

## WORKPLACE BULLYING, NEGATIVE PSYCHOSOCIAL WORKING CONDITIONS AND MUSCULOSKELETAL SYMPTOMS IN SALESGIRLS

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### Abstract

Workplace bullying is a major concern for salesgirls which targets their daily routine life. Workplace bullying causes negative psychosocial working conditions which impact their work performance and health and these effects on health lead to musculoskeletal symptoms like consistent headache, backaches, pain in shoulders, arms, elbows, feet, etc. The current research was designed to investigate the relationship between workplace bullying, negative psychosocial work conditions, and musculoskeletal symptoms in salesgirls (N=200). The study also examines the predicting role of workplace bullying and negative psychosocial work conditions on musculoskeletal symptoms and mediating role of negative psychosocial working conditions. The non-probability purposive sampling technique has been used to collect data. The correlational research design was used. Analysis was conducted on SPSS by using a sample of N=200 salesgirls with an age range of 20-35 years (Mage = 24.6). Negative Act Questionnaire (NisrineMakarem, 2018), Job Content Questionnaire (Robert Karasek, 1979), and Nordic questionnaire (Kuorinkaet, 1987) were used in this study. Results indicated that there is a positive relationship between workplace bullying, negative psychosocial workplace bullying, and musculoskeletal symptoms which means that if workplace bullying is increasing in salesgirls then musculoskeletal symptoms will be increased in salesgirls. Furthermore, workplace bullying and psychosocial negative work conditions are positive significant predictors of musculoskeletal symptoms. Moreover, negative psychosocial working conditions play mediating role in the relationship between workplace bullying and musculoskeletal symptoms. The findings of the study can provide guidelines for the organizations like malls especially when employees recruit staff and to employees that how they can control such tendencies causing stress and musculoskeletal symptoms.

**Keywords:** Workplace bullying, Psychosocial Work Conditions, Musculoskeletal Symptoms, Sales Girls

## 1. INTRODUCTION

This research was designed to find out the relationship between workplace bullying, psychosocial working conditions, and musculoskeletal symptoms in salesgirls. The need to investigate bullying in women was inspired by studies over the last thirty years that this is a debilitating and careful considering social issue for workers and organizations (Nielsen & Einarsen, 2012). Although predominance levels range of bullying in women between 2 to 27 percent emotional and psychosocial consequences for workers can be very severe and it is the responsibility of the organizations where such bullying exists to tackle those (Neilsen&Einarsen, 2012). Workplace bullying is described as an infant type of violence in which direct actions contribute to the systematic degrading care and lack of consideration of an employee (Einarsen, Hoel&Neilsen, 2005). Workplace bullying is social behavior wherein offenders use communication both verbal and non-verbal characterized by negative and violent elements directed toward the person being aimed at. Typical bullying at the workplace includes confrontation of verbal abuse, aggression, physical harassment, personal or professional assaults, disruption of one's job, social alienation from the rest of one's job community, spreading gossip about oneself, or being a "Laughing stock" through subjection to humiliating and denigrating verbal or physical actions (Neilsen&Knardahl, 2015).

Nielsen and Knardahl (2015) draw a distinction between goals and target victims subjected to harassing actions without feeling genuinely endangered and abused, while the victims feel threatened beyond their capacity to deal with the danger and defend themselves. Workplace bullying is intended to occur fairly regularly and over time, which is a persistent stressor, with frequent exposure rendering it difficult for the targeted person to protect themselves from the impact of these behaviors (Einarsen, Hoel, Zapf & Cooper, 2005).

Agervold and Mikkelsen (2004) stated that workplace bullying of women can decrease their mental well-being, elevated levels of anxiety and apprehension, decreased self-esteem, decreased self-efficacy, and diminished motivation. Bullying has even been implicated in significant mental health conditions such as major depressive disorder, post-traumatic stress disorder symptoms, and even suicide (Rugulies et al., 2012). Psychological emotions can manifest themselves in sleep disturbances and musculoskeletal problems (Hoch, Mikkelsen& Hansen, 2011).

