

# **Workplace Bullying and Harassment in Sweden: Mobilizing against Bullying**

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## **1. A general picture of Swedish society**

Sweden, as a welfare state, was developed in the 1960s and 1970s. Its welfare system was then among the world foremost and included building of modern dwellings, low unemployment, and an improved health care system. In the 1980s and 1990s Swedish society took on a more individualistic form guided by the market economy. The welfare system has been undermined but is still well-developed, compared to other countries. Sweden also has a long tradition of strong trade unions, and negotiations between employers and unions have influenced working conditions for employees and have especially improved the physical work environment. Equality between women and men is among the highest in the world, but still there is a long way to go towards equal salaries for the equal work and equal influence in society. The country has opened its borders to streams of refugees from war-ravaged countries for humanitarian reasons and, because it needs the manpower of immigrants from Europe. Swedish unemployment is now about 8 percent, much of which is made up of adolescents and immigrants.

The average age life expectancy in Sweden is 83 years for women and 79 years for men. The rising age of the elderly population has increased the need for medical and social care. The health system tries to meet these demands and keep costs within a reasonable range by structural changes and advances in medical treatments. There is also a trend in society to promote a healthier lifestyle. Infant mortality rates are among the lowest in the world and deaths from heart disease in Sweden have decreased, showing how medical care and changes in lifestyle can result in healthier populations. However, mental ill-health has been increased in Sweden in recent years. The costs of sick leave are highest for psychological disturbances, and diseases of muscles and skeleton, and dementia are requiring more and more attention. Despite progressive social indicators, bullying continues to occur in the workplace.

## **2. Prevalence of bullying**

### **2.1 Sweden**

The reported prevalence rates of workplace bullying vary and can be explained by differences in study design, populations, and questions posed of bullying. In a representative sample of a working population in Sweden, between the ages of 15 and 74, 3.5% of those studied reported that they had been exposed to one or more unethical or hostile actions at least once a week for six months or longer (Leymann 1996). In a

multivariate analysis of 1,219 women and 1,409 men working for the Swedish postal service, 16% of the women reported knowledge of bullying in the workplace, and 8% of them had been bullied themselves (Voss et al. 2008).

Statistics Sweden conducts work environment surveys every other year at the direction of the Swedish Work Environment Authority. The purpose is to describe the work environment of the working population between the ages of 16 and 64. The 2011 survey was based on 12,400 telephone interviews and 7,800 answers to a postal questionnaire. It included one question about ever been exposed to bullying by managers and coworkers and one question about sexual harassment from managers and coworkers over the last 12 months. The results showed that midwives had the highest frequencies of bullying (13%) for work which required of them specialist competence. These results can be compared with university, college and high school teachers (9%), civil engineers (10%), and data specialists (5%). Midwives were also exposed to harassment based on sex in 9%, teachers and civil engineers in 11%, and data specialists in 5% of all cases. Nurses, who required fewer years of higher education were exposed to the same amount of bullying as midwives (9%), and engineers and technicians in 7%. In this group administrative assistants, inventory and transport assistants, and other office personnel were exposed to bullying in 12 % of all cases. Assistant and practical nurses were most exposed to bullying in the group of service, social care, and manual work (12%). Hotel and office cleaners among the group of those without special training were most exposed to bullying of all the groups (17%). When the incidence of bullying is analyzed by industry, the results show that 16% and 13% of those employed in private and cultural jobs, 12 % and 20% working in hotels and restaurants, and 10% and 9% of those in health and social care had at least sometimes been exposed to bullying and harassment based on sex in the last twelve months. Thus, the results indicate that employees in health and social care, assistants, hotel and restaurant personnel and cleaners make risk for bullying and harassment (Swedish Work Environment Authority 2012:4). It is a weakness of the study that bullying and harassment were only investigated through two questions, and the intensity of bullying was not measured.

In a Swedish intervention study baseline data was collected according to The Negative Acts Questionnaire (NAQ-R) (Einarsen & Raknes 1997, Einarsen et al. 2009), and by three self-labelled questions from 1,550 individuals employed at five hospitals and five municipalities in an ongoing Swedish intervention study (Step I, described below). The results showed that 18.5% were bullied based on the criterion of one negative act per week (Leymann 1996), 6.8% were bullied by two negative act per week (Mikkelsen & Einarsen 2001), and 4% experienced self-labelled bullying. Twenty-two percent had witnessed bullying and 38% had been bullied earlier in life (Rahm et al. 2012).

