

# WORKPLACE HARASSMENT ASSOCIATED HEALTH HAZARDS AND QUALITY OF WORK LIFE AMONG HARASSED WORKERS IN AN INTERNATIONAL CORPORATION

By

Alazab, R. M.

*Department of Community medicine and Occupational medicine  
Faculty of medicine, Alazhar University*

## **Abstract:**

**Background:** harassment at the workplace in Egypt is still a hidden problem and most organizations do not have a policy to combat it. WHO/ILO defined harassment as “repeated and over time offensive behavior through vindictive, cruel, or malicious attempts to humiliate or undermine an individual or groups of employees”. **Objectives:** To find out the proportion of harassed workers among the studied workers, to determine causes and forms of harassment among the examined workers, to find out the psychosomatic and psychological manifestations among the studied workers and to identify the pattern of quality of working life among the harassed workers. **Methods:** A cross - Sectional study was conducted among 1127 workers. The workers were investigated with regard to forms of harassment. All harassed subjects were examined to explore the associated psychosomatic and psychological manifestations and also to identify the pattern of quality of life among them. **Results:** 71.3 % of the studied workers have experienced harassment at the workplace. The most prevalent forms of harassment among the examined workers were: discount the person’s thoughts (64.2%), screaming at him (53.1%), refuse reasonable requests (49.1%), and regular, unfair criticism in front of colleagues (39.7%). The main factors which encouraged harassers were: need to meet deadline (91.2%), excessive workload (83.7%), keep workers alert and active (79.6%) and low performance on the part of workers (67.3%). The most prevalent psychosomatic manifestations were; loss of concentration (60.7%), insomnia

(57.1%), headache (53.4%), tachycardia (52.7%), and unexplained fatigue (47.3). Prevalence of depression among the harassed workers was 26.6% and manifestations of posttraumatic stress disorders were; recurrent recollection of the event (31.6%), recurrent distressing dreams of the event (33.3%) and feeling as if the traumatic event were recurring (24.2%). **Conclusions:** 71.3 % of the studied workers experienced harassment at the workplace. **Recommendation:** Policy against harassment at workplaces could be addressed as an element of occupational health program.

**Key words:** harassment, psychosomatic, psychological, quality, work, life.

### **Introduction:**

Harassment is one a variety of behaviors that may be covered under the term ‘psychological workplace violence’ (sometimes called Emotional abuse) which is defined as; ‘Intentional use of power, including threat of physical force, against another person or group, that can result in harm to physical, mental, spiritual, moral or social development. Psychological violence includes verbal abuse, bullying/mobbing, harassment, and threats (ILO/WHO, 2003).

Sometimes, the terms; Mobbing and Bullying are used to define different actions of harassment. Mobbing is a negative form of behavior, between colleagues or between hierarchical superiors and subordinates, whereby the person concerned is repeatedly humiliated and attacked directly or indirectly by a group of people for the purpose and with the effect of alienating him or her, while Bullying is the intention of one person to cause psychological harm

towards one or more than one person inside the workplace considering that the action is done repeatedly and over a period of time (European Commission Advisory Committee, 2001).

Recently, the terms mobbing and bullying are used interchangeably as forms of harassment. So, workplace bullying is defined as: repeated, unreasonable behavior directed towards an employee, or group of employees, that creates a risk to health and safety. It was the hypotheses that the phenomenon of bullying begins with a single person who then orchestrates the campaign of hate with the help of followers. Thus, the semantic difference between workplace bullying and mobbing disappears. They are identical phenomena. However, in different countries other terms have been adopted to indicate similar behavior in the workplace like: Work or Employee Abuse, Mistreatment, Emotional Abuse, Bossing, Victimization, Intimidation, Psychological terrorization and Psychological violence. It

was understood that the term (bully) refers to the person who does bullying while the term (bullied) refer to the persons who are affected with bullying (WBI, 2003).

The prevalence rate of harassment at the workplace varies greatly, with figures ranging from 1% to above 50% at the highest level, dependent upon the applied measurement strategy, occupation or sector, as well as country (Zepf et al., 2003).

