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## The role of Resilience between Workplace Bullying and Health: A Mediation Analysis

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### ABSTRACT

Workplace bullying is a serious problem that may arise within any occupation or organisation. Situations of workplace bullying are highly stressful and affect the health of workers who experience them in a negative way. Resilience has been identified as an essential capacity to protect people's health. This study focuses on how resilience functions in situations of workplace bullying. By means of questionnaires, information about workplace bullying behaviours, resilience, and psychological health in a sample of 762 workers was collected. The results show that exposure to bullying behaviours is related to poorer health, and resilience has a mediating role in the relationship between workplace bullying and employees' health. Main findings, limitations, and practical consequences of this study are discussed. The results obtained may serve to assist human resources managers and professionals when they are designing programs aimed at both controlling and preventing workplace bullying within organisations.

### El papel de la resiliencia en la relación entre el acoso psicológico en el trabajo y la salud: un análisis de mediación

### RESUMEN

Las situaciones de acoso laboral son altamente estresantes y afectan negativamente a la salud de los trabajadores que las perciben. La resiliencia se ha identificado como una capacidad esencial para la protección de la salud de las personas. Este trabajo se centra en cómo actúa la resiliencia en las situaciones de acoso laboral, mediante el análisis de las relaciones y del papel mediador-moderador de la resiliencia entre el acoso laboral y la salud en una muestra de 762 trabajadores españoles. A través de cuestionarios se recogió información sobre conductas de acoso laboral y se evaluó la resiliencia y la salud psicológica autopercebida. Los resultados obtenidos muestran que la exposición a conductas de acoso se relaciona con peor salud y que la resiliencia tiene un efecto mediador y no moderador entre el acoso laboral y la salud de los trabajadores. Se discuten los principales hallazgos de esta investigación, las limitaciones y sus implicaciones prácticas. Los resultados obtenidos pueden servir de ayuda a los directivos y profesionales de recursos humanos a la hora de diseñar programas que vayan dirigidos tanto al control y prevención de la violencia en las organizaciones como a desarrollar la resiliencia en los trabajadores.

Workplace bullying is a serious problem that may arise within any occupation or organisation (Einarsen, Hoel, Zapf, & Cooper, 2011; Sancini et al., 2012). It is estimated that 14% of the European working population has been exposed to situations involving psychological bullying at their workplace (Eurofound, 2015).

The main feature of workplace bullying is the perception of a worker (the alleged victim) of being exposed to an array of hostile explicit behaviours from another person (the alleged aggressor)

within the context of their workplace. These behaviours are displayed in a systematic and enduring way with the purpose of damaging a victim's health so that he or she decides to leave the organisation (Einarsen, Hoel, Zapf, & Cooper, 2003; Zapf, Escartín, Einarsen, Hoel, & Vartia, 2011).

According to theories on stress, psychological bullying is considered a significant psychosocial stressor that affects workers' health (Einarsen & Nielsen, 2015; Nielsen, Mageroy, Gjerstad, & Einarsen, 2014;

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Sheehan, McCabe, & Garavan, 2018) and also damages the efficiency of companies (Glambek, Skogstad, & Einarsen, 2015; Laschinger & Fida, 2015; Sancini et al., 2012). Focusing upon the individual effects, workers who experience workplace bullying report a wide range of stress symptoms linked to physical and psychological discomfort, as well as describing burnout, job dissatisfaction, lower organisational engagement, and higher intentions of resigning from their jobs (Bowling & Beehr, 2006; Hershcovis & Barling, 2010; Laschinger & Nosko, 2015; Loerbroks, et al., 2015; Sancini et al., 2012). Previous studies have also pointed out that workplace bullying victims show similar symptoms to those related to posttraumatic stress disorder (PTSD). For example, Matthiesen and Einarsen (2004) found out that workplace bullying victims showed higher levels of PTSD than other groups exposed to different yet similarly stressful situations. The consequences described above have evident effects on organisations as workers experiencing emotional, physiological, and attitude-based difficulties are likely to miss work days (Sprigg, Martin, Niven, & Armitage, 2010), show a lower performance in their daily work tasks (Harris, Kacmar, & Zivnuska, 2007; Schat & Frone, 2011), and display more unproductive behaviours (Hershcovis, Reich, & Parker, 2012).