## **2.2 Other Scandinavian studies**

Other Scandinavian studies have also shown a variation in the frequency of bullying. A comprehensive Norwegian study of 7,986 people found that about 8.6% of the employees in a variety of workplaces had been bullied over the past six months (Einarsen & Skogstad 1996). Older workers were bullied to a significantly higher degree than younger ones, with the exception of university employees over 50 years of age, who were significantly less bullied. Large, industrial workplaces dominated by men had a higher incidence of bullying than smaller workplaces. According to this study, bullying seemed to be more prevalent in private organizations than in the public sector. The assessment

instrument used was developed to increase validity by classifying bullying according to direction not bullied, limited criticism at work, limited negative clashes, bullied sometimes, work-related bullying, and the victim of bullying. In a later representative study Nielsen et al. (2009) showed that self-reported victimization have been decreased from 8.6% to 4.6% and from 4.6% to 2% for them who labelled themselves. A total of 14.3% was targets of bullying being exposed to at least one negative act per week during 6 months and 6.2% was classified as targets by using a stricter criterion of being exposed of two negative acts during 6 months. Another study compared the amount of harassment in the workplace among flight attendants, female nurses, and female elementary school teachers. More nurses (19 %) than flight attendants (12 %) were exposed to bullying, physical violence and threats in Iceland (Gunnarsdottir & Sveindottir 2006). In Denmark hospital staff members, were bullied in 16% of all cases were a person was exposed to one negative act a week or more, often, but only 2% using a more stringent criterion of two acts or more a week. A total of 15.6% had witnessed bullying at the hospital (Mikkelsen & Einarsen 2001). Finland seems to diverge from the other Nordic countries with a frequency of bullying of 5.3 (Kivimäki et al. 2000). However Sahlin (2001), using a slightly modified version of the NAQ found that 24.1% were bullied by at least one or more negative acts peer week.

### **2.3 Europe**

According to research from other countries, hospital employees in England are also bullied. Quine (2001) found that 44% of all nurses and 35% of other health care staff had experienced one or more kinds of bullying over a 12-month period. Fifty percent of all nurses had also witnessed bullying by others. A total of 26.6% were bullied on Austrian hospital (Niedl 1996). In a large randomized representative study from the UK, where a total of 5,288 questionnaires based on the definition of Einarson & Skogstad (1996) were returned (response rate 42%). 10.6% of the respondents reporting bullying within the last 6 months. However, bullying had increased to 24.7% within the last 5 years and 46.5% had witnessed bullying during the same time period. Notelaers et al. (2006) studied a sample of 6,175 respondents from 18 Belgian organizations. A total of 57% completed a Dutch and 43% a French questionnaire. The results showed that 3% bullied their victims, 8% engaged in work-related bullying, and 9% sometimes bullied others, according to a latent cluster analysis; 20.6% could be regarded as victims, and 79.4% non-victims, using an operational classification method. A summary of empirical studies with different definitions and means of assessment in Europe found that between 1% and 4% of employees may experience serious bullying, and between 8% and 10% occasional bullying (Zapf et al. 2003).

The above results indicate that bullying may be especially prevalent in some professional categories. Sweden has more bullying than Denmark and Norway in studies with equal design. The Nordic countries showed less bullying in comparison to some other countries. Bullying increases the longer the victims of bullying are exposed to negative acts such as individual and work related insults.

### **2.4 Gender perspective**

Regarding gender Leymann (1996) found that 55% of all women and 45% of all men were being bullied in Sweden. He revealed that 76% of the men were being bullied by men, 3% were being bullied by women, and 21% were being bullied by both men and women.

By contrast 40% of the women were being bullied by women, 21% were being bullied by men, and 30% were being bullied by both men and women. Einarsen and Skogstad (1996) found in Norway that most bullies were men, but men and women were equally bullied. In another study (Einarsen & Raknes 1997), it was reported that colleagues and superiors exposed 7% of men to ridicule and intrusive harassment, verbal abuse, rumors, insults, hostility or silence when a conversation was initiated, or depreciation of an individual's work at least once a week, and 22% one or more times a month. In Finland Björkqvist (1994) argued that men were bullied by means of abrupt behavior which makes the victim feel excluded from the community, while women, who tend to have a more psychosocially-oriented intellect, could be bullied through social manipulation. Lee (2002) claimed that international research failed to problematize the gender perspective and decreased its importance to findings. Above example shows that both women and men become victims of prevailing power structures (Wamala & Lynch 2002), and femininity and masculinity that defy these had effects on the bullying. In summary, more women than men were bullied, men bullied women, women bullied men, but both men and women tended to bully their own gender.

