on their experiences, gives them a sense of agency and ownership, which is more likely to be successful than when employees are passive recipients of an intervention.</p> <p>As an intervention proceeds, employee needs and perceptions change and so the intervention must be responsive and flexible.</p>	<p>Six months of weekly CREW meetings for 10-15 employees in same unit, using structured exercises, drawing on a toolkit. Topics include respect, attentiveness, accountability, disputes, active listening, and conflict resolution. The precise selection of and sequence of activities varies according to the agenda for different groups. Issues can be addressed and re-addressed throughout the 6 months intervention period.</p>
<p>Workplace behaviours are contextually defined and thus attending to workplace environment is required for change. This requires engagement and commitment from both management and employees.</p>	<p>A preparation period is built into the intervention with the purpose of introducing the concepts of civility and incivility as a core value of the organisation. Management are engaged and commit to supporting the intervention through time and instrumental support. This includes public statements, articles in organisational publications, and a signed statement of commitment. CREW exercises explore the organisational context and implications for civility and incivility.</p>
<p>Employees will be more likely to be creative in their problem solving, if the social context is supportive and empowering, giving a sense of psychological safety.</p>	<p>A focus on focus on civility, respect and positive, health-enhancing, supportive relationships.</p> <p>Exercises that challenges employees to try out new, respectful responses and communication styles.</p>
<p>Building a learning community within and across organisations with the shared objective of improving work relationships.</p>	<p>Facilitators are trained together, meet at mid point and end points, and engage in sustainability training after the intervention.</p>

Figure 3.
Underpinning principles
and implementation
features of CREW

Sources: Osatuke *et al.* (2009); [Leiter *et al.* \(2011\)](#)

implementation of interventions to reduce workplace bullying, given its consistency with characteristics of successful workplace and mental health promotion interventions. Organisational development may offer a framework for the development of such interventions.

Note

1. ASIA, Emerald, Ovid, JSTOR Web of Science, EBSCO: Academic Search Complete, Embase, Medline, Social Care Online, Science Direct, Scopus.