Harassment can have a significant effect on the physical and mental health of the workforce. In many cases, the effects can remain beyond the time of the bullying experience, sometimes affecting victims for years. Persistent exposure to bullying is also likely to affect the behavior as well as the attitude of workers. It can lead to an increase in accidents, lack of concentration and increased use of alcohol and tobacco consumption. Exposure to persistent and regular bullying may also make it difficult for workers to cope with daily tasks. In addition to the effects on individual workers, bullying at work can also have a major effect on an organization. Victims of bullying are likely to suffer from stress-related illnesses leading to significant levels of sickness absence (UNISON, 2003).

As harassment mainly targets the mind of the target worker, psychosomatic disorders are expected to be prevalent among the bullied workers. Psychosomatic medicine emphasizes the unity of mind and body and the interaction between them. To meet the diagnostic criteria for psychological factors affecting a medical condition, the following two criteria must be met: a medical condition is present and psychological factors affect it adversely (Kaplan and Sadock, 2005).

Harassment at the workplace in Egypt is still a hidden problem and most organizations do not have a policy to combat it. The absence of a clear policy gives the bullied workers no way for complaining and at the same time encourages the bullies to continue in their way. The present study tried to throw light on the problem of bullying at the studied workplaces and to find out the impact of this phenomenon on the health of the studied workers.

Aim of the study: To find out the percentage of harassed workers among the studied workers inside the selected workplaces, to determine causes and forms of harassment among the examined workers, to find out the psychosomatic and psychological manifestations among them and to identify the pattern of quality of working life among the studied workers.

**Methods:****Research setting:**

This study was conducted during 18 months and included 1127 workers (blue collars) and employees (white collars) from a big multinational company in Egypt. The study was approved by the core management team of the company and was conducted under their full support. During the first 2 months of the study, the workplaces inside the factory were visited and the purpose of the study was explained and the employees and the workers were invited to participate in the study. Those (1127 out of 1430) who gave their verbal consent were listed as the study group.

**Study design:**

A cross-sectional study was conducted in 3 phases: preparatory phase (visit to the site of the study, definition of target population, preparation of checklists, pilot study, sampling and ethical consideration), Implementation phase (data collection before and after the intervention) and evaluation phase (data entry, statistical analysis, results, discussion, conclusion and recommendations).

**Target population:**

The workers (blue collar) and the

employees (white collar) were selected based on the following criteria: working at least for 5 years, exposed to long working hours (> 40hours/week), not suffering from any chronic diseases and not receiving any medical treatment.

**Data Collection, methods and statistical analysis:**

All subjects had to complete an interview sheet containing personal data (age, sex and special habits), occupational history (type of occupation, duration of occupation, working hours/day and past occupational history) and checklists. These checklists were; harassment survey - adapted and modified from ILO (ILO, 2003) and Workplace Bullying and trauma Institute (WBI, 2007). The harassed workers were interviewed according to a health symptoms list (WBI, 2003). Also, they were subjected to checklists to investigate depression symptoms, phobia at the work place and post traumatic stress symptoms by using the American Diagnostic and Statistical Manual of Mental disorders (DSM, 2000). Then, the quality of work life of harassed workers was investigated by using the module of NIOSH (General social survey, 2002). The following definitions were obtained from Kaplan & Sadock's, 2005 and used in the present study: Depression:

psychopathological feeling of sadness; Post traumatic stress disorder: the person has been exposed to intense fear, helplessness or horror.

Data entry and statistical analysis were done by using personal computer (Epi info program version 3.2.2., April, 2004). Proportion, Range, Mean  $\pm$  SD and Z test were the statistical tests used for analysis of data. P value  $< 0.05$  was accepted as the level of significance.

### Results:

Table (1): shows that the mean age of the studied workers was  $44.3 \pm 2.6$ . About 93.0% were males, 54.7% had less than secondary education, 72.9% were blue collar (working 12hours/day/5days/week), mean duration of work was  $17.1 \pm 1.2$  years and 61.3% were smokers. It was also noted that the general characteristics of the harassed workers who represented (71.3%) were: mean age ( $35.2 \pm 1.3$  years), majority of harassed workers were males (94.9%), 56.5% had only preparatory education, (68.8%) were blue collar workers and (87.9%) were smokers.

