

The Correlates of Workplace Bullying on Employees' Health and Well-being among Frontline Employees

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Workplace bullying has been a growing interest among researchers from various disciplines including psychology and management studies. This study examines the relationship of bullying and the consequences on employees' health and well-being within the workplace context. A sample of 284 employees from various organizations in the Klang Valley area participated in this three-wave study with a final number of 70 employees which responded at all three time points. The survey covers a number of variables including experiences of being mistreated (Negative Acts Questionnaire), mental health (DASS), psychosomatic complaints (Physical Health Questionnaire) as health and well-being outcomes. Results showed an average of 80% of the participants were at least exposed to negative behaviors at the workplace and an average of 15% were victims of workplace bullying experiencing negative acts at least on a weekly basis if not daily.

Keywords: workplace bullying, mental health, psychosomatic complaints, frontline employees

Bullying is often associated with children and are commonly reported in schools. Adult bullying, on the other hand, have now started to spark the public's interest especially due to the adverse consequences on employees' health and well-being. Einarsen, Raknes and Matthiesen (1994) defined workplace bullying as a situation where a person has the perception of being negatively acted upon by one or more colleagues or supervisors and that the individual is in some sort of predicament to defend themselves against those unfavorable actions. The consensus between bullying, workplace aggression, violence, conflict or harassment differs across writers and cultures (Thomas, 2005) and in some countries, understanding and research of workplace bullying is still in an emerging phase (Yamada, 2008). Salin (2003a)

suggests that in some cultures, certain behaviors that are perceived as bullying (e.g. shouting, giving unmanageable workload) is viewed as an acceptable way of encouraging an employee to accomplish a task while some cultures may not hold this view. In a country with diverse cultures and values like Malaysia, the bullying dynamic might have a slight difference from Western countries especially on how one would perceive or define bullying (Casimir et al., 2013; Loh et al., 2010; Tsuno et al., 2015; Tsuno, Kawakami, Inoue, & Abe, 2010; Yahaya et al., 2012).

Conceptual Framework

Despite its differences in cultural view, three important elements that define workplace bullying are found in the

bullying literature which are negative acts, time, and power imbalance. *Negative acts* - are unreasonable, unacceptable or inappropriate behaviors. Unlike bullying among children, bullying behaviors in the workplace are usually covert in nature. It could be in a form of repeated insults or humiliation and the victims are unable to get even or simply uphold their dignity (Einarsen, 2000). However, it does not necessarily involve belligerent acts that are hostile and aggressive, but it can occur via faint actions that eventually threatens and tortures the victims indirectly. Such covert acts includes personal-related acts (e.g. criticizing and spreading untrue rumors), and work-related acts (e.g. purposely giving unimportant tasks, withholding or getting rid of necessary resources) or even isolation (Rayner, Hoel & Cooper, 2002; Tracy, Lutgen-sandvik, & Alberts, 2006).

These conflicts usually exist between two parties where *power imbalance* is concerned. It only constitutes bullying when the target is unable to defend themselves against mistreatments which mostly are due to this element (Aquino, Douglas, & Martinko, 2004; Einarsen, 2000; Einarsen et al., 1994; Leymann & Gustafsson, 1996). Most literatures postulate that power imbalance reflects the formal power structure or positional power, which is reflected in being bullied by someone at the top of the organizational hierarchy (Liu & Wang, 2017; Scheuer et al., 2017). This is often represented as abusive supervision. However, one must not equate this to workplace bullying as it is not only concerned with downward vertical mistreatment but also mistreatment from subordinate to supervisor (upwards), between co-workers (sideways) and from customers to employee (Kakarika, González-gómez, & Dimitriadis, 2017; Samnani & Singh, 2012; Tepper, Moss, Lockhart, & Carr, 2007; Whitaker, 2012). What also differentiates workplace bullying with workplace conflicts, harassment or

violence is that bullying involves repetition which is the *time* element. Inspired by the model of escalation conflict by Glasl (1994) (as cited in Zapf & Gross, 2001), it is the escalation process of workplace bullying discussed by Einarsen, Helge and Nielsen (2005). They explained how a disagreement at work shifted through a process which turned into a personal conflict, aggression and then bullying which would normally lead to the target being ostracized in the workplace.