Positive psychology focuses on the positive subjective experience that allows people to face adverse events (Seligman & Csikszentmihalyi, 2000), as mobbing (Nielsen et al., 2014). Aspinwall and Staundinger (2003) equate positive psychology with the study of different human strengths, such as optimism (Scheier & Carver, 2018), self-efficacy (Maddux, 2016), self-esteem (Mäkikangas & Kinnunen, 2003), hardiness (Rekness, Harris, & Einarsen, 2018), or resilience (Luthar, 2015).

Nevertheless, the role played by personal resources in the relationship between mobbing and health is not clear. Studies that have analysed other personal resources, such as generalised self-efficacy (Matthiesen & Einarsen, 2004), professional self-efficacy (Meseguer, Soler, & García-Izquierdo, 2014), negative affectivity (Mikkelsen & Einarsen, 2002), sense of coherence (Nielsen, Matthiesen, & Einarsen, 2008), hardiness (Rekness et al., 2018), or self-labelling (Lokke, Glaso, & Einarsen, 2011), have shown that these resources moderate the relationship between workplace bullying and health. However, the few studies that have analysed the role of resilience have discovered that it works as a mediating variable between workplace bullying and health (Lokke et al., 2011; Maidaniuc-Chirila 2015a, 2015b). The question remains, however, of whether different personal resources work in different ways regardless of the fact that workers are experiencing bullying situations or not. Taking this into account, this study focuses on how resilience functions in situations of workplace bullying and how it is connected with workers' health.

When explaining the causes and consequences of psychological harassment at work, there are several theories that could be applied. In that sense, some authors have applied Warr's (1994) Vitamin Model of Psychological Wellbeing (e.g., McGrath, 2012) while others have preferred Hobfoll's (2001) the Conservation of Resources Theory (e.g., Rousseau, Eddelston, Pater, & Kellermanns, 2014). Also, the Job Demands-Resources Model (J-DR model; Bakker & Demerouti, 2013) has been frequently applied by researchers when investigating the workplace bullying phenomenon (Ariza-Montes, Muniz, Noel, Leal-Rodríguez, & Leal-Millán, 2014; Einarsen, Skogstad, Rorvik, Lande, & Nielsen, 2018; Meseguer et al., 2014; Van den Broeck et al., 2014). In this study, we will follow this last model since it integrates the relationship between demands and job resources and its influence on organizational outputs, such as workers' health, in the same approach.

Specifically, the J-DR model suggests that high demands and a lack of resources will cause a person to perceive being under stress. Job demands are the physical, psychological, social, and organisational aspects of a job that require a sustained physical or psychological (cognitive or emotional) effort, and that are related to certain physiological and/or psychological costs. These become stressors when the person facing these job demands must make a considerable effort in order to maintain the expected level of efficiency, failing to

recover from the demands properly. Therefore, workplace bullying can be defined as a demand. Resources can be work-based or personal resources; the former are related to physical, psychological, organisational, or social aspects of the job that may reduce work demands, and the latter are related to positive self-assessments linked to resilience (Hobfoll, Johnson, Ennis, & Jackson, 2003).

The Job Demands and Resources Model describes two independent processes, the first one linked to a potential worsening of health, and the second one involving activation of a motivational process. A main contribution of this model is that it also considers the interactions between the two processes (Bakker & Demerouti, 2013). In these interactions, personal resources would reduce or remove the effects of demands. Therefore, according to the J-DR model, workplace bullying would represent a job demand that would cause a worsening of workers' health, and resilience would represent a personal resource that would help face this adverse situation by reducing discomfort, because it softens bullying workplace's impact on health (i.e., a mediating role).

Resilience has been identified as an essential element for workers' health and efficiency (Ablett & Jones, 2007; Baek, Lee, Joo, Lee, & Choi, 2010; Campbell-Sills & Stein, 2007; Jackson, Firtko, & Edenborough, 2007; King, Newman, & Luthans, 2016; Larrabee et al., 2010; McCann et al., 2013; Pipe et al., 2012). For instance, workers with a higher level of resilience have been found to show less stress and anxiety symptoms (Mealer et al., 2012), and to report being more satisfied with their job (Larrabee et al., 2010).

Resilience is a personal resource that has received much attention over the last few years. It is a dynamic process that involves interaction between risk and protection factors, which may modify the effects of adverse situations on health of people facing them (Herrman et al., 2011; Luthans, Vogelgesang, & Lester, 2006; Luthar & Becker, 2002; Pipe et al., 2012; Richardson, 2002). The American Psychological Association defines resilience as the process of adequate adaptation in the face of adversity, trauma, tragedy, or significant stressors of any kind (APA, 2011). In summary, resilience is seen as a positive adaptation of a person in response to stressing atmospheres in order to promote healthy behaviours (Baek et al., 2010; Grotberg, 2003; Kuntz, Connell, & Näswall, 2017; Luthans, 2002; Masten & Reed, 2002).