References

- Anderssen, L.M. and Pearson, C.M. (1999), "Tit for tat? The spiraling effect of incivility in the workplace", *The Academy of Management Review*, Vol. 24 No. 3, pp. 452-471.
- Aquino, K. and Thau, S. (2009), "Workplace victimisation: aggression from the target's perspective", *Annual Review Psychology*, Vol. 60, pp. 717-741.
- Bartlett, J.E., Barlett, M.E. and Reio, T.G. Jr (2008), "Workplace incivility: worker and organisational antecedents and outcomes", paper presented at the Academy of Human Resource Development International Research Conference in the Americas, Panama City, 20-24 February.
- Barry, M.M. and Jenkins, R. (2007), *Implementing Mental Health Promotion*, Churchill Livingstone, Edinburgh.
- Bennis, W. (1969), *Organization Development: Its Nature, Origins, and Prospects*, Reading, Mass, Addison-Wesley, Massachusetts.
- Brun, E. and Milizarek, M. (2007), *Expert Forecast on Emergent Psychosocial Risk Relevant to Occupational Safety and Health*, European Agency for Safety and Health at Work, Luxembourg.
- Burton, J. (2010), *WHO Healthy Workplace Framework and Model: Background and Supporting Literature and Practice*, World Health Organisation, Geneva.
- Centre for Reviews and Dissemination (2009), *Systematic Reviews. CRDs Guidance for Undertaking Reviews in Health Care*, University of York, York.
- Chippis, E.M. and Mcurry, M. (2012), "The development of an educational intervention to address workplace bullying: a pilot study", *Journal for Nurses in Staff Development*, Vol. 28 No. 3, pp. 94-98.
- Cortina, L.M., Magley, V.J., Hunter-Williams, J. and Langhout, R. (2001), "Incivility in the workplace: incidence and impact", *Journal of Occupational Health Psychology*, Vol. 6 No. 1, pp. 64-80.
- Di Martino, V., Hoel, H. and Coer, C.L. (2003), *Preventing Violence and Harassment in the Workplace*, European Foundation for the Improvement of Living and Working Conditions, Dublin.
- Dollard, M., Skinner, N., Tuckey, M. and Bailey, T. (2007), "National surveillance of psychosocial risk factors in the workplace: an international overview", *Work & Stress*, Vol. 21 No. 1, pp. 1-29.
- Dollard, M., Bailey, T., McLinton, S., Richards, P., McTernan, W., Taylor, A. and Bond, S. (2012), *The Australian Workplace Barometer: Report on Psychosocial Safety Climate and Worker Health in Australia*, Safe Work Australia, Canberra.
- Einarsen, S. (1999), "The nature and causes of bullying at work", *International Journal of Manpower*, Vol. 20 Nos 1/2, pp. 16-27.
- Einarsen, S., Hoel, H., Zapf, D. and Cooper, C.L. (2011), "The concept of bullying and harassment at work: the European tradition", in Einarsen, S., Hoel, H., Zapf, D. and Cooper, C.L. (Eds), *Bullying and Harassment in the Workplace*, Taylor and Francis, London, pp. 3-40.
- Fevre, R., Lewis, D., Robinson, A. and Jones, T. (2012), *Trouble at Work*, Bloomsbury Academic, London.
- Georgakopoulos, A., Wilkin, L. and Kent, B. (2011), "Workplace bullying: a complex problem in contemporary organisations", *International Journal of Business and Social Science*, Vol. 2 No. 3, pp. 1-20.
- Gillen, P., Sinclair, M. and Kernohan, G. (2008), *The Nature and Manifestations of Bullying in Midwifery*, University of Ulster, Belfast.
- Hallberg, L.R.M. and Strandmark, M.K. (2006), "Health consequences of workplace bullying: experiences from the perspective of employees in the public service sector", *International Journal of Qualitative Studies on Health & Well-Being*, Vol. 1 No. 2, pp. 109-119.

