

## THE EFFECTS OF CHRONIC NEGATIVE ACTS IN THE WORKPLACE ON KEY ORGANIZATIONAL OUTCOMES AND EMPLOYEE HEALTH

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As a broad description, Lee and Brotheridge (in press) define workplace bullying as, “a persistent pattern of negative acts directed at a worker (p. 3), though it has also been described as “harassment”, “abuse”, “mistreatment”, “negative acts”, “tyranny”, and “mobbing”. Prevalence estimates of “bullying” in the workplace are quite variable and very much dependent on the way in which “bullying” is defined (see for instance Hoel, Rayner, & Cooper, 1999). However, recently, Lee and Brotheridge (in press) indicate that workplace bullying is likely to “be more common than racial discrimination or sexual harassment” (p. 3). While major consequences such as workplace violence ending in major trauma has often been historically recorded, it is only recently that this area of workplace negative acts has attracted media attention and academic interest (Rayner, Sheehan & Barker, 1999).

The following findings are based on an employee survey in an Ontario public organization ( $N = 2530$ ). Negative acts were measured using 9 items from the Negative Acts Questionnaire (Einarsen & Raknes 1997, cited in Mikkelsen & Einarsen, 2002). Mikkelsen and Einarsen (2002) summated the negative acts, so we created a frequency summation by using the following conversions: “never” = 0 per year, “Now and then” = 10 per year, “About weekly = 50 per year, and “About daily” = 250 per year and summing the resultant frequencies. With 9 items the frequencies ranged from 0 to 2250. To control for over reporting the frequencies were categorized into low, medium and high levels of negative acts. Dependent variables cases were selected for no missing values, i.e., organizational, job, and supervisor satisfaction, intention to remain, employment relationships, and overall self reported health status. This resulted in a study sample of 1,164 respondents.

Using SPSS ONE WAY highly significant, very observable differences were obtained among all groups for all 5 organizational variables, i.e., the higher the number of negative acts the lower the desired outcome value, for example, higher organizational satisfaction. However, only one significant finding occurred for the employee self reported health status and it was opposite to expectations. Medium levels of negative acts resulted in lower health outcomes compared to high negative act frequency, and high and low negative act frequency were non-significantly different. The descriptive statistics of the single item health measure revealed a high mean and low standard deviation (i.e., a restricted range and floor effects). However, a post-analysis Chi Square analytical strategy employing the 3 levels of negative acts crossed with 2 levels of health (high and low health) did reveal significant differences in the frequencies in the expected manner. Combined, the results clearly demonstrate strong organizational and mixed individual health impacts of negative acts in the workplace. From the point of view of both individual and organizational health and safety, these results demonstrate the need for methods and systems of intervention in order to reduce the costs of negative acts in the workplace to both the employees and the organization.

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