Nevertheless, workplace bullying has been reported to contribute to negative consequences on various levels including individual, group and organizational level. However, this research focuses on the consequences of workplace bullying experienced on the individual level. Exposure to bullying causes adverse effects to both physical and psychological well-being of the target (Nielsen, Hetland, Matthiesen, & Einarsen, 2012; Spence Laschinger & Nosko, 2013; Whitaker, 2012). Psychosomatic symptoms like high stress, post-traumatic stress disorder, phobias, sleep disturbances, and increased depression (Ciby & Raya, 2015; Salin, 2003a) and emotional reactions like unhappiness, anxiety, withdrawal, mood changes (Ciby & Raya, 2015; Hoel et al., 2003; in Einarsen et al., 2003) are among the common consequences of workplace bullying reported in the bullying literature.

Evidence on how a group is affected by this phenomenon is demonstrated in a study by Vartia (2001) who pointed out that not only victims are affected by bullying at work, but other employees which are labelled as 'observers' also experience high levels of stress at work, therefore affecting everyone who are either directly or indirectly involved in the process of bullying. A protracted conflict which then escalates into bullying, hinders team members' potential which slows down performance and efficiency as well

as reduces cohesion (Gersick, 1989; as cited in Ayoko, Callan, & Hartel, 2003; De Dreu, 2008). It may also bring harm to witnesses as often perpetrators would threaten other employees who might report the incidents which in turn encourages more bullying (Lewis & Orford, 2005; Ramsey, Troth, & Branch, 2011). Group members would take sides and normally they would take the perpetrator's side in fear of becoming the next target (D'Cruz, & Noronha, 2011).

There are quite a number of research on workplace bullying though scarce, that was carried out using Malaysian samples (Khalib, & Ngam, 2006; Khoo, 2010; Omar, Mokhtar, & Hamzah, 2015; Patah & Abdullah, 2010; Talib, Al, & Hassan, 2014; Yahaya et al., 2012; Yusop, Dempster, & Stevenson, 2014). Research designs that were commonly used in these studies were cross-sectional surveys. Given that bullying is repetitive in nature, longitudinal study designs that can measure long term effect are valuable. Besides that, power imbalance can also exist in a parallel form making it also important to look at various potential sources of bullying. Thus, this study will be looking at the prevalence of workplace bullying among front-line employees in a Malaysian context.

Method

Participants

Population of interest for this study are employees working in the front-line including those in sales, call centers, retail and service sector. This decision was motivated by a few reasons. First, it has been suggested that workplace bullying is quite common among those working in service sectors as compared to other sectors (Omari, 2007). It was also highlighted in a Malaysian study that employees dealing with customers

experienced frequent encounters of aggression and bullying (Talib et al., 2014). Participants were recruited via purposive sampling through organizations and existing networks within the Klang Valley region. This study adopted homogenous sampling which focused on potential participants that shared similar characteristics, in this case, organizational size (with more than 50 employees), tenure (at least 1 year of experience) and job role (deals with customers, clients or patients). Since the participants were recruited via their organizations, it was difficult for us to identify the accurate number of participants who received the link the survey. We however, were able to record the actual number of participants who logged into the survey identifying those who had partial or complete responses. We had expected attrition to occur due to the nature of study and only acquired 70 participants who responded at all three time points. Among the 70 participants, majority were young adults between the age of 18-28 (84.3%), female (71.4%) and held at least a degree (78.6%). Participants were front-line employees from various organizations including retail (37.1%), consulting firm (32.9%), education (15.7%), health (7.1%) and hospitality (7.1%). The majority of them work full time (80.0%) and have at least one year of experience working in the company (70.0%).

Completion Rates

It was difficult to identify the accurate number of participants who received the link to the survey, but, it was possible to record the actual number of people that started to complete the survey. We were then able to get the number or partial and complete responses to the survey. The table below shows the number of employees who started answering the survey and the percentage of those who completed in Time 1, Time 2 and Time 3.

