

Workplace Harassment and Workers' Health: Review of the "Mobbing and Health" Working Groups

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Introduction

Mobbing or workplace harassment has been identified as one of the most subtle and devastating forms of psychological violence occurring in the workplace. It not only affects the worker who is victimized, but also the local work environment, the organizational climate, and finally, economic productivity and development. Unfortunately, mobbing is becoming more common, and it often goes unpunished.

Without a doubt, a constant exposure to group psychological violence affects the health of the target in various ways. A desire to review these health effects the first author to organize two "Mobbing

and Health" working groups at the First Ibero-American Congress on Workplace and Institutional Harassment, held at the National School of Anthropology and History (ENAH) in Mexico City on July 6-8, 2011. Twenty-eight national and foreign institutions participated in the conference, representing twelve countries and fifteen Mexican states. The event served as a forum to exchange experiences, raise awareness, and join forces in an organized way so as to analyze and make visible this cruel phenomenon.*

Summary of the proceedings

Foreign (non-Mexican) presentations

Filippi and colleagues from Argentina discussed their experience using discourse analysis to analyze data from focus groups composed of psychology students, 70% of whom work in the private sector. They investigated the subjective aspects of precarious work in the context of new workplace practices in order to identify processes and factors that contribute to disrespect as well as personal, workplace, and social marginalization. They examined the concept of social support at two analytical levels: the quality of leadership and the type of social relationships associated with the workplace, both among equals and with superiors.

Based on focus group discourses and collective experiences, they identified an absence of quality leadership in the workplace, as evidenced by role ambivalence and abuse on the part of authority figures. Social support was undermined by working

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* The conference program can be downloaded at: http://dl.dropbox.com/u/3590707/programa_color_0.pdf

conditions characterized by vulnerability, individualism and hostility. They concluded that there is a link between psychosocial risks in the workplace and the emergence of various forms of violence within organizations and workplaces that trigger workplace harassment.

In relation to social support, Soto, from Puerto Rico, reflected on the role of family in relation to workplace harassment. She suggested that – since victims are often unable to face the situation themselves – positive family support is needed. She emphasized the need to educate families to be supportive and to mitigate the potentially severe deterioration that harassment can trigger. This deterioration is seen in such self-destructive behaviors as over-eating, self-blame, anger, insomnia or over-sleeping, alcohol or tobacco consumption, and the use of other psychoactive substances in the attempt to reduce anxiety and suffering.

One of the most damaging manifestations of harassment is the reproduction by victims of the psychological violence they have personally experienced within the social and organizational context. The victim becomes an aggressor looking to displace their own rage on innocent people who become targets in a cycle of harassment. They can also become hostile, inhumane, and have difficulty socializing and being friendly; these traits function as a defense mechanism towards an environment that previously caused them harm. Of course, the exact nature of the response depends upon the victim's own personality as they try to protect themselves and survive in the workplace. Soto stated that those who have been victims of mobbing must learn to live with it and adequately adapt after the damage is done. It is likely they will never forget it.

Analyzing suicide as a result of harassment, Barreto (Brazil) defined harassment as psychological violence in the workplace that serves as a tool for control and discipline over those who produce. Acts, gestures, words, and silences can dismiss the other. When they accumulate throughout the workday, they can emotionally disassemble and devastate the lives of those who are victimized. They cause mental and physical health problems that can evolve into quitting the job, falling ill, subjection and passivity, or even suicidal ideation that can culminate in death.

In these situations, affective bonds and help from peers are key strategies to face harassment and suffering; they can facilitate a return to normalcy, promoting positive ideas and behaviors more conducive to good health. When someone prefers death to the loss of dignity, we see how health, work, emotions, ethics, and social meaning are all affected by the pathogenicity of workplace harassment. It is necessary to fight against all factors in the workplace that favor the emergence of psychological harassment, whether they are organizational or cultural, in order to facilitate the exercise of liberty.

Parra, from Colombia, presented results from a study of nursing professors in a university in Cali. He used a mixed-methods design, combining interviews with a scale validated for workplace harassment. Subjects reported the existence of harassment and psychological workplace violence in the university. Parra pointed out that the most common hostile behaviors reported were attacks on personal reputation, humiliating treatment or public ridicule, punishment for mistakes, unfair limitations on opportunities for professional development, and barriers to professional advancement.

Parra reported that communication was an important part of harassment in the experiences of nurses. This included tone of voice, intimidating gestures, not being listened to, hostile comments, rudeness, and threatening hand gestures. Some nurses had experienced rejection, lack of motivation, and other feelings that they preferred not to share. Their emotions were manifested in crying, fear, sadness, hate, anxiety, depression, nervous laughter, and sleep disturbances. They adopted several behavioral responses, including silence, acceptance, hiding their emotions, and accommodating the behaviors.

Parra concluded that the practice of hiring nurses on short-term contracts along with existing evaluation policies created a precarious employment situation and contributed to an environment that promotes harassment. Most institutions are unaware of these issues and thus underestimate the problem. This fosters inaction. The absence of government policies on the prevention of workplace harassment also contributes to the continued presence of this phenomenon.