Studies analysing the association between resilience and workplace bullying are scarce, and those that have looked at it have found negative relationships between the two variables, as well as between resilience and mental and physical health (Cassidy, McLaughlin, & McDowell, 2014; Maidaniuc-Chirilă 2015; Sauer, 2013). In this regard, the importance of this study lies in examining whether resilience, which has been shown as a useful personal resource in coping with traumatic situations in several vital areas, is also beneficial in the case of workplace harassment in Spanish workers.

The aim of the present study was to analyse the way resilience affects the health of workers who have been exposed to situations of workplace bullying. In line with the theoretical model explained above, and the findings of previous studies, the following hypotheses were suggested:

H1. Workplace bullying will be negatively correlated with resilience and psychological health.

H2. Resilience will be positively correlated with psychological health.

H3. Resilience will mediate the relationship between workplace bullying and psychological health.

## Method

### Participants

The study was conducted using a convenience sample of 762 workers belonging to companies representing different socio-economic sectors and occupations, 379 (49.7%) men and 383

(50.3%) women. The average age of the participants was 35.6 years ( $SD = 12.01$ , range = 16-63 years) and the length of professional experience was 9.1 years ( $SD = 10.15$ , range = 1-45 years). Regarding positions in the workplace, 57.9% of the participants were basic staff, 31.4% were intermediate managers, and 10.1% were executives. At the time of the study, 64.6% had a permanent contract and the rest held temporary contracts.

## Procedure

The questionnaires and specific instructions were personally given to the workers between January and February 2016. Once they had filled out the forms, these were placed in a blank envelope by the participants themselves and then kept until they were collected by members of the research team. An express request for permission to allow their employees to participate was made to the managers of the different companies who were constantly kept informed about the process. Furthermore, confidentiality and anonymity were guaranteed, and all the normal ethical standards were observed. A total of 1,200 questionnaires were supplied and 810 were collected; 48 of these were rejected because they were not correctly filled out (giving a response rate of 67.5%,  $N = 762$ ).

## Measures

Workplace bullying was assessed using the Negative Acts Questionnaire (NAQ) scale designed by Einarsen and Raknes (1997), adapted to Spanish-language population and validated by Soler, Meseguer, García-Izquierdo, and Hidalgo (2010). This questionnaire asks the participant to report the frequency at which they have found themselves in each of 24 hostile situations at work over the last 6 months (e.g., item 11: "You have received insinuations or hints suggesting that you should leave your job"). These items are assessed on a five point scale (from 1, *never*, to 5, *everyday*), so that the highest score shows the highest perception of exposure to workplace bullying. Following the strategy applied by Cassidy et al. (2014), we recoded NAQ items so that *never*, *occasionally*, and *monthly* were scored as 0, while *weekly* was scored as 1 and *daily* was scored as 2. In that sense, this measure provides a stronger continuous measure of frequency and intensity of negative acts. We used the sum of the answers. The scale's internal consistency, as measured by Cronbach's alpha ( $\alpha$ ), was .89.

Resilience was assessed using the CD-RISC survey (Connor-Davidson Resilience Scale) by Connor and Davidson (2003), adapted for the Spanish-language population and validated by Crespo, Fernández-Lansac, and Soberón (2014). This questionnaire asks participants to what extent they agree with each of 25 suggested sentences (e.g., item 17: "I see myself as a strong person"). The answers are given by means of a five point Likert-type scale, from 0 (*completely disagree*) to 4 (*completely agree*). The average of the answers was used as a global measure of resilience. The scale's internal consistency, as measured by Cronbach's alpha ( $\alpha$ ), was .90.

For psychological health, the GHQ-12 by Goldberg and Williams (1988) was used, utilising the version adapted for the Spanish-

language population and validated by Sánchez-López and Dresch (2008). It consists of 12 items referring to health problems experienced over recent weeks (e.g., item 5: "Have you felt constantly overwhelmed and stressed?"). It is assessed by a four point Likert-type scale, from 1 (*not at all*) to 4 (*much more than usual*). It should be noted that a high score indicates a worse level of health. The internal consistency of the scale, as measured by Cronbach's alpha ( $\alpha$ ), was .86.

