



## A quantitative exploration of the effects of workplace bullying on South African educators

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### ABSTRACT

*This article reports on results from a quantitative exploration of the effects of workplace bullying (WPB) on school-level educators of different post levels. A convenient, voluntary sample of educators (n=999) who were upgrading their qualifications at the School of Open Learning (SOL) at the University of the Free State, South Africa was selected to complete a questionnaire on WPB. Results of this article emanate from the responses of 850 respondents who indicated that they were victims of WPB. The study reveals that the effects of WPB are psychosocial and physiological, rather than work related. The most frequent effects of WPB are headaches, extreme sadness when recalling the antagonistic behaviour, fatigue and stress. The study emphasises the vulnerability of male victims of WPB, as well as victims who occupy managerial positions. The results indicate that age has little influence on the way victims are affected by WPB. The study highlights the need for the development of anti-WPB policies in South Africa, as well as the creation of structures to cater for the psychosocial and psychological needs of educator victims of WPB.*

**Keywords:** educators, mobbing, schools, South Africa, teachers, workplace bullying.

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## INTRODUCTION

The following definition of workplace bullying (WPB), a widespread problem in contemporary working life, is suggested by Einarsen, Hoel, Zapf and Cooper (2011, p. 22):

Bullying at work means harassing, offending, or socially excluding someone or negatively affecting someone's work. In order for the label bullying (or mobbing) to be applied to a particular activity, interaction or process, the bullying behaviour has to occur repeatedly and regularly (e.g. weekly) and over a period of time (e.g. about six months). Bullying is an escalating process in the course of which the person confronted ends up in an inferior position and becomes the target of systematic negative social acts. A conflict cannot be called bullying if the incident is an isolated event or if two parties of approximately equal strength are in conflict.

This demeaning and unwanted conduct may include, but is not limited to the following: physical assault and aggression; verbal abuse; humiliating or demeaning conduct; marginalisation; abuse of disciplinary processes; demotion or transfer; pressure to engage in illegal activities; recommendation to resign; and social isolation (De Wet & Jacobs, 2013; Le Roux, Ryncroft, & Orleyn, 2010). WPB is often a combination of tactics in which numerous types of hostile communication and behaviour are used (Tracy, Lutgen-Sandvik, & Alberts, 2006). Hoel, Faragher and Cooper (2004, p. 367) argue that bullying is "a reality when negative behaviour manifests itself in a negative outcome, predominantly of a psychological or psychosomatic nature". It is thus understandable that studies on WPB focus not only on the prevalence of the phenomenon, but also on the effects of the behaviour on the victims, co-workers and organisations. Research on WPB has shown that school-level educators, when compared with other employees, are especially at risk of being bullied by colleagues (Blasé, Blasé, & Du, 2008; Cemaloğlu, 2007a; Fahie & Devine, 2014; Leymann, 1996). Maguire (2001, p. 97) attributes this to organisational stress, together with a "culture of performativity, where efficiency, performance and increased demands and target-setting now drive the school system". The prevalence of WPB in the education setting is disquieting, since it has the potential to have a negative effect on teaching and learning (Beale & Hoel, 2011; Fahie & Devine, 2014).

The majority of research on WPB has been done in the European Union countries and the USA (Bartlett & Bartlett, 2011; Hoel et al., 2004). Most of the research has been conducted within the health sector (Steinman, 2003; Yildirim & Yildirim, 2007; Yildirim, Yildirim, & Timucin, 2007). Other study settings have included municipalities (Vartia, 2001), manufacturing companies (Dhar, 2012), universities and religious organisations (Leymann, 1996). From a recent, integrative literature review by Bartlett and Bartlett (2011) it surfaced that research on the topic mainly focuses on the nature and extent, as well as

the causes and effects of WPB on individuals and organisations. Contrary to an abundance of international literature on the topic, studies on WPB in South Africa are limited (De Wet, 2010; Smit, 2014). Nonetheless, two South African studies alluded to the pervasiveness of WPB: a large percentage (77.8%) of the respondents who participated in Steinman's (2003) Internet survey (n=1018) and 31.1% of those who took part in Cunniff and Mostert's (2012) study (n=13911) indicated that they were victims of WPB.

Le Roux et al. (2010, p. 53) write that apart from the definition of 'occupational detriment' there is no definition of WPB in South African labour legislation. Smit (2014, p. 5) additionally writes that

This phenomenon also does not seem to be covered by existing legal avenues, especially victimisation-based constructs which may present a legal lacuna. There is uncertainty about existing legal remedies to deal with workplace bullying in South Africa, and the current laws on unfair discrimination do not adequately prohibit or deal with workplace bullying. As bullying cannot be described as harassment or victimisation on a protected ground, it may be seen as *sui generis*. According to the South African jurisdiction on unfair labour practices, the bullying has to be tied to limited categories, such as promotion, demotion, training and the granting of benefits. Should the bullying fall outside this scope, there is no legal remedy available for workplace bullying.

Le Roux et al. (2010) however argue that some guidance is implicit in several legislative definitions, in different contexts, of the term 'harassment'. According to Le Roux et al. (2010, p. 53) harassment is generally seen as

... persistent, and unwelcome conduct which is hostile or offensive to a reasonable person and induces a fear of harm, and demeans, humiliates or creates a hostile or intimidating environment, or is calculated to induce submission by actual or threatened adverse consequences.

Le Roux et al. (2010) furthermore argue that the existing legal remedies that may deal with WPB – the Employment Equity Act, 1998 (Act 55 of 1998), the Labour Relations Act, 1995 (Act 66 of 1995) and the Compensation for Occupational Injuries and Diseases Act, 1993 (Act 130 of 1993) – do not protect employees from bullying. The Protection from Harassment Act, 2011 (Act 17 of 2011) (RSA, 2011), which protects persons from harm as a result of various forms of harassment, may be seen as an addition to the aforementioned legal remedies that may deal with WPB. Smit (2014, p. 5) argues that the aforementioned Act (Act 17 of 2011)

... has not been drafted to prohibit workplace bullying specifically, but... may grant some relief to the victims of bullying at work, provided that the bullying amounts to harassment. It at least also covers cyberbullying (if it amounts to harassment). ... Only protection orders may be granted in terms of this Act, which will see a warrant of arrest hanging over the head of the perpetrator for five years or more, during which time the complainant and perpetrator still have to work together.

The South African Council of Educators' *Code of Professional Ethics* (SACE, 2002, p. 147) deals with, among others, the relationship between educators under six points. Three of these points deal with the core value of respect and may be linked to WPB:

- promotes gender equality and refrains from sexual harassment (physical or otherwise) of his/her colleagues;
- uses appropriate language and behaviour in his/her interaction with colleagues; and
- avoids any form of humiliation and refrains from any form of abuse (physical or otherwise) towards colleagues.

These points implicitly prohibit some forms of WPB in the school setting. Proper procedures when laying complaints are in place (SACE, 2002).

