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# Workplace Bullying in Certified Rehabilitation Counselors and Levels of Depression as Measured with the BDI®-II AND WPVB

Mary R. Shuma Rudberg

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WORKPLACE BULLYING IN CERTIFIED REHABILITATION COUNSELORS AND  
LEVELS OF DEPRESSION AS MEASURED WITH THE BDI®-II AND WPVB

A Dissertation

Submitted to the School of Education

Duquesne University

In partial fulfillment of the requirements for  
the degree of Doctor of Philosophy

By

Mary R. Shuma Rudberg

August 2017

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Mary R. Shuma Rudberg

2017

**DUQUESNE UNIVERSITY  
SCHOOL OF EDUCATION  
Department of Counseling, Psychology and Special Education**

*Dissertation*

Submitted in Partial Fulfillment of the Requirements  
For the Degree of Doctor of Philosophy (Ph.D.)

**Executive Counselor Education and Supervision Program**

*Presented by:*

Mary R. Shuma Rudberg, M.S., Master of Science (West Virginia University)  
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**June 9, 2017**

**WORKPLACE BULLYING IN CERTIFIED REHABILITATION COUNSELORS AND  
LEVELS OF DEPRESSION AS MEASURED WITH THE BDI®-II AND WPVB**

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## ABSTRACT

### WORKPLACE BULLYING IN CERTIFIED REHABILITATION COUNSELORS AND LEVELS OF DEPRESSION AS MEASURED WITH THE BDI®-II AND WPVB

By

Mary R. Shuma Rudberg

August 2017

Dissertation supervised by Dr. Lisa Lopez Levers

Certified rehabilitation counselors (CRCs) are required to work with one of the nation's most vulnerable populations—people with disabilities. In order for CRCs to deliver optimum services and stay mentally nourished, a healthy working environment is essential. Workplace bullying is defined by WBI (2014) as “repeated, health harming mistreatment of one or more persons.” Workplace bullying can take many forms, such as threats, humiliation, intimidation, sabotaging a target's work, and verbal and physical abuse.

The purpose of this study was to determine whether there is a prevalence in CRCs' experiencing workplace bullying and their levels of depression. The dependent variables included CRCs' experience of workplace bullying and levels of depression as measured on the BDI-II.

This study employed a descriptive survey research design to determine the nature and frequency of workplace bullying. The BDI-II was used to determine levels of depression. The findings revealed that CRCs are experiencing workplace bullying and high levels of depression as measured by the BDI-II.

The Workplace Psychologically Violent Behavior instrument was used to measure the frequency of CRCs' experience of workplace bullying. The BDI-II measured the levels of depression in CRCs. The null hypothesis was retained in three of the six hypotheses. However, the null hypotheses were rejected in the remaining three hypotheses, including those related to the prevalence of CRCs' experience of workplace bullying, incidences of depression in the population of CRCs, and the gender of CRCs experiencing depression. A significant difference was found in female CRCs' experience of depression as analyzed by the t scores. The study raised issues concerning the relationship between workplace bullying in CRCs and levels of depression which have important implications for future research.

## DEDICATIONS

To my loving husband Ron for loving me and believing in my capabilities when it was difficult for me to believe in myself. A bond not even death can break.

To my friend Claudette, who always is there for me to provide a helping hand and plenty of comedy relief.

To my friend Russ, who was by my side with each computer glitch I experienced through this process. Your love, patience, and tolerance was appreciated.

To my higher power, the Great Outdoors, for without your loving patience and guidance nothing would be possible.

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## **Chapter I: Introduction**

### **Background to the Problem**

In 2013, a Miami Dolphins professional football player brought workplace bullying to the forefront in the news (Killoren, 2014). Jonathan Martin reported he was unable to continue to play professional football owing to the bullying to which he was subjected in his workplace. Though one might think a professional football player in such a high paying career would not be subject to bullying, this type of humiliation and abuse happens in almost all vocations (Pelissero, 2013). A study by Bilgel, Aytac, and Bayram (2006) discloses that half of the Turkish white-collar workers responding to the study reported being the target of workplace bullying, and half of the workers reported witnessing workplace bullying. Additionally, Bilgel et al. reported that the most frequent bullying behavior experienced by the workers was being ignored and became the center of gossip in the office. Although most of the targets in this study reported the bullying to their superiors, they also indicated they were not happy with the outcome. Riley, Duncan, and Edwards (2007) polled staff in Australian schools for their study and found that 96% of the respondents had experienced one or more of the 42 instances of bullying listed in the survey (Riley, Deirdre, Duncan, & Edwards, 2009).

Perhaps one of the worst cases of workplace bullying to date involves Brodie Panlock, a 19-year-old waitress who was employed at Café Vamp in Hawthorn, Australia. Brodie committed suicide by drinking rat poison and alcohol after undergoing months of vicious attacks from her co-workers. Although the workers responsible for the continued bullying were fined, no other charges were filed, and they continue to walk free (Butcher, 2010).

The study of workplace bullying was begun in Scandinavia in the 1980s by Heinz Leymann, who used the term “mobbing” (Cruz & Noronha, 2012). Leymann (1996) reported that “in order to call this phenomenon ‘bullying’ it must be attached to a particular activity, interaction, or process and must occur repeatedly and regularly.” The content and development of mobbing at work was viewed by Leymann as “mobbing, ganging up on someone, or psychic terror” (pp. 165–184). Furthermore, Leymann defined interpersonal bullying at work as “harassing, offending, and socially excluding someone or negatively affecting someone’s work tasks” (pp. 165-184).

According to Yildirim (2009), nurses are at a higher risk of bullying behaviors in the workplace than workers in any other health profession. In fact, some 86% of nurses have faced one or more bullying behaviors in their workplace, mostly from their managers (Yildirim & Yildirim, 2008).

My curiosity sprang from a combination of observation and direct experience of the phenomenon of workplace bullying while working in the field of rehabilitation counseling as a CRC. Because I married the assistant director of my office, both he and I became targets of workplace bullying. My experience ranged from feelings of isolation to a lack of support from colleagues and supervisors, and a constant and consistent review of my work. I was completely unaccustomed to this type of treatment, so I quickly resigned and obtained another occupation after putting up a losing battle. However, my husband, who remained at his position, began to experience depression. He continued to be targeted time and time again. The bullying consisted of withholding essential information he required to perform his job and complete ostracism from his management peers. I was amazed how colleagues whom I had thought of as friends quickly turned their backs on the rude behavior I experienced from management.

Therefore, I began to think about whether other CRCs might experience workplace bullying. What type of recourse do they have? How do they deal with continued invasions of their work life? How do they cope with the constant belittling and browbeating?

In addition to some brief personal experience, I began to witness the certified rehabilitation counselor in the cubicle next to me under constant harassment from his supervisor. I recalled that when this harassed counselor was hired, he appeared to be full of enthusiasm and eagerness to begin his new career. However, I began to witness in his demeanor—after continual berating comments and micromanaging handed out by his supervisor—depression, continued absenteeism, and a lack of luster. He eventually retired because of a mental health disability. My curiosity became rooted, and I began to research the topic a little deeper in hopes of grasping a possible course of action.

What amazed me most about this experience was the fact that counselors, who are naturally in the profession of counseling because of their urge to help and their empathy with individuals, seemed to enjoy the probing, jeers, and sneers directed at their colleagues. When I look back at this chapter in my life, I often wonder why these counselors never offered support.

After researching this topic, I found I was not alone and that a growing number of workers in the workplace are experiencing bullying. Namie (2000) found that 37% of workers in the United States have experienced some type of workplace bullying. Namie and Namie (2000) defined workplace bullying as, “repeated, malicious, health-endangering mistreatment of one employee by one or more employees” (p. 3). According to the Department of Histopathology at the University of Nottingham, workplace bullying is “persistent, offensive, intimidation, malicious or insulting behavior, abuse of power or unfair panel sanctions, which makes the

recipient feel upset, threatened, humiliated or vulnerable, which undermine their self-confidence and which may cause them to suffer stress” (Al-Daraji, p. 544).

Research has suggested that workplace bullying can take on many forms, including lies spread about the victim, constant criticism, persistent belittling of opinions, exclusion from social work events, minimization and non-support of work, ostracism, and the cold shoulder from co-workers (Khan, 2010). Studies have pointed to many health issues that emerge from bullying, such as depression, lowered work motivation, decreased ability to concentrate, lower productivity, lack of dedication and commitment to work, and poor peer relationships (Yildirim, 2009). Some research has included Post Traumatic Stress Disorder (PTSD), phobias, digestive problems, self-blame, financial problems due to absences, musculoskeletal problems, and reduced self-esteem as potential health issues surrounding a victim’s bullying experience (Anonymous, 2010). One study by Deidre et al. (2009) found that being bullied at work or witnessing a co-worker being bullied can have a negative impact on sleep. Balducci, Alfano, and Fraccaroli (2009) found a significant correlation between a victim’s exposure to bullying behaviors and depressive-suicidal ideation and behavior. Furthermore, 7% of the participants in Balducci et al.’s study reported that they had already attempted suicide. The phenomenon of workplace bullying, which appears to be worldwide, continues to grow. A recent study by Butterworth (2013) concluded that workplace bullying was strongly associated with a greater risk of depression symptoms and double the risk of suicidal ideation. Leymann (1990) documented a description of a mobbing sequence with an individual named Leif in Norway. Leif was a good machine worker with no prior workplace issues in his previous place of employment. However, new co-workers began to ridicule Leif because of his heavy Danish accent. He began to isolate himself, and each time he was ridiculed, he became angry and

slammed his fist on the table. The insults and jokes intensified, and his co-workers began to send him machine parts that did not need repair. His work began to decline owing to constant and consistent badgering from his co-workers. Management noticed this issue; however, management believed it was Leif's fault. Leif began to experience severe anxiety and psychosomatic problems and began to use his sick leave. Eventually, he was unable to keep his job, and he could not obtain employment elsewhere because of his medical history (Leymann, 1990).

This phenomenon of workplace bullying may be explained through Maslow's Theory of Human Motivation (Maslow, 1943). Maslow postulated that individuals are motivated by five basic needs, including physiological requirements, safety, love or belongingness, esteem, and self-actualization. All needs are related in a hierarchy, and when one need is satisfied, another or higher need emerges (Maslow, 1943). Furthermore, Maslow suggests that though the hierarchy is in a fixed order and most individuals follow this order in their basic needs, there are exceptions. It is in these exceptions that bullying behavior may find its origin. According to Maslow, it may appear that for some individuals, esteem may be a greater, more important need than love or belonging. However, this "reversal in the hierarchy" may arise from the individual's idea that a person who is loved is "strong and powerful, respected, feared, self-confident, and/or aggressive" (Maslow, 1943, p. 320). Therefore, the individual who lacks satisfaction in love and belonging puts up a facade of esteem behaviors, hence targeting individuals to prove their confidence and power.

Perhaps another way to explain the catalyst of workplace bullying can be explained by a study completed by Baillien, Neyens, De Witte, and De Cuyper (2008), which suggested three processes that may contribute to the phenomenon of workplace bullying. Baillien, et.al suggest

that bullying may result from ineffective skills of coping with frustration, or the target may appear passive. Second, the bullying may result from escalated conflicts. The third process that may result in bullying behavior involves destructive team and organizational cultures or habits. In addition, Baillien & De Witte (2009) found a direct correlation between organizational change and workplace bullying.

Rehabilitation counseling as a field garnered very little attention until after American soldiers returned from World War I. The soldiers were returning with combat disabilities that prohibited them from returning to work in the jobs they held before their call of duty (Szymanski & Parker, 1996). In fact, rehabilitation counseling, also known as vocational rehabilitation counseling, is the oldest form of counseling. Rehabilitation counseling and, hence, the occupation of a rehabilitation counselor originated in 1909 through the work of Frank Parsons, a professor and legal textbook writer. Parsons, who took an interest in reforming the indigent slum dwellers in Boston, was later dubbed the founder of vocational guidance (Walsh, Savickas, & Hartung, 2013). Parsons's work in vocational psychology and his three-step paradigm was structured around increasing one's self-knowledge, providing occupational information, and matching these two with an occupation (Walsh, Savickas, & Hartung, 2013). Hence, this paradigm became a profession, and Parsons formed the first vocational counseling organization, which was called the National Career Development Association. Parsons formed the conceptual model of vocational guidance and career counseling that is still in use today.

Vocational rehabilitation is described as "provision of some type of service to enhance the employability of an individual that has been limited by a disabling physical condition" (Elliott & Leung, 2005, p. 320). Historically, people with disabilities have worked with public and private not-for-profit organizations to assist them with participating in their communities and

developing work opportunities (Elliott & Leung, 2005). People with disabilities encounter many ongoing health, education, and work issues, including encountering discrimination and negative stereotyping by potential employers (Elliott & Leung, 2005). Therefore, when assisting clients with disabilities, rehabilitation counselors must be mindful not to portray a position of judgment in order to assist individuals with disabilities to their full employment potential. Vocational rehabilitation counselors are tasked with the challenge of assisting people with disabilities to overcome the barriers to employment, including negative behaviors from potential employers and employees (Elliott & Leung, 2005). Although vocational rehabilitation counselors are trained to assist people with disabilities in overcoming and coping with negative behaviors in the work world, the counselors themselves are not forewarned of negative behaviors in their own workplace.

Therefore, rehabilitation counselors (RCs) face many challenges during their normal scope of work in the workplace. RCs work with individuals with disabilities in assisting them to obtain, maintain, and/or keep a present job with added accommodations. According to the Commission on Rehabilitation Counselor Certification (2015), RCs are required to have excellent skills and techniques in assessment and appraisal; diagnosis and treatment planning; career counseling; individual and group counseling treatment interventions focused on facilitating adjustments to the medical and psychosocial impact of disability; case management, referral, and service coordination; program evaluation and research; interventions to remove environmental, employment, and attitudinal barriers; consultation services among multiple parties and regulatory systems; job analysis; job development and placement services, including assistance with employment and job accommodations; and provision of consultation about and

access to rehabilitation technology. The Commission on Rehabilitation Counselor Certification (CRCC; 2015) has developed the following scope of practice defining rehabilitation counseling:

Rehabilitation counseling is a systematic process which assists persons with physical, mental, developmental, cognitive, and emotional disabilities to achieve their personal, career, and independent living goals in the most integrated setting possible through the application of the counseling process. The counseling process involves communication, goal setting, and beneficial growth or change through self-advocacy, psychological, vocational, social, and behavioral interventions ([www.crc certification.com](http://www.crc certification.com)).

