



**RESEARCH STUDIES**

*workplacebullying.org*

**The WBI Website  
2012 Instant Poll  
D - Impact of  
Workplace Bullying on  
Individuals' Health**

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# Impact of Workplace Bullying on Individuals' Health

## WBI 2012-D Instant Poll

In 2003, the Workplace Bullying Institute conducted an online survey exploring many aspects of the phenomenon, of which one was impact on targets' health. The self-selected sample of 1,000 individuals bullied at work (typically 98% of any sample visiting WBI are known to be bullied) completed a 33-item self-report symptoms checklist. Women were the majority of respondents (80%). In rank order of most to least frequent, respondents reported their top five health problems: Anxiety (76%), Loss of concentration (71%), Disrupted sleep (71%), Hypervigilance symptoms (60%), and Stress headaches (55%).

The newer online WBI Instant Polls are single-question surveys that are also self-selected samples. Our non-scientific Instant Polls accurately depict the perceptions of workers targeted for bullying at work as contrasted with the views of all adult Americans in our scientific national surveys.

This time we recreated a 52-item health checklist that asked about stress-related physical health complications that occur after exposure to bullying, psychological effects. Four additional questions asked whether or not respondents were treated by either physicians or mental health professionals. There were 516 respondents. No demographic data were collected. We do not know their gender, however, we do know from prior WBI online studies that the sample is comprised of people who declare themselves bullied at work, now or in the past.

Instant Poll 2012-D has some methodological strengths. First, the list of health problems in the 2012 survey is more comprehensive than the one used in 2003. With nine more years experience in the field, the items more accurately reflect the reality targets endure. Another advantage is that we could calculate adjusted prevalence rates based on the reports of seeking treatment by either a physician or mental health professional.

The principal shortcoming of Instant Poll methodology is its generalizability. We can only extrapolate to workers targeted for bullying at work. Further, we do not know the respondents' gender.

The Poll was introduced by the following phrases:

*Assessing the impact of bullying on individual workers. Please answer the two treatment questions at the top, then check all of the symptoms personally experienced during or after your bullying episodes.*

### The Results

71% have been treated by a physician for work-related symptoms.

63% have been treated by a licensed mental health professional for work-related symptoms.

The slightly higher treatment rate for physicians suggests less stigma attached to physicians than to psychologists, counselors or psychiatrists.

The 15 most frequent symptoms reported (in decreasing proportions) were:

- .827 Anticipation of next negative event
- .796 Overwhelming anxiety
- .767 Sleep disruption (hard to begin/too little)
- .756 Loss of concentration or memory
- .703\* Uncontrollable mood swings
- .663 States of agitation or anger
- .637 Pervasive sadness
- .609\* Heart palpitations
- .607 Insomnia
- .596\* High blood pressure (hypertension)
- .587 Obsession over personal circumstances
- .500 Intrusive thoughts (flashbacks, nightmares)
- .498 Loss of affect (flat emotional responses)
- .490\* Depression (diagnosed)
- .482\* Migraine headaches

Adjusted rates are marked with asterisk (\*). Adjusted rates for psychological diagnoses reflect the percentage calculated for those who claimed to have been treated by a mental health professional. For medical diagnoses, the percentage is for those who claimed to have been treated by a physician.

New neuroscience studies produce evidence of neurological foundations for most behavioral experiences. Therefore, the traditional dichotomy of physical and psychological health problems is nearly moot. PTSD, for instance, used to be considered solely psychological. However, fMRI studies can now reliably confirm its presence or absence using a technique called MEG. In the above list of 15, only the cardiovascular system symptoms could probably still be considered physical.

### Symptom Clusters

#### 1. PTSD – posttraumatic stress disorder with 3 symptom categories

(1) Intrusive thoughts, (2) Hypervigilance, and (3) Avoidance-Dissociation

- .301\* Diagnosed with PTSD [ .188\* Diagnosed with Acute Stress Disorder, ASD ]
- .827 Anticipation of next negative event (part of Hypervigilance)
- .663 States of agitation or anger (also Hypervigilance)
- .587 Obsession over personal circumstances (also Hypervigilance)
- .500 Intrusive thoughts (flashbacks, nightmares)
- .136 Dissociation - out-of-body experience

A PTSD diagnosis is difficult to assign based on the restrictive DSM definition (based on a single instigating incident). Symptoms are reported at higher frequencies than the diagnosis. ASD is a time-limited experience, not continuous.

## 2. Clinical Depression

- .490\* Diagnosed with depression
- .767 Sleep disruption (hard to begin/too little)
- .756 Loss of concentration or memory
- .703\* Uncontrollable mood swings
- .637 Pervasive sadness
- .607 Insomnia
- .498 Loss of affect (flat emotional responses)
- .390\* Increased dosages of prior emotion-regulating medications
- .218\* Prescribed psychotropic medications (1st time)

## 3. Violence

### Toward self

- .292 Had suicidal thoughts
- .162 Actually planned how to commit suicide

### Toward others

- .406 Understood how a person could be driven to hurting or killing those who bullied them
- .139 Actually planned how to get even by hurting or killing those who have hurt me

## 4. Anxiety & Phobia

- .796 Overwhelming anxiety
- .519 Panic attacks
- .168\* Agoraphobia

## 5. Cardiological

All of these problems involve labeling after treatment by a physician. All are adjusted rates.

- .609\* Heart palpitations
- .596\* High blood pressure (hypertension)
- .096\* Cardiac arrhythmia
- .021\* Stroke
- .014\* Heart attack
- .007\* Cardiac ischemia
- .004\* Surgery to correct heart disease

## 6. Other Diseases Exacerbated by Stress

- .442 Tension headaches
- .482\* Migraine headaches
- .206\* Fibromyalgia
- .333\* Chronic fatigue syndrome
- .369\* Irritable bowel disease (Crohn's or ulcerative colitis)
- .124\* Auto-immune disorder (diagnosed)
- .170\* Psoriasis/Neurodermatitis (skin disorders)
- .103 Diabetes
- .011\* Multiple Sclerosis
- .070 Eating disorder (diagnosed by MHP)
- .269\* Sexual dysfunction (diagnosed by MHP)

## 7. Self-Destructive Behaviors

- .060 Relapse of formerly controlled addiction
- .012 New addiction to street drugs
- .085 New addiction to overeating
- .062 New addiction to alcohol
- .014\* Bulimia
- .011\* Anorexia

## 8. Lost Loyalty

- .742 Sense of betrayal by peers
- .626 Distrust of institutions
- .465 Grief over losses

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