Identifying the emotional and physical effects of WPB on victims and the material effects on the organisation is an important step in persuading national and organisational policy makers to pay attention to the phenomenon (Tracy et al., 2006). For the same reason, Tracy et al. (2006) highlight the need to research the possible influence of gender and age on how victims experience WPB. They argue that such knowledge may enhance sensitivity towards vulnerable groups. Leo, Reid, Geldenhuys and Gobind (2014) additionally found that very little research has been done in the South African context on the different bullying experiences of men and women in the workplace. There is thus a need to investigate the effects of WPB on educators and to ascertain whether or not certain variables (age, gender and post level) may have an influence on the way educator victims react to bullying. The aim of this article is therefore to answer the following two research questions:

- What are the effects of WPB on victims of bullying?
- How are different groups of victims affected by WPB?

This article reports on results from a research project on WPB among school-level educators. Published results from this project shed a light on, among other things, educators' exposure to different types of WPB (De Wet & Jacobs, 2013), as well as the perpetrators (De Wet & Jacobs, 2014) and victims (Jacobs & De Wet, 2015) of WPB. Findings from the current

study should be read against the background of our findings on the pervasiveness of WPB among educators (De Wet & Jacobs, 2013), as summarised in Table 1. Table 1 provides the details regarding the percentage of respondents who took part in our study and who experienced any one or more of the acts that fall under the particular category of bullying.

**Table 1:** Percentage of respondents who experienced different categories/types\* of WPB

	<b>Number of respondents who were victims of one or more acts of this category of WPB (n=999)</b>	<b>Percentage of respondents who were victims of one or more acts of this category of WPB (n=999)</b>	<b>Percentage of victims who regularly** experience this kind of bullying***</b>
Behaviour undermining the victim's professional status.	873	83.8%	26.8%
Behaviour causing isolation.	807	80.8%	24.5%
Behaviour undermining the victim as the person.	662	66.3%	26.0%
Acts of direct negative behaviour directed at the victim.	382	38.2%	22.1%

\* See De Wet and Jacobs (2013, pp. 456-458) for the clustering of 45 negative acts into four categories.

\*\* Regularly: frequently and constantly on the scale.

\*\*\* The 'n' in this column depends on the number of respondents who were victims, thus indicated in column 2 above.

Source: De Wet & Jacobs (2013, p. 455).

## RESEARCH ON THE EFFECTS OF WPB

Numerous studies have found that WPB has a negative effect on victims and organisations (Hogh, Mikkelsen, & Hansen, 2012; Matthiesen & Einarsen, 2004). The following overview will highlight a few of these studies. Findings from these and other studies will be compared with results from the current study.

Since the commencement of research on WPB (Leymann, 1996) the survey method was the preferred technique for gathering data on different aspects of the phenomenon. Numerous questionnaires have been developed and refined over time to ascertain the effects of WPB. Using the Impact of Event Scale and the Post-traumatic Stress Scale, Matthiesen and Einarsen (2004) investigated distress and symptoms of post-traumatic stress disorder among 102 members of two Norwegian national associations against bullying at work. A

study by Hoel et al. (2004) used a 12-item scale for the Occupational Stress Indicator and the 12-item version of the General Health Questionnaire to study the physical and mental health of British employees (n=5288) in 70 organisations. Hauge, Skogstad and Einarsen (2010) utilised the Negative Act Questionnaire and the Hopkins Symptom Checklist items to study the effects of WPB on the Norwegian working population (n=2242). Vartia's (2001) study (n=949) used the Occupational Stress Questionnaire, developed by the Finnish Institute of Occupational Health, to compare the emotional wellbeing of victims of WPB with those of non-victims. Data originating from Yildirim and Yildirim's (2007) and Yildirim et al.'s (2007) self-designed questionnaires sheds a light on the effects of WPB on Turkish nurses (n=505) and nurse teaching staff (n=346).

The following are three examples of qualitative studies on the effects of WPB: Tracy et al. (2006) explored the painful metaphors of WPB using data drawn from 10 in-depth interviews and two focus groups with nine and eight participants respectively. Dhar's (2012) study on WPB in India stems from 24 interviews with workers from three manufacturing companies. Lewis (2004) studied feelings of shame among 15 victims of WPB who lecture at colleges and universities in Wales.

Qualitative and quantitative studies explored the effects of WPB on educators. Whereas Blasé and Blasé (2006; 2007) used grounded theory to study a sample of 50 American educators who were subjected to long-term abuse by their principals, two South African studies, namely those by De Wet (2010) (n=8) and De Vos (2013) (n=27), used content analysis and interpretative phenomenological analysis respectively to make sense of data emanating from interviews with educators. Meyer and Kirsten's (2014) qualitative study (n=29) looked into the psychological, biophysical, spiritual, ecological and metaphysical effects of psychological violence on staff members at a multi-campus South African Further Education and Training College. Matsela and Kirsten's (2014) phenomenological study (n=21) shed a light on Lesotho educators' experiences and sources of WPB, as well as its effects on the health of the victims. In a study on WPB in Ireland, Fahie and Devine (2014) used a qualitative software package to identify the effects of WPB on 24 educators. The survey method was used to investigate the effect of WPB on educators in the USA (n=172) (Blasé et al., 2008) and Britain (n=3018) (National Association of Schoolmasters' Union of Women Teachers, 2012).

An array of research methods has thus been used to investigate the effects of WPB on employees in a variety of settings. Although research on the topic is well established internationally, a scarcity of research on the topic within the South African context and within the teaching profession necessitates this study.

## METHODOLOGY

### RESEARCH INSTRUMENT

A five-section questionnaire, prepared after an extensive literary review and scrutiny of existing WPB questionnaires (cf. Cemaloğlu, 2007a; 2007b; Einarsen, 1999; Yildirim & Yildirim, 2007; Yildirim et al., 2007), was used for data collection. The following information was given to prospective respondents in the introductory section of the questionnaire:

Workplace bullying has been defined as ‘all those repeated actions and practices that are directed to one or more workers, which are unwanted by the victim, which may be done deliberately or unconsciously, but clearly cause humiliation, offence, and distress, and that may interfere with job performance and/or cause an unpleasant working environment’ (Einarsen, 1999, p. 17). This definition encompasses the main features of most definitions of workplace bullying: repeated and enduring behaviours (six months or more) that are intended to be hostile and/or are perceived as hostile by the victim.

In the first section of the questionnaire the respondents’ demographic information was requested (cf. Table 2 and Jacobs & De Wet, 2015). In the second section questions were asked about their exposure to predetermined acts of WPB (cf. De Wet & Jacobs, 2013 for 45 acts of WPB, and Table 1 for the five broad categories/types of WPB); in the third section information was asked about the professional identity of the perpetrators (cf. De Wet & Jacobs, 2014); the fourth addressed the effects of the bullying experience on the respondents; and the last section contained four open-ended questions. This article will focus on the effects of WPB on respondents who were victims of WPB, utilising data obtained from the fourth section of the questionnaire (cf. Tables 3 to 6). The various items related to different effects of WPB on victims of WPB were presented to the respondents in the form of 31 statements, to which they had to indicate how they reacted to being bullied, using a 5-point scale (never, once, occasionally, frequently, constantly). Demographic data will be used to introduce the respondents (Table 2). Existing WPB literature and questionnaires (cf. Cemaloğlu, 2007a; 2007b; Einarsen, 1999; Yildirim & Yildirim, 2007; Yildirim et al., 2007) informed our decision on which effects to include in our research instrument.