RCs are the only group of professional counselors that are trained and educated at the master's level to work specifically with people with disabilities (CRCC, 2015). Most agencies require RCs to be trained at a Master's Degree level in rehabilitation counseling, and some states also require RCs to obtain certification and/or licensure (Bureau of Labor Statistics, 2015).

Currently, there are 102 fully accredited rehabilitation counseling programs across the United States and 12 more Universities under review for accreditation (CORE, 2014–2015).

The Council on Rehabilitation Education (CORE) accredited graduate programs- of- study require participants to earn a minimum of 48 semester hours or 72 quarter hours.

Accredited programs can take between 18 and 24 months of academic training including a 100-hour supervised practicum and 600-hour supervised internship working directly in the field of rehabilitation counseling (Core, 2015). According to CORE (2015), rehabilitation counselors are trained in the following domains: counseling theory, skills, and techniques; individual and group counseling; environmental assessment psychosocial medical aspects of disability, including human growth and development; social and cultural diversity; principles of psychiatric rehabilitation; case management and rehabilitation planning; issues and ethics in rehabilitation

service delivery; technological adaptation; vocational evaluation and work adjustment; career counseling; research and program evaluation; and job development and placement. In addition to the aforementioned domains, participants in accredited programs can also choose additional courses such as substance abuse counseling, marriage and family counseling, juvenile and adult offender counseling, developmental or intellectual disabilities, sign language, stress management, psychological testing, conflict management, crisis counseling, and rehabilitation administration (CORE, 2015). However, in the skills, techniques, and rigorous certifications required to become a CRC, there is no preparation in academia or certifications for addressing workplace bullying.

### **Statement of the Problem**

There is currently no scientific research that identifies whether CRCs who experience workplace bullying, and who are responsible for assisting one of the nation's most vulnerable populations, have higher levels of depression. According to Namie (2000), workplace bullying may cost agencies from 6 to 13 billion dollars annually because of absenteeism, staff turnover, legal and workers compensation claims, decreased productivity, and loss of management time dealing with bullying cases. A robust and exhaustive literature review, as discussed mainly in Chapter 2 of this dissertation, has failed to reveal if CRCs who experience workplace bullying are experiencing higher levels of depression in the workplace.

### **Purpose of the Study**

The purpose of this study was to determine if there is a prevalence of CRCs experiencing workplace bullying and if CRCs are experiencing high incidences of depression.

### **Research Questions**

The research questions investigated in this study were as follows:

1. Is there a prevalence of workplace bullying among CRCs?
2. Is there a significant relationship between gender and the perception of workplace bullying among CRCs?
3. Is there a significant relationship between level of education and perceived experience of workplace bullying in CRCs?
4. Is there a significant relationship between the presence of supervisory duties and CRCs experiencing perceived workplace bullying?
5. Is there high incidence of depression as defined by the BDI®-II in the population of CRCs?
6. Is there a significant difference in gender when analyzing the T scores for the BDI®-II?

### **Rationale for the Study**

It is important to establish if there is a prevalence of CRCs' experiencing workplace bullying and high incidences of depression. The knowledge derived from this study may prove useful in developing educational programs for private, public, and non-profit agencies that employ CRCs. Hence the study may assist in shedding a brighter light on this growing phenomenon to aid in possible prevention and better equip CRCs with an enlightened and less stressed working environment.

### **Importance of the Study**

This study was intended to research CRCs who are experiencing workplace bullying and high incidences of depression to develop research regarding this issue and to assist CRCs in achieving a less stressful working environment. Specifically, this study looked at prevalence of workplace bullying, levels of depression, workplace bullying in CRCs, whether workplace

bullying is more prevalent in female CRCs or male CRCs, whether WPB is significant with CRCs that have supervisory duties, whether WPB is significant in CRCs that have different education levels, whether there are high incidences of depression in CRCs, and if there is a significant difference in levels of depression and gender of CRCs experiencing WPB. Why should we study these variables? CRCs are bound by the Code of Professional Ethics for Rehabilitation Counselors (Commission, 2009). The code is based on these six principles of ethical behavior: autonomy, beneficence, fidelity, justice, nonmaleficence, and veracity. CRCs are committed to a set of values, including “respecting human rights and dignity, ensuring the integrity of all professional relationships, acting to alleviate personal distress and suffering, enhancing the quality of professional knowledge and its application to increase professional and personal effectiveness, appreciate the diversity of human experience and culture, and to advocate for fair and adequate provisions of services” (Commission, 2009, p. 1). The code is a set of enforceable standards intended to provide guidance and serve as the basis of complaints initiated against CRCs (Commission, 2009). According to the Code, the most frequent ethical complaints brought against CRCs have to do with competence and conduct with clients, business practices, and professional practice. Specific to this study, the Code states that CRCs adhere to the following enforceable standards in conducting themselves in a professional manner in the workplace.

Standard D.2.b. of the Code states, with regard to nondiscrimination, that “rehabilitation counselors do not discriminate against clients, students, employees, supervisees, or research participants in a manner that has a negative effect on these persons” (Commission, 2009, p. 12). Standard D.5.f. also addresses veracity: “rehabilitation counselors do not engage in any act or omission of a dishonest, deceitful, or fraudulent nature in the conduct of their professional

activities” (Commission, 2009, p. 12), and standard D.5.g. encourages that CRCS refrain from, “disparaging remarks: rehabilitation counselors do not disparage individuals or groups of individuals” (Commission, 2009, p. 12). Additionally, the Code reflects CRCs at all times should adhere to standard E.1. d. “Protection from punitive action: rehabilitation counselors take care not to harass or dismiss employees who have acted in a responsible and ethical manner to expose inappropriate employer policies or practices” (p. 13). Furthermore, under standard E.1.f. on discrimination, the code states that “rehabilitation counselors, as either employers or employees, engage in fair practices regarding hiring, promoting, and training” (p. 14). In applying these standards, CRCs also need to adhere to standard L.2.b. on “addressing unethical behavior: rehabilitation counselors expect colleagues to adhere to the code. When rehabilitation counselors possess knowledge that raises doubt as to whether another rehabilitation counselor is acting in an ethical manner, they take appropriate action” (p. 33). These standards reflect the professionalism expected by CRCs regarding their conduct in their professional arena. CRCs are required by the Code to remain professional and competent in their field, as well. According to the Code (Commission, 2009), CRCs are substantially responsible not only for their own behaviors in the workplace, but also for reporting unprofessional behavior of their colleagues. Therefore, it is imperative that we examine this proposed study for CRCs to achieve best practices.

To date, no scientific study other than the current one has been identified that determines if workplace bullying perceived by CRCs is statistically related to their levels of depression, as evidenced by the thorough, if not exhaustive, literature review for this study.

## Definitions of Terms

1. *The Commission of Rehabilitation Counselor Certificate (CRCC)* is the certification entity for rehabilitation counselors. The CRCC sets the standards for competent delivery of rehabilitation counseling services through the CRC certification program. The CRCC is dedicated to improving the lives of people with disabilities.
2. *The Dictionary of Occupational Titles* provides a complete list of job titles and job descriptions.
3. *A Rehabilitation Counselor* is “a human services professional who assists persons with disabilities to become or remain productive and self-sufficient. The counselor may help clients deal with personal, environmental, and societal problems; arrange for medical and psychological services; and arrange vocational assessment, training, and job placement. Education is typically from 18 to 24 months of academic and field-based clinical training. Rehabilitation counselors may earn certification from the Commission on Rehabilitation Counselor Certification and are eligible for licensure by nearly all states that regulate counselors” ([www.crccertification.com](http://www.crccertification.com)).
4. *The Workplace Psychologically Violent Behaviors Instrument (WPVB)* is a survey instrument designed to determine perceptions of psychologically violent behaviors exposed in the workplace. This instrument was administered to the subjects within this study.
5. *Beck Depression Inventory®-II (BDI 2)* is an assessment tool used to assess depression in normal and clinical patients. It is in line with the depression criteria of the *Diagnostic and Statistical Manual of Mental Disorders*, 4<sup>th</sup> edition.

6. *Workplace Bullying* is repeated, health-harming mistreatment of one or more persons (the targets) by one or more perpetrators. It is abusive conduct that can take the form of threats, humiliation, intimidation and/or interference with work through sabotage, and/or verbal abuse (WBI, 2014).
7. *Ostracism* is defined as excluding a target from society or refusing to associate with a target.
8. *Mobbing* refers to hostile and unethical communication, which is directed in a systematic way by one or a number of persons, mainly toward one individual.
9. *Depression* is a state of extreme dejection or morbidly excessive melancholy, often with physical symptoms, reduction in vitality, vigor, or spirits.
10. *Anxiety* is a feeling of worry, nervousness, or unease, typically about an imminent event or something with an uncertain outcome.
11. A *panic attack* is a sudden episode of intense fear that triggers severe physical reactions when there is no real danger or apparent cause.
12. The *target* is the employee who is the recipient of unrelenting attacks by the bully.
13. *Maslow's Hierarchy of Needs Theory* postulates that humans are driven to meet specific needs that fall into a hierarchical pattern, beginning with physiological needs and then progressing to safety, love, esteem, and finally self-actualization.
14. The *Council on Rehabilitation Education (CORE)* accredits graduate programs that provide academic preparation for a variety of professional rehabilitation counseling positions.
15. *Autonomy* refers to clients' right to be self-governing within their social and cultural framework and to make decisions on their own behalf.

16. *Beneficence* is to do good to others; to promote the well-being of clients.
17. *Disparaging remarks* are public statements that degrade, belittle, minimize, defame, demean, humiliate, or scorn individuals or groups of individuals. These differ from critiques, which are intended to provide comparisons of thoughts, ideas, methods, work products, or conclusions. If statements criticize the individual as a person, their character or intellect, or are based on incorrect information or fictional claims, these are considered disparaging remarks.
18. *Fidelity* is to be faithful: to keep promises and honor the trust placed in rehabilitation counselors.
19. *Nonmaleficence* is to do no harm to others.
20. *Veracity* is to be honest; truthfulness

### **Assumptions**

The study was based upon the assumption that each CRC, whether working in the public, private, or nonprofit arena, would have relatively the same range of abilities. It was assumed that each CRC who participated in this study would take the WPVB survey instrument and Beck Depression Inventory II®, with comparable seriousness, commitment, and diligence.

### **Limitations of the Study**

One limitation may include the CRCs preconceived ideas of the definition of workplace bullying. In fact, some of the CRCs might have been experiencing conflict at work because of normal challenges or work stressors. An erroneous idea of what constitutes workplace bullying could lead to a false generalizability of findings on workplace bullying. This study attempted to strengthen its internal validity by questioning CRCs regarding their previous encounters of workplace bullying.

Another limitation may be that the WPVB was conducted with female nursing participants. The WPVB was developed in Turkey during a time when only women were permitted to work in the nursing field (Yildirim & Yildirim, 2007). Moreover, a CRC could be experiencing depression and not be experiencing workplace bullying or could be experiencing workplace bullying and not have symptoms of depression. Finally, the study could have limited external validity because of the very specific population, CRCs, that was studied.

### **Overview of the Research Design**

#### **Data Collection**

The researcher applied to use the database of CRCs from the CRCC by using the form provided on CRCC's website: "Application for use of information from the CRCC database for research project." The researcher requested 1000 email addresses of a random sample of CRCs from the 50 states. This sample received information regarding the voluntary study and a link to Survey Monkey for completing the WPVB survey and Beck Depression Inventory II®. Subjects were directed to an informed consent and confidentiality statement, which they were required to read and to check the box with an (X) to confirm their agreement to participate. Participants were then able to complete the WPVB survey and BDI®-II. The researcher sent out the initial information regarding the study with the link to the survey and two additional reminders within a 30-day period. The dependent variables in the study are the perception of workplace bullying and depression as measured by the Beck Depression Inventory 2 ®. The workplace bullying survey and BDI 2 were self-administered to all CRCs on the same day and the reminders were sent to all CRCs in the study on the same day.

## **Data Analysis**

The results of the WPVB were kept in a securely locked file cabinet and strict confidentiality was maintained. A coding system was employed using numbers or letters in order to track the data results and the names were deleted. The participants' names were not published.

Qualification level for administering the BDI®-II is level B. This researcher is qualified to administer the BDI®-II according to the level B qualifications, which includes a master's degree in psychology, education, occupational therapy, social work, or in a field closely related to the intended use of the assessment, and formal training in the ethical administration, scoring, and interpretation of clinical assessments, or certification by or full active membership in a professional organization (such as ASHA, AOTA, AERA, ACA, AMA, CEC, AEA, AAA, EAA, NAEYC, NBCC) that requires training and experience in the relevant area of assessment, or a degree or license to practice in the healthcare or allied healthcare field. The researcher possesses a master's degree in Rehabilitation Counseling and a License in Professional Counseling from the Commonwealth of Pennsylvania. In addition, the researcher has a full membership to ACA.

In order to administer and score the instrument, a Q-global account was used in administering and scoring the BDI®-II. The researcher completed the four training modules provided on the Pearson website (<http://www.pearsonclinical.com/psychology/products/100000159/beck-depressin-inventoryii>). Once the account was set up, the researcher purchased the BDI®-II according to the number of usages. The Q-global account provided a confidential link to each participant in the study in order to complete the BDI®-II. The researcher completed the scoring through the Q-global account and interpreted it through T scores.

## **Summary of Chapter I**

This chapter has provided an introduction to the phenomenon of workplace bullying. In this introduction, the background of the growing problem of workplace bullying was described as well as the statement of the problem was discussed. The author reflected on her firsthand experiences with workplace bullying and discussed how the research hypotheses were chosen and the reasoning for choosing these hypotheses. A list of definitions of terms was included to assist the reader in understanding the terminology used in the field of rehabilitation counseling.

The assumption was based on each CRC regardless of where they are employed participated in the study with comparable seriousness, commitment, and diligence. A discussion of the limitations of this study were discussed.

## **Organization of the Dissertation**

In Chapter I, the researcher offered an overview of the study, provided background information regarding the problem under investigation, and discussed the rationale. In Chapter II an extensive review of the literature was discussed including, the history of workplace bullying; a theoretical framework for describing workplace bullying; discrimination/harassment/violence; prevention; implications for the company; implications for the individual; workplace bullying in other settings; and a summary of literature review.

In Chapter III the Methodology and procedures section was discussed. This section included, identification of the independent and dependent variable and statement of the research; hypotheses; instrumentation; research design; and procedures.