Clinical research has contributed to persistent bullying being implicated when coronary heart disease progresses (Nielsen, Hetland, Mathhiesen&Einarsen, 2012). Such extreme individual consequences, in effect, have troubling organizational effects, as the victim reported, job satisfaction decreased and the urge to leave increased. To the extent that women feel threatened by colleagues and managers, establishing a situation where these relationships are rife with hostile encounters, maybe a detrimental effect on the job satisfaction experience of the harassed person. The result is further compounded by the understanding of the perpetrators of their organization's lack of security environments

under which bullying occurs (Nielson & Einersen, 2012). Here, bullying victims do not earn assistance from their organization's human resources (HR) departments, even they complain, they switch from person to person. Women feel guilt, isolation, and potential relocation due to HR, in a few cases assisting the bullying rather than the victim. Victims also withdraw from their positions in these untenable circumstances. In addition, harassed individuals may participate in increased physical or mental absenteeism or prevent exposure to incidents of bullying. They may also demonstrate less organizational commitment, particularly when they feel that the organization did not do anything to shield them and due to these psychosocial stressors, the health of working women gets damaged which resulted in poor performance in the workplace (Balducci, Allfano & Fraccaroli, 2015).

As a result of psychosocial stressors, women get musculoskeletal symptoms which resulted in lower work satisfaction and organizational engagement, and more absenteeism will adversely impact the company by reducing employee productivity. Owing to feelings of inadequacy and constant security, victims can put less effort into this. Likewise, turnover affects the outcome of performance. Low performance due to absenteeism and attrition and potential litigation expenses related to unreasonable or malicious dismissals may be considered significant economic expenses for the company overall (Turney, 2003). Therefore, the number of repercussions is vast and the detrimental implications of bullying act as more proof that both people and organizations, in the long run, suffer from bullying.

Various studies have confirmed that making stress and mental illness worse are potential psychological effects of occupational bullying, within two years (Lahelma et al., 2012, Finne et al., 2011). Researchers have shown the effects of sleep disruptions, depression and anxiety, female exhaustion and loss of men's vigor, severe depression, mood anxiety and adjustment disorders, and even suicide by exhausting work (Routlry & Ozabbe-Smith, 2012).

Studies reported a variety of medical/psychological effects of workplace bullying as well. Which include: backaches, musculoskeletal symptoms, acute pain, fibromyalgia, and cardiovascular disease (Kivinaki et al., 2003). Apart from the emotional/psychological and medical effects of workplace bullying, social implications often occur. Those have an application rise in absenteeism because of sickness, a more probability of more absents due to maternity leave, and higher unemployment rates due to work losses or voluntary resignation (MacIntosh, 2012).

Though a wide range of research has shown that bullying has an immediate impact on the person and organizational productivity, the bullied person's ability to cope may help to regulate the association between bullying, person, and organizational outcomes (D'Cruz & Noronho, 2010). Neilsen and Einersen (2012) noted the outcomes of bullying differ between people, with the type and intensity of post-exposure responses depending on the complex interplay of incident dynamics, individual perception, and mechanisms of coping. Coping is characterized as the cognitive persistent and behavioral efforts to

handle concrete requirements or threats that the individual perceives as taxing or exceeding resources.

Bullying at work involves bullying, insulting, socially excluding others, or harming the work activities of others. It is a slow process in which an individual is exposed to psychological violence in indirect and in subtle forms (Einarsen et al., 2011). Emotional intelligence in perceiving, communicating, and knowing emotions and to be the ability to monitor them, within us and others (Salovey and Mayer, 1990). Different models explained the emotional intelligence construct (Cherniss et al., 2006). Research scholars also emphasized that it requires a range of skills and competencies that can be built over a lifetime (Goleman, 2001). Longitudinal research at the Weatherhead School of Management has described, according to Boyatzis (2001) that people can build and improve their emotional intelligence competencies over 2-to 5 years.