Table (2): shows the proportion of all different forms of harassment. The most prevalent forms of harassment among the examined workers were: discount the

person's thoughts (64.2%), screaming at the worker (53.1%), refusing reasonable requests (49.1%), and regular unfair criticism in front of colleagues (39.7%). It was also shown that the mean years of experience of harassment was  $12.1 \pm 0.6$ . It was observed that the overall prevalence rate of harassment among the white collar workers was 22.2% while it was 49.1% among the blue collar workers. It was observed that the total prevalence rate of harassment among the studied workers was (71.3%). It was observed that 67.3% and 82.3% of the blue collars and white collars were harassed, respectively.

Table (3): shows factors that determined harassment was classified into factors related to the harassed worker and factors related to harassers. The proportion of the different factors related to the harassed was higher among the blue collar workers than white collar workers with statistically significant difference. The highest proportions which were presented among blue collar workers and white collar workers were as following: independent, refused to be controlled (32.7% vs 64.2%), focused on work and ignored politics (16.3% vs 40.9%) and non confront and easily overrun by others (20.3% vs 43.9%). Regarding the factors related to the harasser, it was shown that

the most prevalent factors were: need to meet deadline (91.2%), excessive workload (83.7%), keep workers alert and active (79.6%) and low performance (67.3%).

Table (4): It was noted that the percentage of lack of concentration was 60.7%, insomnia 57.1%, stress headache 53.4%, tachycardia 52.7%, lack of sexual desire 38.2%, irritable bowel syndrome symptoms 43.1% and stress headache 53.4%. As regard symptoms of phobia at workplace among the harassed workers; it was observed that the most prevalent symptoms were: worry extending to involve any activity outside work (43.8%), excessive worry about work (42.5%) and complaining of multiple unlinked physical complaints (32.7%). The prevalence of symptoms of depression among the harassed workers was 26.6%. Concerning

the manifestations of the posttraumatic stress, it was found that: recurrent recollection of the event was complained of in (31.6%), recurrent distressing dreams of the event in (33.3%) and feeling as if the traumatic event were recurring in (24.2%).

Table (5): shows that out of 27 items (which represented the quality of work life among the bullied workers) 6 items were highly appreciated by the harassed workers. These items were: Proud to be working at this organization (81.9%), availability of enough equipment to get the job done (88.1%), a lot of freedom is present to decide to do work (61.7%), the training opportunities are available (67.6%), bonus in case of doing well (63.7%), job income alone is enough for the family's needs (91.9%).

**Table (1): General characteristics of the studied group**

General characteristics	Total N. = 1127	
	N.	%
<b>Age</b> Mean $\pm$ St.D.	44.3 $\pm$ 2.6	
<b>Sex</b> Male Female	1048 79	92.9 7.01
<b>Education</b> Preparatory Secondary University	617 322 188	54.7 28.6 16.7
<b>Type of employees</b> Blue collar White collar	822 305	72.9 27.1
<b>Working hours/ day</b> Blue collar White collar	12hours/day/6days/week 8hours/day/5days/week	
<b>Work duration</b> Mean $\pm$ St.D. Range	17.1 $\pm$ 1.2 years 6 – 24 years	
<b>Special habit</b> Smoking	691	61.3
<b>General characteristics of Harassed workers</b>		
- <b>Number of harassed workers</b>	804	71.3
- <b>Mean age</b>	35.2 $\pm$ 1.3	
- <b>Sex:</b>		
Male	763	94.9
Female	41	5.1
<b>Education</b>		
Preparatory	454	56.5
Secondary	267	33.2
University	83	10.3
<b>Type of employees</b>		
Blue collar	553	68.8
White collar	251	31.2
<b>Special habit:</b>		
smoker	707	87.9