### 3. The definition and process of bullying

Sweden has been a pioneer in research about bullying during the 1970s, 1980s and 1990s with the work of Olweus (1978, 1992, 1999) and Leyman (1990, 1992, 1996). Olweus studied bullying among schoolchildren and Leymann did the same for workplaces. Unfortunately, research into bullying at workplaces has stagnated since 2000. Leymann (1990, 1996) called bullying 'mobbing' or 'psychic terror' in which four critical elements can be discerned:

- 1) The original critical incident consisting of the observed conflict, which probably triggered the bullying in the first place.
- 2) 'Mobbing' and stigmatizing, including attacking someone's reputation, insulting communication, isolating, assigning meaningless work tasks, and violence, or threats of violence.
- 3) Conflict with personnel administration because management takes over the prejudices of the victim's coworkers.
- 4) Ultimate expulsion of the bullied victim from the workplace.

In summary, Leymann (1990) defined mobbing as 'hostile and unethical communication which is directed in a systematic way by one or a number of persons, mainly towards one individual. These actions often take place (almost every day) over a long period (at least for six months) and because of this frequency and duration, result in considerable psychic, psychosomatic and social misery' (1990). Such hostile and unethical activities repeated frequently over long periods of time can change the climate of the workplace and stigmatize the exposed individual. The bullying is legitimized when workplace management accepts and adopts prejudices concerning the stigmatized person. Bullying implies an imbalance in the power between the bullied victim and the bully. Bullying can take place when work groups choose to relieve their frustration at an unsatisfactory work situation on somebody, a scapegoat (Thylefors 1999). The equal status between two individuals is changed to a more hostile one in which the bully defines the conditions of the relationship (Fors 1993). In doing so, the bully utilizes her/his sphere of action at the bullied victim's expense as the bully's power is increased (Björck 1995). The

concepts of bullying and harassment are often used synonymously and might be seen as two aspects of the same thing. They can co-exist or one can dominate, but both damage the exposed individual as well as the organization in which they occur (Nazarko 2001).

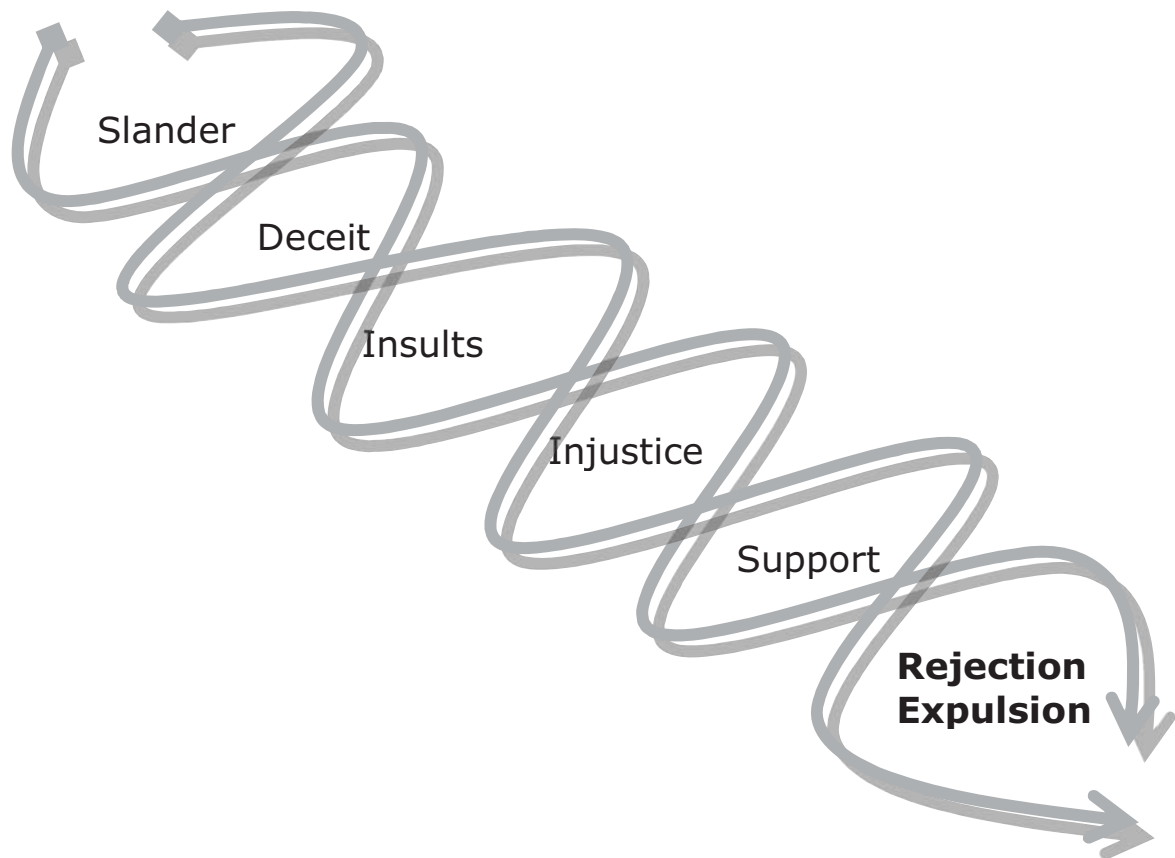
Leymann (1990) states that little has been written about the first critical incidents in bullying, the observed conflicts. However, Strandmark and Hallberg (2007a) described in a qualitative study how bullying starts when a struggle of power is transformed into bullying. Workplaces with restricted participation, weak and indistinct leadership, betrayed expectations, and poorly defined roles create a negative psychosocial environment. In such an environment, deep professional and personal value conflicts may arise adding to other daily cognitive and affective conflicts. Individuals who describe themselves as strong, competent, and driven, as well as others who consider themselves vulnerable and sensitive, perceived that they did not comply with the norms and values of their work groups and were regarded as threatening to their workmates. A struggle for power began when those involved failed to resolve their value conflicts. The fight was a battle to decide who was the strongest. If the conflict remained unresolved, the gap between the targeted person and their opponents widened. Although in some cases the problem faded away, it often developed into systematic and persistent bullying (Strandmark & Hallberg 2007a). The struggle of power may be illustrated by the following excerpt:

‘My knowledge gives me power and I don’t give in . . . . She has to keep me down at all cost . . . . Fundamentally, it’s a matter of power between her and me . . . . and in that respect I suppose we are quite similar.’

In an explorative and qualitative case study, Hedin et al. (2008) showed how the process of criticizing initiated bullying and resulted in consequences for whistle blowers. The interviewed workplace critics were recruited for interviews from administrative jobs, social care, non-profit work, health care, and the Swedish church. The findings showed that critiques were often grounded in reorganization, improper or unethical work methods, lack of professional morale, attempt to conceal information, discrimination and insults, and lack of supervision, and negative work environments. Insults, often occurred between a supervisor and a sub-ordinate, but could also take place among coworkers. Criticism may pass from internal critique to external if it is received by silence, passivity, nonchalance on the part of management, or if the process is cut off. More than half of the interviewees revealed that reprisals had been taken place as a result of the critique. The critics’ validity and legitimacy are challenged, diminishing their status and position in the organization. The usual consequences of criticism were that the critics were reassigned to other positions or were given notice of dismissal. Nevertheless, critiques have also led to improvements, such as reorganization, changed work methods or restructuring routines, education of personnel, or changed allocation of resources.

Comparatively to Leymann’s research (1990, 1996), the process of bullying can be described as developing through slander, deceit, insults, injustice, or special treatment. Its purpose is to alienate the bullied individual from the community at work, and finally from the workplace itself. Bullying appears to be an attempt to solve problems at the workplace, but these continue in other forms and involve other people after the bullied individual has been expelled. However, the bullied individual does not only experience betrayal and harassment, but also receive support from other individuals and groups in the surrounding environment, which temporarily alleviates the psychological strain. Nevertheless, this support cannot prevent the continuing process of bullying (Strandmark & Hallberg 2007b) (see Figure 1).

**Figure 1: A conceptual model showing the process of rejection and expulsion from the workplace (Strandmark & Hallberg 2007b)**



#### 4. Health consequences of workplace bullying

Hallberg & Strandmark (2006) explored the health consequences of workplace bullying with help of a core category labelled that they remaining marked for life. By this meant that adult bullying is perceived by its victims as a severe psychological trauma or a traumatic life event. The core category contained five additional categories; 1) feeling guilt, shame and diminishing self-esteem, 2) developing symptoms and reactions, 3) getting limited space for action, 4) working through the course of events, and 5) trying to obtain redress. Bullying included the spreading of rumours and repeated insults aimed at changing the image of the bullied person negatively, resulting in 'feelings of guilt, shame and diminishing self-esteem' in the exposed person. Physical and psychosomatic symptoms gradually emerged ('developing symptoms and reactions') and medical treatment and sick-listing often follow. The longer the bullying continued, the more limited became the possibility to change the situation ('getting limited space for action'), such as changing the workplace. Returning to a 'normal' life might be possible, but presupposed the process of 'working through the course of events' related to the bullying. This process was often painful, as events from bullying are re-lived over and over again, both in dreams and when awake. The bullied person was also 'trying to obtain redress' through such means as monetary compensation, professional confirmation, or by gaining a new meaning in life.