Understanding what promotes and what prevents emotional intelligence from improving is significant since evolution appears to be related to both an individual and an organization's success. Emotionally intelligent people and workers contribute to the success of an organization, service quality, successful recruiting, holding off, dedication, morality, and well-being, Cherniss, and Goleman (2001). In developing countries, extreme musculoskeletal causes serious health issues, responsible for a large number of missing working days and extensive employee compensation and disability payments (Bongers, 1993). In all demographic studies and clinical populations of pain victims, reduced sleep is attributed to extreme pain (Menefee et al., 2000). Unusually, pain causes unusual sleep patterns. Hence, sleep insomnia with certain health issues is a major concern because a disturbed sleep cycle can cause multiple psychological disorders (Zee & Turek, 2006). In a prospective study, where patients with fibromyalgia have self-ratings of sleep and pain, it was found that certain nights with bad sleep were accompanied by days with better pain and vice versa (Affleck, Urrows, Tennen, Higgins & Abeles, 1996).

The study showed that work-related mechanical trauma was correlated to a high risk of experiencing shoulder and neck pain for a follow-up of one year (Ostergen, et al., 2005). It was also true for work pressure (high demands for psychological employment and low flexibility for career decisions) in females but not in males. In various studies, it has been shown that work-related stress is associated with sleep problems (Ota et al., 2005). If, as happens in increasing numbers, sleeping is considered the main factor in the rehabilitation of physiology (Akerstedt & Nilsson, 2003), there are chances of sleeping problems may constitute and the relationship between the causes and leading towards work strain to chronic muscle pain. Workplace bullying and negative psychosocial working condition lead to musculoskeletal symptoms like body aches, headaches, joints pain, pain in the backbone, ankle, feet, shoulders, elbow, etc.

So, the purpose of conducting this study is to infer whether there is a relationship between workplace bullying, negative psychosocial work conditions, and musculoskeletal symptoms in salesgirls. In the present era, women are working with men in different

organizations to support their families, which is a necessity in present era to meet with challenges of life. In this way, women have to work to lead their families and in working places, they used to face bully which makes them affect psychologically and physically but still they have to work there. They are facing negative psychosocial work conditions like job strain which resulted in stress, anxiety, depression, and headaches.

## 2. METHODOLOGY

Quantitative research, with a correlational research design, was conducted to investigate the relationship between workplace bullying, negative psychosocial work conditions, and musculoskeletal symptoms in salesgirls. A total of N=200 participants were recruited by G-power analysis, from different shopping malls in Lahore, via a non-probability purposive sampling strategy. All participants were salesgirls in the mall with an age range of 20 to 35 (Mage= 24.6). Demographics, Negative Act Questionnaire (NisrineMakarem, 2018) consisted of 22-items and its Cronbach alpha reliability is .90, Job Content Questionnaire (Robert Karasek, 1979) consisted of 22-items and its Cronbach alpha reliability is .89 and Nordic questionnaire (Kuorinkaet, 1987) consisted of 28-items and its Cronbach alpha reliability is .93, were used. Foremost, a pilot study (n=20) was conducted on sales girls from different shopping malls in Lahore, however, the data of 200 participants were retained for this research. Participants were enquired about workplace bullying, negative psychosocial working conditions, and musculoskeletal symptoms through the questionnaire that how they get bullied by their customers and management staff.

Demographics of the study illustrate that the Mean age of the participants was 24.6 with a Standard Deviation of 2.11. Participants included 200 females. Most of the participant's qualification was graduation. Most participants were Muslim and belonged to middle-class families and the nuclear family system. Most of the participants were unmarried (66%) and most of them were working there for the last 13-18 months for 9 hours per day.

Psychometric properties of the scales were found through reliability analysis. The results show a high-reliability co-efficient of negative act questionnaire revised (NAQ-R) Scale  $\alpha = .90$ , Job Content Questionnaire (Robert Karasek, 1979)  $\alpha = .85$  and Nordic questionnaire  $\alpha = .94$  which indicated that all scales are highly reliable.