In Chapter IV the Research findings was provided. This section discussed, a summary of the study; a description of the population; statistical findings; and a summary.

Chapter V included the discussion and background of the study; limitations; conclusions; and recommendations for future studies. References, and appendix's A, B, C, D, and E was found in the remainder of the dissertation.

## **Chapter II: Literature Review**

### **History of Workplace Bullying**

Recent studies show that workplace bullying (WPB) is on the rise and that it appears to have doubled in the past 10 years (Thomas, 2010). Some studies have pointed to the shrinking job market, organizational change, and budgetary restraints (Corney, 2008). Workplace bullying has been broadly defined throughout the literature. MacIntosh (2006) described WPB as “repeated unwanted psychological, physical or sexual abuse, or harassment.” Workplace bullying has been defined as the “subtle, persistent and often nondiscriminatory harassment of co-workers; workplace bullying is abuse, misuse of power that humiliates and intimates people” (Tuna, 2008). Namie and Namie (2000) define WPB as “the repeated malicious, health-endangering mistreatment of one employee (the target) by one or more employees (the bully bullies)” (p. 3). The target can be alienated, demeaned, yelled at, ostracized, insulted, threatened, or excluded from meetings (Klie, 2008). WPB affects the target physically, mentally, socially and financially. The target can experience PTSD, depression, isolation, the impulse to question everything they do, and suicidal tendencies (Klie, 2008). The Anti-Bullying Project (“Unite the Union,” 2008) estimated that 33.5 million jobs in the U.K. were lost owing to WPB related absences; 200,000 considered leaving their jobs, and 100 million days were lost in productivity due to WPB. In a recent survey, 37% of American workers stated that they have experienced WPB, and another 49% had witnessed WPB. More than half of WPB is committed in common work areas, and 32% is conducted behind closed doors (Swartz, 2008).

According to the National Health Services, more than 1.3 million employees reported they have experienced harassment, WPB, or other abuse at their perspective work places by either their colleagues or patients (Berry, 2005). Waschler, Ruiz-Henandez, Llor-Esteban, and

Jimenez-Barbero (2013) identified that nursing is a higher risk group than many professions for workplace bullying and added that the healthcare industry is a very common workplace for experiencing hostility.

The Chartered Management Institute conducted a survey that asked managers if they had experienced workplace bullying. The study revealed that 54% of woman managers, more often than men, were targets of workplace bullying (Millar, 2005). A more recent study showed that 27%–31% of registered nurses have experienced bullying at work (Watkins, 2009). This study provided examples of bullying behavior: sabotage, backstabbing, breaking confidences, undermining, and withholding information. Although, incidences of workplace bullying exist, most workplaces do not have specific workplace bullying policies.

### **Theoretical Framework Describing Workplace Bullying**

Maslow (1943) postulated that individuals are motivated by five basic needs including, physiological, safety, love or belongingness, esteem, and self-actualization. All needs are related in a hierarchy, and when one need is satisfied, another or higher need emerges (Maslow, 1943). Furthermore, Maslow postulated that the hierarchy is in a fixed order and most individuals follow this hierarchy in their basic needs, however there are exceptions. It is in these exceptions the possibility of bullying behavior may find its origin. According to Maslow, it may appear that for some individuals, esteem may be a more important need than love or belonging. However, this could be a “reversal in the hierarchy” because of the individual’s idea that a person who is loved is, “strong and powerful, respected, feared, self-confident, and/or aggressive” (Maslow, 1943, p. 387). Hence, the individual that lacks satisfaction in love and belonging may put up a false front of esteem behaviors, targeting individuals through bullying behaviors to prove their confidence and power. Therefore, when individuals are bullying they may be trying to portray a

front of confidence by exhibiting a fearful posture to a targeted colleague. Throughout the research, it appears that workplace bullying has been theorized through the learning theory, specifically through training organizational leaders how to understand and prevent this phenomenon (Altman, 2010).

However, perhaps WPB can be theoretically explained better through an ecological theory of human development (Bronfenbrenner, 1979). Bronfenbrenner's Ecological Theory suggested that children develop within the context of a system of relationships, which eventually form their environment (Paquette & Ryan, 2001). Bronfenbrenner labeled the environments as different systems, or layers, which all have an impact on the inner layers. Bronfenbrenner's theory postulated that behavior is influenced the most, combined with the emotional and biological systems of the child (Paquette & Ryan, 2001). Bronfenbrenner defined development as an individual's evolving understanding of their environment, wherever that environment is located, and the individual's increasing ability to discover, withstand, or change its properties (Bronfenbrenner, 1979).

Bronfenbrenner (1979) explained that human development is shaped by factors in a nested layer of hierarchy systems, which are categorized as the microsystem, mesosystem, exosystem, and macrosystem. Unlike other theories of human development that were researched but rarely put into practice, Bronfenbrenner's ecology theory of human development divulged that the environment is translated by how one perceives one's environment instead of how it exists in "objective" reality (Bronfenbrenner, 1979, p. 4)

Bronfenbrenner described the microsystem as how the individual perceives "the complex interrelations within their immediate setting" (p. 7). This might refer, for example, to how targets of workplace bullying perceive their working environment and interact therein.

Bronfenbrenner theorized that the microsystem is defined as a pattern of activities, roles, and interpersonal relationships in the way a person interacts within a setting (work).

Second, the mesosystem was defined as the interrelations among two or more settings in which the person participates (work relations among the target and work). The mesosystem is formed once the individual moves into any new setting. Third, the exosystem was described as one or more settings that do not involve the developing person as an active participant; however, the events that happen in the exosystem (the company the target works for) affect the person (target). Last, the macrosystem (society or subculture) or public policy was defined as the culture, belief system, or society as a whole (Bronfenbrenner, 1979). The macrosystem could explain the relations in work settings like state vocational rehabilitation settings and could show how they differ from relations in a federal vocational rehabilitation setting. For example, federal vocational rehabilitation settings that provide benefits to veterans may be more likely to hire veterans than is the state vocational rehabilitation system; therefore, the former may reflect favoritism toward veteran employees.

Johnson (2011) explained workplace bullying through a conceptual model based on Bronfenbrenner's theory. The model portrays the "work environment as a series of nested, interconnected layers that exist within society as a whole" (Johnson, 2011, p. 55). The systems include the microsystem or the target and bully, the mesosystem or the target's co-workers and managers, the exosystem or the corporation, and the macrosystem, which is represented as society. Johnson stated that workplace bullying does not occur in isolation, given that outcomes of WPB are manifested in each of these levels.

Bronfenbrenner (1979) discussed an ecological transition as a shift or change in a person's role or setting. This could be described in the work world as getting promoted,

changing jobs, demotion, retiring, or getting reprimanded. Furthermore, an ecological transition can yield certain expectations within this individual. For example, if a person receives a promotion to manager within the workplace, then this role can carry what Bronfenbrenner labeled as a “magiclike power”; it will change how this person is treated, how he acts and behaves, and thus how he thinks and feels (Bronfenbrenner, 1979). If the individual who was hired as a new manager bullies his subordinates and is surrounded by upper management that applauds bullying like behavior, then Bronfenbrenner would concede this as evidence that development was acquired through this newly acquired molar activity. Hence, workplace bullying can be viewed as a molar activity, according to Bronfenbrenner’s theory.

### **Discrimination, Harassment, and Violence**

According to LaVan and Martin (2008), 70% of workplace bullying is considered misuse of power, 69% is verbal assaults, and 68% is considered undermining by overloading a target with criticism. Additionally, when a target goes to court and sues, WPB is categorized under certain legal terms. Since there are no clear cut laws against workplace bullying, attorneys file suits using the following theories of the legal system: civil rights violations, retaliation from discrimination grievances, occupational hazard, whistle blowing, workers compensation due to injury, assault and battery, intentional infliction of emotional distress, intentional interference with business relationship (if co-workers are included in bullying), and constructive discharge (target had no recourse but to resign). The most common avenue attorneys file under regarding workplace bullying is intentional infliction of emotional distress. Williams (2006) attempted to link the statutory definition of harassment as a possible statutory definition for WPB; however, this source pointed to the fact that there is currently no statutory definition for WPB. Furthermore, if individuals allege that they are victims of WPB, their legal course of action may

fall under discrimination or harassment. The literature also provided information regarding workplace policies dealing with violence, discrimination, or harassment.

Bernardi (2001) discussed a case where a worker tolerated constant bullying and ridicule for a speech impediment and facial tick. The result of these vicious attacks was the death of five employees, and the worker committed suicide as well. Although Bernardi pointed to this incident as a clear case of workplace bullying, the law in Ottawa does not recognize bullying as a legal defense. However, because of this and many other incidents similar to this case, recommendations were requested for the federal legislation to lend a serious ear to the topic of psychological violence in the workplace.

Sexual harassment is illegal in the workplace, but WPB is four times more prevalent than sexual harassment (Namie, 2000). In comparison to those who experience sexual harassment, WPB targets experience more job stress, less commitment to the job, and higher levels of anger and anxiety; they are more likely to quit their jobs, have less job satisfaction, and have more mental and physical health problems (Swartz, 2008).

Keim (1999) pointed to several incidents of well-publicized workplace violence. Although Keim examined workplace violence associated with rehabilitation counselors and their clients, her study was limited to workplace violence from disgruntled clients. Keim reported that a client threatened to rig a rehabilitation counselor's car with a bomb, owing to a reduction in their workers compensation claim. However, the author to date has not found any policy in the rehabilitation counseling field or any other field dealing specifically with WPB. However, there is a gap in the literature regarding CRCs with perceived workplace bullying and levels of depression.

## **Prevention**

### **Canadian**

An independent review was petitioned by the New Brunswick Advisory Council, which is headed up by Rosella Melanson, on the status of women in Fredericton. The aim of the review was to consider adding workplace bullying to the Health and Safety Act (Klie, 2008). Canada appears to be far ahead of the United States in recognizing WPB as a health hazard. According to Klie, Quebec and Saskatchewan both have anti-bullying and anti-psychological harassment policies in the workplace. The benefits of these policies appear to be permitting investigations of allegations of WPB, support for the targets of WPB, and providing education regarding WPB. Researchers from the Muriel McQueen Fergusson Centre for Family Violence Research at the University of New Brunswick in Fredericton have developed a website, [www.unbf.ca/towardarespectfulworkplace](http://www.unbf.ca/towardarespectfulworkplace), which offers a way for targets and managers to see where they fall on a “bully spectrum.” However, Barrow (2015) proclaimed that whereas currently three provinces in Canada = have anti-bullying legislation, only four countries—Sweden, Britain, France, and Australia—have adopted anti-bullying laws.

According to Klie (2008), policy alone is not the answer to WPB; early recognition and intervention are the keys to nipping WPB in the proverbial bud. A group called NB Power developed a program that addresses WPB, its sole purpose being to prevent the behaviors of WPB, such as gossip, ostracism, swearing, and to promote more professional behaviors, such as speaking with discretion, not making assumptions, and not taking everything personally (Klie, 2008). However, this study did not explain how they prevented or promoted the behaviors, nor did it provide statistics on the success or failure of this group’s endeavor.

## **United States**

The United States is not as advanced in dealing with workplace bullying as other countries. Since 2003, our lawmakers have attempted to introduce bills to stop WPB in 13 states; however, all attempts have failed. In January 2009, Senator Edith Pruge from Connecticut planned to introduce a measure banning WPB in government agencies (Tuna, 2008). Other suggestions recommended for preventing WPB include adding bullying as a prohibited behavior in the workplace violence policy (“Panel,” 2011). In addition, Carden (2010) highlighted the importance of the role of human resource departments in developing workplace bullying policies, albeit to avoid possible litigation.

Preventive measures can include creating a zero tolerance anti-bullying policy; addressing the bullying behavior immediately; supervisors and management taking bullying complaints seriously, including a possible reassignment of duties; encourage reporting; and for managers, have an open door policy (“Are you tolerating,” June, 2010).

Chadwick (2008) has offered steps to take when a worker is experiencing workplace bullying: let other people in your work environment know what is happening; employ a harassment advisor; make the bully aware of the ramifications of his or her behavior. However, if it seems unsafe, ask the manager to do this step, and keep documentation of all incidents including time, date, and details. Finally, create an anti-bullying policy, and review it annually. These steps sound easy enough, however when a worker is experiencing bullying, “these steps can be horrendous” (Anonymous, personal communication, October 8, 2008). Wright-Hamilton (2008) offered the following similar tips for stopping WPB. First, the target needs to define the problem; second, demand respect; and third, develop a support system. Finally, the target will

need to research and document everything. Wright-Hamilton added that if all the targets' best efforts fail, then they need move on with the knowledge that they stood up for themselves.

Namie and Namie (2000) offered resolutions similar to those of the previously discussed authors but offer the additional suggestions of consulting a therapist and knowing that an internal report or grievance will have support two levels above your supervisor's chain of command. Additionally, Namie and Namie suggested that after all is said and done, the targets can take their case to the media.

### **Implications for the Company**

#### **Legal Aspects**

Illegal, criminal behavior is linked to workplace bullying. WPB may escalate into illegal behavior if not dealt with early. In April 2008, the Indiana Supreme Court awarded \$325,000 to a medical technician from a lawsuit that he filed against a surgeon who yelled at him and walked toward him with a clenched fist (Tuna, 2008). Moreover, bullies' motivation is caused by their failure to confront their own feelings of inadequacy and self-loathing, so they invent flaws in a target and then attack the target in order to feel better about themselves (Namie, 2000). The diagnosis of Anti-social and Narcissistic Personality Disorders may account for 2–3% of all WPB (Namie, 2000). In 2007, Employment Law Alliance, an association that consists of 3000 employment lawyers, conducted a survey revealing that out of 1000 U.S. workers, 44% said they worked for an abusive boss.

State Senator Richard "Tick" Segerblom of Nevada attempted to draft a law (Bill Draft Request 30) that would make WPB illegal. Specifically, Tick proposed to eliminate the categories of certain classes—that is, race, gender, sex (Miller, 2008). Miller stated that

Segerblom's advisories believe it would "open the floodgates" for potential lawsuits and water down the protection of certain classes.

Employers in the UK could face litigation for WPB under the Safety, Health and Welfare Work Act of 2005. This act obligates the employer to provide a safe working environment to their staff (Brizzell, 2009). The Safety Act protects UK employees from bullying and all forms of harassment. Brizzell (2009) explained that under the Safety Act, conduct and behavior issues are considered health and safety issues and are subject to litigation, costing companies millions.