Despite this, bullying left an internal scar or vulnerability they never entirely heal; the bullied person ‘remains marked for life.’ The following excerpt from the interviews illustrates the core category:

‘No, I will never forget the bullying, never ever. There is still a large scar left inside me. I always have to carry this scar with me . . . and I have never managed to understand the bullies, either. That was an episode that now has passed away and now I have to continue living my life. But I think it would have been much easier to live my life without this scar inside. . . . that is what I think . . . definitely. When I, for example, read in the paper about someone being bullied somewhere, the old scar reopens and it hurts. In some way I must try to repress it all the time . . . if it is possible.’

Bullying included a sort of life crisis, which was the case for some of the informants in the present study. Contrary to other life crises, bullying was most often perceived by these informants as a purely negative event, rather than as an event that also provided personal development and strength or other positive gains.

‘I do not know if there is anything positive about this . . . . The bullying might have given me a somewhat increased understanding of other people. But personally I do not think of it as anything positive. It has been said that you often get strengthened through a life crisis but I am very doubtful of that statement. No, I think it has solely been negative for me.’

Bullying can also be perceived as destroying or ‘cracking’ the health, career, and personality of an exposed person. An informant in the study, a female teacher in her forties who was bullied by her manager, gave an example of this way of thinking:

‘The bully has actually cracked my health. She has also cracked my professional career . . . and my personality as well . . . . Everything that earlier was me, that is no longer me.’

When, bullies blamed the bullied person for the problems at the workplace, and the bullied individual accepted this responsibility by feeling guilt and shame, the bullied person’s self-esteem decreased and she/he was ashamed at not being worth more than a person to be bullied. Psychosomatic symptoms and emotional reactions emerged. As the process of bullying continued, the bullied person’s choices became increasingly limited, since she/he did not have strength enough to change the situation. However, there was a way back to a normal life through working through the emotional processing of the bullying, redress and a new meaning on life. Redress was based on proof that the bullying was wrong and unjust. However, in spite of redress, the bullied person never forgot the bullying, but was scarred for life by it (Hallberg & Strandmark 2006).

Studies in Scandinavia and elsewhere have also shown a connection between bullying and ill-health in the form of psychosomatic symptoms and mental distress (Leymann 1992, Mikkelsen & Einarsen 2002a). Bullied individuals reported more annoyance, distress, depression, worry, aggression, and persecution mania compared to other workers (Björkquist et al. 1994, O’Moore et al. 1998). Post-traumatic stress syndrome (PTSD) was also identified in the victims of bullying (Björkquist et al. 1994, Leymann & Gustafsson 1996, Mikkelsen & Einarsen 2002a). When these interacted with the sense of coherence (SOC), the stress symptoms decreased at a lower degree of bullying, but were not weakened in serious cases of bullying (Nielsen et al. 2008). For instance, in the Swedish postal system bullying was associated with a double risk of high incidence of illness (illness in itself, as well as the experience and diagnosing of illness). This indicated that

bullying marked a social climate that brought about sick-leave (Voss et al. 2008). Bullied individuals had more general and mental stress reactions and feelings of low self-esteem than those who observed bullying (Quine 2001). However, the observers in turn experienced more general and mental stress reactions than those who had not witnessed any bullying. Vartia (2001) pointed out that everyone involved in the process of bullying in the workplace is negatively affected. Generalized self-efficacy seemed to work as a moderator between the exposure of bullying and mental health problems (Mikkelsen & Einarsen 2002b).

## 5. National legal regulation and its effects

The Swedish Work Environment Act (SFS: 2008) states the grounds for a good work environment. The purpose of this act is to prevent ill-health and accidents at work and generally promote a positive atmosphere environment. The law says that work circumstances shall be adjusted to human beings' different prerequisites taking into account physical and psychological considerations. It should strive to enable variation, social contact, and collaboration, and connection between individual work tasks. Another basic law that opposes bullying is the Criminal Code (SFS 1962:700), including avoidance of powerlessness, abuse of one's exposed disposition, and insulting behavior.

Sweden published its first legal regulation (AFS 1993:17) targeting workplace bullying already in the early 1990s. It is entitled *Victimization at Work*. The ordinance consists of six paragraphs under three main headings: Scope and Definitions, General Provisions, and Routines. The first section applies to all activities in which employees can be subjected to victimization. By victimization is meant recurrent reprehensible or distinctly negative actions that are directed against individual employees in an offensive manner and can result in those employees being placed outside the workplace community. The second section states that an employer should plan and organize work so as to prevent victimization as far as possible and shall make clear that victimization is not acceptable in the workplace. Routines to detect early signals, work with problems, and follow up on interventions is emphasized in the third section. Further, employees who have been exposed to victimization shall be provided with rapid help or support. Notably, the regulation does not use the word bullying, except in the guidelines to the paragraphs in which they describe phenomena that in daily speech are called adult bullying, mental violence, social rejection, and harassment, including sexual harassment. These phenomena have increasingly appeared as particular problems in employment and are intended to sum up victimization (*kränkande särbehandling* in Swedish). The guidelines also emphasize designing routines, that guarantee the psychological and social work environment circumstances, and include assuring that personal behavior, the work situation, and the work structure will be as good as possible. Further, they encourage creating a kindly and respectful work climate, provide for educating supervisors, and foster mutual dialogue, collaboration, objective, and positive problem-solving attitudes, and gave support to a quick readjustment and return to work.