Acevedo, from Venezuela, analyzed workplace harassment from a gender-based perspective. She noted that this is a universal problem with a long history, which has only recently become a topic of academic interest. The term “workplace psychoterror” was coined in the 1980s by Leymann and is currently considered by the International Labour Organization (ILO) as an area for intervention in the control of psychological workplace risk factors. The violence generated in social relations at work – mediated by class, gender and ethnicity – is linked to discriminatory social practices. This violence is also linked to the organization of both traditional and non-traditional forms of production.

Acevedo belongs to a gender research group. Using both qualitative and quantitative methods, the group has found a wide range of ways in which workplace violence is expressed: physical, psychological, moral, sexual, and economic. It has a detrimental effect on worker health and is manifested in symptoms such as headaches, insomnia, gastritis, depression, anxiety, as well as in the deterioration of social relationships and absenteeism. At this point the Venezuelan researchers have only looked at gender differences in workplace sexual harassment. They find that affected workers – due to a lack of knowledge about available resources – do not seek assistance in the workplace or from broader legal structures.

National (Mexican) contributions

Contributions by Mexican research teams from Veracruz, Nuevo Leon, Mexico City, and Jalisco provided ample evidence of the interest of academics in this phenomenon.

Fuentes, from the National Polytechnic Institute Graduate School of Medicine, discussed the relationship between fibromyalgia and workplace harassment. Fibromyalgia is characterized primarily by chronic muscular and fibrous tissue pain. It is a progressive condition and presents more commonly in women. Mobbing causes emotional trauma in its victims. According to Fuentes, this suffering becomes a trigger for a group of diverse physical symptoms. She concluded that not all people express suffering in the same way; even prolonged harassment does not result in a uniform set of symptoms.

As a result, more systematic research is needed to better understand of the health consequences of harassment.

Karam, from Mexico City, argued that workplace harassment causes a wide range of physical symptoms. One of the difficulties in understanding this problem is that physicians do not appropriately investigate the possible role of the workplace in the etiology of harassment-related symptoms, such as gastritis, colitis, and hypertension. As a result, workplace harassment does not get recorded as an occupational health problem and programs to address the issue are not put into place.

This problem reflects a lack of information on the part of physicians. Karam studied 90 physicians from Toluca, 86% did not know what workplace harassment was. Nonetheless, 97% thought that it could have health consequences. Only 78% associated it with specific pathologies, identifying stress as the causal link to illness, thus turning the problem into a single-factor issue.

Hernández, also from the Mexico City, pointed out that the damages to victims of workplace harassment are both psychological and physical. The damage can also be reflected in an individual’s personal, family, and social life. The victim can develop the psychological symptoms associated with post-traumatic stress disorder: these can be incapacitating and result in serious psychological harm. The result is depression, irritability, anger, an increased tendency to abuse drugs and, in some cases, suicide. Psychosomatic symptoms are also seen, including musculoskeletal pain, difficulty sleeping, chronic fatigue, headache, dizziness, hypertension, etc. The effects on health are so complex that they can cause collateral damage to family relationships. This results from feelings of isolation and irritability, as well as aggression, loss of interest and ignoring family responsibilities, detaching from family needs, and decreased affectivity and sexual desire. Divorce and separation can be the final result.

López and colleagues studied the link between workplace harassment and alcohol consumption in female workers. In a study of 224 women, they use survey instruments to evaluate violence and workplace harassment. They found that participants had been exposed to an average of 1.7 years of work-

place psychological violence and 38% had experienced high levels of psychological violence. They did not find significant differences in the experience of psychological violence by age, work classification, or marital status. In all, 63% of the women had consumed alcohol in the previous thirty days. Age, work category, and marital status were not related to alcohol consumption. Workplace psychological violence was more common in those women who drank more alcohol in the previous month. The primary source of violence was other female co-workers.

Sánchez and Avelar from the University of Guadalajara, reported on findings from a study of 545 workers from the production, administration, and distribution departments of the steel manufacturing, bird feed production and furniture industries of metropolitan Guadalajara. They used the Workplace Psychological Harassment Survey (*Cuestionario de Acoso Psicológico en el Trabajo*), developed by Moreno-Jimenez in 2007, and the Scale of Psychological Disorders (*Escala de Trastornos Psicológicos*), developed by Balbuena and Serrano in 2008. Of all workers, 93% reported experiencing social isolation, extreme work demands, belittling, threats of firing, sexual harassment (particularly among women), changes of work schedule, favoritism, increased work without increased pay, and performing duties they were not hired to do. On the Scale of Psychological Disorders, workers reported problems such as extreme irritability, subjective ill-being, mental fatigue, depression, poor sleep, aggression, and a high intake of tobacco and alcohol. One hundred seventy-three workers experienced suicidal ideation, cognitive dissonance, and severe self-esteem problems. The investigators concluded that harassment was a severe psychological stressor that seriously affects the ability of its victims to function and can produce a variety of psychological symptoms.