### **Productivity**

According to Sheehan, Barker, and Rayner (1999), companies are losing a great deal of production from employees who experience WPB and employees who have witnessed WPB. Because of the results of WPB, targets are using sick leave more often, and in some cases the trauma can be so debilitating that some targets are unable to work again (Sheehan et al., 1999). Employers must take time to replace staff members who leave as a result of being bullied, which results in loss of production ("Are you tolerating," April, 2010). An estimated \$30,000-\$100,000 may be lost by companies yearly, owing to absenteeism as well as low morale of the witnesses of WPB (Sheehan et al., 1999). Furthermore, according to Daks (2008), companies can incur additional costs due to hidden charges. The costs can include loss of productivity that may result from depression or harassment of the target, and the expense in replacing the bullied employee who may leave the company.

### **Implications for the Individual**

The physical effects of WPB on targeted individuals can include sleep deprivation from continued exposure to a hostile environment, being isolated from the group, and feelings of oppression (Bello, Claussen, Johnson, & Morrison, 2009). Targets may experience an array of

health problems owing to the stress of workplace bullying, including musculoskeletal problems, phobias, increased depression, and digestive problems (“Are you tolerating,” April, 2010).

Emotionally, the target experiences self-blame, lower self-esteem, and low self-confidence, and in some cases suicide (Yeung & Cooper, 2002).

According to Larkin (2005), some employees in France are experiencing bullying in the workplace as a means to force the worker to quit. Most incidents in this scenario surround workers that are close to retirement. Larkin (2005) believes this situation stems from the fact that European legislation makes it difficult to fire employees. One worker stated, “Nobody wanted to speak to me or work with me,” and another exclaimed, “I was not included in meetings; I was completely isolated” (Larkin, 2005, p. 355).

### **WPB in Other Settings**

A previous study conducted by Quine (1999) examined the prevalence of workplace bullying in mental health occupations, including nurses, therapists (occupational therapists, speech and language therapists, chiropodists, physiotherapists), administrative staff, doctors, clinical psychologists, other professionals (social workers, residential care, health promotion), and unqualified staff (residential care staff, secretarial staff, porters, catering cleaning and maintenance staff). Interestingly, the closest occupation to rehabilitation counselor in Quine’s study would fall under the category of other professionals, such as social worker. Quine (1999) revealed that 36% of individuals falling into the other professionals category reported a prevalence in workplace bullying. Specifically, the study pointed to the nursing field as being high risk for workplace bullying behaviors (Waschler et al., 2013).

Ekici and Beder (2015) did a cross-sectional study of physicians and nurses experiencing workplace bullying. The results showed that 74% of physicians and 82% of nurses in the study reported experiencing workplace bullying.

Although most of the literature uncovered, thus far, revolves around WPB in the medical field, the author has personally observed WPB in the rehabilitation counseling field. WPB in the rehabilitation counseling field is not thoroughly researched, specifically the levels of depression of rehabilitation counselors with perceived workplace bullying.

### **Summary of Literature Review**

This chapter has provided a review of the literature related to the history and overview of the phenomena of workplace bullying. In the literature review, an attempt was made to describe the theoretical basis for the dissertation study that was conducted. A thorough survey of workplace bullying literature was provided to examine the variables researched in this dissertation study. The theoretical framework supporting workplace bullying was considered through the lens of Bronfenbrenner's Ecology Theory of Human Development.

The current policies regarding discrimination, harassment, and workplace violence were discussed, along with general preventions currently used for workplace bullying. In addition, legal aspects surrounding workplace bullying were described to provide a foundation for the methodology used in the study. The implications for individuals experiencing this phenomenon were overviewed as a foundation for this research. This literature review included the dependent variables used in this dissertation study: experiences of individuals experiencing workplace bullying and implications of mental health and/or levels of depression in CRCs.

## **Chapter III: Methodology and Procedures**

### **Population and Sample**

This study surveyed a random selection of 1000 CRCs that were certified and registered through the Commission on Rehabilitation Counselor Certification. According to the CRCC mailing list rental request form, the CRCC will rent its mailing list for research. The list is permitted to be used up to three times, within a three-month time period from the date of the signed rental agreement. The researcher was permitted to rent up to 1000 email addresses for a fee of \$250.00 (USD). The sample of 1000 was chosen from CRCs living in the United States. The researcher requested a random sample of CRCs' email addresses to solicit their voluntary participation in this study. The researcher chose the CRCC to provide the random sample because the CRCC is the world's largest rehabilitation counseling organization with over 16,000 current CRCs certified. The researcher used the application form found on the Commission on Rehabilitation's website (see Appendix A). The CRCs were emailed an invitation to participate in this study and were provided with the information regarding this study and the time commitment required. The emails were sent out on the same day to all the participants, who were given 30 days to complete the survey and inventory. The participants were provided with two reminders after the surveys were distributed.

Participants were provided with a link to Survey Monkey in order to complete the Workplace Psychologically Violent Behaviors Instrument (WPVB) survey (see citation Appendix B), and the Beck Depression Inventory II® (BDI2) (see citation Appendix C). All participants were required to sign an informed consent form because of the sensitive nature of the BDI2. All subjects were required to check a box acknowledging that they understood the informed consent involved with the study and the explanation of how the data was kept

confidential. This information was contained in the email that they were directed to when they entered Survey Monkey. The informed consent form had the language that all research subjects were required to check (X) prior to completing the Workplace Psychologically Violent Behaviors Instrument (WPVB) and Beck Depression Inventory II® (BDI2) survey. This language is in Appendix D. The BDI®-II and WPVB were recently used in a study on the prevalence of bullying in the nursing field (Yildirim, 2009). Yildirim questioned if nurses who are victims of bullying are depressed and if there was a correlation between depression and having been exposed to bullying behaviors. Yildirim found that there was a positive correlation between the nurses' depression status and being exposed to bullying behaviors ( $P < 0.00$ ). In addition, through a regression analysis, Yildirim determined "that depression experienced by the nurses in this study had a significant effect (33%) on being exposed to psychologically violent behaviors" (p. 509).

## **Identification of the Independent and Dependent Variables and Statement of the Research**

### **Hypotheses**

The dependent variables for this study were a) the prevalence of workplace bullying for CRCs and b) depression levels as measured by the Beck Depression Inventory II®. The independent variables in this study is workplace bullying, gender (1-males; 2-females), supervisory duties (1-yes; 2-no), and educational levels (1-Ph.D; 2-Masters; 3-Bachelors; 4-other).

The research questions and hypotheses investigated in the study are as follows:

Research Question 1: Is there a significant prevalence of workplace bullying among CRCs?

Research question 1 was exploratory in nature seeking to describe the prevalence of the phenomenon. Therefore, no hypothesis is required. This question was answered utilizing descriptive statistics.

Research Question 2: Is there a significant relationship between gender and the perception of workplace bullying among CRCs?

Hypothesis 2: There is a significant relationship between gender and the gender of CRCs who experience workplace bullying. For this research question an independent t-test was used in order to compare two categories, male vs. female.

Research Question 3: Is there a significant relationship between level of education and experience of workplace bullying in CRCs?

Hypothesis 3: There is a significant relationship between level of education and experiences of workplace bullying among CRCs. For this research question an independent t-test was used. Although there were four categories of education level, Ph.D., Masters, Bachelors, and other, only Ph.D and Masters were compared since no response was given for Bachelors and other.

Research Question 4: Is there a significant relationship between the presence of supervisory duties and CRCs experiencing workplace bullying?

Hypothesis 4: There is a significant relationship between the presence of supervisory duties and the experience of workplace bullying. For research question 4 an independent t-test was used in order to compare two categories, yes they have supervisory duties or no they do not have supervisory duties.

Research Question 5: Is there a high incidence of depression as defined by the BDI®-II in the population of CRCs?

Research question 5 is exploratory in nature seeking to describe the incidence of depression among this population of CRCs.

Research Question 6: Is there a significant difference in gender when analyzing the T scores for the BDI®-II?

Hypothesis 6: There is a significant difference in gender when analyzing the T scores for the BDI®-II. For this research question an independent t-test was used in order to compare two categories, 1-male and 2-female.

### **Instrumentation**

#### **Workplace Psychologically Violent Behaviors Instrument (WPVB)**

The Workplace Psychologically Violent Behaviors Instrument (WPVB) was designed to determine nurses' perceptions of psychologically violent behaviors they are exposed to in the workplace (Yildirim & Yildirim, 2007). The instrument comprises 33 items categorized under four group headings of distinct violent psychological behaviors. According to Yildirim and Yildirim (2007) the subgroups' internal consistency reliability can be measured using Cronbach's alpha coefficient. The total Cronbach's alpha internal consistency value is 0.93, and all items were found to have a statistically significant correlation ( $p < 0.01$ ). The Cronbach's alpha expresses whether the instrument contains items that are consistent with each other and contain the same characteristics. A Cronbach's alpha level greater than 0.80 is very adequate (Yildirim & Yildirim, 2007). The Pearson's correlation coefficient was also examined for test/re-test analysis. Yildirim and Yildirim found that the Pearson correlation coefficient values through test/re-test techniques were 0.88 for "individual's isolation from work," 0.86 for "attack on professional status," 0.78 for "attack on personality," and 0.70 for "direct attack," which show that the WPVB has internal consistency and continuity.

Construct validity was tested in the WPVB by using the Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy test, with a result of 0.962, which was used in four-factor analysis and was seen to be homogeneous. The four-factor construct of the instrument contains 11 items related to “individual’s isolation from work” (Cronbach’s  $\alpha = 0.91$ ), nine items related to “attack on professional status” (Cronbach’s alpha 0.90); the nine items related to “attack on personality” (Cronbach’s alpha 0.87) and four items related to “direct attack” show as having quite high levels of internal consistency (Yildirim & Yildirim, 2007).

The survey asked participants to rate the 33 items in the survey according to the frequency of their exposure to the behaviors within the last 12 months. A six-point Likert scale was used to determine the frequency as follows: 0 = I have never faced, 1 = I have faced once, 2 = I face this sometimes, 3 = I have faced several times, 4 = I frequently face this, 5 = I constantly face this. Individuals who receive a score from the scale that when divided by the number of items (total score/33) is one or greater can be said to have faced intentional workplace mobbing behaviors (Yildirim & Yildirim, 2007).

### **Beck Depression Inventory®-II (BDI®-II)**

The Beck Depression Inventory® – II (BDI®-II) consists of 21 items to assess the intensity (level) of depression, which is in line with the depression criteria of the *Diagnostic and Statistical Manual of Mental disorders –Fourth Edition* (DSM-IV). The BDI®-II is designed for normal and clinical patients, ranging in ages from 13-80 years of age. The instrument can either be self-administered or verbally administered and takes 5 minutes to complete. The instrument has four statements arranged in increasing severity about a symptom of depression (Beck, et.al., 1996). The BDI®-II is a revised edition of its predecessor the BDI, which has been in use for 35 years. The researcher interpreted the BDI®-II by adding up the scores for each of the 21 items

and tabulating the selected number to the left of each question corresponding with the participants answer. The highest score for the BDI®-II is 63 and the lowest score is zero. According to Beck, et.al (1996), cut score guidelines for the BDI-II are given with the recommendation that thresholds be adjusted based on the characteristics of the sample, and the purpose for use of the BDI-II. Total score of 0-13 is considered minimal range, 14-19 is mild, 20-28 is moderate, and 29-63 is severe. Levels of interpretation in levels of depression range from 0-10 interpreted as “these ups and downs are considered normal,” to over 40 interpreted as “Extreme depression” (Beck, et.al., 1996).

The researcher decided to use the BDI®-II due to the strengthened validity. The instrument is considered, very reliable with a high coefficient alpha, (.80) its construct validity has been established and can differentiate between depressed and non-depressed patients, according to Beck, et.al, (1996). Construct validity was strengthened in the BDI®-II by rewording the instrument to conform closely to the language and symptoms of depression listed in the DSM-IV. Beck et.al. (1996) established factorial validity by inter-correlations of the sample responses received from administering the BDI®-II and the BDI-1A to a sample of patients. The comparison of mean differences reflected that the BDI®-II scores were 3 points higher than the BDI-1A, which strengthened convergent validity (Beck, et.al., 1996).

Although, the instrument is very reliable and valid the BDI®-II has its limitations. Beck, et.al. (1996) reports the instrument is not intended to be used as a sole instrument of diagnosis of depression. Basically, the BDI®-II is best used to determine the presence and severity of symptoms of depression that coincides with the DSM-IV (Beck, et.al., 1996).

## **Research Design**

This dissertation employed a survey research design. The aim of the survey research design is descriptive in order to determine nature and frequency of workplace bullying perceived by certified rehabilitation counselors through the WPVB. In addition, through exploratory research it was possible for this study to identify variables, such as levels of depression experienced by CRCs who were targets of WPB and/or witnessed WPB. Furthermore, in order to describe this study with a high degree of confidence, a cross sectional design within groups was used to compare information across the groups, including age, gender, supervisory duties, and educational levels.

## **Procedures**

The following procedures were used in an attempt to secure validity. The researcher was interested in these specific questions:

- a. What is the frequency of workplace bullying in certified research counselors?
- b. What is the prevalence of workplace bullying in certified research counselors?
- c. What are the levels of depression in certified research counselors?

The first two questions called for an examination of occurrence and prevalence of workplace bullying and can be measured with the WPVB. For the third question, the research chose the BDI®-II to determine the levels of depression.

To generalize the results to the population, CRCs were randomly selected by the CRCC who provided the researcher with email addresses of randomly selected CRCs. The survey was emailed to 1000 randomly selected CRCs on the same day.

When the subjects received the email, they first consented to the study by clicking “yes,” indicating that they understood the implications of the study. They were then directed to enter Survey Monkey, where they completed the WPVB instrument.

The email contained information regarding the study and a link for voluntary participants to access the WPVB and BDI®-II. The voluntary participants were given 30 days to complete the survey and inventory. In an attempt to increase the response rate, completion reminder emails were sent after two weeks of receipt of the original email and again after three weeks. Once the researcher received the surveys and inventories the results were tabulated and measured statistically.

### **Human Subjects Review Clearance**

An application for approval of this research proposal involving human subjects was submitted to the Institutional Review Board at Duquesne University. This study fell under the expedited review category. According to Duquesne Universities Institution Review Board for Human Subjects Protection Policies and Procedures, “Expedited review approval may be given if the study involves no more than a minimal risk and falls within one of the expedited categories.” This research attempted to describe an individual/group perception and employed the WPVB and BDI®-II. An informed consent form was provided to participants and is included in this dissertation under Appendix D.