**Table 2:** Details of sample

Type of school	F	%
Preschool	18	2.1
Primary	503	59.2
Intermediate	100	11.8
Secondary	76	8.9
Further Education and Training	40	4.7
Combined	55	6.5
Not indicated	58	6.8
Total	850	100
<b>Enrolment</b>		
200 or fewer learners	402	47.3
201-1000	283	33.3
1001 or more learners	128	15.1
Unspecified	37	4.4
Total	850	100.1
<b>Teaching experience in years</b>		
10 years or fewer	604	71.1
11-20	154	18.1
21+	83	9.8
Unspecified	9	1.1
Total	850	100.1

## SAMPLE

Questionnaires were distributed to all school-level educators enrolled for any of the number of qualifications at the School of Open Learning (SOL) at the University of the Free State, South Africa. All the educators who were invited to take part in the study already have a basic education qualification and are employed in some education-related post.

As this is an exploratory study, we do not claim any inferences, but merely seek to provide some understanding about a phenomenon which has received scant attention from researchers, namely WPB experienced by South African educators. Tutors, who facilitated the contact sessions at SOL, provided each of the educators enrolled for an education qualification with a questionnaire. The educators had the choice of completing the questionnaire or destroying it. Those who completed the questionnaire were requested, at their convenience, to return it sealed to the coordinator of the centre where they attended classes. No record was kept of who returned the completed questionnaire, and this was

made clear to the possible respondents at the outset. Of the 2 742 questionnaires, 1 103 were received back (a return rate of 40.2%), of which 999 (36.4%) could be used. The returned questionnaires that were not used were questionnaires on which more than half of the items were not completed. Ninety-two of the 999 respondents indicated that they had never experienced any of the 43 listed acts of WPB. As this paper focuses on the reaction of respondents who were bullied, these 92 respondents were removed from the sample. A further 57 respondents did not complete the fourth part of the questionnaire, which left us with a sample of 850.

Apart from the variables used in Table 4 (gender), Table 5 (post level) and Table 6 (different age groups), the details relating to the type of school, enrolment and years of teaching experience of the final sample used in this paper are summarised in Table 2.

## RESEARCH ETHICS

We respected the respondents' dignity, privacy and interests at all times. The questionnaires did not contain any identifying aspects, names, addresses or code symbols. Before completing the questionnaires, the respondents were informed that the process was completely voluntary and that they could withdraw at any stage during the process. Each respondent completed an informed consent form. They received no financial or other reward for taking part in the study. Although no formal debriefing or aftercare was provided to the respondents, they were informed by the tutors – who were responsible for the distribution of the questionnaires – that they could contact the South Campus's psychologist if they needed psychological support. Permission for this study was obtained from the dean of the SOL and ethical clearance was obtained from the Faculty of Education, University of the Free State's Ethical Clearance Committee (ref: UFS-EDU-2013-0013).

## CAPTURING AND ANALYSIS OF THE DATA

An experienced typist captured the data from the questionnaires using MS Excel and spot checks were done for accuracy. The data was analysed using the STATA IC11 software. In line with the purpose of the paper, we made use of descriptive statistics to establish the effect that WPB has on educators. When working with a 5-point scale, a score of 3 often serves as a point of neutrality. However, in this study it is not the case, as any score above 1 is an indication that this reaction was brought forth albeit at varying regularities. The higher the score, the more frequently the victim-respondents responded to WPB in this manner.

## VALIDITY AND RELIABILITY

In this study, we based our questionnaire on a comprehensive literature review on WPB and existing WPB questionnaires (thus enhancing content validity). The various items related

directly to specific constructs that we wanted to measure (working towards construct validity). Before distributing the questionnaires, we gave the instrument to five critical readers for comment, and based on their comments, we improved the face validity of the questionnaire. A complex concept (anxiety) was for example substituted by the following statement: *I feel afraid when I enter the school yard*. Two items that may possibly be perceived as having racial or gender prejudice were removed from the questionnaire.

The internal reliability (internal consistency) of the responses was measured by calculating the Cronbach's alpha coefficient. Although the value of 0.7 is generally accepted as indicative of acceptable levels of reliability, Pietersen and Maree (2007) explain that an alpha value of at least 0.9 is indicative of high reliability. In this study, the coefficient for the responses to the 31 scaled items on which this paper is based was calculated to be 0.9613, which suggests a very high level of internal reliability.

Our decision to cluster the 31 effects of WPB (cf. Tables 3 to 6) into three categories was informed by Yildirim et al.'s (2007) study. To determine and categorise the effects of WPB, Yildirim et al. (2007) conducted in-depth interviews with seven academics that were experiencing or had experienced WPB. They also conducted an extensive literature review. The resulting list was thereafter shown to six experts. Based on these experts' opinions and recommendations, the list was prepared. Note should nonetheless be taken of the fact that psychosocial and psychological are often confused as words that have the same meaning. As adjectives, the difference between *psychological* and *psychosocial* is that psychological is of or pertaining to psychology, while psychosocial is (of behaviour) having both psychological and social aspects (cf. Dennis, 2005). Our categorisation – based on Yildirim et al.'s (2007) study – may therefore be flawed.

## RESULTS

Results from this study shed light on the following two research questions:

- What are the effects of WPB on victims of bullying?
- How are different groups of victims affected by WPB?

### RESPONSES OF VICTIMS

In the first instance, we looked at common responses to WPB (not taking into account how regularly this response was elicited) by the respondents who were victims of WPB. The results are displayed in Table 3. The most common effects that victim-respondents indicated were that they get headaches (57.4%), that they feel extremely sad when they remember the antagonistic behaviour towards them (53.3%), and that they feel tired and stressed (52.0%). Furthermore, 49.5% indicated that they replay or re-experience the

behaviour over and over in their mind, while 47.3% of the respondent-victims' sleeping patterns were affected by WPB. All the above common effects fall either in the category of psychosocial effect or physiological effect. Although it seems that WPB has less of an effect on the productivity of victims than it has on the wellbeing of the victims, it should be noted that more than a third of the victim-respondents indicated that they spend most of their time doing things unrelated to their work (35.8%), are unable to get any work done during free periods (35.3%), and feel detached from their work (34.9%).