## Statistical Procedure

The statistical analyses were performed using the programme SPSS 21.0. First of all, descriptive statistics were estimated, followed by the Spearman's rank correlation coefficient between the variables and the internal consistencies (Cronbach's alpha values) of the scales, which have been indicated above. The PROCESS macro for SPSS (Hayes, 2013) was used to analyse for mediation. This estimates indirect and direct effects, standard errors, and confidence intervals on the basis of the distribution obtained by the bootstrap method (Preacher & Hayes, 2008); it then calculates the significance of the indirect effects to define the mediating role of the variable by means of the Sobel test (1982).

## Results

Table 1 shows means, standard deviations, and correlations between the main variables of the study. All correlations were statistically significant in the predicted theoretical sense.

**Table 1.** Mean, Standard Deviations and Correlations of the Main Variables of the Study ( $N = 762$ )

Variables	Mean	SD	1	2
1. Bullying	0.05	.14		
2. Resilience	3.64	.60	-.12***	
3. Health	1.82	.46	.28***	-.34***

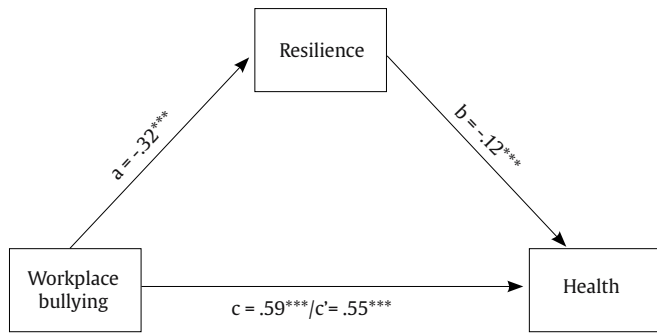
\*\*\* $p < .001$ .

In order to analyse the mediating effect of resilience on the relationship between workplace bullying and health, the PROCESS macro by Hayes (2013) was applied, with the bootstrapping technique from 1,000 subsamples. Analyses revealed significant direct associations between workplace bullying and resilience ( $b = -.32$ ,  $SE = .05$ ,  $p < .001$ ), as well as between bullying and health ( $b = .59$ ,  $SE = .04$ ,  $p < .001$ ) (see Table 2). The direct effect of the mediating variable on health was also significant ( $b = -.12$ ,  $SE = .02$ ,  $p < .001$ ). In the analysis of the global model, the explained variance was 26.25% and the direct effect of psychological bullying on health was reduced ( $b = .55$ ,  $SE = .03$ ,  $p < .001$ ), indicating partial mediation. The Sobel test showed that the mediating relation of resilience between bullying and health was significant ( $z = 2.01$ ,  $p < .05$ ) (Figure 1).

**Table 2.** Standardised Coefficients of the Direct, Indirect, and Total Associations between Workplace Bullying, Resilience and Health

Results	Direct effects	Indirect effects	z	Total effects	95% SE LLCI	ULCI
Resilience (DV)						
Bullying (IV)	-.32***	-----		-.32***	-.62	-.02
Health (DV)						
Resilience (MV)	-.12***				-.14	-.10
Bullying (IV)	.59***	.55***	2.01*	.59***	.46	.65

\* $p < .05$ , \*\*\* $p < .001$ .



**Figure 1.** Graphical Representation of the Mediation Model: Resilience Mediates the Relationship between Bullying and Psychological Health.

Note. A high score on the psychological health variable indicates worse perceived health.

\*\*\* $p < .001$ .

## Discussion

The objective of the study was to analyse the relationships between workplace bullying, resilience, and psychological health (hypotheses 1 and 2), and the mediating role of resilience in the relationship between workplace bullying and health (hypotheses 3).

Regarding the first hypothesis, the results are consistent with previous research and show that workplace bullying was negatively associated with both resilience (Lokke et al., 2011; Maidaniuc-Chirila, 2015a, 2015b) and health (Cassidy et al., 2014; Sancini et al., 2012). These findings are also in line with the JD-R model (Bakker & Demerouti, 2013).

In reference to the second hypothesis, resilience was positively associated with employees' health. This relationship has also been shown by others authors (Bernabé & Botía, 2016; Herrman, et al., 2011; Luthans et al., 2006; Pipe et al., 2012).