Hoel and Einarsen (2010) have evaluated the effect of the ordinance *Victimization at Work* by semi-structured interviews with 18 stakeholders from employer and trade unions, enforcements authorities, academia, and victims support organizations. They conclude that the legislation has been far from successful. Their findings show that the ordinance has shortcomings related to the vagueness of its regulations, difficulties in engaging employers



control and in managing attitudes and human relationships, problems with the Labour Inspectorate, and lack of progress in getting responses from the trade unions. They argued to the prevailing Swedish culture appears to sanction tacit bullying and the right to exclude somebody from the workplace. In order to succeed anti-bullying legalization requires well-informed, trained, and motivated employers as well as trade unions, that are willing to collaborate in addressing problems on an organizational and an individual level. Self-help activities and bystander interventions also have their place in the attempt to solve bullying problems. The legislation must be supported by an enforcement agency that has competence to carry out this.

Sweden has also a law against discrimination (SFS 2008:567) on the basis of sex, ethnicity, religion, handicap, sexual orientation, or and age. This law can be invoked, when bullying is part of above areas of discrimination.

## **6. Example from a Swedish intervention study in health and social care**

An intervention study is ongoing in collaboration with the Public Health Sciences and Nursing at Karlstad University in Sweden. The research group consists of Margaretha Strandmark K., Gun Nordström, Bodil Wilde-Larsen, GullBritt Rahm, and Ingrid Rystedt.

The overall aims of the study are as follows:

- to examine the prevalence of bullying and study the possible relationships between bullying and the psychosocial work environment within the health and social care system (Step I)
- to explore workplace strategies and routines to prevent and manage bullying (Step II)
- to develop and implement a program for action in order to prevent and eliminate bullying in collaboration with workplaces (Step III)
- to evaluate the implementation and the results of the intervention program (Step IV)

### **6.1 Step I**

Questionnaires including the Negative Acts Questionnaire (NAQ-R) (Einarsen & Raknes 1997, Einarsen et al. 2009); a short form of the General Nordic Questionnaire for Psychological and Social Factors at Work (QPSNordic 34) (Lindström et al. 2000); the Sense of Coherence (SOC) (Antonovsky 1987, 1996); Health Index (Nordström et al. 1992); and the General Health Questionnaire (GHQ-12) (Sconfienza 1998, Banks et al. 1980) were administered to a total of 2,810 employees. Some were providing mostly medical services at five hospitals, and others cared for elderly people in five municipalities. The response rate was 55% (n = 1,550). Background variables, one question about perceived bullying, one question about witnessing bullying, and one question about being bullied earlier in life were added to the instruments. The results of the analysis thus far are described above under 'Prevalence of bullying in Sweden.'

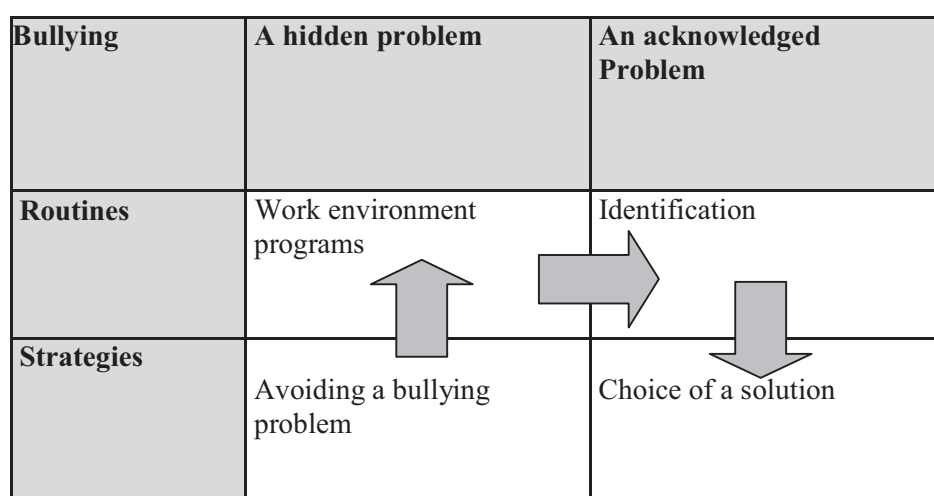
### **6.2 Step II**

Twelve key individuals selected from one hospital and two municipalities in which bullying exists, according to responses on the questionnaire, were interviewed in-depth.