**Table 3:** How victims of WPB were affected ( $n=850$ )

	N	Number of respondents who reacted like this	
		F	%
<b>Psychosocial effects</b>			
I feel extremely sad when I remember the antagonistic behaviour towards me.	828	441	53.3%
I feel tired and stressed.	823	428	52.0%
I replay/re-experience the behaviour over and over in my mind.	820	406	49.5%
I don't trust anyone at work.	817	343	42.0%
I am experiencing an unexplained fear that something bad is going to happen.	833	339	40.7%
I feel as if I have been betrayed.	816	327	40.1%
I feel as if I want to cry.	810	309	38.1%
I think I am depressed.	827	309	37.4%
I feel less self-confidence and self-respect.	818	283	34.6%
I feel lonely.	828	278	33.6%
I am excessively discontented and easily frightened.	819	266	32.5%
My life outside of work (my marriage and my family) is negatively affected by this.	833	239	28.7%
I feel afraid when I enter the school yard; I don't want to be at work.	831	231	27.8%
I feel guilty most of the time.	829	221	26.7%
I was diagnosed with depression.	826	202	24.5%
I am receiving/have received support from a psychologist/ doctor because of the behaviour to which I was exposed.	831	160	19.3%

<b>Physiological effects</b>			
I have headaches.	807	463	57.4%
My sleep regularity is disturbed.	827	391	47.3%
I am not hungry/I don't eat enough.	808	305	37.7%
I am experiencing changes in my blood pressure.	818	308	37.7%
I have stomach and intestinal complaints.	819	309	37.7%
I eat too much/I binge.	819	279	34.1%
I have developed uncontrollable movements/ tics.	815	212	26.0%
I use too much alcohol or medication or smoke too much.	812	136	16.7%
<b>Counter-productive behaviour</b>			
I spend most of my time doing things unrelated to my work.	809	290	35.8%
I can't do any work at school during my free periods.	800	282	35.3%
I feel less attached to my work.	806	281	34.9%
I have difficulty concentrating on a job.	806	248	30.8%
I make it look as if I am very busy when I'm not doing anything.	811	249	30.7%
When something needs to be done I move very slowly.	814	243	29.9%
I have conflict with colleagues at work.	808	240	29.7%

## EFFECTS OF WPB PER GENDER

We then probed into the difference in effect that WPB has on female respondents compared to male respondents. We used the student's t-test to see if there are statistically significant differences between the mean scores<sup>2</sup> of females, compared to males (cf. Table 4). Table 4 shows that in general, WPB has a greater effect on male respondents who took part in this study, compared to females, with the males showing a higher mean score on 27 of the 31 items in the questionnaire. The most frequent response amongst the male respondents is that they feel sad when remembering the antagonistic behaviour towards them ( $M=2.0794$ ), followed by male respondents not trusting anyone at work as a result of WPB ( $M=2.0714$ ). The most frequent effect of WPB on the female respondents seems to be that they get headaches ( $M=2.2083$ ) and then also that they feel tired and stressed ( $M=2.0073$ ).

While these differences can be noted, the differences were only statistically significant on the following items: Males tend to use too much alcohol, medication and cigarettes

2 It must be noted that any mean score above 1.000 is an indication that this particular reaction was elicited as a result of WPB.

( $M=1.5625$ ); statistically significantly more on a 95% probability level ( $t=3.6663$ ;  $p=0.0003$ ) compared to females in the sample ( $M=1.2766$ ). On a 90% significance level, the males in the sample also tend to spend their time doing things unrelated to their work ( $M=1.8016$ ), significantly more than females ( $M=1.6237$ ;  $t=1.7787$ ;  $p=0.0757$ ) and they also receive support from doctors or psychologists ( $M=1.4688$ ) more often than their female peers ( $M=1.3290$ ;  $t=1.7368$ ;  $p=0.0828$ ).

**Table 4:** Comparing the effects of WPB on males ( $n=130$ ) and females ( $n=710$ )<sup>3</sup>

Effects of WPB	Mm	sm	Mf	sf	T	p
<b>Psychosocial effects</b>						
I feel extremely sad when I remember the antagonistic behaviour towards me.	2.0794#	1.1566	1.9610	1.1315	1.0761	0.2882
I replay/re-experience the behaviour over and over in my mind.	2.0079#	1.1278	1.9474	1.1893	0.5295	0.5966
I feel afraid when I enter the school yard; I don't want to be at work.	1.6142#	1.1059	1.5447	1.0459	0.6824	0.4952
I feel lonely.	1.6746#	1.1442	1.6416	1.0550	0.3185	0.7502
I don't trust anyone at work.	2.0714#	1.2533	1.8770	1.2535	1.5996	0.1101
I feel less self-confidence and self-respect.	1.7520#	1.1335	1.6711	1.1883	0.7597	0.4477
My life outside of work (my marriage and my family) is negatively affected by this.	1.7188#	1.2033	1.5871	1.0699	1.2543	0.2101
I feel guilty most of the time.	1.5859#	1.0236	1.4783	0.9324	1.1809	0.2380
I feel as if I want to cry.	1.6746#	1.0942	1.7692	1.1392	0.8613	0.3894
I feel as if I have been betrayed.	1.8594#	1.2085	1.7856	1.1424	0.7961	0.4262
I am experiencing an unexplained fear that something bad is going to happen.	1.8828#	1.1612	1.7784	1.1374	0.9511	0.3418
I am receiving/have received support from a psychologist/ doctor because of the behaviour to which I was exposed.	1.4688#	0.9956	1.3290	0.8037	1.7368	0.0828*
I feel tired and stressed.	2.0476#	1.1856	2.0073	1.1949	0.3489	0.7273
I am excessively discontented and easily frightened.	1.6452#	1.0835	1.6327	1.0598	0.1205	0.9041
I think I am depressed.	1.7969#	1.1526	1.7536	1.1631	0.3869	0.6989
I was diagnosed with depression.	1.5433#	1.0294	1.4551	0.9371	0.9599	0.3374

3 10 respondents did not indicate their gender.

<b>Physiological effects</b>						
My sleep regularity is disturbed.	2.0394#	1.1912	1.8957	1.1558	1.2816	0.2004
I have developed uncontrollable movements/ tics.	1.5512#	0.9319	1.4669	0.9225	0.9439	0.3455
I am experiencing changes in my blood pressure.	1.7953#	1.1222	1.7419	1.1228	0.4916	0.6231
I have stomach and intestinal complaints.	1.7188#	1.0113	1.6892	1.0662	0.2905	0.7715
I use too much alcohol or medication or smoke too much.	1.5625#	0.9861	1.2766	0.7710	3.6663	0.0003**
I eat too much/I binge.	1.5703	0.9448	1.6540#	1.0580	0.8341	0.4045
I am not hungry/I don't eat enough.	1.6693	0.9844	1.6949#	1.0660	0.2516	0.8014
I have headaches.	2.0080	1.1253	2.2083#	1.2970	1.6172	0.1062
<b>Counterproductive behaviour</b>						
I spend most of my time doing things unrelated to my work.	1.8016#	0.9962	1.6237	1.0367	1.7787	0.0757*
I feel less attached to my work.	1.7200#	1.0746	1.6176	1.0175	1.0244	0.3060
I make it look as if I am very busy when I'm not doing anything.	1.5714#	0.9502	1.5347	0.9487	0.3988	0.6902
When something needs to be done I move very slowly.	1.5873#	0.9232	1.5162	0.9565	0.7701	0.4414
I have conflict with colleagues at work.	1.5280#	0.9296	1.5030	0.9093	0.2817	0.7783
I have difficulty concentrating on a job.	1.5440	0.8753	1.5714#	1.0291	0.2797	0.7798
I can't do any work at school during my free periods.	1.7742#	1.0580	1.6867	1.1426	0.7922	0.4285