### **Data Collection and Recording**

The results of the WPVB were kept in a securely locked file cabinet and strict confidentiality was maintained. A coding system was employed using numbers or letters in order to track the data results and the names were deleted. The participants’ names were not published.

Qualification level for administering the BDI®-II is level B. This researcher is qualified to administer the BDI®-II according to the level B qualifications, which includes a master's degree in psychology, education, occupational therapy, social work, or in a field closely related to the intended use of the assessment, and formal training in the ethical administration, scoring, and interpretation of clinical assessments, or certification by or full active membership in a professional organization (such as ASHA, AOTA, AERA, ACA, AMA, CEC, AEA, AAA, EAA, NAEYC, NBCC) that requires training and experience in the relevant area of assessment, or a degree or license to practice in the healthcare or allied healthcare field. The researcher possesses a master's degree in Rehabilitation Counseling and a License in Professional Counseling from the Commonwealth of Pennsylvania. In addition, the researcher has a full membership to ACA.

In order to administer and score the instrument, a Q-global account was used in administering and scoring the BDI®-II. The researcher completed the four training modules provided on the Pearson website (<http://www.pearsonclinical.com/psychology/products/100000159/beck-depressin-inventoryii>). Once the account was set up, the researcher purchased the BDI®-II according to the number of usages. The Q-global account provided a confidential link to each participant in the study in order to complete the BDI®-II. The researcher completed the scoring through the Q-global account and interpreted it through T scores.

### **Statistical Analysis to test Hypotheses**

The statistical procedures used for each hypothesis are described below:

Hypothesis 1: There is prevalence of workplace bullying among CRCs. The researcher

used descriptive statistics to determine the prevalence (mean, mode, median). Research question 1 was exploratory in nature seeking to describe the prevalence of the phenomenon. Therefore, no hypothesis is required. This question was answered utilizing descriptive statistics.

Hypothesis 2: There is a significant relationship between gender and the perception of workplace bullying among CRCs. The statistical procedure used a Two-Sample t test:

Hypothesis 3: There is a significant relationship between level of education and perceived experience of workplace bullying in CRCs. The statistical procedure used a Two-Sample t test

Hypothesis 4: There is a significant relationship between the presence of supervisory duties and CRCs experiencing perceived workplace bullying. The statistical procedure used is a Two-Sample t- test to compare the two variables.

Hypothesis 5: There is a significant incidence of depression as defined by the BDI®-II in the population of CRCs.

Hypothesis 6: There is no significant difference in gender when analyzing the T scores for the BDI®-II.

The statistical analysis of the information was conducted by using the SPSS program PASW® Statistic Grad Pack 17.0 for Windows (SPSS, Inc. Chicago IL. 2009). The Workplace Psychologically Violent Behaviors Instrument (WPVB) was analyzed by taking the total score of the 33 item survey by the frequency of exposure of the behaviors within the last 12 months. A six-point Likert scale was used to determine the frequency of scores for all 33 items which are added together to determine the total score which was then divided by the total number of items (total score/33). The BDI®-II total score was calculated by adding up the scores for each of the 21 items tabulating the selected number to the left of each question corresponding with the participants answer.

After finishing with these instruments, subjects were then instructed to delete the email. The data was coded using the system so that both instruments were connected according to subject code and data generated.

### **Summary of Chapter III**

This chapter discussed how and why the researcher selected a random sample of 1000 CRCs for the population and sample. Survey Monkey was utilized to access the Workplace Psychologically Violent Behavior Survey in order to determine the prevalence of workplace bullying in the population. The Beck Depression Inventory II® was administered to determine if CRCs are experiencing depression. The independent variables were workplace bullying, gender, supervisory duties, and educational level. The dependent variables in this study included; the experience of workplace bullying for CRCs and depression levels as measured by the Beck Depression Inventory II®.

The following research questions were asked: If there were a prevalence of workplace bullying among the population of CRCs? Was there a relationship between this and gender in CRCs experiencing workplace bullying? Was there any significance in education level or supervisory duties and CRCs experiencing workplace bullying? Was there a high incidence of depression in this population of CRCs? Was there a significance in gender when analyzing the t scores for the BDI®-II? Also an overview of the research design was provided, specifically how the data were collected and recorded, a discussion on the IRB process through the human subjects review clearance, and a overview of the statistical analysis of the hypotheses.

## **Chapter IV: Research Findings**

The purpose of this investigation was to determine whether there is a prevalence among certified rehabilitation counselors (CRCs) experiencing workplace bullying and CRCs levels of depression as measured on the BDI-II. Additional purposes included discovering if there is a prevalence of workplace bullying (WPB) among CRCs and if so, if there were statistically significant differences between female and male CRCs, in levels of education among CRCs experiencing WPB, and between those CRCs who have supervisory duties and those who do not.

The dependent variables in this research included the CRCs who experienced WPB and the depression levels of CRCs experiencing WPB. The instruments used to measure the dependent variables were the WPVB and the BDI-2.

The WPVB was sent through email to randomly selected CRCs on March 1, 2017. In addition, a link containing the BDI-2 test from Q-global (the administering body of the BDI-2) was sent on the same day to each randomly selected CRC in a separate email. The WPVB instrument was used to measure violent behaviors individuals are exposed to in the workplace. The BDI-2 is usually used to determine the intensity of depression in normal or clinical patients ranging in ages from 13-80 years of age. The randomly selected CRCs were provided with two incentive email reminders to participate voluntarily in this study on March 10, 2017, and the final reminder was sent out on March 20, 2017. The study was pulled from Survey Monkey on March 30, 2017.

The WPVB survey (see citation Appendix B) contained 33 items with questions that included these four factor groups: isolation, professional attacks, personal attacks, and direct negative behaviors. The rationale for using this instrument included elements of good internal consistency and construct validity.

The results of the WPVB are explained through descriptive statistics. The CRCs were requested to answer each question with a rating for their frequency of exposure on the following six-point Likert scale:

0 = I have never faced this

1 = I have faced once

2 = I face this sometimes

3 = I have faced several times

4 = I frequently face this

5 = I constantly face this

The BDI®-II consisted of 21 items that provided four statements arranged in increasing severity about a symptom of depression. This instrument was used to strengthen reliability and validity. The instrument simply measures levels of depression. The scores for each of the 21 items were counted by the number to the right of each question marked. The highest possible score on the test is 63 and the lowest possible score is zero. A persistent score of 17 or above indicated that treatment for depression may be needed. A citation of the BDI®-II can be found in Appendix C. In the discussion here, each hypothesis is presented separately, followed by the analysis and whether the null hypothesis is retained or rejected. The instrument used the following scoring matrix to determine levels of depression:

## **Summary of the Study**

### **Description of the Population**

The population of this study consisted of 1000 randomly selected CRCs, selected through the Commission on Rehabilitation Counselor Certification (CRCC). The CRCC provided the researcher with the first name and email address of each randomly selected CRC.

Out of the 1000 randomly selected CRCs, 49 (4.9%) completed responses were received for the WPVB survey and 50 (5%) completed responses for the BDI®-II. This included 12 males (24%) and 39 females (76%) who responded to the BDI®-II; however, one did not complete the BDI®-II. In terms of the WPVB, 15 males (26%) and 43 females (74%) responded; however, eight CRCs did not complete the entire WPVB. Included in the CRCs that responded to the BDI®-II, two had bachelor's degrees (4%), 43 had master's degrees (86%), and five had PhDs (10%).

### **Email Request**

Both the WPVB survey and BDI®-II were sent on the same day to all 1000 CRCs. The CRCs were provided with an email request for participation in this study. The email included a short synopsis of the study, a consent form, detailed instructions on how to complete the instruments, information regarding an incentive gift for participating and completing the surveys, and a link to the WPVB survey through Survey Monkey. A copy of this email is in Appendix E. In addition, the email included information that the CRC would receive a separate email from Q-Global with a link to complete the BDI®-II.

### **Statistical Findings**

The following statistical findings are presented according to the research questions guiding the study: Research Question 1: Is there a prevalence of workplace bullying among CRCs?

This research question was answered by calculating the mean of each participant. If the total score divided by the number of test items (total/33) totals 1 or > 1, the individual can be said to have faced intentional workplace bullying (Yildirim & Yildirim, 2007). Of the 57 CRCs who entered the WPVB survey, 25% of the CRCs' scores were 1 or > 1, 61% < 1, and 14% did not complete the survey. Because 14% did not complete the survey the actual number of CRCs

experiencing workplace bullying rises to 29%. This 29% of CRCs reflects the prevalence of intentional workplace bullying out of the CRCs that volunteered and completed this survey.

Table 1 shows the percentages regarding CRCs that scored 1 or greater than 1 on the WPVB. In analyzing all of the responses to each question, descriptive statistics were used to determine the mean, median, and mode. Question 8 reflected a mean of 1.18,  $SD = 1.45$ ; and question 10 reflected a mean of 1.32,  $SD = 1.40$ . Both questions 8 and 10 were located under the factor of “individual’s isolation from work.”

Table 1

*Percentages of CRCs completing the WPVB*

Total number of CRCs that completed the WPVB survey	N = 49
Percentage of CRCs that completed the WPVB survey with scores of 1 or greater than 1	29%
Percentage of CRCs that completed the WPVB survey with scores of < 1	61%

Research Question 2: Is there a significant relationship between gender and the experience of workplace bullying among CRCs?

Hypothesis 2: There is a significant difference between gender of CRCs and their experience of workplace bullying. Overall, when looking at the mean scores for males and females, female CRCs was  $M=19$ ;  $SD=21.14$  and the average score from male CRCs was  $M=24$ ;  $SD=28.50$  (Table 2).

The results from an independent t-test, which demonstrated that there is no statistically significant difference in male versus female CRCs and their experience of workplace bullying,  $t(47) = .550$ ,  $p = .585$ , therefore, the null hypothesis was retained (Table 3).

Table 2

*Gender comparisons from WPVB responses*

Gender	N	M (SD)
Male	13	24.00 (28.49854)
Female	36	19.86 (21.14461)

Table 3

*Experience of Workplace Bullying and Gender*

<i>t</i>	<i>df</i>	<i>p</i>
.550	47	.585

Research Question 3: Is there a significant relationship between level of education and experience of workplace bullying in CRCs?

Hypothesis 3: There is a statistically significant difference between level of education and experience of WPB in CRCs. Owing to the small sample size of respondents with PhDs, the statistical significance was unable to be determined. The independent t test was not the appropriate test to run. Instead, the Mann-Whitney test was utilized. The results are  $Z = -.181$ ,  $p = .856$ , therefore the null hypothesis was retained and conclude that there was no significant difference between educational level of CRCs on prevalence of workplace bullying (Table 4).

Table 4

*Educational level and experience of WPB*

Mann-Whitney U	226.000
<i>z</i>	-.181
<i>p</i>	.856

Research Question 4: Is there a significant relationship between the presence of supervisory duties and CRCs’ experiencing workplace bullying?

Hypothesis 4: There is a significant relationship between the presence of supervisory duties and CRCs’ experience with workplace bullying. The results of an independent t test demonstrated that there is no statistically significant difference in supervisory duties of CRCs on prevalence of workplace bullying (Table 5).

Table 5

*Supervisory Duties and experience of WPB*

<i>t</i>	<i>df</i>	<i>p</i>
-.325	47	.747

Research question 5: Is there significant incidence of depression as defined by the BDI®-II in the population of CRCs? Research question 5 is exploratory in nature seeking to describe the incidence of depression among this population of CRCs. Of the 50 CRCs who completed the BDI®-II, 11 fell in a range between borderline clinical depression and severe depression. According to the raw data, 26% of the CRCs scored 17, or above indicating clinical depression (Table 6).

Table 6

*Matrix for BDI®-II scores*

<i>Score range</i>	<i>Severity</i>	<i>Number of CRCs per level of depression</i>	<i>Percentages of CRCs per level of depression</i>
0-13	Minimal	37	74%
14-19	Mild	6	12%
20-28	Moderate	4	8%
29-63	Severe	3	6%

Research Question 6: Is there a statistically significant difference in gender when analyzing the T scores for the BDI®-II?

Hypothesis 6: There is a statistically significant difference in gender when analyzing the T scores for the BDI®-II (see Table 7). An independent t test was conducted and the results are  $t(48) = -2.44$ ,  $p = .018$ . Therefore, the null hypothesis was rejected and concluded that there is a significant difference between male ( $M = 47.5$ ;  $SD = 6.37$ ) and female ( $M = 56.39$ ;  $SD = 12.03$ ). Significantly, female CRCs scored the highest on the scoring matrix for depressive symptoms of mild, moderate, and severe.

Table 7

*Comparison of gender and BDI-II® scores*

<i>t</i>	<i>df</i>	<i>p</i>
-2.443	48	.018

## Summary

The results of this study have been presented and discussed in Chapter IV. In terms of depression experienced by CRCs owing to WPB, this chapter has offered results for prevalence, gender, levels of education, supervisory duties, and incidences of depression. The null hypotheses were retained in gender, level of education, and supervisory roles. However, the null hypothesis was rejected for gender experiencing depression in the population of CRCs experiencing workplace bullying. Prevalence of workplace bullying among CRCs was found by calculating the mean of each participant that took the WPVB survey. Furthermore, high incidence of depression was found in this population of CRCs.

Interestingly, the two highest scoring questions were found under the factor “individual’s isolation from work.” Bronfenbrenner (1979) postulates that when individuals are needed, they feel a sense of belonging and purpose. Furthermore, if individuals are isolated from work they become isolated from society and, hence, nonproductive. Additionally, “a child’s development is enriched through their [sic] amplified involvement, from their childhood on, in responsible work activities outside the home that bring the child into contact with adults other than their parents,” (Bronfenbrenner, p. 282). Therefore, it would make sense that when people are isolated in the workplace because of being a target of WPB, they lose their sense of belonging and purpose. Their lives are no longer being enriched through work; hence, they become depressed from this lack of belonging and fulfillment. If CRCs are frequently interrupted when they speak (question # 8, WPVB survey) or do not receive answers to emails they have sent numerous times, or received acknowledgment through return phone calls (question #10, WPVB survey), they do not have an optimal working environment. In Chapter V, the conclusions to be derived from this study and the recommendations for further research have been discussed.