**Table (2): Different forms of harassment among the studied workers**

Forms of harassment	Total N.= 1127	
	N.	%
- the harassed accused for «errors» not actually made	431	38.2
The harasser refused reasonable requests	553	49.1
Regular unfair criticism from the harasser in front of colleagues	447	39.7
- the harassed exposed to aggression from the bully	421	37.3
- the harassed thoughts are disregarded in front of others	723	64.2
- «ice out» & separate the worker from others	365	32.4
- The harasser is not satisfied with the quality of completed work despite evidence	411	36.5
- The harasser having a different «standard» for completion of the target	409	36.3
- The harasser initiate destructive rumors about the worker	396	35.1
- The harasser encourages people to turn against the attacked worker	404	35.8
- the harassed expose to undignified, but not illegal behavior	411	36.5
- the harasser screaming in front of others to humiliate a worker	598	53.1
- the harasser wrap credit for work done	431	38.2
- the harasser abuse the evaluation process by lying about the person's performance	416	36.9
- the harasser used confidential information about a person to humiliate privately or publicly	399	35.4
- the harasser made verbal insults based on gender, accent or language, disability	401	35.6
- the harasser assigned undesirable work as punishment	397	35.2
- the harasser made undoable workload, deadlines, duties	441	39.1
- the harasser encouraged the person to quit or transfer rather than to face more mistreatment	387	34.3
- the harasser disrupt the person's contribution to a team goal and reward	433	38.4
<b>Having past history of harassment (years)</b> <b>Mean ± St.D.</b> <b>Range (years)</b>	12.1 ± 0.6 5: 18	
<b>Total currently harassed workers</b>	804	71.3
- Harassed blue collar workers (total N. of blue collar workers =822)	553	(67.3%)
- Harassed white collar workers (total N. of white collar workers =305)	251	(82.3%)
<b>Chi2 =24.5</b> <b>P =0.0</b>		

N.B. Harassment is considered if the worker was exposed to one of the above bullying forms

**Table (3): Factors that determined harassment among the harassed workers**

Factors that determined harassment	white collar N. = 251		Blue collar N. = 553		Z test	P value
	N.	%	N.	%		
<b>Factors related to the harassed:</b>						
- independent, refused to be controlled	82	32.7	355	64.2	69.2	0.0
- focused on work, ignored politics	41	16.3	226	40.9	46.8	0.0
- non confront and easily overrun by others	51	20.3	243	43.9	41.5	0.0
- It was at a time of personal med life or changes	42	16.7	208	37.6	35.1	0.0
- could not leave the job and the bully knew it	47	18.7	211	38.1	29.9	0.0
- No apparent reason	49	19.5	222	40.1	32.9	0.0
<b>Factors related to the harasser ( from the point of view of the harassed:</b>						
- need to meet deadline	229	91.2	334	60.4	78.2	0.0
- excessive workload	210	83.7	231	41.8	122.3	0.0
- keep workers alert and active	200	79.6	365	66.0	15.5	0.0
- low performance	169	67.3	393	71.1	1.1	0.3
- The bully's personality	63	25.1	298	53.9	57.8	0.0
- In revenge	46	18.3	247	44.7	51.7	0.0
- Bully had personal problems	44	17.5	203	36.7	29.8	0.0
- Result of the bully's promotion	27	10.7	149	26.9	26.5	0.0
- The bully was following instructions from boss above	39	15.5	178	32.2	24.3	0.0

**Table (4): Psychosomatic and Psychological manifestations among the harassed workers**

Psychosomatic and Psychological manifestations	Total N. = 804	
	N.	%
- Unexplained fatigue	380	47.3
- Lack of concentration	488	60.7
- Insomnia	459	57.1
- Stress headache	429	53.4
- Tachycardia	424	52.7
- Non-specific Body aches—muscles or joints	169	21.02
- Migraine	221	27.5
- Irritable bowel syndrome	347	43.1
- Non-specific chest pain	166	20.6
- Uncontrolled essential hypertension	116	14.4
- Heart burn exaggerated by stress	231	28.7
- Attacks of recurrent syncope	113	14.1
- Attack of recurrent hypotension	94	11.7
- Attacks of itching	83	10.3
- Lack of sexual desire	307	38.2
- Attacks of vertigo	217	26.9
<b>Manifestations of specific phobia at work among the harassed workers:</b>		
- Excessive worry (at least since 6 months) about work performance	342	42.5
- It is difficult to control worry by the bullied himself	131	16.3
- Worry extends to involve any activity outside work.	352	43.8
- Complaining of multiple unlinked physical complaints.	263	32.7
- Total cases with specific phobia	352	43.8
<b>Depression symptoms</b>		
- depressed mode nearly daily	311	38.7
- changed appetite nearly daily	267	33.2
- feeling of guilt nearly daily	342	42.5
- sleep disorder nearly daily	284	35.3
- Diminished interest in work.	267	33.2
- Psychomotor daily agitation	196	24.4
- Daily sense of fatigue	244	30.3
- Diminished ability to think or concentrate nearly daily	231	28.7
Total cases of depression	214	26.6
<b>Posttraumatic stress symptoms:</b>		
- Recurrent recollection of the event.	254	31.6
- Recurrent distressing dreams of the event.	268	33.3
- Feeling as if the traumatic event were recurring	195	24.2