**Table 1: Pearson Product Moment Correlation Analysis between Study Variables (N= 200)**

Variables	N	M	SD	1	2	3	4	5	6
1. Negative Acts at workplace	200	75.8	7.59	-	.295**	.250**	.191**	.197**	-.097
2. Negative Psychosocial working conditions	200	40.7	4.55		-	.055	.007	.106	-.072
3. Musculoskeletal symptoms	200	47.8	2.90			-	.814**	.769**	-.416**
4. Musculoskeletal symptoms (12 Month trouble)	200	18.3	2.04				-	.489**	-.524**
5. Musculoskeletal symptoms (7 days trouble)	200	16.1	2.59					-	-.751**
6. Musculoskeletal symptoms (12 months prevention to trouble)	200	13.3	1.81						-

Note. \*\*= $p < 0.01$ , \*= $p < 0.05$ , N = total no. of participants, M = mean, SD = standard deviation

Table 1 demonstrated a significant positive correlation between workplace bullying, negative psychosocial working conditions, and musculoskeletal symptoms in working women which indicates that if workplace bullying will be increases so, the negative psychosocial working conditions will also increase which will cause more musculoskeletal symptoms in working women.

**Table 2: Predictors of Musculoskeletal symptoms in working women (N=200)**

			Musculoskeletal Symptoms Model		
Variables		B	B	S.E	95% C.I
Constant		35.72***		3.17	29.4-41.9
Workplace Bullying		.11	.29	.02	.05-.16
Psychosocial Work conditions		.09	.14	.04	.00-.18
R <sup>2</sup>	.07				
ΔR <sup>2</sup>	.08				

Note. \*= $p < 0.05$ , \*\*= $p < 0.1$ , \*\*\*= $p < 0.001$ , CI= confidence interval, B= Unstandardized Regression Coefficient, β= Standard Regression Coefficient, ΔR<sup>2</sup>=Change in R<sup>2</sup>, CI= Confidence Interval.



Table 2 depicted that workplace bullying and psychosocial work conditions in working women are significant predictors of musculoskeletal symptoms. This shows that an increase in workplace bullying and psychosocial work conditions cause musculoskeletal symptoms. The two predictor model was found to be significant ( $F(2,197) = 8.606$ ,  $p < .000$ ). The model explains 7.1% of the variance (Adjusted  $R^2 = .071$ ) in musculoskeletal symptoms. The value of  $R^2$  change is .08.

In the first step path 'a' was tested and revealed a significant positive association between Workplace bullying (independent variable) and psychosocial work conditions (mediator). It was found that increase in Workplace bullying results in an increase in disturbance of psychosocial work conditions. Findings showed that there was a significant indirect effect of Workplace bullying on Psychosocial work conditions, the coefficient (Workplace bullying and Psychosocial working conditions) was significant,  $B = -.177$ ,  $SE = .04$ ,  $95\%CI = -.2573 - -.0967$

**Table 3: Association of Path 'a' (Independent variable with Mediator)**

Dependent Variable	Workplace Bullying (Independent Variable)				
	R	$R^2$	B	t (198)	P
Psychosocial Work Conditions	.29	.08	-.177	-4.34	.00***

Note.  $p^{***} < .001$ , R = Correlation,  $R^2$  = Adjusted R square, t = test statistics, B = unstandardized Coefficient