## **Chapter V: Discussion**

### **Background**

This chapter offers, first, a brief review of the foregoing study and then a discussion of the results, along with recommendations for further study. The research questions for this study stemmed from the researcher's experiences with and observations of workplace bullying. Extensive reading of the literature regarding workplace bullying enabled the researcher to formulate the problem statement, which confirmed that no research studies had previously been carried out with regard to CRCs' experience of workplace bullying and a possible relationship to their levels of depression.

Workplace bullying is described as "repeated unwanted psychological, physical, or sexual abuse, or harassment" (MacIntosh, 2006, p. 665). According to Namie (2000) ramifications from workplace bullying were recognized as the culprit for companies losing anywhere from six to 13 billion dollars yearly. Namie (2000) determined that these significant costs arose from absenteeism, staff turnover, legal and workers' compensation claims, decreased productivity, and loss of management time dealing with workplace bullying cases.

According to the Commission of Rehabilitation Counselor Certificate (2015) and Code of Professional Ethics of Rehabilitation Counselors (2009), CRCs are responsible for assisting one of the nation's most vulnerable of populations—people with disabilities. CRCs are required to have the following critical thinking skills: analyzing data from medical, psychological, and vocational evaluations; consulting with multidisciplinary professionals; interpreting and implementing the policies and procedures in workplaces for clients with disabilities; and having a working knowledge of a variety of counseling techniques, including empathy and unconditional positive regard for their clients.

CRCs are required to have highly developed, excellent communication skills and emotional stability (CRCC, 2015). A pleasant non-bullying working environment is essential if CRCs are to perform to their optimal potential.

Research has revealed that 1.3 million employees experience WPB yearly (Berry, 2005). Several studies have identified nursing as a high risk field for experiencing bullying (Waschler, Ruiz-Henandez, Llor-Esteban, & Jimenez-Barbero, 2013). A comprehensive review of the literature failed to reveal any previous research involving CRCs' experience of workplace bullying and their levels of depression. This investigation was conducted to determine if there was a prevalence of workplace bullying among CRCs randomly selected by the CRCC and if there is a high incidence of depression in this population using the following dependent variables: the experience of workplace bullying among CRCs and depression levels as measured by the Beck Depression Inventory II.

### **Summary of Study and Discussion**

The study was conducted online beginning with the researcher's sending a request for participants to 1000 randomly selected CRCs as provided by the CRCC. Descriptive statistics were used to analyze if there was a prevalence of workplace bullying among CRCs and if CRCs were experiencing high depression. The primary sources of data were the scores on the WPVB survey and the raw scores and t scores from the BDI®-II. Following, the hypotheses tested in this study are identified and a short synopsis included of whether each null hypothesis was retained or rejected.

Hypothesis 1: There is a statistically significant prevalence of workplace bullying in the CRC population assessed. The null hypothesis was rejected, as there is a prevalence of workplace bullying in the CRC population assessed.

Hypothesis 2: There is a statistically significant difference for CRCs between the genders and their experience of workplace bullying. The null hypothesis was retained. The results show the results of an independent t test, which demonstrated that there is no statistically significant difference in male versus female CRCs and their experience of workplace bullying,  $t(47) = .550$ ,  $p = .585$ , therefore, the null hypothesis was retained.

Hypothesis 3: There is a statistically significant difference between the level of education and experience of workplace bullying in CRCs. The Mann-Whitney test was utilized. The results are  $Z = -.181$ ,  $p = .856$ , therefore the null hypothesis was retained and conclude that there was no significant difference between educational level of CRCs on prevalence of workplace bullying.

Hypothesis 4: There is no statistically significant relationship between the presence of supervisory duties and CRCs' experience with workplace bullying. The results of an independent t test demonstrated that there is no statistically significant difference in supervisory levels of CRCs of their experience of workplace bullying,  $t(47) = -.325$ ,  $p = .747$ , therefore, the null hypothesis was retained and conclude that there was no significant difference between supervisory duties of CRCs on prevalence of workplace bullying.

Hypothesis 5: There is a high incidence of depression as defined by the BDI®-II in the population of CRCs. Of the 50 CRCs who completed the BDI®-II, 11 fell in a range between borderline clinical depression and severe depression. According to the raw data, 26% of the CRCs scored 17, or above indicating clinical depression. Therefore, there is a high incidence of depression in this population of CRCs.

Hypothesis 6: There is a statistically significant difference in gender when analyzing the t scores for the BDI®-II. An independent t test was conducted and the results are  $t(48) = -2.44$ ,

$p = .018$ . Therefore, the null hypothesis was rejected and concluded that there is a significant difference between male ( $M = 47.5$ ;  $SD = 6.37$ ) and female ( $M = 56.39$ ;  $SD = 12.03$ ).

Significantly, female CRCs scored the highest on the scoring matrix for a depression diagnosis of mild, moderate, and severe.

The results of this study are consistent with the observed prevalence of WPB. The findings in this study have equal prevalence in other working environments. However, 29% of the participating CRCs scored 1 or  $> 1$  on the WPVB instrument, indicating a prevalence of CRCs experiencing WPB. According to the CRCC (Commission, 2017) there are currently 16,000 CRCs in the United States. In fact, 11,840 or 74% of CRCs of the 16,000 are female and 4160 or 26% of the 16,000 are male (“Certified Rehabilitation Counselor,” 2017).

A recent study by Auberch (2015) indicated that 35% of all workers said they felt bullied at work, which was up from 27% in 2014. Moreover, Quine (1999) completed a study of 1100 trust workers and found that 38% had reported workplace bullying.

The research reflects no statistically significant difference in the gender of CRCs who are experiencing workplace bullying, using either descriptive or parametric analysis. This research suggests that gender is not significant in whether one experiences WPB. This is not consistent with Quine’s findings (2003) that a statistical difference exists between the genders in terms of WPB. In fact, women are experiencing workplace bullying more than men. Studies reflect that workplace bullying is largely found in the medical field and particularly in nursing (Farrell, Bobrowski, & Bobrowski, 2006; Johnson & Rea, 2009; Merez, Rymaszewska, Moscicka, Kiejna, & Jarosz-Nowak, 2006; Waschler, et. al, 2013; Yildirim, 2009; Yildirim & Yildirim, 2007). This raises the question of gender specificity in the nursing field.

Are nurses predominately female versus male in gender? According to Kaiser Foundation Family (2017), there are currently 146,786 female nurses, 13,313 male nurses, and 6,095 unspecified.

Additionally, the results of this study are not consistent with those from a study by Raynor (1997). He surveyed 1137-part time students from Staffordshire University and found that 53% of males and 47% of females reported incidences of WPB. Therefore, in Raynor's study as well, there were significant differences between the genders, the males experienced WPB more than the females.

In rehabilitation counseling, no scientific studies were found comparing the prevalence of WPB and levels of depression. However, this current research revealed significant incidences in levels of depression for CRCs. Some of the factors that may have influenced the outcomes of this study may relate to the current depression levels of the CRCs that completed the BDI-II. In other words, rehabilitation counselors that may have taken the BDI-II because they were experiencing depression, albeit unrelated to their experience of WPB.

The results from this study are consistent with those from several inquiries regarding workplace bullying and depression. O'Donnell, MacIntosh, and Wuest (2010) found that women experienced a variety of physical and emotional health issues because of their experiences of being bullied. The most common consequences were depression, anxiety, and stress. Depression symptoms were a significant outcome of workplace bullying (Hansen et al., 2006; Kivimaki, Virtanen, & Vartia, 2003; Niedhammer, David, & Degioanni, 2005; Quine, 1999 & 2001).

Working in rehabilitation counseling can be challenging, and CRCs require good mental health in order to perform their jobs. CRCs are required to work with clients who are often at the lowest point in their lives. At any given moment, CRCs attempt to assist clients in adjusting with disabilities ranging from quadriplegia to post-traumatic stress disorder. It is paramount that they are provided with a supportive working environment. In addition, a possible supportive working environment can assist in protecting workers from the harmful effects of workplace bullying (Quine, 1999).

Supervision duties, age, and educational level were not statistically significant in this study. This is consistent with most studies. However, Hodson, Roscigno, and Lopez (2006) hypothesize that those who are relationally less powerful will be victimized, and they found that workers in low-end service jobs are routinely bullied by their supervisors. Additionally, Quine (1999) found that the most common workplace bullies were senior managers. Vartia (1996) found that age did not have a bearing on workplace bullying; however, Vartia found that envy, a weak supervisor, competition for advancement, and competition for supervisors' approval were the factors most often associated with workplace bullying.

The results of the BDI-II reflected a significant difference in gender in terms of experiencing depression. Female CRCs were more likely to experience depressive symptoms than their male counterparts. According to the National Alliance on Mental Illness (2017), 16 million American adults have experienced at least one episode of depression in the past year and of these 16 million American adults 70% are women. The finding in the current study is consistent with that in Nolen-Hoeksema, Larson, and Grayson's (1999) study, which concurred that females experience more depressive symptoms than males.

Women experience more depressive symptoms owing to their experience of chronic strain, which is described as women's having less social power, and the effects of rumination, defined as exasperation from negative memories. Munford (1994), conversely, found no significant gender differences in levels of self-esteem or depression as measured by the Beck Depression Inventory.

### **Limitations**

There was an unequal variance in gender, perhaps because more females work in rehabilitation counseling than males. Currently, the CRCC reports that 74% of CRCs are female and 26% are male (Commission, 2017). The respondent rate was also low, which could be considered a limitation. Though the participation email was sent to 1000 randomly selected CRCs, just 57 responded to the WPVB survey with only 49 of the respondents completing the WPVB survey and 50 CRCs completing the BDI-II.

In addition, because this is a quantitative study, it is limited in describing the lived experiences (Van Manen, 1990) of the CRCs experiencing the phenomenon of WPB. Therefore, the results reflect that CRCs who are experiencing WPB also experience depression; however, a correlation study may be beneficial in the future studies.

### **Recommendations for Future Studies**

This study looked at the prevalence of workplace bullying and levels of depression in CRCs. The study was quantitative in nature. The results of this study can be useful to the profession of rehabilitation counseling, specifically in developing continued education programs. Rehabilitation counselors are required to have 100 hours of continuing education every five years, which includes a minimum of 10 hours in Ethics. The results of this investigation show that Certified Rehabilitation Counselors are experiencing intentional workplace bullying.

This type of behavior contradicts the Code of Professional Ethics for Rehabilitation Counselors. Therefore, training and continued education can be developed from this research.

Workplaces that hire Certified Rehabilitation Counselors can benefit from this study. Currently, workplace bullying falls under workplace violence or harassment. Separate policies can be developed to directly address this phenomenon of workplace bullying. Companies can adopt a solid strategy to educate management and staff on recognizing workplace bullying. Furthermore, companies can develop a clearer avenue to identify workplace bullies and bring them to justice for their behavior. If more companies begin to implement new policies to detect workplace bullying and prosecute workplace bullies, perhaps new laws can be developed. Thus, the following recommendations for future studies are as follows:

- Completing a qualitative study by conducting interviews with individuals that score 33 or above on the WPVB survey. This would enable the researcher to gain a more precise perception of the lived experiences of CRCs who are experiencing WPB.
- Consider an investigation that entails several helping counseling professions. For example, a study that would involve social workers, licensed professional counselors, substance abuse counselors, pastoral counselors, community health counselors, mental health counselors, marriage counselors, children's counselors, and others. This would provide a larger population and assist in a better understanding of workplace bullying.
- Develop a curriculum for possible classes in master's counseling programs relating to empathy and developing decent work habits.

## **Conclusions**

The results of this research are consistent with those in most of the studies that portray WPB as being a national phenomenon and a common occurrence in the workplace. The findings that CRCs are experiencing WPB and have elevated levels of depression are both certain. Moreover, female CRCs are more likely to experience workplace bullying and depression than male CRCs. There does not appear to be a significant relationship between CRCs gender, level of education, or supervisory duties and their experience of WPB.

In the past, rehabilitation counseling was a predominantly male-oriented field; however, females now outnumber males. The fact that females make up the majority of CRCs may be a reason that a higher percentage of female CRCs experience WPB and higher levels of depression than their male counterparts.

Studies in this research revealed that the United States is much further behind other countries in terms of policies and legalities for perpetrators of workplace bullying. Education, new policies and procedures, and laws need to be instituted to stop this phenomenon.

The effects of this study might be better served by a qualitative approach wherein the researcher could be permitted to observe and interview individuals whose scores were elevated on the WPVB survey. Perhaps this would provide better insight into developing further education to companies losing money and valuable employees to workplace bullying.

When people are supported and appreciated they can perform at their optimum capacity. Support groups and courses on empathy may be an option for employers to implement in order to assist workers who are experiencing workplace bullying and depression.

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## **Appendix A**

Application for CRCC Database

## Appendix A

Application can be accessed at the following website:

Commission on Rehabilitation Counselor certification. (2016). *Application for Use of Information from the CRCC Database for Research Project*. Retrieved February 2, 2017 from [www.crccertification.com/research](http://www.crccertification.com/research)

Below is a copy of the synopsis and IRB protocol that was required to accompany the online application.

Title: Workplace bullying in Certified Rehabilitation Counselors and levels of depression as measured with the BDI®-II and WPVB

### **1a. Scope and Purpose of the Study:**

#### 1.SCOPE and BACKGROUND

After researching this topic, I found I was not alone and that a growing number of workers in the workplace are experiencing bullying. Namie found that 37% of workers in the United States have experienced some type of wpb bullying. Namie and Namie (2003) define workplace bullying as, “repeated, malicious, health-endangering mistreatment of one employee by one or more employees” (p. 3). According to the Department of Histopathology University of Nottingham, workplace bullying is, “persistent, offensive, intimidation, malicious or insulting behavior, abuse of power or unfair panel sanctions, which makes the recipient feel upset, threatened, humiliated or vulnerable, which undermine their self-confidence and which may cause them to suffer stress” (Al-Daraji, p. 544).