N.B Diagnosis of phobia, depression and posttraumatic stress disorders were made by at least one manifestation (Diagnostic & Statistical Manual of Mental disorders, 2000)

**Table (5): Quality of Work Life among the harassed workers**

Items of Quality of Work Life	<i>harassed workers(N.= 804)</i>	
	<i>N.</i>	<i>%</i>
- Mandatory to work extra hours many days/week	376	46.8
- Starting and quitting times can be changed easily	0	0.0
- Work at home as part of the job frequently	76	9.4
- Hard to take time off during work for personal matters	431	53.6
- Demands of job interfere with family life	341	42.4
- Hours are available to enjoy and relax after work	64	7.9
- Job requires learning new things	432	53.7
- Job requires work very fast	476	59.2
- Doing a number of different things on the job	376	46.8
- Own satisfaction in life comes from work	33	4.1
- Knowing exactly what is expected at work	189	23.5
- Job needs the use of the skills and abilities	143	17.8
- Treated with respect at work	165	20.5
- Safety of workers is a high priority with management	114	14.2
- Proud to be working at this organization	658	81.9
- There are not enough staff to get all the work needed	478	59.4
- Chances for promotion are available	61	7.6
- Availability of enough equipment to get the job done	708	88.1
- Availability of enough information to get the job done	235	29.2
- A lot of freedom is present to decide to do work	496	61.7
- The supervisor cares about the welfare of those under him	101	12.6
- Promotions are handled fairly	31	3.8
- Enough time to get the job done	79	9.8
- Training opportunities are available	543	67.6
- Praising by the supervisor	160	19.9
- Bonus in case of doing well	512	63.7
- Job income alone is enough for the family's needs	739	91.9

### **Discussion:**

The prevalence rate of harassment among the studied workers/employees in the present study was 71.3% with higher prevalence among the blue collar workers (table 1). It could be postulated that individual factors can influence the incidence and process of harassment in the workplace. Individual factors like gender, age, educational level, type of employee and special habit appeared in the present study as characteristic factors among the harassed workers (table 1). Also table 3 shows that some specific factors related to the harassed and other factors related to the harasser might determine the phenomenon of harassment among the studied workers. So, individual factors can be a cornerstone of the problem of harassment. These findings are in line with (Standing and Nicolini, 1997 and Chappell and Di Martino, 2000) who reported that wearing a uniform and personal appearance could function as risk factors for harassment depending on the general attitude towards people in uniform or towards particular groups of uniformed employees. It was concluded from several studies on harassment that the following characteristics were identified for the victims of harassment: female; young (20-40 years); and lower level of education.

This coincides with the results of the present study which reported that the harassed workers were in their thirties, the majority of them were preparatory school education level but the majority of them were males. It was noticed that the prevalence rate of harassment in similar studies varied greatly, with figures ranging from 1% to more than 50%. This depended on the methodology applied. The highest figures normally relate to experience of harassment expanding over an individual's career while when harassment was measured by means of a precise definition and referred to a regular experience on a weekly basis, less than 5% of the population was found to be bullied. When experiences of occasional harassment were used to measure the prevalence rate of harassment, a figure of around 10% was reached. By contrast, in cases where subjects were considered harassed if they had experienced one or more negative behaviors associated with harassment (like seen in the present study), figures of between more than 10% to nearly 40% are achieved. ( Salin, 2002), ( Vartia and Hyyti, 2002 ), (Kivimäki et al, 2000 ), (Mackensen von Astfeld, 2000) (Meschkutat et al, 2002), (Hubert and Veldhoven, 2001), and (Voss et al, 2001).

