



## Can workplace bullying cause cardiovascular disease?



It has already been established that adverse psychosocial working conditions including factors such as excessive job-strain, an imbalance between effort and reward, and long working hours increase the risk of cardiovascular disease (CVD). However, it still remains unclear whether other workplace stressors such as bullying and violence are also risk factors for CVD.

Workplace bullying refers to repeated or enduring psychologically aggressive behaviour at work while workplace violence refers to the use of physical force or threat. Both are known to contribute to lowered self-esteem and loss of coping resources. In some individuals, constant exposure to these elements triggers a range of coping-oriented behavioural changes such as overeating or excessive consumption of alcohol.

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Studies indicate that bullied individuals are three times more likely to be depressed. In addition, people exposed to workplace violence are more prone to demonstrate and have feelings of anger. Both bullying and violence can lead to anxiety.

It has long been hypothesised that these coping-oriented behaviours and negative emotions can increase the risk of CVD as well as other physiological reactions such as increased blood pressure, increased heart rate and increased systemic inflammation level. In some people, consistent exposure can also result in reduced insulin sensitivity, increased platelet aggregation, and hypercoagulability, endothelial dysfunction, and arrhythmias.

In a recent study, researchers assessed the association between bullying and violence at work and cardiovascular disease. The study included 79,201 working men and women, aged 18-65 years of age and completely free of CVD. The participants were sourced from three cohort studies from Sweden and Denmark.

Any exposure to workplace bullying and violence was measured at baseline. Nine percent reported being bullied at work while 13% recorded exposure to workplace violence. The mean age of the study participants was 43 years.

The prevalence of bullying varied across the studies and ranged from 8 to 13% within the past 12 months. Perpetrators of bullying were mainly from within the organisation (such as colleagues, supervisors or subordinates).

The prevalence of workplace violence ranged from 7% to 17% across the cohorts within the past 12 months.

Those with the highest exposure to workplace violence included social workers, personal and protective service workers, healthcare professionals and teaching professionals. Perpetrators of workplace violence were primarily from outside the organisation (mainly clients).

Findings from this analysis clearly show support for the hypothesis that workplace bullying and workplace violence are associated with a higher risk of new-onset CVD. The population attributable risk (PAR) was 5% for workplace bullying and 3.1% for workplace violence. This is comparable to those for other risk factors such as diabetes (4%) and drinking (3-6%). Those exposed to these elements on a weekly/daily basis were found to be a higher risk.

This analysis sheds light on two very important contributors to cardiovascular disease. Eliminating bullying and violence could help prevent a considerable number of CVD events from happening. More research is also needed to determine whether preventive measures directed specifically at bullying and violence could help reduce CVD risk.

Source: [European Heart Journal](#)

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