- Hansen, A.M., Hogh, A., Persson, R., Karlson, B., Garde, A. and Orbaek, P. (2005), "Bullying at work, health outcomes, and physiological stress response", *Journal of Psychosomatic research*, Vol. 60 No. 1, pp. 63-72.
- Harden, A., Peersman, G., Oliver, S., Mauthner, M. and Qakley, A. (1999), "A systematic review of the effectiveness of health promotion interventions in the workplace", *Occupational Medicine*, Vol. 49 No. 8, pp. 540-548.
- Hauge, L.J., Skogstad, A. and Einarsen, S. (2010), "The relative impact of workplace bullying as a social stressor at work", *Scandinavian Journal of Psychology*, Vol. 51 No. 5, pp. 426-433.
- Hershcovis, S. (2011), "‘Incivility, social undermining, bullying ... oh my!’: a call to reconcile constructs within workplace aggression research", *Journal of Organizational Behavior*, Vol. 32, pp. 499-519.
- Hodgins, M. (2006), "Awareness and perceptions of staff of the anti-bullying policy in a public sector organizations", *5th International Conference: Workplace Bullying – The Way Forward Trinity College, Dublin, 15 June*.
- Hoel, H. and Giga, S.I. (2006), *Destructive Interpersonal Conflict in the Workplace: The Effectiveness of Management Interventions*, Manchester Business School, The University of Manchester, Manchester.
- Holme, C. (2006), "Impact not intent", *Industrial and Commercial Training*, Vol. 38 No. 5, pp. 242-247.
- Kahn, A. and Kahn, R. (2012), "Understanding and managing workplace bullying", *Industrial and Commercial Training*, Vol. 44 No. 2, pp. 85-89.
- Keashly, L. and Jagatic, K. (2011), "North American perspectives on hostile behaviours and bullying at work", in Einarsen, S., Hoel, H., Zapf, D. and Cooper, C. (Eds), *Bullying and Harassment in the Workplace*, Taylor and Francis, London, pp. 41-74.
- Kirk, B.A., Schutte, N.S. and Hine, D.W. (2011), "The effect of an expressive-writing intervention for employees on emotional self-efficacy, emotional intelligence, affect, and workplace incivility", *Journal of Applied Social Psychology*, Vol. 41 No. 1, pp. 179-195.
- Kivimaki, M., Virtanen, M., Vartia, M., Elovainio, M., Vahtera, J. and Keltikangas-Jarvinen, L. (2003), "Workplace bullying and the risk of cardiovascular disease and depression", *Occupational and Environmental Medicine*, Vol. 60 No. 10, pp. 779-783.
- Klein, A. and Martin, M. (2011), "Two dilemmas in dealing with work place bullies – false positives and deliberate deceit", *International Journal of Workplace Health Management*, Vol. 4 No. 1, pp. 13-32.
- Langlois, L.E., Shannon, H.S., Griffith, L., Haines, T., Cortina, L.M. and Geldart, S. (2007), "The effects of workplace incivility on psychological distress and health", *Occupational and Environmental Medicine*, Vol. 64 No. 12, pp. 24-30.
- Leiter, M.P., Laschinger, K.K.S., Day, A. and Oore, D.G. (2011), "The impact of civility interventions on employee social behaviour, distress and attitudes", *Journal of Applied Psychology*, Vol. 96 No. 6, pp. 1258-1274.
- Lewis, D. (2004), "Bullying at work: the impact of shame among university and college lecturers", *British Journal of Guidance & Counselling*, Vol. 32 No. 3, pp. 281-299.
- Lewis, M.A. (2006), "Nurse bullying: organizational considerations in the maintenance and perpetration of health care bullying cultures", *Journal of Nursing Management*, Vol. 14 No. 1, pp. 52-58.
- Lewis, S.E. and Orford, J. (2005), "Women’s experiences of workplace bullying: changes in social relationships", *Journal of Community & Applied Social Psychology*, Vol. 15 No. 1, pp. 29-47.
- Lim, S. and Cortina, L.M. (2005), "Interpersonal mistreatment in the workplace: the interface and impact of general incivility and sexual harrassment", *Journal of Applied Psychology*, Vol. 90 No. 3, pp. 483-496.