### Model

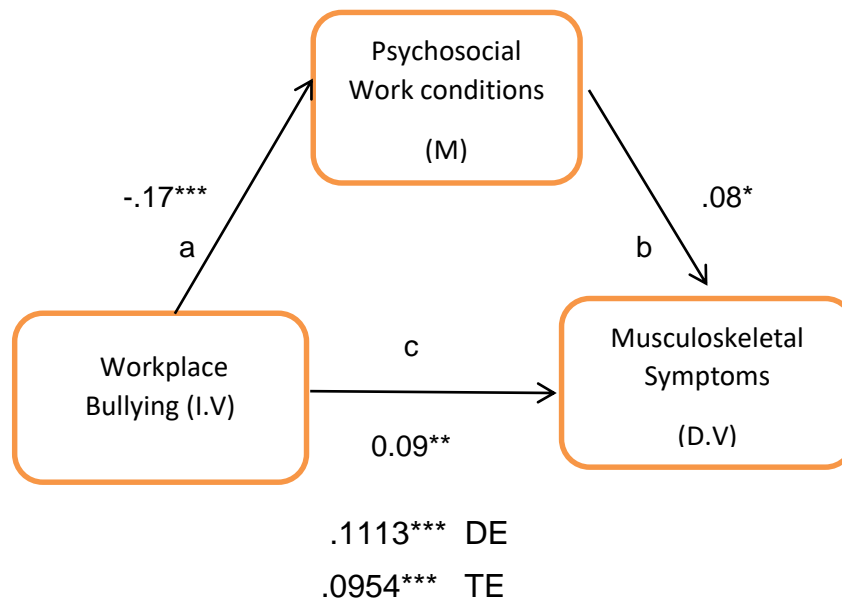


Figure1: showing results of PROCESS when hypothesis model was tested, with psychosocial work conditions as mediator between workplace bullying and musculoskeletal symptoms.

Note. DE= Direct Effect, TE=Total Effect, a=path a, b=path b and c=path c.

In the second step path 'b' was tested and revealed a significant association between psychosocial work conditions (mediator) and musculoskeletal symptoms (dependent variable). It was found that an increase in psychosocial work conditions increases musculoskeletal symptoms. Findings showed that there was a significant indirect effect of workplace bullying on musculoskeletal symptoms through psychosocial working conditions, the coefficient (psychosocial work conditions and musculoskeletal symptoms) was significant,  $B = .08$ ,  $SE = .04$ ,  $95\%CI = .0002 - .1796$ .

In the third step path 'c' was tested and revealed a significant positive association between workplace bullying (independent variable) and musculoskeletal symptoms (dependent variable). It was found that increase in workplace bullying results in an increase in musculoskeletal symptoms. Findings showed that there was a significant direct effect of workplace bullying on musculoskeletal symptoms, the coefficient (workplace bullying and musculoskeletal symptoms) was significant,  $B = .09$ ,  $SE = .02$ ,  $95\%CI = .0435-.1473$ .

**Table 4: Association of Path 'b' (Mediator with Dependent Variable)**

Independent Variable	Musculoskeletal Symptoms (Dependent Variable)				
	R	R <sup>2</sup>	B	t(197)	P
Psychosocial Work Conditions	.28	.08	.08	1.96	.05*

Note.  $p < .05$ , R= Correlation, R<sup>2</sup>=Adjusted R square, t=test statistics, B=unstandardized Coefficient

### 3. DISCUSSION

The aim of conducting research was to find out the relationship between workplace bullying, psychosocial work conditions, and musculoskeletal symptoms in working women. It was hypothesized that there is a negative relationship between workplace bullying, psychosocial work conditions, and musculoskeletal symptoms in salesgirls. It was also hypothesized that workplace bullying and psychosocial work conditions are significant predictors of musculoskeletal symptoms in working women. It was also hypothesized that Negative Psychosocial work conditions are likely to mediate on the relationship between workplace bullying and musculoskeletal symptoms in working women. This chapter discusses the major findings of the research. These findings have been discussed in the same order, the hypotheses are presented.



The workplace bullying, psychosocial work conditions, and musculoskeletal symptoms in working women were assessed and the results showed that the salesgirls have more musculoskeletal symptoms due to workplace bullying and psychosocial work conditions. It was hypothesized that musculoskeletal symptoms are correlated with workplace bullying and the findings of this study revealed that workplace bullying and musculoskeletal symptoms have a significant correlation. The findings of a study conducted by Malinauskiene and Jonutyte (2008) were consistent with the current study as they observed that bullying sensitivity was strongly related to the cumulative assessment of musculoskeletal symptoms. Parkes, Carnell, and Farmer (2005) conducted a study to assess the relationship between assessments of psychosocial function and musculoskeletal disability in the neck/shoulders rear. Findings of the current study depict that assessments of psychosocial function and musculoskeletal disorders in the neck/shoulders/back were influenced by psychological distress, but the level of functional activity and physical stressors remained significant direct predictors. Psychological distress, especially anxiety, has also mediated the impact of negative affectivity on the musculoskeletal condition. The study conducted by Tuckey, Dollard, Saebel, and Berry (2010) explained that misbehaving in the workplace, like workplace bullying, emerges as a major work-related psychosocial threat that could lead to poor health for employees. The probability of two significant health problems (poor cardiovascular and mental wellbeing) related to current and past exposure to workplace negative behavior, was investigated. 251 police officers were included as participants in this research. The 12 months spaced mail survey was conducted in two stages. The findings showed the major impact of current exposure on the mental health problems predictor. So, the previous studies support the current findings.