# Highest mean score

\* Statistically significant difference on a 90% probability level

\*\* Statistically significant difference on a 95% probability level

## THE EFFECTS OF WPB ON POST LEVEL 1 EDUCATORS COMPARED TO THAT OF RESPONDENTS IN PROMOTION POSTS (POST LEVEL 2 OR HIGHER)

Next we looked at the effects of WPB on post level 1 educators compared with that of respondents in promotion posts (post level 2 or higher) (Table 5). In general, in this sample, it seems as if educator-victims in managerial positions are affected more by WPB than their colleagues on post level 1, as the average score is higher on 29 of the items. The most common effect on respondents on post level 2 and higher is I have headaches ( $M=2.4146$ ), I feel tired and stressed ( $M=2.3111$ ) and I replay/re-experience the behaviour over and over in my mind ( $M=2.1778$ ). Post level 1 respondents indicated the most regular effect of WPB on them was headaches ( $M=2.1473$ ) and I feel extremely sad when I remember the antagonistic behaviour

towards me ( $M=1.9790$ ), and also I feel tired and stressed ( $M=1.9776$ ). The differences between the two groups are statistically significant only on the effects discussed below.

Respondents in managerial positions ( $M=1.9268$ ) find it statistically significantly more difficult (on a 95% probability level) to concentrate on a job than the post level 1 educators ( $M=1.6937$ ;  $t=2.398$ ;  $p=0.0167$ ). They furthermore also received support from a psychologist or doctor because of the behaviour to which they were exposed statistically significantly more regularly ( $M=1.622$ ) than their post level 1 colleagues ( $M=1.3325$ ;  $t=2.2754$ ;  $p=0.0231$ ). In addition, on a 95% probability level, respondents on post level 2 and higher indicated that their lives outside of work (marriage/family) are negatively affected ( $M=1.9556$ ) statistically significantly more than the respondents on post level 1 ( $M=1.5927$ ;  $t=2.1618$ ;  $p=0.0309$ ). The respondents on post level 2 and higher indicated that they are affected by WPB statistically significantly, on a 90% probability level, more than their colleagues on post level 1 on the following four items as indicated with a single asterisk in Table 5: I am experiencing changes in my blood pressure; I was diagnosed with depression; I feel tired and stressed and I have conflict with colleagues at work.

**Table 5:** Comparing the effects of WPB on post-level 1 educators ( $n=783$ ) with the effects on respondents in promotion posts ( $n=45$ )<sup>4</sup>

Effect of WPB	M1	sm	M2+	sf	T	P
<b>Psychosocial effects</b>						
I feel extremely sad when I remember the antagonistic behaviour towards me.	1.9790	1.1381	2.0000#	1.0871	0.1206	0.9041
I replay/re-experience the behaviour over and over in my mind.	1.9509	1.1834	2.1778#	1.1538	1.2512	0.2112
I feel afraid when I enter the school yard; I don't want to be at work.	1.5556#	1.0541	1.5556#	1.0987	0.0000	1.0000
I feel lonely.	1.6365	1.0595	1.7273#	1.0861	0.5519	0.5812
I don't trust anyone at work.	1.8948	1.2526	2.1778#	1.3700	1.4640	0.1436
I feel less self-confidence and self-respect.	1.6737	1.0833	1.7619#	1.2259	0.5096	0.6104
My life outside of work (my marriage and my family) is negatively affected by this.	1.5927	1.0804	1.9556#	1.3135	2.1618	0.0309**
I feel guilty most of the time.	1.4935	0.9447	1.5111#	1.0362	0.1212	0.9036
I feel as if I want to cry.	1.7466	1.1239	1.7727#	1.1786	0.1492	0.8815

4 22 respondents did not indicate their post level.

I feel as if I have been betrayed.	1.7633	1.1317	1.9545#	1.1605	1.0880	0.2769
I am experiencing an unexplained fear that something bad is going to happen.	1.7927#	1.8000	1.1403	1.1599	0.0417	0.9667
I am receiving/have received support from a psychologist/ doctor because of the behaviour to which I was exposed.	1.3325	0.8043	1.6222#	1.1926	2.2754	0.0231**
I feel tired and stressed.	1.9776	1.1770	2.3111#	1.3284	1.8333	0.0671*
I am excessively discontented and easily frightened.	1.6169	1.0521	1.7857#	1.1798	1.0054	0.3150
I think I am depressed.	1.7484	1.1442	1.8444#	1.3810	0.5407	0.5889
I was diagnosed with depression.	1.4474	0.9196	1.7111#	1.2725	1.8242	0.0685*
<b>Physiological effects</b>						
My sleep regularity is disturbed.	1.9056	1.1554	2.1163#	1.3131	1.1544	0.2487
I have developed uncontrollable movements/ tics.	1.4641	0.9079	1.6046#	1.0497	0.9787	0.3280
I am experiencing changes in my blood pressure.	1.7262	1.1136	2.0714#	1.1560	1.9516	0.0513*
I have stomach and intestinal complaints.	1.6750	1.0377	1.9070#	1.1915	1.4140	0.1578
I use too much alcohol or medication or smoke too much.	1.3169	0.0794	1.3810#	0.9866	0.5018	0.6160
I eat too much/I binge.	1.6349	1.0455	1.6977#	1.0127	0.3835	0.7015
I am not hungry/I don't eat enough.	1.6743	1.0413	1.8605#	1.1460	1.1338	0.2572
I have headaches.	2.1473	1.2650	2.4146#	1.3224	1.3146	0.1890
<b>Counterproductive behaviour</b>						
I spend most of my time doing things unrelated to my work.	1.6466	1.0243	1.7857#	1.1161	0.8524	0.3943
I feel less attached to my work.	1.6255	1.0256	1.6829#	1.0592	0.3485	0.7276
I make it look as if I am very busy when I'm not doing anything.	1.5314	0.9311	1.5952#	1.0833	0.4286	0.6683
When something needs to be done I move very slowly.	1.5260	0.9489	1.5714#	1.0156	0.3010	0.7635
I have conflict with colleagues at work.	1.4906	0.9007	1.7381#	1.1056	1.7100	0.0877*
I have difficulty concentrating on a job.	1.5436	0.9788	1.9268#	1.2726	2.398	0.0167**
I can't do any work at school during my free periods.	1.6937	1.1262	1.8333#	1.2281	0.7773	0.4372

# Highest mean score

\* Statistically significant difference on a 90% probability level

\*\* Statistically significant difference on a 95% probability level

## RESPONSE OF RESPONDENTS FROM VARIOUS AGE GROUPS

Lastly, we compared the responses from the various age groups, comparing the effects that WPB has on educators 30 years of age and younger ( $n=187$ ), to those aged between 31 and 50 ( $n=360$ ) and those 51 years and older ( $n=303$ ). The results are displayed in Table 6. All three these groups indicated that the most common effects of WPB are that they get headaches, and that they feel tired and stressed. While no pattern emerged at a glance in terms of psychosocial effects, it seems as if the older respondents (50+) seem to be affected more physiologically by WPB, while the work of the younger respondents (20-30) are more often negatively affected.

