

Bullying at work, health outcomes, and physiological stress response

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Abstract

The relationships among bullying or witnessing bullying at work, self-reported health symptoms, and physiological stress reactivity were analysed in a sample of 437 employees (294 women and 143 men). Physiological stress reactivity was measured as cortisol in the saliva. Of the respondents, 5% of the women ($n=15$) and 5% of the men ($n=7$) reported bullying, whereas 9% of the women ($n=25$) and 11% of the men ($n=15$) had witnessed bullying at work. The results indicated that the bullied respondents had lower social support from coworkers and supervisors, and they reported more symptoms of somatisation, depression, anxiety, and negative affect-

tivity (NA) than did the nonbullied respondents. Witnesses reported more symptoms of anxiety and lower support from supervisor than did the nonbullied employees. Concentrations of cortisol in the saliva were lower at awakening in bullied respondents compared with nonbullied respondents. Previous studies have reported lower diurnal concentration of cortisol for people with posttraumatic stress disorder (PTSD) and chronic fatigue. To our knowledge, this is the first full study on the associations among being subjected to bullying, health outcomes, and physiological stress response.

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Introduction

Bullying at work, according to most definitions, takes place when someone, repeatedly over a longer period of time (usually 6 months), is exposed to negative acts from one or several others, in a situation where he or she for different reasons may have difficulties defending him- or herself against these actions [1–3]. Bullying may take different forms. Direct bullying is aggressive acts that are aimed directly at the target, as, e.g., teasing, scolding, spreading rumours, and threats. Indirect bullying may take the form of social isolation or withdrawal of necessary information. Bullying may be work related (e.g., acts that make it difficult for the targets to do their work) or personal (e.g., offending teasing, rumours, slander, or sexual

harassment; [4,5]). One of the characteristics of bullying is the inequality in power between the perpetrator and the target [1]. Either supervisors are directly involved or the bullying takes place between coworkers, where the perpetrator, for some reason or another, is stronger than the target is. Even supervisors may be bullied by subordinates, especially if the subordinates act in groups [2,6].

The prevalence of bullying shows great variation depending on how it is measured and whether the respondent is provided with a definition of bullying. When given a definition, the prevalence mostly varies between 2% and 17% [3]. Bullying is most frequent in workplaces with a negative and stressful working environment [7,8]. In addition, targets of bullying often lack social support from coworkers and supervisors [9–11], and it has been demonstrated that perceived low social support is related to distress and burnout, for instance, in the relation between supervisors and subordinates [12,13]. This is unfortunate because a supportive work environment seems to be able to protect employees from some of the harmful effects of bullying [14,15].

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Stress reactions are known to develop when a situation is appraised as threatening and when the individual is unable to mobilize an appropriate coping response [16]. Personal dispositions may influence the individuals' appraisal of potential stressors, as well as the perceived coping ability, and thereby either intensify or minimize stress reactions (e.g., [17–19]). A personal disposition that has rendered interest in various types of stress research, including bullying, is the dimension of negative affectivity (NA), sometimes also referred to as trait anxiety or neuroticism. NA is typically conceived as the propensity to experience adverse emotions (e.g., anxiety, worry, depression, tension, stress, and low self-esteem) and may be thought to represent relatively stable differences between people. People who have a high degree of NA tend to respond to threatening and dangerous situations with elevated state anxiety reactions [20–22]. However, a person's degree of negative affect is also affected by exposure to life events [20], and measures of NA may thus, to some extent, capture external and situational influences. People who have a high degree of NA tend to respond to threatening and dangerous situations with elevated state anxiety reactions [20–22]. As such, it has been demonstrated that state NA may act as a partial mediator of the relationship between exposure to bullying and psychological health symptoms [23]. Furthermore, it has been argued that every measure of NA may have the function of a strain measure that may be influenced by work stressors [19]. Thus, individual variation in NA may be conceived as both an outcome of bullying as well as a partial mediator of the relationships between bullying and other health outcomes.

Being subjected to bullying may have severe psychological and physiological health consequences for the target. For example, a number of cross-sectional studies have found correlations between bullying on the one hand and, on the other hand, chronic fatigue, psychosomatic, psychological, and physical symptoms, general stress, and mental stress reactions [24,25]. In addition, a few cross-sectional studies [26,27] and one case-control study [28] have reported symptoms of posttraumatic stress disorder (PTSD) in targets of bullying at work. Not surprisingly, the negative effects of bullying may also alter the target's behaviour, which may be manifested in, e.g., increased sickness absence, as shown in a longitudinal study by Kivimäki et al. [30].

Nonbullied employees from workplaces where bullying takes place (witnesses of bullying) may also report significantly more general stress and mental stress reactions than do employees from workplaces without bullying [29]. They have also been reported leaving their jobs as a result of witnessing bullying [31]. Thus, bullying is not just a problem for the targets, it may also be a problem for the entire workplace and the health and well-being of the employees.

Cortisol, a marker of the hypothalamic–pituitary axis, is viewed as one of the primary stress hormones of the human organism and may be linked to health problems and disease progression. However, the literature that links cortisol with perceived mental stress under working life conditions seems

inconsistent. Both positive [32] and negative [33], as well as no associations [34] have been reported (for review, see Ref. [35]). Furthermore, it has been found that neuroendocrine changes, such as lower cortisol levels, may be associated with the underlying pathology of PTSD [36]. Only one pilot study has reported the psychobiological consequences of bullying at work to be a trend towards a slight decrease in concentration of cortisol during the workday in bullied respondents [37].

The present study aims to investigate the associations among bullying at work, self-reported health symptoms, and physiological stress response in targets of bullying and in employees witnessing bullying. In a study of employees in seven Swedish workplaces, the following hypotheses were tested:

- 1a. Employees subjected to bullying at work report more health symptoms and NA than do other employees.
- 1b. Employees witnessing bullying at work report more health symptoms and NA than do other employees.
- 2a. Employees subjected to bullying at work report lower support from coworkers and supervisors.
- 2b. Employees witnessing bullying report lower support from coworkers and supervisors.
3. Social support from coworkers or supervisor mediates the relationships between being bullied or witnessing bullying and health symptoms.
4. NA partially mediates the relationships between exposure to or witnessing bullying and health symptoms.
5. Cortisol in the saliva is lower in employees subjected to bullying compared with nonbullied respondents.

Materials and methods

Participants

The participants were recruited from five companies constituting seven workplaces, all located in the Southern part of Sweden: one high school, one telecommunication company (located at three different geographical positions but with similar work tasks, i.e., customer service), one regional social insurance office, one pharmaceutical company, and one wood industry. The participants from the high school were primarily white-collar workers employed as teachers ($n=112$) but encompassed also other occupational groups such as cleaners, secretaries/administrators, kitchen personnel, vocational guidance officers, and school welfare officers ($n=59$). The participants from the telecommunication company consisted of white-collar workers employed as call-center operators ($n=132$). Of these, a minor part ($n=15$) was employed via an external staffing service. The participants from the regional social insurance office were mainly white-collar workers employed as social

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