In another study conducted by Vie, Glaso, and Einarsen (2012), a Norwegian bus company's 1024 staff reported a correlation between bullying exposure and a measure of musculoskeletal symptoms, including headache, back pain, neck ache, and pain in the hand and foot. This research's findings were also consistent with the present study as workplace bullying and musculoskeletal symptoms are significantly associated. Zirwatul Aida and Ibrahim (2012) conducted a study to examine Malaysian employee well-being predictors, whether the psychosocial work atmosphere (employment demands, job supervision, social support), organizational justice, and work-family conflict (work-to-family and work-to-work conflict) can accurately predict employee well-being (employment satisfaction, work-to-work well-being, life satisfaction, positive work-to-work conflict). The findings of the study explicit that work-related predictors (employment expectations, social support, and organizational justice) were found to be strongly related to work-related well-being: employment gratification and work-related emotional well-being. Work-family tension has been more closely linked to worked-related health.

There is a significant recognition that there is an emerging psychosocial vulnerability in the workplace with the potential to adversely impact the well-being of employees. Psychological well-being effects of bullying experience are investigated and a clear association between bullying and psychosocial stress is reported, leading to anxiety and

depression, including the emergence of major depressive symptoms (Finne, et al., 2011). This research also supports the hypothesis and findings of the present study that workplace bullying is significantly associated with psychosocial work conditions.

Vieira (2010) conducted a study whose findings also support our study that psychosocial work conditions are significantly correlated with musculoskeletal symptoms and the findings suggest that psychosocial work conditions as factors (i.e., high demands and low control) are indeed related to musculoskeletal symptoms, especially of the neck, shoulder, and back. Another research by Silverstein and Evanoff (2011) also revealed that psychosocial factors may affect musculoskeletal symptoms for example tension of the muscles or other physiological functions and reducing micro delays in the operation of the muscles and as a result, influence pain perception.

Sansone and Sansone's (2015) research findings supported our current result that workplace bullying is a significant predictor of musculoskeletal symptoms such as neck pain, abdominal pain, fibromyalgia, and cardiovascular symptoms. Parkes, Carnell, and Farmer (2005) revealed a study that supports our research's findings that psychosocial work conditions are a significant direct predictor of musculoskeletal symptoms like neck pain, shoulder pain, and back pain which are influenced by psychosocial functioning. Another study by Tuckey et al., (2010) supported our results that psychosocial work conditions are a significant predictor of musculoskeletal symptoms for the last 12 months.

Vignoli, et al., (2015) findings support our results that workplace bullying is linked to musculoskeletal symptoms (in the low back, upper back, and neck regions). The findings show that along with the clear effects of bullying, and musculoskeletal symptoms, there is a process that how workplace bullying affects psychosocial working conditions and causes musculoskeletal symptoms. Therefore, both the overt effects of bullying as a psychosocial cause and the subtle influence of psychosocial working environments that present as musculoskeletal symptoms can clarify this relationship.

Vie et al., (2012) also support our findings of mediation that psychosocial work conditions mediate the relationship between bullying and musculoskeletal symptoms even if it seems that psychosocial work is the main mediator. It is the first direct evidence of psychosocial work conditions as a mediator between bullying and musculoskeletal symptoms. Therefore, psychosocial work conditions, one of the elements to remember when we realize the adverse impact of bullying on the wellbeing of the worker is one of the elements that can notoriously affect the body, for example, by creating stress in the musculature. So, we found some evidence here for selective mediation in psychosocial working environments and bullying may have been a big risk factor for the final model examined.

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