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Online survey completion rate

Frontline Employees	Started	Completed	Completion rate (%)
Time 1	431	284	65.9
Time 2	130	121	93.1
Time 3	107	98	91.6

Time 1 had more participants who started answering the survey, but completion rate was higher in Time 2 and Time 3. Once all the data were collected, the responses were scanned for missing data. After excluding those with missing

data, the final number of participants who answered at each time points are as listed below. The final number for those who answered in the three time-points were N=70.

Table 1
Missing Data

Front-line Employees	Completed	Missing Data	Final Number
Time 1	284	14	270
Time 2	121	5	116
Time 3	98	6	92

Instruments

The scales within the instrument were adapted from previous research developed by experts in their respective fields. The items were translated into the Malay language and went through back translation process for a consistency check to avoid any deviation of its meaning. Back translation was carried out by a Doctoral Researcher from the University of Sheffield majoring in the English language who is a native speaker of the Malay Language. The translated version was compared to the original version and went through thorough checking for any differences in meaning. Translations were carried out in a paper version before transferring it to the online platform (QUALTRICS). The survey included questions to assess socio-demographic factors (gender, age, education level, job status, tenure and sector), bullying experience in the workplace, negative affect, mental health and psychosomatic complaints.

A Measure of Workplace Bullying

Workplace bullying was assessed using the Revised version of the Negative Act Questionnaire (NAQ-R). This scale measures three dimensions of bullying including person-related (eg. having insulted or offensive remarks to you as a person), work-related (eg. being given with unreasonable or impossible targets or deadlines) and physical intimidation (eg. being shouted at or being the target of spontaneous anger or rage). Participants were required to answer in a retrospective manner over six months (Time 1) and over two months (Time 2 and Time 3). They had to indicate the frequencies of the behaviors on a five-point Likert scale from 1= 'Never', two = 'Now and then', three = 'Monthly', four = 'Weekly or 5 = 'Daily'. The responses were categorized into three groups; *no exposure* (answered 1), *exposed to bullying behaviors* (answered 2 or 3) and *bullying victims* (those who answered 4 or 5). The internal consistency of the

scale was determined using Cronbach's Alpha at Time 1 ($r = .91$). In addition to that, participants were asked to indicate the most frequently reported perpetrator or sources which were either their 'Superior', 'Colleague' and 'Client/ Customer'.

A Measure of Well-Being

Psychological Well-Being

Stress, anxiety and depression were measured using the short version of the Depression Anxiety Stress Scale (DASS) developed by Lovibond and Lovibond (1995). This scale was chosen over Beck Depression Inventory-II due to its ability in distinguishing depressive, anxiety and stress symptomatology. Example of the items includes: "getting upset by quite trivial things" (*stress*), "aware of dryness of mouth" (*anxiety*) and "couldn't experience any positive feeling at all" (*depression*). Items were rated on a 4-point Likert scale ranging from (0 = did not apply to me at all' to 3 = 'applied to me very much'). Scoring was carried out based on the recommended cut-off scores and was labelled as either "normal", "mild", "moderate", "severe" or "extremely severe". Since the scale that was used was the short version, the scores obtained on the DASS-21 were multiplied by two before labelling them accordingly. The internal consistency for this scale was $r = .96$

Physical Well-Being

Psychosomatic Complaints was measured using the Physical Health Questionnaire (PHQ-14) by Schat, Kelloway and Desmarais (2005) that measures physical complaints including sleep disturbances, headache, respiratory illness and gastrointestinal problems. The questions were answered in a retrospective manner using a 7-point Likert scale ranging from a score of (1= 'Not at all' to 7= 'All of the time'). Participants who

answered '1' for a particular symptom were categorized as not having that symptom. Meanwhile, participants who answered '2', '3', '4' were categorized as having infrequent symptoms whereas participants who answered '5', '6' and '7' were categorized as having frequent symptoms. The internal reliability consistency t for this scale was $r = .85$.

Procedures

The questionnaires were made available in two forms: hard copy and electronic which were developed in QUALTRICS. An information page was provided at the beginning of the survey for them to read and understand. Upon agreement, the participants were required to tick a box giving their consent before they could start answering the questions. Instructions on how to respond were also provided at the beginning of every section. Links to the online questionnaire were emailed to the Human Resources in several companies and also to employees (individually) which carried a job role involving dealing with customers or clients. It took them approximately 40-45 minutes to complete and reminders were sent twice to the participants over a period of 10 days.