- McLean, G.N. (2005), *Organization Development Principles, Processes, Performance*, Berrett-Koehler Publishers, San Francisco, CA.
- [Marine, A.R.J., Serra, C. and Verbeek, J. \(2006\), "Preventing occupational stress in healthcare workers", *Cochrane Database Systematic Reviews*, Vol. 18 No. 4, pp. 1-42.](#)
- [Meloni, M. and Austin, M. \(2011\), "Implementation and outcomes of a zero tolerance of bullying and harassment program", *Australian Health Review*, Vol. 35 No. 1, pp. 92-94.](#)
- [Michie, S. and Williams, S. \(2003\), "Reducing work related psychological ill health and sickness absence: a systematic literature review", *Occupational and Environmental Medicine*, Vol. 60 No. 1, pp. 3-9.](#)
- Mikkelsen, G., Hogh, A. and Puggaard, L.B. (2011), "Prevention of bullying and conflicts at work", *International Journal of Workplace Health Management*, Vol. 4 No. 4, pp. 84-100.
- National Collaborating Centre for Methods and Tools (2008), *Quality Assessment Tool for Quantitative Studies*, McMaster University, Hamilton, ON, available at: www.nccmt.ca/registry/view/eng/14.html
- Niedhammer, I., David, S. and Degionni, S. (2006), "Association between workplace bullying and depressive symptoms in the French working population", *Journal of Psychosomatic Research*, Vol. 61 No. 2, pp. 251-259.
- [Nielsen, M.B., Matthiesen, S.B. and Einarsen, S. \(2010\), "The impact of methodological moderators on prevalence rates of workplace bullying. A meta-analysis", *Journal of Occupational and Organizational Psychology*, Vol. 83 No. 4, pp. 955-979.](#)
- O'Driscoll, M.B.T., Trenberth, L., Cooper-Thomas, H., Gardner, D. and Cately, B. (2010), "Effectiveness of organizational strategies to combat bullying in New Zealand workplace", *7th International Conference on Workplace Bullying and Harassment Transforming Research: Evidence and Practice*, Glamorgan Business School, University of Glamorgan, Cardiff, 2-4 June.
- [Omari, M. \(2007\), "Towards dignity and respect at work: an exploration of bullying in the public sector", Phd dissertation, Edith Cowan University, Perth.](#)
- O'Moore, M., McGuire, L. and Smith, M. (1998), "Victims of workplace bullying in Ireland", *Irish Journal of Psychology*, Vol. 19 Nos 2/3, pp. 345-357.
- Osatuke, K., Mohr, D., Ward, C., Moore, S.C., Dyrenforth, S. and Belton, L. (2009), "Civility, Respect, Engagement in the Workforce (CREW); Nationwide organisation development intervention at Veterans Health Administration", *Journal Applied Behavioural Science*, Vol. 45 No. 3, pp. 384-410.
- Parent-Thirion, A., Macias, E.F., Hurley, J. and Vermeylen, G. (2007), *Fourth European Working Conditions Survey*, European Foundation for the Improvement of Living and Working Conditions, Dublin.
- [Pate, J. and Beaumont, P. \(2010\), "Bullying and harassment: a case of success?", *Employee Relations*, Vol. 32 No. 2, pp. 171-183.](#)
- [Pearson, C. and Porath, C. \(2005\), "On the nature, consequences and remedies of workplace incivility: no time for 'nice'? Think again", *Academy of Management Executive*, Vol. 19 No. 1, pp. 7-18.](#)
- [Probst, T.M., Gold, D. and Caborn, J. \(2008\), "A preliminary evaluation of SOLVE: addressing psychosocial problems at work", *Journal of Occupational Health Psychology*, Vol. 13 No. 1, pp. 32-42.](#)
- [Quine, L. \(1999\), "Workplace bullying in NHS community trust: staff questionnaire survey", *British Medical Journal*, Vol. 318 No. 7178, pp. 228-232.](#)
- [Quine, L. \(2001\), "Workplace bullying in nurses", *Journal of Health Psychology*, Vol. 6 No. 1, pp. 73-84.](#)
- [Quinlan, E. \(2009\), "Using participatory theatre with health care workers", *Action Research*, Vol. 8 No. 2, pp. 117-133.](#)