Very few statistically significant differences were indicated when the averages were compared using the one-way ANOVA. For those who differed statistically significantly, the Bonferroni post-hoc test was used to confirm the groups between which this significance lies. The older respondents in the sample indicated that they experience changes in their blood pressure statistically significantly more than their younger colleagues ( $F=8.77$ ;  $p=0.0002$ ). The post-hoc test showed that this is applicable to the respondents aged between 31 and 50 compared to those 51 years and older ( $p=0.003$ ), as well as the group of respondents 30 years and younger, compared to those 51 years and older ( $p=0.000$ ). On the other hand, the one-way ANOVA indicated that those 50 years and younger (first two groups in Table 6) might be statistically significantly more inclined to feel guilty most of the time ( $F=2.48$ ;  $p=0.0846$ ) and to experience unexplained fear that something bad is going to happen ( $F=2.37$ ;  $p=0.0940$ ). However, the Bonferroni post-hoc test did not confirm the statistical significance of these differences between specific groups.

**Table 6:** Comparing the effects of WPB on respondents 30 years of age and younger ( $n=187$ ), with respondents between 31 and 50 ( $n=360$ ) and those 51 years and older ( $n=303$ )

Effect of WPB	M20-30	M31-50	M51+	F	P
<b>Psychosocial effects</b>					
I feel extremely sad when I remember the antagonistic behaviour towards me.	1.9670	1.9489	2.0034#	0.19	0.8290
I replay/re-experience the behaviour over and over in my mind.	1.9392	1.9253	1.9897#	0.25	0.7797
I feel afraid when I enter the school yard; I don't want to be at work.	1.5380	1.5938#	1.5153	0.47	0.6236
I feel lonely.	1.6503	1.6943#	1.5831	0.87	0.4175
I don't trust anyone at work.	1.9945#	1.8902	1.8552	0.71	0.4913
I feel less self-confidence and self-respect.	1.6685	1.6963#	1.6736	0.05	0.9494
My life outside of work (my marriage and my family) is negatively affected by this.	1.5824	1.5871	1.6508#	0.34	0.7112

I feel guilty most of the time.	1.5470#	1.5437	1.3925	2.48	0.0846*
I feel as if I want to cry.	1.7889	1.7899#	1.6712	1.03	0.3589
I feel as if I have been betrayed.	1.7472	1.8442#	1.7251	0.96	0.3825
I am experiencing an unexplained fear that something bad is going to happen.	1.8750#	1.8390	1.6746	2.37	0.0940*
I am receiving/have received support from a psychologist/ doctor because of the behaviour to which I was exposed.	1.2772	1.3818#	1.3615	0.97	0.3785
I feel tired and stressed.	2.0055	1.9656	2.0479#	0.38	0.6841
I am excessively discontented and easily frightened.	1.6298	1.6810#	1.5621	1.00	0.3689
I think I am depressed.	1.7182	1.7620	1.7645#	0.11	0.8988
I was diagnosed with depression.	1.4333	1.5170#	1.4247	0.90	0.4088
<b>Physiological effects</b>					
My sleep regularity is disturbed.	1.8595	1.8629	1.9966#	1.28	0.2786
I have developed uncontrollable movements/tics.	1.4670	1.4624	1.4948#	0.11	0.9002
I am experiencing changes in my blood pressure.	1.5604	1.6657	1.9585#	8.77	0.0002**
I have stomach and intestinal complaints.	1.5879	1.6657	1.7897#	2.24	0.1068
I use too much alcohol or medication or smoke too much.	1.2376	1.3179	1.3789#	1.69	0.1861
I eat too much/I binge.	1.6154	1.6474#	1.6392	0.06	0.9443
I am not hungry/I don't eat enough.	1.7514#	1.7088	1.6237	0.93	0.3938
I have headaches.	2.2889#	2.1036	2.1661	1.25	0.2867
<b>Counterproductive behaviour</b>					
I spend most of my time doing things unrelated to my work.	1.7348#	1.6364	1.6098	0.86	0.4224
I feel less attached to my work.	1.7232#	1.6023	1.6028	0.96	0.3831
I make it look as if I am very busy when I'm not doing anything.	1.5866#	1.5335	1.5121	0.35	0.7061
When something needs to be done I move very slowly.	1.5944#	1.5072	1.5121	0.56	0.5714
I have conflict with colleagues at work.	1.4917	1.5234#	1.4877	0.14	0.8698
I have difficulty concentrating on a job.	1.5824	1.5029	1.6277#	1.23	0.2920
I can't do any work at school during my free periods.	1.6944	1.6607	1.7465#	0.45	0.6398

# Highest mean score

\* Statistically significant difference on a 90% probability level

\*\* Statistically significant difference on a 95% probability level

## DISCUSSION

The present study adds to the literature on WPB through investigating the effects of WPB on victim-educators to WPB and scrutinising the possible influence of gender, age and post level on the way they are affected by their victimisation. These findings are discussed in the light of the literature and some suggestions for policy and practice are formulated. By comparing the results from the current study with those from previous research, insights are gained in terms of the psychosocial, psychological and professional effects of WPB on educators, as well as the differences in the effect WPB has on victims of different age groups, genders and post levels.

### THE EFFECTS OF WPB ON EDUCATORS

#### PSYCHOSOCIAL EFFECTS

Participants identified feelings of sadness as the most common psychosocial effect of WPB. More than half of the educators who took part in our study indicated that they feel extremely sad when recalling the negative behaviour towards them, and 38.1% furthermore indicated that they often 'feel as if I want to cry'. Likewise, De Vos (2013) found that feelings of sadness and the inclination to cry are common effects of WPB on victims of WPB. More than half of the nurses (58.8%) and 38% of the nurse teaching staff who took part in Yildirim and Yildirim (2007) and Yildirim et al.'s (2007) studies also indicated that they felt extremely sad when they remember the negative behaviour towards them. The victims who took part in Tracy et al.'s (2006, p.167) study furthermore told researchers that they felt 'sad ... and broken-hearted'.

Findings from our study on the frequency of depression (37.4% thought they suffer from the malady and 24.5% were diagnosed with depression) as a result of WPB are consistent with findings from numerous studies (Blasé & Blasé, 2006 & 2007; De Vos, 2013; Fahie & Devine, 2014; Hauge et al., 2010; Matsela & Kirsten, 2014; Matthiesen & Einarsen, 2004; Meyer & Kirsten, 2014; Quine 2001; Vartia, 2001). The study by Quine (2001) reveals, for example, that nurses who are victims of WPB are significantly more likely to suffer clinical levels of anxiety ( $\chi^2=31.4$ ,  $p<.001$ ) and depression ( $\chi^2 = 10.6$ ,  $p < .001$ ) than nurses who are not bullied.