The present study might hypothesize that managers' ignorance and failure to recognize and intervene in cases of harassment may indirectly contribute to bullying by exporting the message that such behavior is acceptable. In a national Irish study, O'Moore (2000), found that a significantly greater number of victims of harassment reported that they worked in units or organizations managed in an dictatorial manner than those who were not harassed.

The present study linked the prevalence rate of the psychosomatic symptoms, manifestations of phobia at work, the prevalence of the depression symptoms, the manifestations of posttraumatic stress manifestations and the personal behavior of the harassed workers (tables 3 & 4) to work environment. Zapf, 1999 reported that harassment is associated with a negative work environment in the form of several forms of bullying. It was noticed that the majority of these forms were similar to the forms found in the present study.

The present study shows that the psychosomatic symptoms of the harassed workers might be attributed to and aggravated by the low level of the quality of work life among the harassed workers (table 5). According to a study by the

Irish Health and Safety Authority (HSA, 2001), experience of harassment is strongly associated with stress reactions. In line with this, O'Moore (2000), indicated that 40% of victims reported that harassment affected their physical health and 43% their mental health. Consequently, 26% and 92%, respectively, had been seeking medical or psychiatric treatment. Also, Bilgel et al. (2006), stated that the harassed workers had significantly higher depression score (examined by binary logistic regression analysis).

In a study of employees in an Austrian hospital, Niedl (1996) found that individuals who reported as being harassed had higher scores on depression, psychosomatic complaints, anxiety and irritation than those who were not harassed at a level which was statistically significant. Similar results were also found in a number of other studies, in Germany (Mackensen von Astfeld, 2000) and Denmark (Mikkelsen and Einarsen, 2002).

The present study found that about 24%-33% of the harassed workers were suffering from different manifestations of post-traumatic stress disorder (table 4). Mikkelsen and Einarsen (2002) found a link between harassment and PTSD and stated that compared with patients who have been

diagnosed as suffering from PTSD resulting from involvement in traumatic accidents, victims of bullying showed significantly higher levels of PTSD.

The present study might claim that exposure to harassment could be an aggravating factor for behavioral reactions. Warshaw and Messite (1996) agreed with the present results and added that the behavior change which resulted from harassment could increase the prevalence of irritability among the bullied workers. When the harassed workers are attacked repeatedly over a long period of time this might lead to changes in their behavior. These workers will start acting obsessively with respect to their complaint, which for the observer may become an irritant. This may gradually change the observer's previous opinion of the harassed, seeing them as creators of their own misfortune (Leymann, 1996).

The present study found that the prevalence of depression among the harassed workers was 26.6% (table 4). This might indicate a strong association between workplace harassment and the development of depression. Brousse et al. (2008) reported higher proportion of depression among workers suffering from workplace harassment (52%). This might hypothesis that whenever workplace harassment goes

unresolved the harassed workers will be in continuous risk of developing depression during their working life. According to the study of the members of the UK's Royal College of Nursing, harassment was the 'single most significant variable associated with a lower level of psychological well-being, with the strongest effect being felt by those who were most frequently exposed (Ball and Pike, 2001).

As seen in (table 5) the quality of work life among the harassed workers was low. Also, it could be postulated that low quality of work life might be a cause of specific phobia at workplace as seen in (table 4). Review of the literature showed that there is a growing awareness that workplace harassment is not merely episodic individual problems, but structural strategic problem. So, any action taken against such problem should be considered an integral part of the organizational development. Preventing harassment in the workplace is not only possible but also necessary. The health, safety and well-being of workers are integral parts of enterprise growth. So, the impact is not only on traditional direct and indirect costs (such as accidents, illness, disability, absenteeism, turnover, reduced morale, reduced commitment), but also on the organization development (Di Martino, 2002).

**Conclusion:** 71.3 % of the studied workers experienced harassment at workplace. Total prevalence rate of phobia among harassed workers was 43.8%. The prevalence of diagnosis of depression among the harassed workers was 26.6%. The majority of harassed workers were affected in most of the elements of quality work life

**Recommendations:** Harassment at the workplace needs to be considered as a work-related hazard and Occupational health program needs to address anti harassment policy.

