

# Health outcomes and self-labeling as a victim of workplace bullying

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## Abstract

**Objective:** This study investigated the extent to which self-labeling as a victim of workplace bullying mediates or moderates the relationship between exposure to bullying and the target's health outcomes. **Methods:** Data were collected by means of anonymous self-report questionnaires. A total of 1024 employees in a transport organization participated in the study, among whom 116 self-labeled victims were identified. Exposure to bullying was measured by a short version of the Negative Acts Questionnaire, while the respondents' health outcomes were measured by the Bergen Health Checklist. **Results:** The findings showed that self-labeling both moderated and partially mediated the relationship

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between exposure to bullying and the targets' health. However, the moderator analyses indicate that self-labeling only acts as moderator in cases of low exposure. Intense exposure to bullying behaviors is related to increased levels of health complaints regardless of the target's subjective appraisal of being a victim or not. **Conclusion:** Self-labeling as a victim plays an important role in the victimizing process, although persistent exposure to workplace bullying seems to have considerable harmful effects on the target's health independently of whether the experience is labeled as bullying or not.

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## Introduction

Workplace bullying has been described as an important occupational stressor, affecting approximately 5% to 30% of the European workforce [1,2]. Workplace bullying is defined as a situation in which a person persistently is on the receiving end of negative actions from one or several others in a situation where the person exposed to the negative treatment has difficulties defending himself or herself against these actions [3,4]. Bullying is therefore not about isolated events or conflicts but rather about aggressive behavior that repeatedly over time is directed toward one or more employees by one or more perpetrators. Furthermore, bullying appears not to be an *either–or* phenomenon but rather a gradually escalating process where the victim faces increasingly frequent and increasingly intense aggressive acts [5]. Early in the process, the treatment may be indirect

and subtle and therefore difficult for the target to recognize and confront. Thereafter, the negative behaviors tend to become more open and direct, often leaving the target humiliated, ridiculed, and increasingly isolated [6]. Subsequently, the target becomes stigmatized and finds it more and more difficult to protect himself or herself against these increasingly harsh attacks. As a result, the target may suffer from a wide range of stress symptoms, which in turn may lead him or her to withdraw from both social and professional activities [7,8].

A number of studies have shown that workplace bullying has detrimental effects on targets' health and well-being [9–14]. Among the observed individual consequences are psychosomatic and psychological symptoms, such as social isolation, social maladjustment, low self-esteem, sleep problems, concentration difficulties, chronic fatigue, depression, helplessness, anger, compulsions, anxiety, and despair [9,14,15]. In a representative Norwegian sample of blue-collar and white-collar workers, bullying alone accounted for 13% of the variance in psychological complaints, 6% of the variance in musculoskeletal problems, and 8% of the variance in psychosomatic health complaints [16]. Moreover, clinical

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observations of victims of bullying have revealed that bullying is associated with symptoms of posttraumatic stress disorder (PTSD) and even suicidal thoughts [6,17].

However, not all targets react in the same way or to the same degree [18,19]—a fact that may be explained by the personality of the targets as personality differences have been shown to affect both stress exposure and stress reactivity [20]. For example, a study of 433 employees in a Danish manufacturing company [21] showed that generalized self-efficacy acted as a moderator of the relationship between exposure to bullying behavior and psychological health complaints. In another study, both negative affectivity and positive affectivity were found to contribute significantly to the explained variance of PTSD symptoms, yet they did not interact with measures of bullying [22]. Furthermore, Nielsen et al. [23] showed that sense of coherence [24], which is an individual disposition to view the world and the environment as comprehensible, manageable, and meaningful, offered protective benefits to targets exposed to low levels of bullying, whereas these benefits diminished as bullying became more severe. All these findings suggest that individual characteristics are important in determining how bullying is experienced and reacted to. However, they do not fully explain the mechanisms of *how* exposure to bullying may affect the targets' health and well-being.

A stress theoretical perspective may be useful in trying to understand and explain this relationship further [25–28]. According to this view, stress is a result of how a stressor is appraised and how a person appraises his or her resources to cope with the stressor. Individuals' cognitive appraisal or "labeling" of their experiences is described as being a particular important factor in determining the outcomes of stressful transactions. Accordingly, individual differences among targets labeling their experiences as workplace bullying or not may thus explain why some targets develop a modest degree of impairment but others exhibit severe symptoms of stress. Self-labeling refers to an individual's subjective perceptions of being a target of bullying and thus acknowledging oneself a status/identity as a victim. However, studies have shown that some targets of bullying do not conceptualize their experiences as bullying even when the exposure meets the formal definition of bullying [1]. It is therefore unclear whether self-labeled victims objectively experience more severe bullying or if the labeling process influences their event perceptions or their health outcomes. Hence, to further understand the victimizing process, our aim in the present study was to investigate the potential role of self-labeling with regard to targets' health outcomes in line with a stress theoretical perspective.

Although the effects of self-labeling on the relationship between bullying and stress reactions have yet to be investigated empirically, studies in adjacent research areas have shown that labeling oneself as a victim may have an effect on the association between various stressful events and indicators of well-being. For example, Gaab et al. [29]

found that the perception and interpretation of stressful events, more than mere exposure to the events, were significantly associated with endocrine and sympathetic arousal. Olff et al. [30] have demonstrated that the appraisal of potential stressors as "threats" rather than "challenges" is associated with greater cortical reactivity, indicating that the appraisal process is an important determinant of the psychosomatic stress responses and may thus also affect health-related outcomes. In line with this argument, Leyman et al. [31] found that acknowledged rape victims report more PTSD symptoms than do unacknowledged victims. Similarly, in a study of 89 American women, Conoscenti and McNally [32] demonstrated that acknowledgement of rape was associated with greater increase in the number and intensity of health complaints than rape cases without such acknowledgement. These findings are also in accordance with one of the few studies that have focused on self-labeling of workplace bullying. Out [33], who explored the process of self-labeling among 385 Canadian nurses, found that targets who labeled their experiences as bullying reported significantly lower levels of job satisfaction, higher levels of burnout, and more psychological distress than targets who were similarly exposed to bullying but did not label their experiences as such.

On the other hand, it could be argued that identifying and naming experiences as bullying are important because these may enable the targets to maintain or recover a sense of their own value and competence. For example, in a study of women's experiences of workplace bullying [34], the targets emphasized the importance of "being heard" and "being believed". When these women were allowed to share their experiences with others, they perceived the listening as very valuable because they felt that their concerns were acknowledged. From a clinical perspective, naming one's experiences as bullying may be important to understand and become aware of potential tendencies within the target to create self-destructive stories about one's experiences rather than a story that helps the target to grow and accept oneself [17]. Importantly, it may also enable targets to tell the stories of their lives so that their experiences are understood and validated, a process that may lead to a transfer of blame from oneself to the perpetrator. As such, it may reduce confusion, leading to less psychological distress.

However, the picture is blurred, as research within the field of sexual harassment suggests that labeling incidents as sexual harassment is of marginal meaning in terms of both psychological health and work-related outcomes. For example, a study based on data from women in two private-sector organizations and one university showed that labeling unwanted sex-related experiences as sexual harassment had no significant effect on job outcomes, such as co-worker and supervisor satisfaction, psychological well-being, and health satisfaction [35]. Job outcomes were correlated with level of harassment rather than labeling. However, Magley et al. [35] reported results for women

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