Research suggest that workplace bullying can take on many forms including lies spread about the victim, constant criticism, opinions persistently belittled, exclusion from social work events, work being minimized and not supported, ostracized victims, and co-workers giving the cold shoulder (Khan, 2010). Studies point to many health issues that emerge from bullying such as depression, lowered work motivation, decreased ability to concentrate, lower productivity, lack of dedication and commitment to work, and poor peer relationships (Yildirim, 2009). Some research includes post-traumatic stress disorder (PTSD), phobias, digestive problems, self-blame, financial problems due to absences, musculoskeletal problems, and reduced self-esteem as potential health issues surrounding victims bullying experience (Anonymous, 2010). One study from Deidre, et.al, 2009, found that being bullied at work or witnessing a co-worker being bullied can have a negative impact on sleep. Balducci, Alfano, & Fraccaroli (2009) found a significant correlation between a victim's exposure to bullying behaviors and depressive-suicidal ideation and behavior. Furthermore, 7% of the participants in Balducci, et.al, study reported that they had already attempted suicide. The phenomenon of workplace bullying appears to be worldwide and continues to grow. A recent study conducted by Butterworth, concluded that WPB was strongly associated with greater risk of depression symptoms and double the risk of suicidal ideation. Leymann (1990) documented a description of a mobbing sequence with an individual named Leif in Norway. The individual was a good machine worker and had no prior workplace issues in his previous place of employment. However, his cow-workers ridiculed him due to his heavy Danish accent. Leif began to isolate himself and each time he was ridiculed he became angry and slammed his fist on the table. The insults and jokes intensified and his co-workers

began to send him machine parts that did not need repair. His work began to decline due to constant and consistent badgering from his co-workers. Management noticed this issue; however, management believed it was Leif's fault. Leif began to experience severe anxiety and psychosomatic problems and began to use his sick leave. Leif was eventually unable to keep his job and unable to obtain employment anywhere, due to medical history (Leymann, 1990).

## **2. Statement of the Problem**

There is currently no scientific research that identifies whether CRCs, who are responsible assisting one of the nation's most vulnerable populations, experiencing workplace bullying, have higher levels of depression. According to Namie (2003), workplace bullying may range in costing agencies six to thirteen billion dollars annually, due to absenteeism, staff turnover, legal and workers' compensation claims, decreased productivity, and loss of management time dealing with bullying cases. A robust and exhaustive literature review failed to reveal if CRCs perception of workplace bullying are experiencing higher levels of depression in the workplace.

## **3. Purpose of the Study**

The purpose of this study is to determine if there is a prevalence of CRCs experiencing workplace bullying and their high incidences of depression. It is important to establish a prevalence of CRCs perceived workplace bullying and levels of depression. The knowledge derived from this study will prove useful in developing educational programs for private, public, and non-profit agencies that employ CRCs. Hence the study will assist shedding a brighter light on this growing phenomenon to aid in possible prevention and better equip CRCs with an enlightened and less stressed working environment.

## **1b. Specific Information Requested from CRCCs Database**

The researcher is applying for use email addresses from the database of CRCs from the CRCC by using the form provided on CRCCs website “Application for use of information from the CRCC database for research project.” The researcher is requesting the email addresses of a random sample of 1000 CRCs from the 50 states.

## **1c. The Intended Use of the Information from CRCCs Database**

This sample will be sent information regarding the voluntary study and a link to Survey Monkey, where they will be instructed to complete the WPVB survey and Beck Depression Inventory II®. Subjects will be directed to an informed consent and confidentiality statement that they will be required to read and check the box with an (X), which will reflect their confirmation of agreement to participate. Participants will then be able to start the survey and BDI®-II. The researcher will send out the initial information regarding the study with the link to the survey and two additional reminders with a 30-day period. The dependent variables in the study are the perception of workplace bullying and depression levels as measured by the Beck Depression Inventory 2 ®. The workplace bullying survey and BDI-II will be self-administered to all CRCs on the same day and the reminders will be administered on the same day.

## **1d. Detailed Project Timeline Indicating Start and Completion Dates for Each Phase of the Research Project**

February 2, 2017 - Send application for use of information from CRCC.

By February 20, 2017 - Receive database from CRCC of 1000 random email addresses from CRCC.

February 20, 2017 - Send out email to 1000 CRCs s requesting voluntary participation in study. Email will contain overview of study, informed consent, and links to surveys.

March 3, 2017 - Send out reminder to CRCs to complete study.

March 14, 2017 - Send out final reminder to CRCs requesting participation and study and reminding them of the \$100 gift card incentive for participation in voluntary study.

March 21, 2017 through April 3, 2017 - Participation is completed. Pull down the surveys and begin to analyze the data and complete chapter four of dissertation.

March 24, 2017 - Pull random drawing for incentive gift card and send it out to winner.

April 3, 2017 through April 24, 2017 - Complete Chapter 5 report conclusions of the study.

April 24, 2017 through May 5, 2017 - Send completed dissertation to editor.

May 5, 2017 through May 19, 2017 - Prepare for defense with chair and schedule defense.

May 19, 2017 through June 16, 2017 - Successfully defend dissertation.

June 16, 2017 - Apply for graduation.

June 30, 2017 - Submit final electronic submission to program administrative assistant at university.

July 3, 2017 - Provide Executive Summary to CRCC to include contact information for the researchers and the CRCC be given exclusive permission to make the Executive Summary available to the public in electronic or other media.

## **Protocol Summary**

Workplace bullying and levels of depression in Certified Rehabilitation Counselors as measured with the BDI®-II and the WPVB.

### **Background of this study**

My curiosity for this study began while working in the field of rehabilitation counseling, in both the state and federal sectors, and observing the phenomenon of workplace bullying. I was amazed and disappointed to witness such behavior from my colleagues, who were ethically bound to assist the nation's most vulnerable population, the disabled, in adjusting in the workplace with a disability. I witnessed the bullied colleagues' mental hygiene take a downward spiral through observation, discussion with said colleagues, and continued absence from the work place. It was at that time that I began to question if workplace bullying had a relationship with rehabilitation counselors' depression. After reviewing the relevant literature, I discovered two instruments that might assist in answering my questions: the Beck Depression Inventory II (BDI®-II) and the Workplace Psychologically Violent Behaviors survey (WPVB). The BDI®-II is designed to measure levels of depression in individuals and the WPVB was designed to measure the bullying behaviors.

### **Statement of the Research Question**

The following research questions will be investigated in this study:

1. Is there a prevalence of workplace bullying (WPB) among certified rehabilitation counselors (CRCs)?
2. Is there a significant relationship between gender and the experience of workplace bullying among CRCs?

3. Is there a significant relationship between level of education and perceived experience of workplace bullying in CRCs?
4. Is there a significant relationship between the presence of supervisory duties and CRCs experiencing perceived workplace bullying?
5. Is there is a high incidence of depression as defined by the BDI-2 in the population of CRCs?
6. Is there a statistically significant difference in gender when analyzing the t scores for the BDI-2?

### **Purpose and Significance of the Study**

The purpose of this study is to determine if there is a prevalence in workplace bullying, experienced on the part of CRCs, and high incidences of depression. It is important to establish a prevalence of CRCs experiencing workplace bullying and their levels of depression, because CRCs work with a vulnerable population, people with disabilities. CRCs are tasked with caring for the individuals with disabilities hopes, dreams, goals, fears, and anger to obtain a better life through the power of work (Skovholt & Mathison, 2011). CRCs often work with clients who have a disability and who also have experienced trauma. Per O'Halloran and Linton (2000), working with traumatized clients can result in depression; this, coupled with workplace bullying, is a mixture for mental health issues. In addition, Arthurs and Constantine (2006) reported that it is critical for counselors to maintain self-care to sustain the viability of the counseling profession. When a counselor is experiencing workplace bullying, this could impact his or her ability to provide counseling care. CRCs require healthy working conditions to assist and not hinder their ability to comfort people with disabilities. In addition, a recent study showed non-bullied victims are affected by observing these bullying behaviors (Jennifer, Cowie, &

Ananiadou, 2003). Suicide also can be a factor resulting from workplace bullying. Balducci, Alfano, and Fraccaroli (2009) found a significant correlation between a victim's exposure to bullying behaviors and depressive-suicidal ideation and behavior. Furthermore, 7% of the participants in the Balducci et al. study reported that they had already attempted suicide. So, a better understanding of workplace bullying among CRCs has the potential to reduce risk in the workplace.

Workplace bullying is found to be most prevalent in the medical field. Yildirim (2009) found that nurses are at the highest risk for Workplace bullying; the data showed that 86% of nurses have faced one or more bullying behaviors in the workplace, mostly from their managers. According to Namie (2000), workplace bullying may range in costing agencies six to 13 billion dollars annually, owing to absenteeism, staff turnover, legal and workers compensation claims, decreased productivity, and loss of management time dealing with bullying cases. Currently there are no studies completed on CRCs experiencing workplace bullying and levels of depression. Although, a robust and exhaustive literature review failed to reveal studies involving CRCs, extrapolation from the literature concerning allied health professionals along with workplace observations suggest that CRCs may be experiencing higher levels of depression in the workplace because of bullying. The knowledge derived from this study may prove useful in developing educational programs for private, public, and no-profit agencies that employ CRCs.

### **Research Design and Procedures**

This dissertation will employ a survey research design. The aim of the survey research design is descriptive to determine nature and frequency of workplace bullying experienced by CRCs through the WPVB. In addition, through exploratory research it may be possible for this study to identify variables, such as levels of depression experienced by CRCs who are targets of

or have witnessed workplace bullying. Additionally, to describe with a higher degree of confidence in this survey, cross sectional design within groups will be used to compare information across the groups, including age, gender, supervisory duties, and educational levels. What is the effect of the experience of workplace bullying on CRCs? To generalize the results to the population, CRCs will be selected randomly through the Commission on Rehabilitation Counselor Certification (CRCC). This organization routinely assists with research, so the CRCC will be requested to provide the researcher with email addresses of randomly selected CRCs. The survey will be emailed to 1000 randomly selected CRCs on the same day. The email will contain information regarding the study and a link for voluntary participants to click on access the WPVB and BDI®-II. The principal investigator will be blinded to the identity of CRCs who complete the survey instruments. An honest broker will be hired by the researcher to de-identify the data. The results of the surveys will be tabulated and stored in a secure password protected computer to maintain confidentiality. The voluntary participants will be given 30 days to complete the survey and inventory. In an attempt to increase the response rate, completion reminder emails will be sent after two weeks of receipt of the original email and again after three weeks of receiving the original email. Once the researcher receives the surveys and inventories, the results will be tabulated and analyzed statistically.

## **Instruments**

### **Workplace Psychologically Violent Behaviors (WPVB)**

The Workplace Psychologically Violent Behaviors Instrument (WPVB) is an instrument designed to determine nurses' perceptions of psychologically violent behaviors they are exposed to in the workplace (Yildirim & Yildirim, 2008). The instrument is comprised of 33 items categorized under four group headings of distinct violent psychological behaviors.

According to Yildirim and Yildirim (2008), the subgroups' "internal consistency reliability were measure using Cronbach's alpha coefficient" (p. 1366). The total of Cronbach's alpha internal consistency value is 0.93 and all items were found to have a statistically significant correlation ( $p < 0.01$ ). "The Cronbach's alpha expresses whether the instrument contains items that are consistent with each other and contain the same characteristics. A Cronbach's alpha level greater than 0.80 is very adequate" (Yildirim & Yildirim, 2008, p. 1367). The Pearson's correlation coefficient was also examined for test/re-test analysis. Yildirim and Yildirim found that the "Pearson correlation coefficient values through test –retest techniques were found to be 0.88 for 'individual's isolation from work', 0.86 for 'attack on professional status', 0.78 for 'attack on personality', 0.70 for 'direct attack,' which show that the WPVB has internal consistency and continuity" (p. 1366). "Construct validity was tested in the WPVB by utilizing the Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy test, which resulted 0.962 that was used in four factor analysis and were seen to be homogeneous" (Yildirim & Yildirim, 2008, p. 1366). "The four – factor construct of the instrument contains 11 items related to 'individual's isolation from work' (Cronbach's  $\alpha = 0.91$ ), nine items related to 'attack on professional status' (Cronbach's alpha 0.90), the nine items related to 'attack on personality' (Cronbach's alpha 0.87) and four items related to 'direct attack' show to have quite high levels of internal consistency" (Yildirim & Yildirim, 2008, p. 1368). The participants will be requested to answer the 33 item survey by the frequency of exposure of the behaviors within the last 12 months. A six-point Likert scale will be used to determine the frequency as follows: 0 = I have never faced, 1 = I have faced once, 2 = I face this sometimes, 3 = I have faced several times, 4 = I frequently face this, 5 = I constantly face this.

Individuals who receive a score from the scale divided by the number of items (total score/33) that is one or greater can be said to have faced intentional workplace mobbing behaviors (Yildirim & Yildirim, 2007).

### **Beck Depression Inventory®-II (BDI®-II)**

The Beck Depression Inventory® – II (BDI®-II) consists of 21 items to assess the intensity (level) of depression, which is in line with the depression criteria of the *Diagnostic and Statistical Manual of Mental disorders –Fourth Edition* (DSM-IV). The BDI®-II is designed for normal and clinical patients, ranging in ages from 13-80 years of age. The instrument either can be self-administered or verbally administered and takes 5 minutes to complete. The instrument has four statements arranged in increasing severity about a particular symptom of depression (Beck et al., 1996). The BDI®-II is a revised edition of its predecessor the BDI, which has been in use for 35 years. The researcher will interpret the BDI®-II by adding up the scores for each of the 21 items, tabulating the selected number to the left of each question corresponding with the participants answer. The highest score for the BDI®-II is 63 and the lowest score is zero. According to Beck et al. (1996), cut score guidelines for the BDI-II are given with the recommendation that thresholds be adjusted based on the characteristics of the sample, and the purpose for use of the BDI-II. Total score of 0-13 is considered minimal range, 14-19 is mild, 20-28 is moderate, and 29-63 is severe. Levels of interpretation in levels of depression range from 0-10, interpreted as “these ups and downs are considered normal,” to over 40 interpreted as “Extreme depression” (Beck et al.,1996). The researcher decided to use the BDI®-II due to the strengthened validity. The instrument is considered very reliable with a high coefficient alpha (.80); its construct validity has been established and can differentiate between depressed and non-depressed patients, according to Beck et al., (1996).

Construct validity was strengthened in the BDI®-II, by rewording the instrument to conform closely to the language and symptoms of depression listed in the DSM-V. Beck et al. (1996) established factorial validity by inter-correlations of the sample responses received from administering the BDI®-II and the BDI-1A to a sample of patients. The comparison of mean differences reflected that the BDI®-II scores were 3 points higher than the BDI-1A, which strengthened convergent validity (Beck et al., 1996). Although, the instrument is very reliable and valid, the BDI®-II has its limitations. Beck et al. (1996) report that the instrument is not intended to be used as a sole instrument of diagnosis of depression. Basically, the BDI®-II is best used to determine the presence and severity of symptoms of depression that coincides with the DSM-IV (Beck et al., 1996).

