



Exploring the relationship between workaholism and workplace aggressive behaviour: The role of job-related emotion

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ABSTRACT

Most research on workaholism has been devoted to the refinement of the construct and to the study of its psychological health correlates. In the present study, we contribute to a better understanding of the interpersonal and organizational consequences of workaholism by investigating its relationship with workplace aggressive behaviour. Drawing on well-established models of workplace aggression, we hypothesised that workaholism would be related to aggressive behaviour over and above working conditions (e.g. interpersonal conflict), which are widely known for their potential to trigger aggressive behaviour. Furthermore, we also hypothesised that job-related affective states (specifically high-arousal negative affective states) would mediate the workaholism–aggressive behaviour relationship. We tested the hypotheses in two different samples of employees ($N = 574$, and $N = 282$) by using hierarchical regression and bootstrap multiple mediation analyses. Results were in line with predictions in both samples, suggesting that workaholism is an important factor as far as workplace aggression is concerned.

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1. Introduction

The world of work has changed profoundly in recent years (Näswall, Hellgren, & Sverke, 2008). For example, there has been a progressive blurring of the boundaries between work and other life spheres, and clear role definition at work has become the exception rather than the norm. In this context, some authors (Cunningham, De La Rosa, & Jex, 2008) have argued that personal characteristics will prove to be more significant than working conditions in explaining individual reactions to work. One such personal characteristic that has received increasing attention in the last decade or so is workaholism, which was initially defined as a compulsion or uncontrollable need to work incessantly (Oates, 1968).

Most research on workaholism to date has been devoted to refinement of the construct and to the study of its health effects. Although different conceptualizations of the phenomenon exist (see McMillan & O'Driscoll, 2006), a definition that is gaining consensus emphasises two core components of workaholism: working excessively hard, and the existence of a strong and irresistible inner

drive to work (Schaufeli, Taris, & Bakker, 2008; see also McMillan, O'Driscoll, & Burke, 2003). The former refers to the behavioural and observable component of workaholism, and points to the exceptional amount of time that workaholics tend to allocate to work. The latter refers to the cognitive component of workaholism, and underlines the existence of an obsession for work – i.e. the persistent focus on work-related matters, even when the individual is not working. Furthermore, evidence is emerging that workaholism is a relatively stable individual characteristic (e.g. Burke, Matthiesen, & Pallesen, 2006).

As far as the health consequences of workaholism are concerned, research has shown that workaholism is negatively related to job satisfaction (e.g. Aziz & Zickar, 2006) and a number of health outcomes such as burnout and psychosomatic complaints (e.g. Kubota et al., 2010; Schaufeli, Bakker, Van der Heijden, & Prins, 2009).

In the present study we explore a potential correlate of workaholism that has not received attention to date, namely workplace aggression, which may be defined as physically or psychologically harmful behaviour directed toward co-workers or others in a work-related context (Schat & Kelloway, 2005). Workplace aggression, in its different conceptualizations (interpersonal deviance, counterproductive work behaviour, workplace harassment, etc.), has received increasing attention in the last decade or so (see Hershcovis et al., 2007) and there is now convincing evidence that it is a phenomenon widespread in modern work organizations

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(Barling, Dupré, & Kelloway, 2009; European Foundation for the Improvement of Living & Working Conditions, 2006).

We argue that there are strong theoretical reasons as well as some indirect empirical evidence, for a relationship between workaholism and workplace aggression. First of all, common definitions of workaholism fit well with what has been called the ‘hot temperament’ (Anderson & Pearson, 1999), defined as being high in emotional reactivity and low in self-regulative capacity, which is a risk factor for engaging in aggressive behaviour at work (e.g. Barling et al., 2009). Furthermore, models of aggressive behaviour (Neuman & Baron, 2005; Spector & Fox, 2005) emphasize the role of critical internal states, particularly high arousal negative emotions (i.e. anger and anxiety), as the immediate antecedents of aggression. These critical internal states are fuelled in part by contextual factors, among which interpersonal conflict and role stressors seem to play a prominent role (Balducci, Schaufeli, & Fraccaroli, 2011; Hershcovis et al., 2007; Spector & Fox, 2005). However, personal characteristics are also of importance (Barling et al., 2009; Hershcovis et al., 2007; Spector, 2011). Since workaholics report low subjective well-being (e.g. Schaufeli et al., 2009) it is highly likely that they will tend to experience those critical internal states which trigger aggressive behaviour more frequently (see also Clark, Lechhook, & Taylor, 2010). Finally, a recent study (Shimazu, Schaufeli, & Taris, 2010) found that workaholism was positively related to emotional discharge as a coping strategy; i.e. openly venting one’s negative emotions to others. It is possible, and indeed likely, that this discharge takes the form of aggressive behaviour.