The third hypothesis was also confirmed, as the results indicate that resilience has a partial mediating role in perceived psychological health. Situations of workplace bullying are likely to elicit the engagement of personal resources, as is described by the JD-R model. It seems that resilience plays such a role in this case, softening the negative effects of bullying on perceived health. Similarly, psychological bullying may weaken psychological strengths of workers and their ability to stand up for themselves. These results are consistent with those found by other studies, which have highlighted the importance of resilience as a facilitator to aid reduction of discomfort and a better adaptation in the face of stressful situations (Catalano, Chan, Wilson, Chiu, & Muller, 2011; Friberg et al., 2006; White, Driver, & Warren, 2010).

This result could also be explained, as has been suggested by Richardson (2002), by the biopsychosocial-spiritual model and the concept of homeostasis. Stressors, in this case workplace bullying, generate a personal imbalance that must be resolved through one of the following processes: a) as it represents a chance for personal development, the adaptation process generates a better level of homeostasis; b) an attempt to regain the lost balance and return to the point that provoked the stress; c) the establishment of a lower level of homeostasis and a dysfunctional state in which maladaptive strategies (e.g., self-destructive behaviours) are used to cope with stressors. Resilience, therefore, fits into this to influence an individual's capacity to cope with stressors as well as their capacity to overcome them.

According to the results of this study, perceived workplace bullying disturbs the biopsychosocial-spiritual balance and, when facing bullying, workers with the lowest resilience levels face a greater decline in their health, while those with higher scores adjust better to the circumstances and manage to reduce their discomfort.

We can find a possible explanation for this result in the work of Windle (2011), who suggested that resilience could cause a reduction

of discomfort at all levels of adversity, regardless of the level perceived by the exposed person.

Emphasis has been placed on the consideration of workplace bullying as a very difficult problem to solve – one with serious consequences for the health of those victimised by it (Zapf, 1999). According to the results of this study, resilient people are better adapted to this psychosocial stressor and therefore enjoy higher perceived health despite exposure to adversity. Studies analysing other personal resources in situations of workplace bullying have shown that moderating roles, when they are present, are most relevant at lower levels of perceived bullying and disappear at higher levels (Lokke et al., 2011; Matthiesen & Einarsen, 2004; Meseguer et al., 2014; Mikkelsen & Einarsen, 2002; Nielsen, Matthiesen, & Einarsen, 2008). However, according to our results, resilience also reduces discomfort in situations where serious bullying is perceived.

## Practical Implications

We can therefore highlight a number of practical implications. On the one hand, insufficient training and a lack of resources for dealing with interpersonal relationships may lead to an increase in the levels of workplace bullying (Chappell & Di Martino, 2006). Thus, it would be interesting to foster personal development programmes among employees in order to help them develop specific strategies that might improve their capacity to cope with and protect themselves from harmful situations at work. In this sense, several authors (Jackson et al. 2007; McCarthy, Henderson, Sheehan, & Barker, 2002) have suggested the development of programmes to increase resilience by means of networks providing social support and fostering positive professional relationships. At the same time, however, it should be remembered that organisational interventions based on policies to fight workplace bullying are a priority, as they are best placed to influence the design of a healthy working environment.

On the other hand, organizations could take into account employees' resilience in the selection processes or as an evaluable competence within performance management systems.

## Limitations

This study has certain limitations that need to be pointed out. First of all, the information was collected by means of self-administered questionnaires, which can bias the answers, exacerbating the common variance and increasing correlations between variables. We tried to reduce this limitation by rigorously controlling anonymity. We can also state, as a mitigating factor, that personal resources such as resilience are almost impossible to measure with means other than self-reporting (Mäkikangas & Kinnunen, 2003). Second, the design was cross-sectional, whereas it would be interesting for future research to use a longitudinal design in order to validate the results over a time period as well as providing information about causality. Finally, our study was carried out using a heterogeneous sample, and it would be important to prove the external validity of its results with specific samples of workers.

With regard to the arguments exposed above, future studies could compare these findings with other outputs such as job satisfaction, engagement, or absenteeism. Also, further research is needed to clarify if resilience could act as a moderator variable too and under what conditions. On the other hand, it would be interesting if future research also analyse the effects of resilience in the relationship between workplace bullying and health differentiating by professional level and even including other additional variables as mediators to clarify the mediational process.

In conclusion, the results of this study show that resilience intervenes in the perceived health of workers when experiencing



situations of workplace bullying. In that sense, resilience helps to explain the discomfort symptoms of workplace bullying.

### Conflict of Interest

The authors of this article declare no conflict of interest.

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