### **Sample Selection and Size**

The researcher will survey a random selection of 1000 CRCs certified and registered through the CRCC. The researcher will request a random sample of CRCs' email addresses to participate voluntarily in this study. The researcher will use the *Application for use of Information from the CRCC Database for Research Project* located in Appendix A. The CRCs will be sent an invitation to participate in this study through email and will be provided with the information regarding this study and the time commitment. The email will contain both the Survey Monkey link containing the WPVB and the BDI-II link in the body of the email. Another researcher will compile the results who will de-identify the names and replace with a numerical code. This will allow for confidentiality between the results of the survey and the names of the participants. The participants will be given 30 days to complete the survey and inventory. Participants will be provided with two reminders after the surveys are distributed.

## **Recruitment of Subjects**

Participants will be provided a link to a Survey Monkey to complete the Workplace Psychologically Violent Behaviors Instrument (WPVB) survey located in Appendix B and the Beck Depression Inventory II® (BDI-II), located in Appendix C. All participants will be required to check the box on the informed consent form. All subjects will be required to check a box that acknowledges that they understand the informed consent involved with the study and the explanation of how the data will be kept confidential. This informed consent will be contained in the email that they will be directed to, when they enter Survey Monkey following completion of the survey. An honest broke will code the results to de-identify the data prior to the principal investigator seeing the results. This data will then be stored in a secure password protected computer and destroyed after the data is analyzed

## **Informed Consent Procedures**

Participants in the study will be provided with an informed consent form that will describe the reason for the study and how the data collected will be used. The informed consent form states, using clear language, that all research subjects will be required to check (X) prior to completing the Workplace Psychologically Violent Behaviors Instrument (WPVB) and Beck Depression Inventory II® (BDI-II) survey.

## **Collection of Data and Method of Data Analysis**

The results of the WPVB will be kept in a securely locked file cabinet and strict confidentiality will be maintained. The coding system will use numbers or letters to track the data results; names and email addresses will be deleted. The participant's names will not be published. Qualification level for administering the BDI®-II is level B.

This researcher is qualified to administer the BDI®-II according to level B qualifications which includes a master's degree in psychology, education, occupational therapy, social work, or in a field closely related to the intended use of the assessment, and formal training in the ethical administration, scoring, and interpretation of clinical assessments, or certification by or full active membership in a professional organization (such as ASHA, AOTA, AERA, ACA, AMA, CEC, AEA, AAA, EAA, NAEYC, NBCC) that requires training and experience in the relevant area of assessment, or A degree or license to practice in the healthcare or allied healthcare field. The researcher possesses a Master's Degree in Rehabilitation Counseling and a License in Professional Counseling from the Commonwealth of Pennsylvania. In addition, the researcher has a full membership to the American Counseling Association (ACA). To administer and score the instrument, a Q-global account will be used in administering and scoring the BDI®-II. The researcher will complete the four training modules provided on the Pearson website: (<http://www.pearsonclinical.com/psychology/products/100000159/beck-depressin-inventoryii>). Once the account is set up, the researcher can purchase the BDI®-II by amount of usages. The Q-global account will provide a confidential link to each participant in the study to complete the BDI®-II. The scoring will be completed through the Q-global account and interpreted through T scores.

The statistical procedures used for each hypothesis are described below:

Hypothesis 1: There is a prevalence of workplace bullying among CRCs. The researcher will use descriptive statistics to determine the prevalence (mean, mode, median). Research question 1 is exploratory in nature seeking to describe the prevalence of the phenomenon. Therefore, no hypothesis is required. This question was answered utilizing descriptive statistics.

Hypothesis 2: There is a statistically significant relationship between gender and the perception of WPB among CRCs. The statistical procedure that will be used is an independent t test to compare the two variables.

Hypothesis 3: There is a statistically significant relationship between level of education and perceived experience of WPB in CRCs. The statistical procedure that will be used is an independent t test to compare the two variables.

Hypothesis 4: There is a statistically significant relationship between the presence of supervisory duties and CRCs experiencing perceived WPB. The statistical procedure that will be used is an independent t test to compare the two variables.

Hypothesis 5: There is a high incidence of depression as defined by the BDI-2 in the population of CRCs. Research question 5 is exploratory in nature seeking to describe the incidence of depression among this population of CRCs.

Hypothesis 6: There is a statistically significant relationship in gender when analyzing the t scores for the BDI-2. The statistical procedure that will be used is an independent test to compare the two variables.

The statistical analysis of the information will be conducted by using the SPSS program PASW® Statistic Grad Pack 17.0 for Windows (SPSS, Inc. Chicago IL. 2009). The Workplace Psychologically Violent Behaviors Instrument (WPVB) is analyzed by taking the total score of the 33- item survey by the frequency of exposure of the behaviors within the last 12 months. A six-point Likert scale will be used to determine the frequency of scores for all 33 items, which are added together to determine the total score which is then divided by the total number of items (total score/33).

The BDI®-total score is calculated by adding up the scores for each of the 21 items tabulating the selected number to the left of each question corresponding with the participants answer. The analysis of variance will be used to determine if there are statistically significant interactive factors between these two variables such as gender, supervisory levels, and level of education. The researcher will be using descriptive statistics including frequency, percentage, mean, and mode. When the subject receives the email, the subject first will agree to participate in the study by clicking yes that they understand the implications of the study. They then will be directed to enter the Survey Monkey where they then will complete the WPVB instrument. In the same email the subject will be directed to a URL to the researchers Q- global account. The subject then will enter his or her coding number to complete the BDI®-II.

After completing these instruments, the subject will be instructed to delete the email. The data will be coded using the system so that both instruments will be connected according to subject code and data generated. The principal investigator will be blinded to the subject name and the subsequent data generated.

### **Emphasize Issues Relating to Interactions with Subjects and Subjects' Rights**

Participants in this experiment are main stakeholders; they are CRCs who may benefit from the results of this research. Some of the questions in the BDI®-II ask the participant what their feelings have been during the past two weeks and are geared toward determining depression. While some of the questions relate topically to depression and suicide, a CRC is at no greater risk while taking the survey than during normal day-to-day activity. CRCs assist individuals with adjusting to their disabilities daily and often must ask clients if they are depressed or suicidal. Additionally, CRCs are under no greater stress than they are normally experiencing if they are positive for being a target of workplace bullying.

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## **Appendix B**

### Workplace Psychologically Violent Behaviors Survey Citation

## **Appendix B**

Yildirim, D., & Yildirim, A. (2008). Development and psychometric evaluation of workplace psychologically violent behaviours instrument. *Journal of Clinical Nursing, 17*(10), 1361–1370.

## **Appendix C**

Citation for BDI®-II

## **Appendix C**

Beck, A. T., Steer, R. A., & Brown, G. K. (1996). Beck depression inventory-II. San Antonio, TX: Psychological Corporation, 78204 –2498.

## **Appendix D**

Duquesne University Informed Consent and Confidentiality Forms

Appendix D

# DUQUESNE UNIVERSITY

600 FORBES AVENUE ♦ PITTSBURGH, PA 15282

## CONSENT TO PARTICIPATE IN A RESEARCH STUDY

**TITLE:** Workplace bullying in Certified Rehabilitation Counselors  
and levels of depression as measured with the BDI®-II and  
WPVB

**INVESTIGATOR:** Mary R. Shuma Rudberg, CRC, LPC, CAADC  
School of Education/*The Executive Counselor Education  
and Supervision, Ph.D Program*  
[rudbergm@duq.edu](mailto:rudbergm@duq.edu)  
304-xxx-xxxx

**ADVISOR:** (if applicable) Dr. Lisa Lopez Levers  
School of Education/*The Executive Counselor Education  
and Supervision, Ph.D Program*  
[levers@duq.edu](mailto:levers@duq.edu)  
412-xxx-xxxx

**SOURCE OF SUPPORT:**

This study is being performed as partial fulfillment of the requirements for the doctoral degree in School of Education at Duquesne University.

**PURPOSE:**

You are being asked to participate in a research project that seeks to investigate if the experiences of workplace bullying in CRCs and CRCs incidences of depression.

**PARTICIPANT**

In order to qualify for participation, you must be: A CRC as registered by the Commission on Rehabilitation Counselor Certification

**PROCEDURES:**

To participate in this study, you will be asked to: To complete the Workplace Psychologically Violent Behaviors Survey and the Beck Depression Inventory -II® (BDI®-II). Participants will be sent an email with a synopsis of the study, informed consent, and confidentiality statement. Participation is completely voluntary. Specifically, participants are asked to complete two surveys. The first survey is the Workplace Physiologically Violent Behaviors Survey (WPVB). The WPVB consists of 33 items regarding violent behaviors that in the workplace. They are requested to determine the frequency of exposure on a six-point Likert scale. The WPVB will be entered into Survey

Monkey and the participants will be provided with a link to the survey in the initial email. Additionally, participants will be provided a link to the BDI®-II, through Q-Global. Q-Global will provide the link to the BDI®-II and will also score the inventory. Investigator will retrieve the information and scores through a purchased Q-Global account. Participants are only requested to take the WPVB survey and BDI®-II, once. The WPVB will take approximately five to ten minutes to complete and the BDI®-II takes approximately five minutes to complete. These are the only requests that will be made of you.

**RISKS AND BENEFITS:**

*Describe all risks and benefits for participating in this study.* There are minimal risks associated with this participation but no greater than those encountered in everyday life. By participating in this study, the CRC will be giving back to their profession by providing their input on a frequently arising phenomenon.

**COMPENSATION:**

There will be no compensation for participation in this study.

Participation in the project will require no monetary cost to you.

**CONFIDENTIALITY:** Your participation in this study and any personal information that you provide will be kept confidential at all times and to every extent possible. Your name will never appear on any survey or research instruments. All written and electronic forms and study materials will be kept secure. Your response(s) will only appear in statistical data summaries. Any study materials with personal identifying information will be maintained for three years after the completion of the research and then destroyed.

**HIPAA AUTHORIZATION:** You understand that by participating in this study, you are giving us permission to use your personal health information in your medical record and information that can identify you. The health information procedures in this study are HIPAA compliant. Any health protected information obtained will be stored by the researcher for six years after the completion of the study.

**RIGHT TO WITHDRAW:** You are under no obligation to participate in this study. You are free to withdraw your consent to participate at any time by not participating in the study.

**SUMMARY OF RESULTS:** A summary of the results of this research will be supplied to you, at no cost, upon request.

**VOLUNTARY CONSENT:**

I have read the above statements and understand what is being requested of me. I also understand that my participation is voluntary and that I am free to withdraw my consent at any time, for any reason. On these terms, I certify that I am willing to participate in this research project.

I understand that should I have any further questions about my participation in this study, I may call Mary R. Shuma Rudberg at 304-xxx-xxxx and Dr. Lisa Lopez Levers at 412-xxx-xxxx. Should I have questions regarding protection of human subject issues, I may call Dr. David Delmonico, Chair of the Duquesne University Institutional Review Board, at 412-xxx-xxxx.

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Participant's Signature

---

Date

---

Researcher's Signature

---

Date

## **Appendix E**

### Recruitment Email

## **Appendix E**

### Recruitment Email

Dear Colleagues:

My name is Mary Shuma Rudberg and I am a doctoral candidate in the Counselor Education and Supervision program at Duquesne University in Pittsburgh, PA. This email is an invitation for you to participate in a study that will investigate workplace bullying and levels of depression in Certified Rehabilitation Counselors, as measured by the BDI®-II and the WPVB.

To qualify for participation, you must be:

A Certified Rehabilitation Counselor as registered by the Commission on Rehabilitation Counselor Certification. You have been identified as a viable candidate for volunteer participation.

There are minimal risks associated with this participation, but no greater than those encountered in everyday life. If you agree to participate in the study, please open and read the consent form attached to this email and mark an “X” next to Participants consent below indicating your agreement to participate. While there may be no direct benefits to you, the information collected from this study can be used to provide awareness, education, and prevention-based strategies in the field of rehabilitation counseling. You are being asked to complete two surveys. The first survey is the Workplace Psychologically Violent Behaviors Survey (WPVB) and will take 5-10 minutes to complete; the second survey is the Beck Depression Inventory II, which will take approximately 5 minutes to complete. The WPVB link is attached below, however, you will receive a separate invitation from q-global to complete the BDI®-II.

Your participation in this study and any personal information that you provide will be kept confidential to every extent possible. To ensure that confidentiality is maintained, an honest broker will de-identify each subject's name and replace it with a numerical code. All written and electronic forms and study materials will be kept secure through a password protected computer. Your response(s) will only appear in statistical data summaries. Any study materials with personal identifying information will be kept in a locked file cabinet in my home and password secured on my computer for at least five years after completion of research. A coding system will be employed, using numbers or letters to track the data results, and the names will be deleted. The results of the research may be published in a professional journal or presented at professional meetings; however, the participants' names will never be used or published.

You are under no obligation to participate in this study. You are free to withdraw your consent to participate at any time. This study is completely online and electronic. Your "X" next to Participant's consent below will be used as identification of informed consent.

Participant's consent \_\_\_\_\_

Once you complete both surveys, you may choose to enter your name in a drawing to win a \$100.00 Starbucks gift card. If you would like for your name to be entered in this drawing, please provide your name and address in a separate email, with "Starbucks Drawing" in the subject line, to the researcher (maryshuma@yahoo.com). This information will not be used in the collection of any data and is only used as an incentive to participate in this study.

This study has been approved by the Duquesne University Institutional Review Board (IRB) and is under the supervision of my dissertation chair, Dr. Lisa Lopez Levers, who can be reached at levers@duq.edu. Feel free to contact either of us with any questions.

To access the SURVEY 1 WPVS, please click:

Workplace Psychologically Violent Behaviors Survey



Workplace Psychologically Violent Behaviors  
Survey

Web survey powered by SurveyMonkey.com.

Create your own online survey now with

SurveyMonkey's expert certifi...

To access the BDI®-II, SURVEY 2 you will be sent a separate email titled “Invitation to complete Questionnaire,” from q-global@pearson.com. Q-global will provide you with a link to access the BDI®-II.

Sincerely,

Mary R. Shuma Rudberg, MS, CRC, LPC, CAADC  
rudbergm@duq.edu  
Duquesne University  
600 Forbes Avenue  
Pittsburgh, PA. 15282

1 Attachment  
Download  
2017-01-01 Consent Form Stamped .pdf