

## The Long-Term Effects of Workplace Bullying on Health Care

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### Abstract

The *Me to Movement* brought internationally attention to the long-term and pervasive issues of harassment and abuse in the workplace. As the limelight dimed many workplace victims continue to experience harassment, sabotage, bullying, and microaggressions in the workplace. It is estimated that 35 percent of employees have been bullied in the workplace (via Glassdoor).

*Bullying Behavior* has been defined as behaviors intended to bring harm to its victims (Jex, Burnfield, Clark, Guidroz, & Yugo, 2010). Additionally, bullying is repetitive abuse in which victims suffer verbal abuse, threats, and humiliation or intimidating behaviors (Katrinli, Atabay, Gunay, & Cangarli, 2010).

Workplace bullying has been linked to physical and mental health issues for victims of abuse, harassment, and bullying. Organizations have failed to aggressively end the culture of bullying in the workplace despite the cost to employees and the organization. Bullies tend to get promoted while the victims leave in a state of distress.

Griswold (2014) and Cooper argue that in order to create a positive and bullying free workplace firm plans should be in place within health care organizations to gain understanding about the "types, sources, and frequency of bullying behaviors" (Cooper, 2007, para. 2; Cooper, Walker, Askew, Robinson, & McNair, 2011).

This workshop aims to help participates develop assessment and intervention tools to reverse the toxic cultures in health care and develop safe reporting spaces for victims. The workshop goal is to create comprehensive holistic strategies to increase safe and healthy work environments.

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