Participation was entirely voluntary, and they were asked to create a code that served as their identification code so that they could use the same code in the next two phases. Organizations were identified based on the number of employees ($n > 50$). Large-sized organizations were chosen on the basis of it having reported more bullying occurrences due to reasons like having low transparency causing the potential for anonymity (perpetrator) (Einarsen & Skotsgad, 1996; Grub et al., 2004; Hearn & Parkin, 2001). Emails containing information about the study were sent to the human resources (HR) department of seven organizations to invite their employees to participate in this study. Ethical measures were highlighted to

increase participation of the organizations. From the seven organizations, only three organizations confirmed their participation. A link to the online survey was generated and forwarded to their HR department. They would then transmit the link via an email list which is only accessible within the organization. This method was chosen as a way to generate potential participants regardless whether they had been bullied or not within a short period. This helped save time and increased the probability to achieve representativeness. Besides recruiting samples via organization, individuals via existing network were approached as long as they fit these criteria: (1) belonging to an organization with more than 50 employees, (2) have worked for at least one year in the same organization and (3) are front-liners to their organization.

Ethical Considerations

Given the sensitive nature of studying workplace bullying, several ethical measures were taken into consideration. These included ensuring the safety of the participants from physical or psychological harm as well as guaranteeing their privacy and anonymity in which any information that could lead to their identity would not be disclosed. They were also made aware that they will not be coerced into participation and may withdraw at any time during the study. Due to the study being repetitive, participants were asked to leave behind their contact number or email address for

the follow up surveys (Time 2 and Time 3). It was made clear that by leaving their contact details, the participants are giving consent to be contacted for the follow up studies and none of their personal details were to be disclosed to any other party.

Results

Participants who experienced at least one negative act on a weekly or daily basis were categorized as victims of bullying. For those who experienced any negative acts on rare occasions or a monthly basis were categorized as mistreated whereas those who did not experience any of the negative acts at all were categorized as non-exposed.

The table below presents the frequency levels of bullying exposure among the 70 participants that participated at all the Time points. In Time 1, 17 participants (24.3%) were identified as victims of bullying, 50 (71.4%) were mistreated, and only 3 (4.3%) were not exposed to negative acts at the workplace. Meanwhile in Time 2, the number of participants who were bullied reduced to 12 (17.1%), while 49 (70%) were mistreated and 9 (12.9%) did not experience any negative acts. As for Time 3, the number of victims increased to 14 (20%), whereas those who were mistreated reduced to 46 (65.7%) making it 10 participants (14.3%) who were not exposed to any negative acts.

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Descriptive Statistics for Exposure to Bullying at three waves (N= 70)

Variables	Mean (SD)				Frequency (%)		
	Time 1	Time 2	Time 3		Time 1	Time 2	Time 3
Bullying	33.10	31.41	30.27	Non-exposed	3 (4.3)	9 (12.9)	10 (14.3)
(NAQ)	(9.76)	(10.40)	(9.37)	Mistreated	50 (71.4)	49 (70.0)	46 (65.7)
				Victims of bullying	17 (24.3)	12 (17.1)	14 (20.0)