- Rayner, C. and McIvor, K. (2008), *Research Report on Dignity at Work Project*, Portsmouth University, Portsmouth.
- Rychetnik, L., Frommer, M., Hawe, P. and Shiell, A. (2002), "Criteria for evaluating evidence on public health interventions", *Journal of Epidemiology and Public Health*, Vol. 56 No. 2, pp. 119-127.
- Salin, D. (2003), "Ways of explaining workplace bullying: a review of enabling, motivating and precipitating structures and processes in the work environment", *Human Relations*, Vol. 56 No. 10, pp. 1213-1232.
- Salin, D. (2006), *Organisational Measures Taken Against Workplace Bullying*, Swedish School of Economics and Business Administration, Helsinki.
- Salin, D. and Hoel, H. (2011), "Organisational causes of workplace bullying", in Einarsen, S., Hoel, H., Zapf, D. and Cooper, C.L. (Eds), *Bullying and Harassment in the Workplace*, Taylor and Francis, London, pp. 224-227.
- Simmons, D.C. (2008), "Organisational culture, workplace incivility, and turnover: the impact of Human Resources practices", Doctor of Philosophy, University of Louisville, Louisville, KY.
- Simons, S. (2006), "The prevalence of workplace bullying between nurses and its relationship to a nurses intention to turnover", *The 5th International Conference on Bullying in the Workplace*, Trinity College, Dublin.
- Stagg, S.J., Sherdian, D., Jones, R.A. and Speroni, K.G. (2011), "Evaluation of a workplace bullying cognitive rehearsal program in a hospital setting", *Journal of Continuing Education in Nursing*, Vol. 42 No. 9, pp. 395-401.
- Stevens, S. (2002), "Nursing workforce retention: challenging a bullying culture", *Health Affairs*, Vol. 21 No. 5, pp. 189-193.
- Van Rooyen, J. and McCormack, D. (2013), "Employee perceptions of workplace bullying and implications", *International Journal of Workplace Health Management*, Vol. 6 No. 2, pp. 92-103.
- Vartia, M. (1993), "Psychological harassment at work", in Kauppinen-Toropainen, K. (Ed.), *OECD Panel Group on Women, Work and Health*, Institute of Occupational Health, Helsinki.
- Vartia, M. (1996), "The sources of bullying: psychological work environment and organisational climate", *European Journal of Work and Organisational Psychology*, Vol. 52 No. 2, pp. 203-214.
- Vartia, M. (2001), "Consequences of workplace bullying with respect to the well-being of targets and the observers of bullying", *Scandinavian Journal of Work Environment and Health*, Vol. 27 No. 1, pp. 63-69.
- Vartia, M. and Leka, S. (2011), "Interventions for the prevention and management of bullying at work", in Einarsen, S., Hoel, H., Zapf, D. and Cooper, C.L. (Eds), *Bullying and Harassment in the Workplace*, Taylor and Francis, London.
- Vickers, M.H. (2006), "Writing what's relevant: workplace incivility in public administration – a wolf in sheep's clothing", *Administrative Theory & Praxis*, Vol. 28 No. 1, pp. 69-88.
- Zapf, D., Einarsen, S., Hoel, H. and Vartia, M. (2003), "Empirical findings on bullying in the workplace", in Einarsen, S., Hoel, H., Zapf, D. and Cooper, C.L. (Eds), *Bullying and Emotional Abuse in the Workplace*, Taylor and Francis, London, pp. 75-96.
- Zapf, D., Escartin, J., Einarsen, S., Hoel, H. and Vartia, M. (2011), "Empirical findings on prevalence and risk groups of bullying in the workplace", in Einarsen, S., Hoel, H., Zapf, D. and Cooper, C.L. (Eds), *Bullying and Harassment in the Workplace*, Taylor and Francis, London, pp. 75-106.

Further reading

Armstrong, R., Waters, E., Jackson, N., Oliver, S., Popay, J., Shepherd, J., Petticrew, M., Anderson, L., Bailie, R., Brunton, G., Hawe, P., Kristjansson, E., Naccarella, L., Norris, S., Pienaar, E., Roberts, H., Rogers, W., Sowden, A. and Thomas, H. (2007), *Guidelines for Systematic Reviews of Health Promotion and Public Health Interventions. Version 2*, Melbourne University.

Higgins, J.P.T. and Green, S.E. (2011), *Cochrane Handbook for Systematic Reviews of Interventions Version 5.1.0 (Updated March 2011)*, The Cochrane Collaboration, Edinburgh, www.cochrane-handbook.org

Notelaers, G., Einarsen, S., De Witte, H. and Vermunt, J.K. (2006), "Measuring exposure to bullying at work: the validity and advantages of the latent class cluster approach", *Work & Stress*, Vol. 20 No. 4, pp. 289-302.

O'Connell, P.J. and Williams, J. (2008), "The incidence and correlates of workplace bullying in Ireland", ESRI Working Paper No. 148, Economic and Social Research Institute, Dublin.

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