A victim of WPB who took part in Duffy and Sperry's (2007, p. 401) study described the reaction of colleagues towards the victim as similar to the reaction of family and friends of someone who is dying: "they begin to withdraw and move away from the person, as if the person is already dead". Victims consequently feel 'dead', 'invisible' and 'abandoned'. This holds true for the current study: Victim-participants indicated that they felt lonely (33.6%). Feelings of sadness (53.3%), discontent (32.5%) and a lack of trust towards colleagues

(42.0%) may inadvertently result in colleagues withdrawing from a victim, thus intensifying the victim's loneliness.

Findings from our study feed into Lewis's (2004) argument that WPB leads to feelings of shame among victims. Victims of WPB indicated to Lewis (2004) that they felt powerlessness, humiliation, inferiority and withdrawal; respondents taking part in the current study indicated that they felt betrayed (40.1%), guilty (26.7%) and lacked self-confidence and self-respect (34.6%). Vartia (2001) and the National Association of Schoolmasters' Union of Women Teachers (2012) additionally found that victims of WPB suffer from feelings of low self-confidence more often than those who have not been subjected to bullying.

Although only 28.7% of the victim-educators who took part in our study indicated that their private lives (my marriage and my family) are negatively affected by WPB, the seriousness of the problem should not be ignored. Peyton (2009, p. 65) warns that "marriages break up and families fall apart, especially if the person doesn't identify what is happening to them and find it easier to blame someone who is closer to them for the way that they are feeling". Duffy and Sperry (2007, p. 401) additionally warn that victims of WPB may become obsessively preoccupied with their negative experiences. They constantly talk about the experiences and thus deprive the family "of the multidimensional person they knew and cared for". Lewis's (2004, p. 295) argument of "the need to relive, dwell upon the anguish over their experiences presents a picture of people who remain connected with what has happened to them long after the bullying has happened" is validated by the current study: 49.5% of the participants indicated that they replay/re-experience the behaviour over and over in their minds.

While only 19.3% of the victims who took part in our study indicated that they are receiving or had received support from a psychologist and/or doctor as a result of the WPB, two-thirds of the educator-victims who took part in Blasé and Blasé's (2007) study indicated that they sought medical treatment for their physical/physiological problems. In the current study, participants' unwillingness or inability to seek medical and/or psychological support is worrying, if taking into consideration that relatively large percentages of them suffered from depression (26.7%), headaches (57.4%) and insomnia (47.3%), and 16.7% indicated that they make excessive use of substances (cigarettes, alcohol or medication) as result of WPB. A discussion of these, and other psychological reactions to WPB, will follow.

## PSYCHOLOGICAL REACTIONS

Participants identified headaches as the most common negative effect of WPB. The commonness of headaches among victims of WPB was likewise highlighted by previous research (Blasé & Blasé, 2006 & 2007; De Vos, 2013; De Wet, 2010; Matsela & Kirsten,

2014; Yildirim & Yildirim, 2007; Yildirim et al., 2007). Studies alluding to the negative effect of WPB on victims' sleeping patterns (Blasé & Blasé, 2006 & 2007; De Vos, 2013; De Wet, 2010; Fahie & Devine, 2014; Hogh et al., 2012; Matsela & Kirsten, 2014) are in line with findings from the current study: 47.3% of the participants indicated that they seldom have a good night's sleep as a result of WPB. Fahie and Devine (2014) additionally found that WPB may result in nightmares and violent dreams. Hogh et al. (2012) explain that insomnia has serious daytime problems, such as fatigue, mood changes, cognitive difficulties or daytime sleepiness which may lead to an impaired quality of life.

A finding from Fahie and Devine's (2014), as well as Matsela and Kirsten's (2014) studies, namely that WPB may result in eating disorders, is supported by the current study. More than a third of the victims of WPB who took part in our study indicated that their victimisation had a negative effect on their eating habits (either eating too much/binging or too little).

Findings from our study on the moderate frequency of victims of bullying using too much alcohol or medication or smoking too much (16.7%) compares well with findings from previous research by De Vos (2013), Vartia (2001) and Hauge et al. (2010). Victims of WPB who took part in Vartia's (2001) survey indicated, for example, that they occasionally or regularly took sleep-inducing drugs (13%) and sedatives (16%). The percentages of victims who took sleep-inducing drugs ( $\chi^2=9.75P<0.01$ ) and sedatives ( $\chi^2=28.58 P<0.001$ ) were statistically significantly higher than non-victims. The use of too much alcohol or medication has serious health consequences for victims of WPB, but may also have an effect on their ability to fulfil their professional duties.

## THE EFFECT OF WPB ON EDUCATORS' PRODUCTIVITY

Hoel, Sheehan, Cooper and Einarsen (2011) found that evidence on the effect of WPB on productivity is scarce, despite the assumption that WPB would have a negative effect on job satisfaction, innovation, commitment and creativity. The current study shows that some victims of WPB feel less attached to their work (34.9%) and have difficulty concentrating on their work (30.8%). Hoel et al. (2011) argue that reduced commitment or withdrawal is often used as a coping strategy by victims of WPB. This may have an effect on performance and productivity. Hoel et al. (2011) furthermore warns that problems with concentration may increase the propensity to make mistakes, thus increasing the likelihood of accidents, as well as a reduction in outputs and the quality of the product. Hoel et al.'s (2011) assumption that victims' lack of concentration and productivity may cause irritation and frustration among workers, holds true for this study: 29.7% of the respondents indicated that they have conflict with colleagues at work. Hoel et al. (2011, p. 140) write that the effect of WPB on productivity "is likely to be considerable, but largely intangible, and will require some element of informed guessing". Findings from this study, namely

that WPB may have a negative effect on the productivity of educators, are supported by previous research. Peyton (2009, p. 65) found that WPB results in low motivation, reduced productivity and efficiency. She furthermore argues that, as a result of stress, workers make hasty decisions, and consequently mistakes. The effect is poor relations between workers. Dhar (2012) highlights the following effects of WPB on victims: low levels of motivation and morale of employees, increased absenteeism, stress, and employees becoming involved in counterproductive work behaviour. Vartia (2001) also found that absenteeism is common among victims of WPB. Victims' attitude towards their profession may have a serious effect on their commitment to their profession and their productivity. More than a third of the participants indicated that they feel less attached to their work. The victims who took part in Tracy et al.'s (2006, p. 167) survey similarly told the researchers that they felt 'disconnected' from their jobs as a result of WPB. More than 40% of the educators who took part in De Vos's (2013) study said that they lost 'passion for the teaching profession'. Blasé and Blasé (2006 & 2007), De Vos (2013) and De Wet (2010) warn that educator-victims of WPB may withdraw both emotionally and psychologically from professional activities in order to avoid further mistreatment. This may result in educators' apathy towards their profession, reduced loyalty and mediocrity in the workplace.