### References:

1. Ball, J and Pike, G (2001): bullying, harassment and assault: preliminary findings from the RCN Working Well, 2000 Survey. Royal College of Nursing, London.
2. Bilgel N, Aytac S and Bayram N (2006): Bullying in Turkish white-collar workers. *OMJ*, 56:226-31.
3. Blum HL (1981): *Planning for Health: Generics for the Eighties*: 2nd. New York: Human science press.
4. Brousse G, Fontana L, Ouchchane L, Boisson C, et al., (2008): Psychopathological features of a patient population of targets of workplace bullying. *OMJ* 58(2): 122-8.
5. Chappell, D and Di Martino V (2000): *Violence at Work* (2nd edition), ILO, Geneva.
6. Di Martino V (2002): Work-related violence, in *International Handbook of Violence Research*, University of Bielefeld and Northeastern University of Illinois, Westdeutscher Verlag Wiesbaden and Westview Press, New York.
7. Diagnostic and statistical manual of mental disorders, DSM (2000): text revision, 4th ed., Washington, DC: American Psychiatric Association.
8. European Commission, Advisory Committee on Safety, Hygiene and Health Protection at Work (2001): *Opinion on Violence at the Workplace*.
9. General social survey (2002): *Bullied worklife quality*, section D, Quality of worklife module, NIOSH.
10. Health and Safety Authority, Ireland, HSA (2001): *Report of the Task Force on the prevention of Workplace Bullying. Dignity at Work – The Challenge of Workplace Bullying*, Stationery Office, Dublin.
11. Hubert A and Van Veldhoven M (2001): Risk factors for undesired behaviour and mobbing. *EJWOP* 10, 231-39.
12. ILO (2003): *Workplace violence in the health sector. Survey questionnaire*. Geneva. P 1-14.
13. ILO/WHO (2003): *workplace violence in the health sector. Country case study research instruments, Survey questionnaire*. P8.
14. Kaplan B and Sadock B J (2005): *Pocket handbook of clinical psychiatry*. 4th edition edited by Sadock B and Sadock S. p40,170 and 254.
15. Kivimäki M, Elovainio M and Vahtera J (2000): Workplace bullying and sickness absence in hospital staff, *OEMJ* 57, 2000, 656-60.
16. Leymann, H (1996): The content and development of mobbing at work. *EJWOP* 5, 165-84.
17. Mackensen von Astfeld S, (2000): *Sick-Building-Syndrome*, in *Textbook; The sick building syndrome with special consideration of the effects of mobbing*, Verlag Dr. Kovac, Hamburg.
18. Mikkelsen, G E and Einarsen, S (2002): *Basic assumptions and symptoms of post-traumatic*

- stress among victims of bullying at work. *EJWOP* 11, 87-111.
19. Mikkelsen, G E and Einarsen, S (2001): Bullying in Danish work-life: Prevalence and health correlates. *EJWOP* 10, 393-413.
  20. Niedl, K (1996): Mobbing and well-being: Economic and personnel development implications. *EJWOP* 5, 239-49.
  21. O'Moore, M (2000): Bullying at Work in Ireland: A National Study, Anti- Bullying Centre, Dublin.
  22. Salin, D (2002): Gender differences in prevalence, forms and explanations of workplace bullying, in Proceedings of the International Conference on Bullying and Harassment at Work, Birkbeck University, London, 23-24 September.
  23. UNISON (2003): Bullying at work. UNISON Publications, CU/April No. 1281/UNP6665. P 2,6,7 & 10-16.
  24. Vartia, M and Hyyti J (2002): Gender differences in workplace bullying among prison officers. *EJWOP* 11, 113-26.
  25. Voss, M, Floderus B. and Diderichsen F (2001): Physical, psychosocial and organisational factors: A study based on Sweden Post. *JOEM* 58, 178-84.
  26. Warshaw L and Messite J (1996): Workplace violence: preventive and interventive strategies. *JOEM* 38, 993-1006
  27. WBI [workplace bullying institute] (2003): WBI survey of abusive workplaces, report prepared by Gay Namie. P.11.
  28. Workplace Bullying Institute (2007): Workplace bullying report on abusive workplaces. Wikimedia Foundation. Inc., a US-registered.
  29. Zapf, D (1999): Organisational, work group-related and personal causes of mobbing/bullying at work. *IJM* 20, 1/2, 70-85.