Preciado, a researcher at the Occupational Health Research Institute in Guadalajara, presented a case study of an individual given the pseudonym "Ismael." He suffers from workplace harassment for two years after returning from a medical leave. Ismael had been a supervisor and upon his return he learns that his former job had been given to someone else. His new job title came with reduced bene-

fits and pay. He suffers from generalized anxiety, knee pain, and feelings of anger and impotence. He reports feeling depressed, but in general has good communication with his partner and children, who provide him support and respect.

Ismael presents himself as cooperative and willing to participate. He is pleasant, honest and oriented to reality. He has a sharp mind and is highly intelligent (as measured by the WAIS test). He has good judgment, is persistent, holds high moral values, and acts on logical and practical evidence. According to an evaluation using the 16 Factors of Personality tool, Ismael has is rough in temperament, masculine, mature, practical, and a generator of group solidarity. His defense mechanism for internal tension is projection. He demands that people accept responsibility for their errors, showing irritability and distaste for mediocrity.

His multi-axial diagnosis is alcohol dependence, in remission for two years, and extroverted personality with dependent traits. He does not present with physical symptoms aside from knee pain. He identifies harassment as the problem in his work environment. His global functioning score is 90. This suggests moderate symptoms caused by work pressures but compensated for by Ismael's intelligence. The clinical prognosis is favorable with psychological follow-up.

Conclusions

The presentations made at working groups on harassment and health concurred that workplace harassment is a psychosocial risk factor that can lead to severe consequences reflected in mood disorders, deterioration of general mental health, severe depression, loss of hope, suicidal ideation and even suicide. Self-destructive behaviors – such as the consumption of alcohol and drugs – are also commonly present as strategies for dealing with anxiety and depression.

There was also agreement about under-reporting and the lack of laws dealing with this situation. Participants noted the important role the family plays in supporting victims and mitigating the damage of harassment on the individual by strengthening them in the face of adversity.

Alternative social environments – including the family; social and recreational networks; and workplace support groups – may offer avenues for creating a society free of workplace violence. However, it is unclear which interventions best address the issue. What is clear is that interventions can occur at the organizational, group, or individual level. Greater awareness is needed about the presence and potential harms of this issue.

Harassment and health is a broad topic, both in terms of its importance and its consequences. Discussions at the sessions focused on developing collaborations. The participants were eager to continue meeting and to build a communications network that would allow continued collaboration. Future Ibero-American and national congresses are in the works, and a virtual network was created with all of the participants. For further information, see the News & Events section of this issue.

Papers presented at the symposium:

- Acevedo, D. *Género, acoso laboral y salud*. Centro de Estudios en Salud y Trabajo. Universidad de Carabobo. (CEST-UC). Venezuela.
- Barreto, M. *Acoso moral en el trabajo: una trayectoria de dolor que puede llevar al suicidio*. Núcleo de Estudios de Psicología Social de la Dialéctica Exclusión/Inclusión Social NEXIN/PUC/SP, Brasil.
- Filippi, G., Ferrari, LE., Napoli, ML., Cebey, MC., Artigas, MV., Trotta, MF. *El apoyo social, su relación con los procesos de violencia en el trabajo:*

aproximación discursiva. Instituto de Investigaciones, Facultad de Psicología, Universidad de Buenos Aires, Argentina.

- Fuentes, R. *Acoso laboral y fibromialgia, entre la vulnerabilidad y el sufrimiento*. Escuela Superior de Medicina, Instituto Politécnico Nacional, México D.F.
- Hernández, M. *El acoso moral en el trabajo y su efecto en la salud de la víctima*. Facultad de Derecho. Universidad Autónoma del Estado de México.
- Karam, MA. *El acoso laboral, una causa no considerada*. Facultad de Medicina, Universidad Autónoma del Estado de México.
- López, G., Rodríguez, L., Riego, NA. *Violencia psicológica laboral y consumo de alcohol en mujeres trabajadoras*. Facultad de Enfermería, Universidad Veracruzana y Universidad Autónoma de Nuevo León.
- Parra, L. *Experiencias y vivencias de acoso psicológico laboral en docentes universitarios médicos y enfermeras*. Cali, Colombia 2010. Universidad Libre Seccional, Cali-Colombia.
- Preciado, ML. *Psicodinamia del acoso. Estudio de un caso*. Instituto de Investigación en Salud Ocupacional, Universidad de Guadalajara, México.
- Sánchez, HC., Avelar, EE. *Acoso psicológico y su impacto en la salud mental en trabajadores de la industria manufacturera del acero, elaboración de alimentos y de la fabricación de muebles en la Zona Metropolitana de Guadalajara*. Universidad de Guadalajara y Universidad Guadalajara Lamar.
- Soto, WE. *Entre la espada y la pared ser víctima de mobbing y concienciar a mi familia con mi dolor*. San Juan, Puerto Rico