These considerations led us to formulate and test the following hypotheses:

- (1) Workaholism would be positively related to aggressive behaviour, even after controlling for powerful contextual predictors of aggression (i.e. role conflict, role ambiguity, and interpersonal conflict – see Spector & Fox, 2005).
- (2) The experience of job-related negative emotion, particularly high arousal negative emotion (Neuman & Baron, 2005), would mediate the workaholism–aggressive behaviour relationship.

2. Materials and methods

2.1. Participants

Two different samples of participants were available for the analyses. In both cases data are based on self-report anonymous questionnaires administered during working hours. Sample 1 data were collected in a national healthcare agency in Northern Italy. A total of 574 employees participated (76.9% females). The response rate varied from 48.2% to 93.3% in the various departments. The age classes most represented were 30–39 years (37.5%) and 40–49 years (34.1%). Participants were medical doctors (6.5%), nurses (67.4%), administrative staff (24.1%), and others (e.g. personnel responsible for cleaning rooms) (2.0%). Most of the participants (94.9%) had a permanent job contract. Sample 2 data were collected in a public environmental protection agency in Central Italy. A total of 282 employees in non-managerial positions participated (response rate: 54.2%), 44.7% of whom were females. The most represented age classes were 30–39 years (34.8%) and 50–59 years (31.2%). Participants had an administrative role in 38.2% of the cases and a technical role in the remaining cases (61.8%). The job contract was of a permanent type in 78.1% of the cases.

2.2. Instruments

Workaholism was measured by using the Dutch Workaholism Scale (DUWAS; Schaufeli et al., 2008). This tool investigates the

two components of workaholism (i.e. working compulsively and working excessively) by means of ten items, examples of which are the following: “I feel that there’s something inside me that drives me to work hard” (working compulsively) and “I stay busy and keep many irons in the fire” (working excessively). Responses could range from 1 (“Never or almost never”) to 4 (“Almost always or always”). Since both components contribute to the workaholic syndrome (Schaufeli et al., 2009), an overall workaholism score was obtained. Cronbach’s alpha was adequate in both samples (.81/.82). For this and the other measures described below, the score used for the analyses was derived by computing the total scale score for each participant and then dividing the result by the number of scale items.

Role stressors were operationalized in terms of role conflict and role ambiguity. Role conflict was measured by using five items (e.g. “I receive incompatible requests from two or more people”) from the role conflict scale developed by Rizzo, House, and Lirtzman (1970). Responses ranged from 1 (“Entirely true”) to 5 (“Entirely false”), with items being reverse coded before the scale total was computed. Alpha was .70 in Sample 1 and .75 in Sample 2. Role ambiguity was measured by using five items from a scale developed by the same authors (Rizzo et al., 1970), with an example item being: “I know what my responsibilities are”. The response format was the same as for the role conflict scale. Cronbach’s alpha was .73/.76 for this scale.

Interpersonal conflict was assessed by using a 9-item version (Notelaers & Einarsen, 2008) of the Negative Acts Questionnaire-Revised (NAQ-R; Einarsen, Hoel, & Notelaers, 2009), which explores targets’ experiences of bullying behaviour – an extreme form of interpersonal conflict (Einarsen, Hoel, Zapf, & Cooper, 2011). The NAQ-R investigates how often the respondent has been subjected to a number of negative behaviours at work in the last six months, such as “You have been constantly criticized for your work and effort”. Responses varied from 1 (“Never”) to 5 (“Daily”). We obtained a Cronbach’s alpha of .82/.88 for the adopted version of the scale.

Work-related emotion was assessed by using a shortened 8-item version of the Job-related Affective Well-being Scale (JAWS; Van Katwyk, Fox, Spector, & Kelloway, 2000). The JAWS investigates the frequency of experience of positive and negative affective states associated with an individual’s work across the previous 30 days, with responses given on a 5-point scale ranging from 1 (“Never”) to 5 (“Very often”). Based on a two-dimensional model of work-related affect which builds upon the work of Russell (1980), specific subscales may be derived from the JAWS. We derived the following four 2-item subscales: high-arousal negative affect (e.g. “Anger”; r : .49/.67); low-arousal negative affect (e.g. “Pessimism”; r : .67/.75); high-arousal positive affect (e.g. “Enthusiasm”; r : .75/.75), and low-arousal positive affect (e.g. “Satisfaction”; r : .48/.47).

Aggressive behaviour was investigated by the nine items comprising the workplace bullying measure (see above), which were rewritten in terms of the actor’s perspective of aggression (e.g. “You have constantly criticized someone for his/her work and effort”). Responses varied from 1 (“Never”) to 5 (“Daily”). Cronbach’s alpha was .76/.67 for the scale. The emerged value of alpha in Sample 2 was slightly below the commonly-accepted threshold of .70; however, for less clearly delimited psychological phenomena (of which aggressive behaviour can be considered an example, see Spector et al., 2006), measurement scales which attain an alpha of .60 to .70 can be regarded as acceptable (Kline, 1999).

2.3. Analytical strategy

In order to test for the relationship between workaholism and workplace aggression (Hypothesis 1), we conducted hierarchical

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