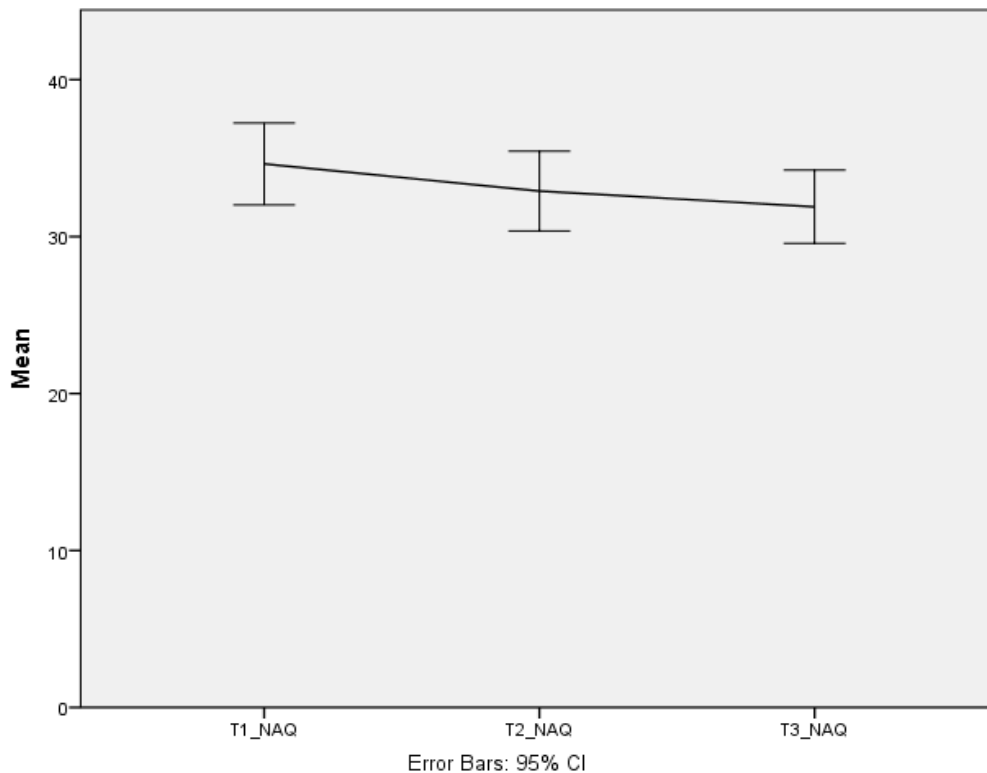


Figure 1 Change in bullying experience over time

Change in Bullying Experience over Time

A one-way repeated measure analysis of variance (ANOVA) was conducted to evaluate whether there was a change in participants bullying experience at Time 1, Time 2 and Time 3 (N = 70).

Ranking and Sources of Negative Acts

In Time 1, the three most reported behaviors experienced by the participants on a daily basis are "Having key areas of responsibility removed or replaced with more trivial or unpleasant tasks", "Being exposed to an unmanageable workload" and "Being ignored and excluded". Whereas in Time 2, these were the most reported acts, "Being ordered to do work below your level of competence" and "Repeated reminders of your errors or mistakes". Meanwhile in Time 3 "Being humiliated or ridiculed in connection with your work" was mostly reported by participants. Besides that, the participants were asked to identify where were the

The results of the ANOVA indicated a significant time effect, Wilks' Lambda = .88, $F(2, 68) = 4.74, p < .05, \eta^2 = .12$. Follow up comparisons indicated that only Time 1 and Time 3 were significantly different, $p < .05$ hence, suggesting that bullying experience decrease over time across participants.

negative acts mainly were coming from. However, this question was only asked in Time 2 and Time 3 but not in Time 1. The table below includes three types of sources that were identified by the participants and a 'non-identified' source for those who did not prefer to identify its sources. The three sources include their superior (manager, supervisor, higher management), a colleague (same level or level below) and their clients or customers. The results show that in Time 2, the majority of the participants identified their superiors as the perpetrator (N = 26, 37.1%) whereas in Time 3 most of them identified their colleagues as the perpetrator (N = 20, 28.6%).

Table 4
Sources of Negative Acts

Source	Frequency (%)		
	Time 1	Time 2	Time 3
Superior	-	26 (37.1)	18 (25.7)
Colleague	-	14 (20.0)	20 (28.6)
Client/ Customers	-	17 (24.3)	15 (21.4)
Non-identified	-	13 (18.6)	17 (24.3)

Correlation Analyses

The result of correlations between workplace bullying at Time 1 and psychological and psychosomatic symptoms are shown in Table 5. Results showed significant correlations between workplace bullying at Time 1 with all the psychological symptoms at Time 3 (depression, anxiety and stress) and two of the tested psychosomatic symptoms at Time 3 (sleep disturbances and headache) but not with gastrointestinal problem and respiratory infection at Time 3. In terms of the demographic variables, education background was negatively correlated with

workplace bullying ($r = -.28, p < .05$) which also means that the higher the level of the education the person has, the lower the experience of a person being bullied. Meanwhile, age had a negative correlation with respiratory infection ($r = -.25, p < .05$) whereas gender was correlated with stress ($r = .24, p < .05$) and headache ($r = .25, p < .05$). Negative affect at T3 was tested for correlation to see if it had any relationship with the dependent variables. Results found that negative affect T3 was positively correlated with all the health and well-being outcomes. Hence, these significant control variables will be included in the following analyses.