The sample consisted of upper level managers, a human resources officer, staff responsible for the work environment, union representatives, and occupational health workers. The interviews were audio-taped, transcribed verbatim, and analyzed by content analyses according to Graneheim & Lundman (2004).

Two themes emerged in the findings bullying as a *hidden* problem and bullying as an *acknowledged* phenomenon. In Figure 2 the categories ‘avoiding a bullying problem’ and ‘preventive work environment programs’ connected with the theme of bullying as a hidden problem as well as the aims of strategies and routines. The ‘identification of the bullying problem’ and ‘the choice of a solution’ were related to the theme of bullying as an acknowledged phenomenon as well as the aims of routines and strategies.

**Figure 2: Bullying as a hidden and an acknowledged problem (Strandmark et al. 2012)**



Bullying as a hidden problem meant that the management and the other involved ‘sweep the problem under the carpet’. They hesitated to use the word of bullying and the preventative measures did not directly deal with bullying. The personnel department and representatives from the union and occupational health failed to recognize the problem since they were not given any indication that bullying was going on. Therefore, they could not help ward supervisor solve the problem. As one management supervisor said:

‘It becomes a problem for the ward supervisor because they can’t imagine that it occurred.’

Firstly, when the fact had been pointed out the bullying was acknowledged the problem identified, and the search for a solution began. The routines had not been instituted at the workplace and were realized ‘ad hoc’ spontaneously from the situation that arose. One of the resource persons gave an example of developed bullying:

‘Someone had written ‘You shall only disappear’, on a slip of paper.’

The bullying problem was often solved by breaking up a group and moving the persons involved to other wards. Sometimes they also worked through the bullying process in the group to heal the involved (Strandmark et al. 2012).

### **6.3 Step III**

In this step the research approach was participatory and community-based. Based on the answers to the questionnaires targeting bullying workplaces with the highest average, quartiles, and points (33 and 45) (Notelaers & Einarsen 2012) were invited to participate with upper-level of the hospital upper-level supervisors and upper-level managers at the municipalities. The grade of the bullying problem was assigned a range of colors; red, orange, yellow, and green. One psychiatric ward for older adults and two nursing homes for the elderly in two municipalities took part. Six to ten persons volunteered to participate within the focus groups at three workplaces on three occasions. One person from the research group was an observer and one was a moderator. The interviews were audio-taped and transcribed verbatim. The discussions issued from an interview guide with themes and open questions about good work environments and bullying. The first focus group discussed how the bullying problem had been expressed. The ward supervisor did not participate in this group so that the coworkers might feel more comfortable in relating their experiences. Later the three ward supervisors involved were interviewed individually to supplement the information gathered. The second focus group discussed what the intervention should contain. Finally, the third focus group took up a suggestion for the intervention program. A fourth focus group will consider on how the intervention was implemented in the respective workplaces. The interviews were analyzed according to grounded theory methodology (Charmaz 2006), consisting of initial coding, focused coding, and memos.

The preliminary findings revealed a bullying problem in which the ward supervisor played a key role as the spider in a web. In her interactions with staff and management she was in an intermediary position, because she was expected to be loyal upwards as well as downwards in the organization. The hierarchic organization, even on the level just over the ward supervisor, seemed foreign to the staff who reported having no knowledge of what was happening upwards in the organization. They perceived management on upper level as unfair in regard to planning, actions and distribution of resources. Those involved told that the essential elements of a foundation for zero-tolerance against bullying included; humanistic values, awareness of the bullying problems, an open atmosphere, good collaboration within and between groups, and conflict resolutions (Rahm et al. 2012). A responsible manager summed it up:

‘It’s not without reason we are called hamburgers at this level . . . . We have to press from beneath and from above . . . . with many layers of ‘dressing’ that drips out when there are too many demands on us.’

#### **Intervention program**

Based on the findings reported an intervention program was developed together with the employees. It consisted of half a day lectures for all employees about bullying as a phenomenon, shame, communication, and managing conflicts. Group discussions were prompted by a card game called ‘Mobilizing against bullying,’ which described examples of potential bullying situations. Finally, a concrete action plan was developed. The group also defined how this plan should be implemented and evaluated.

The participants could choose among playing a role game, reading a chapter of a book about taking measures against bullying and presenting a reflection of that in a workshop, and play card games. All the workplaces chose the card game, whose aim was to reflect on

the process of bullying. The following example of a bullying situation is taken from one of the playing cards:

*Situation:* You see a coworker far down in the corridor. Suddenly, the person changes direction and takes the stairs down without greeting you.