Whereas the foregoing discussion places our findings on the effects of WPB on educators within the larger body of knowledge on the topic, the ensuing discussion focuses on our second research question, namely: How are different groups of victims affected by WPB?

### INFLUENCE OF GENDER, AGE AND POST LEVEL ON THE EFFECTS OF WPB ON VICTIMS

The current study found that in 27 of the 31 listed effects, WPB has a greater effect on male respondents who took part in this study. Yet, in only three of these items the differences are statistically significant. In general, WPB adversely affected both genders psychosocially, physiologically and professionally. The study by Tracy et al. (2006) also found that the emotional experiences of victims of WPB are rather similar across gender. In their review of previous research, Salin and Hoel (2013, p. 237) likewise found that "contrary to popular beliefs about 'vulnerable women' and 'tough men', no clear differences in terms of health consequences have been found".

Despite the similarities in the effects of WPB on male and female victims, the literature identified some differences. Attention will firstly be given to previous research that supports our findings, namely that WPB affects male educators more negatively than their female counterparts, and thereafter attention will be given to contrary findings. Hoel et al.'s (2004) study on the correlation between the self-reported frequency of bullying and the participants' physical and mental health revealed substantially higher correlations between

WPB and health, particularly physical health, for male victims as opposed to their female counterparts. This links well with our data: with the exception of three items pertaining to eating problems and headaches, male participants showed higher mean scores for psychosocial and psychological effects of WPB. Salin and Hoel's (2013) finding that WPB has a more profound effect on male than female victims' (negative) attitudes towards the organisation itself, for example organisational commitment, corroborates results from the current study on the differentiated influence of gender on victims' productivity. Using data from their qualitative study among 50 victims of principal-on-educator bullying, Blasé and Blasé (2006) found that female educators engage more in severe self-doubt and self-blame than their male colleagues. According to the authors, the abuse damages the women's self-confidence and ability to perform. These findings are not supported by the current study: more male than female respondents indicated that they feel less self-confidence and self-respect ( $M=1.7520$  versus  $M=1.6711$ ) and feel guilty most of the time ( $M=1.5859$  versus  $M=1.4783$ ). However, none of these differences is statistically significant. While our study shows that male victims of WPB use statistically significantly more alcohol or medication or smoke too much when compared with their female counterparts, Rospenda, Richman and Shannon (2008) found female victims of WPB are more inclined to seek solace in alcohol than male victims. While the present study has found that age may have a limited influence on the way victims of WPB react, Tracy et al. (2006) found that the emotional experiences of victims of WPB are similar across ages. Our study found that older respondents (50+) seem to be affected more physiologically by WPB, while the work of the younger respondents (20-30) is more often negatively affected.

Contrary to a common perception of bullying as predominantly a process in which a worker is being bullied by someone in a managerial capacity, De Wet and Jacobs (2014), Jacobs and De Wet (2015), as well as Hoel, Cooper and Faragher (2001) found that managers are often victimised by their subordinates. The commonness of the bullying of managers/principals may have a profound effect on schools, because this study has found that victims in managerial positions are affected more negatively than their colleagues on post level 1 (in 29 of the 31 items). If members of a school's management team act counterproductively (cf. Table 5), they will not be able to lead by example. The bullying of the principal may thus threaten the productivity of the entire school, and result in the disintegration of teaching and learning.

## LIMITATIONS OF THE STUDY

The contributions of this study should be viewed in the light of several limitations: (1) This sample is not representative of South African educators. All the respondents were educators who were in the process of upgrading their qualifications. This implies that all

the respondents – at the time of completing the questionnaires – did not comply with the National Policy Framework for Teacher Education and Development in South Africa, which specifies that all educators must have a degree (Cosser, Kraak, & Winnaar, 2011). Although this does not interfere with the aims of our study, the results cannot be generalised. (2) The issue of sample bias must also be considered, given the nature of the sample (e.g. the low response rate) particularly in terms of those who chose to – or not to – participate in the research on a relatively emotional topic (Agervold, 2007). The low response rate may thus harm the integrity of the study, because it may be assumed that persons who have experienced bullying themselves or who have been affected by it will be more likely to participate in a study of bullying than those people who have never been in contact with the phenomenon (Agervold, 2007). (3) We used a single measure instrument (self-rated questionnaire). More measures and more sources would provide more reliable data. (4) Possible flaws regarding our categorisation of the 31 effects of WPB were highlighted in our description of the research instrument.

## CONCLUSION

The study firstly shed light on the effects of WPB on the psychosocial and mental health, as well as the productivity of educator-victims. The most common effects of WPB are psychosocial and physiological, rather than professional. The study reveals that the majority of victims suffered from headaches, felt extremely sad when recalling the event and were tired and stressed as a result of the bullying. The study secondly highlights the vulnerability of especially male victims, as well as victims who occupy managerial positions. This is contrary to popular belief, but is in line with previous research findings. The study also found that age has a limited influence on the way educators react to WPB. This study contributes to the growing body of knowledge on WPB in South Africa. Most of these studies – with the exception of those by Steinman (2003), as well as Cunniff and Mostert (2012) – followed a qualitative approach. The current research project (cf. De Wet & Jacobs, 2013 & 2014; Jacobs & De Wet, 2015) is the first that uses the survey method to investigate WPB in South African schools.

In a country that emphasises the right of learners and educators, the detrimental effects of WPB impedes the right of educators to work in an environment in which human rights prevail and learners' right to receive quality education from productive, emotionally and professionally committed educators. Despite the South African Constitution's emphasis on human rights, the pervasiveness of WPB, and the detrimental effects thereof on victims, no definition of this phenomenon exists in the South African labour legislation, nor in the SACE's (2002) *Code of Professional Ethics*. These omissions contribute to the vulnerability of educators to be bullied by their colleagues. Insight into the harmful effects of WPB

on victims will hopefully create an awareness of the need for anti-WPB policies and the creation of structures to cater for the psychosocial and psychological needs of victims. The Department of Basic Education, provincial departments of education and school-level educators should be informed about the finding of this and other studies on WPB in South Africa. Awareness may make perpetrators realise that they are engaging in unacceptable, potentially illegal behaviour, whilst victims may realise that they have – albeit limited – legal recourse. They could also turn to the SACE and trade unions for support. Educator-victims of WPB need more than legal recourse and support from official structures. Support from colleagues and superiors may prevent and reduce the severity of the negative effects of WPB on the victims. Health support is essential to counteract the serious negative effects of WPB on educators. Without the necessary support for victims, our country will be deprived of mentally and physically healthy and professionally dedicated educators. Identifying males and educators in management positions as particularly susceptible to the negative effects of WPB, highlights the need to educate the public at large and victims that it is acceptable and imperative for all victims, especially males and people in leadership positions, to seek professional help.

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