Table 5
Correlations of Study Variables

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13
1 Bullying T1	-												
2 Depression T3	.34**	-											
3 Anxiety T3	.25*	.75**	-										
4 Stress T3	.26*	.80**	.80**	-									
5 Sleep T3	.44**	.60**	.58**	.54**	-								
6 Headache T3	.42**	.60**	.58**	.61**	.73**	-							
7 GastroT3	.19	.33**	.58**	.49**	.56**	.58**	-						
8 Respiratory T3	.11	.46**	.45**	.33**	.34**	.34**	.44**	-					
9 Age	.12	-.06	-.09	-.06	.01	.07	-.23	-.25*	-				
10 Gender	.07	.12	.17	.24*	.13	.25*	.14	.14	-.02	-			
11 Tenure	.03	.05	.04	.09	.07	.14	-.12	-.17	.68**	-.03	-		
12 Education	-.28*	-.14	-.15	-.12	-.21	-.06	.03	-.01	.10	.11	-.10	-	
13 NA T3	.14	.41**	.38**	.31**	.29*	.36**	.32**	.42**	-.13	.23	-.16	.18	-

*Correlation is significant at the 0.05 level (2-tailed)

**Correlation is significant at the 0.01 level (2-tailed)

Table 6
Regressions of study variables

**Correlation is significant at the 0.01 level (2-tailed); *Correlation is significant at the 0.05 level (2-

Predictors	Depression		Anxiety		Stress		Sleep		Headache	
	Step 1	Step2	Step 1	Step2	Step 1	Step2	Step 1	Step2	Step 1	Step2
Gender	.38		.959		1.63		.58		1.49	
Age	.22		-.137		.04		.60		1.07	
Education	-1.16*		-		-1.00		-1.22*		-.77	
NA	.18***		1.278*		.13*		.12**		.14**	
Bullying		.09*		.05		.06*		.10**		.11**
R ²	.22	.27	.208	.23	.16	.19	.17	.27	.19	.29
ΔR ²	.22**	.05*	.208*	.02	.16*	.03	.17*	.10**	.19**	.10**
ΔF	4.51**	4.55*	4.27**	1.40	3.20*	2.06	3.35*	8.75**	3.92**	9.02***

tailed)

Hierarchical regression analysis was carried out to further explore the influence of workplace bullying on different consequences was carried out to rule out alternative explanations (Table 6). Sociodemographic variables including gender, age and level of education as well as negative affect were controlled for in Step 1 and bullying experience at Time 1 was entered in Step 2 in each model. In the hierarchical regression model, the study variables were regressed onto mental health complaints (depression, anxiety and stress) and psychosomatic complaints (sleep disturbances and headache). When regressed onto depressive symptoms, 21.7% of the variance was explained by negative affect and sociodemographic, $F(4, 65) = 4.51, p < .01$. Bullying experiences at Time 1 added another 5.2%, $F(1, 64) = 4.72, p < .01$. When regressed onto anxiety symptoms, 20.8% of the variance was explained negative affect and sociodemographic, $F(4, 65) = 4.27, p < .01$. and 1.7% by bullying experience, but

this was not significant $F(1, 64) = 1.42, p > .05$. In the stress model, 16.4% of the variance was explained by sociodemographic and negative affect $F(4, 65) = 3.19, p < .05$ and added another 2.6% by bullying experience, $F(1, 64) = 2.06, p > .05$. As for psychosomatic complaints, sociodemographic and negative affect explained 17.1% and 19.4% of variance onto sleep disturbances $F(4, 65) = 3.35, p < .05$, and headache complaints $F(4, 65) = 3.92, p < .01$ respectively. Bullying complaints added another 10% to each of the symptoms respectively (sleep disturbances $F(1, 64) = 4.75, p < .01$ and headache $F(1, 64) = 5.33, p < .001$). Generally, workplace bullying was a significant predictor for depression, stress, sleep disturbances and headache even after controlling for gender, age, education background and negative affect.

