

## Boston Hospital Workers Health Study (BHWHS)



Healthcare workers are the fastest-growing segment of the U.S. labor force. Their working conditions, however, may be putting their own health at risk, impacting their families, employers, and patients. Protecting and promoting the safety and health of these workers is both an occupational health priority and a public health imperative.

The Boston Hospital Workers Health Study (BHWHS) is a collaboration between the Center for Work, Health, & Well-being and Mass General Brigham, the largest private employer in Massachusetts. Using Mass General Brigham's extensive longitudinal database of employee records, our research seeks to identify pathways between the organization of work at hospitals and outcomes for workers, their patients, and the healthcare organization. We have conducted a wide array of research using data from the BHWHS and have published our findings about the relationship between work organization and worker health and well-being outcomes. Here we present the findings from a recent study:

### **The Relationship of Workplace Incivility and Bullying with Mental Health Expenditures<sup>1</sup>**

**Background:** About 9% of workers in the US experience workplace bullying. Workplace bullying negatively impacts the physical and mental health of the victims in the form of depression, anxiety, and suicidal thoughts, among others. The aim of this study was to determine the extent to which exposure to workplace bullying and incivility is associated with increased use of mental health care services.

**Methods:** Patient-care workers in the two participating hospitals completed a survey in 2012. Incivility and bullying behaviors were assessed using a short version of the nursing-specific Negative Acts questionnaire. The questionnaire asks about frequency of experiencing the following behaviors: someone withholding information which affects your performance; being humiliated or ridiculed in connection with your work; and being ignored or excluded. Experiencing each behavior was split into three categories: (1) unexposed (never experiencing the behavior), (2) incivility (experience now and then or monthly) and (3) bullying (experience weekly or daily). This classification differentiates incivility from bullying which may have different effects on health.

**Results:** Workers who experienced being ignored or excluded at work had higher rates of mental health care utilization and users of these services experiencing this type of bullying had higher expenditures, an annual average of \$2,461.

The study also found that being exposed to increased numbers of uncivil and bullying behaviors was associated with more expenditures. Among workers who sought mental health care, the annual average expenditure in mental health care was \$792 for those who did not experience any behavior, while the annual expenditure for workers who experienced at least three behaviors was \$1,446.

**Conclusion:** This study suggests that workplace incivility and bullying carry economic consequences for workers and employers. Although crafting interventions to successfully reduce incivility and bullying in the workplace is far more difficult than diagnosing the problem, such interventions would benefit both workers and their employers.

Sabbath EL, Williams JAR, Boden LI, Tempesti T, Wagner GR, Hopcia K, Hashimoto D, Sorensen G. Mental Health Expenditures: Association with Workplace Incivility and Bullying Among Hospital Patient Care Workers. *J Occup Environ Med.* 2018 Aug;60(8):737-742.