How do you react?

- a) Ask the person if she/he did not see you.
- b) Be sorry and say nothing.
- c) Complain about the person to your other coworkers.
- d) Other?

One participant took a card, read the situation and began to reflect to the first alternative. Thereafter she/he passed the question to the other participants and discussions arose within the group. When this alternative was exhausted the participants passed on to the next alternative. In this way, all the questions are discussed in sequence.

The developed concrete plan of action comprised a system of values, to recognize bullying and become alarmed, behavior as creating safety and confidence, managing conflicts, the ward supervisor's and coworkers' roles, dynamic group processes, and meeting places to keep the discussion alive. The plan also was presented and discussed in steering groups with upper-level managers. It will be followed-up by having all employees sign it. New employees shall be assigned a mentor. The responsible manager shall be responsible for the plan's success, and the participants of the focus groups shall keep the discussion about bullying alive.

#### **6.4 Step IV**

This step will consist of an evaluation of a) the wards that have taken part in the intervention, and b) a control group with current bullying problems that has not participated in the intervention. This part of the study is scheduled to take place in 2013.

### **7. The role of voluntary organizations in eliminating workplace bullying**

There are several voluntary organizations in Sweden for eliminating bullying, including STOP, OMM and Friends (schoolchildren). One of the most active is OMM, which means Organization Against Bullying (*Organisation mot mobbning*). It is a political and religiously unaffiliated and works to identify, map, and eliminate bullying in employments. It informs and supports individual members, makes demands on authorities concerning questions of bullying, and promotes improved legislation against bullying in the workplace. It makes sure that the Social Insurance Office investigates all received reports of victimization, and advertises its mission in the media. The organization works with workshops, installations, demonstrations, public announcement, and lobbying politicians. They have vigorously pushed for legislation to assist victims of bullying authority (OMM).

Recently, another initiative to eliminate bullying has appeared on a website called Step by Step. It is the first Swedish organization to address bullying, wherever it occurs. Step by Step is dedicated to achieving healthy psychosocial work environment through education and by changing attitudes towards victimization and bullying (Step by step).

The employee trade union Vision, which is a part of the Swedish Central Organization of Salaried Employees (TCO) has suggested legislation called a Law to Forbid Workplace Harassment in the working life. It seeks to promote tolerance and improve working conditions (Vision 2012). A political party on the left has submitted a motion for a law against bullying.

## **8. Conclusion**

The results presented show that especially vulnerable as well as strong and competent people have experienced bullying, which means that all of us can be exposed to bullying. It often starts with a struggle for power and is transformed to bullying when one of the parties is placed in a weak position against the other one. The aim of the bullying process is first to exclude the victim from social contact with coworkers and then expel the victim from the workplace entirely. Bullying causes a great suffering that may last a lifetime. The magnitude of its impact makes it urgent to mobilize all forces to prevent and eliminate bullying.

Those in upper-level of management often hesitate to acknowledge that there is bullying within their workplaces. Nevertheless, considerable efforts have been made to improve the work environment at the middle level of organizations, and this may indirectly prevent bullying. Unfortunately, these policies and plans may not reach the lowest level of those organizations. In that way no preventative action descends to the workplace. The most common solution of the bullying problem is to split the group, put the bullied victim into another position within the organization, or give notice of dismissal. However, the risk is great that bullying will arise at other workplaces to which the person has been moved, as well as resume at the old workplace. In that situation, there is a need to implement a healing process for all involved. Supervisors play a crucial role in preventing and eliminating bullying in collaboration with employees and management. They must apply humanistic values, be aware of bullying, cultivate an open atmosphere, encourage group cooperation, and institute conflict solving to instill zero tolerance against bullying.

Bullying problems can only be solved by combining a top down as well as a bottom up approach. Existing Swedish legislation (top down) is still not enough to prevent and curb bullying, and protect its victims. Those regulations need to be complemented by concrete measures in order to resolve the bullying problem, including sanctions in the form of fines and compensation to the victims of bullying.

The ongoing intervention study presented is an example of a bottom up approach tied to intervention, in which capacity building and participation are emphasized. The thought driving it is to increase participants' understanding of the complex phenomenon of bullying and thereby lead to effective solutions to the problem. If employees themselves participate, there will be increased motivation to follow the plan of action and contribute to the prevention and elimination of bullying. Other important actors in a bottom-up approach to prevent and eliminate bullying are the bully victims, the voluntary organizations, and the trade unions. They can change attitudes toward bullying with their experiences.

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