Discussion

This study set out with the aim of assessing the long-term effect of workplace bullying with employees' health and well-being. Aligned with previous research, workplace bullying was found to have a significant relationship with the three types of psychological symptoms tested which were depression, anxiety and stress. Meanwhile, workplace bullying had significant relationship with only two out of four types of psychosomatic symptoms that was measured which were sleep disturbances and headache. The two symptoms that were not correlated were gastrointestinal problems and respiratory infections. This result was not surprising as sleep and headaches are more commonly reported compared to other types of psychosomatic complaints. Previous studies have shown that besides time, bullying intensity also plays role in having an effect on individual's psychosomatic symptoms (Djurkovic, McCormack, Casimir, Djurkovic, & McCormack, 2012). This could be regarded to the critics on the bullying scale for treating items as equally severe. Having just frequencies of exposure may not reflect a change in the overall victimization experience (Escartin et al., 2009).

Further analysis was done to examine if workplace bullying would still predict to these correlated symptoms even after controlling for several demographic variables including age, gender and education background. These variables were controlled for as previous literature have shown them to be as potential predictors. Research indicates that individuals higher in negative affect perceive more workplace victimization (Aquino, 2000). The results of some adjusted models (hierarchical regression analysis) were not very different from the bivariate analyses (Pearson correlation analysis) except for the relationship

between workplace bullying and anxiety symptoms. Based on the results, anxiety symptoms at Time 3 were fully explained by negative affect and not exposure to bullying behaviors at the workplace. On this point, it would be worth to note that the notion of controlling for negative affect traits in stress research is arguable as researchers tend to be "quick to judge" it as biased (Spector, Zapf, Chan, & Frese, 2000). Nevertheless, common practices in bullying research do control for negative affect in line with the victimization theory perspective (Tepper & Duffy, 2006).

Besides that, the types of behavior experienced by became more personal across time. It started with work-related bullying and behaviors that were then more frequently experienced were personal related. This supports the escalation theory of workplace bullying provided by Einarsen, Helge, and Nielsen (2005). The repeating nature encourages us to treat workplace bullying as an escalating process rather than just a one-off incident or phenomenon (Einarsen, 2000; Zapf & Gross, 2001). Einarsen and Skogstad (1996) also revealed that victims encounter more frequent attacks when bullied for a longer period of time and problems gradually intensify over time. In addition to that, it should be noted that the rate of escalation depends on the type of coping strategies exercised by targets of workplace bullying.

Some limitations should be noted. The scale being used to measure bullying experiences were not context specific. For instance, aspects unique to frontline employees was not available. This limits the scale because it does not allow discrimination between front line employees experience of dealing with non-members of the organization which may have different characteristics that could alter the bullying experience. Secondly, the number of samples were not huge to allow generalizing of the results. This was

due to attrition which is one of the main limitations in carrying out longitudinal studies.

Conclusion

This study illustrated the bullying experiences of frontline employees in their workplace. Workplace bullying predicted a long-term effect of 10 months onto employees' health and well-being specifically onto employees' mental health (depressive symptoms and stress) and psychosomatic complaints (sleep disturbances and headache problems). Sources of bullying varied from managers to customers, but a trend was observed where conflicts began with work-related conflicts which then over time shifted to more personal type of bullying. Employees generally experienced negative behaviors at work even if not frequent but are proven to cause adverse effects to their health and well-being. Findings of this study provides contribution to other evidence-based studies with similar results. This study suggests a qualitative lens on this type of findings or similar, where the bullying phenomenon could be better understood based on real-life experiences. Studies with different approaches could tackle different angles such as coping mechanism, cognitive reactions (rumination and worry) in order to gain a better understanding of the complex phenomenon leading to the deterioration of employees' health and well-being.

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