

The Moderating Effect of Self-Control in the Relationship between Trait Anger and Negative Affectivity on Workplace Bullying: A Study Among Nurses in Jordan

Sami Abuseif* Nor Azimah Abdullah

School of Business Management, Universiti Utara Malaysia, 06010 Sintok, Kedah, Malaysia

Abstract

The workplace bullying phenomenon is widespread and negatively impacts individuals and organizations. Several studies have reported the negative implications of bullying behavior in the workplace that can damage the workers' health and affect their level of performance. Previous researches in management and organizational psychology sciences have indicated that workplace bullying is related to individual variables, such as trait anger and negative affectivity. However, they have revealed inconsistent results. Thus, a moderating variable is proposed. The purpose of this paper is to investigate the moderating role of self-control on the relationship between trait anger and negative affectivity on workplace bullying. Data were collected using a questionnaire distributed to 273 nurses from five private hospitals in Amman, Jordan. The data analysis reveals a significant relationship between trait anger and workplace bullying. In addition, the findings show that self-control moderates the relationship between trait anger and workplace bullying.

Keywords: trait anger, negative affectivity, self-control, workplace bullying

1.0 Introduction

Workplace bullying is a pervasive phenomenon, which has adverse implications on individuals and organizations (Liefoghe & Mac Davey, 2001). Salin (2001) defined workplace bullying as repeated and continuous negative acts that workers have experienced over the past 12 months.

Prior studies have confirmed that the nursing profession is substantially at risk of workplace bullying (Farrell, Bobrowski, & Bobrowski, 2006; Hutchinson, Vickers, Jackson, & Wilkes, 2006). In the US healthcare sector, 27.3% of nurses have been exposed to workplace bullying (Johnson & Rea, 2009). A study by Simons (2008) on nurses from Massachusetts showed that 31% (N=511) of respondents reported having been exposed to bullying. Another study revealed that 64% and 82% of the respondents in two surveys on American nurses had been subjected to verbal abuse by physicians and senior nurses (Cox, 1987; Diaz & McMillin, 1991).

In Australia, the study of Hutchinson, Vickers, Jackson, and Wilkes (2007) indicated that 64% of nurses had been bullied. Additionally, the International Council of Nursing (2007) reported that 10.5% of nurses had been bullied in Australia.

In the context of Turkey, 10% of participants had suicidal inclinations after having been exposed to workplace bullying; the negative effects of bullying were viewed to be so severe that it involved Post Traumatic Stress Disorder (PTSD) and suicide (Yildirim & Yildirim, 2007).

Workplace bullying adversely impacts both individuals and organizations. For individuals, workplace bullying affects the victims' psychological and physical health (Leymann, 1996). The bullying behavior significantly increases the rate of psychological distress (Einarsen & Mikkelsen, 2003). Moreover, workplace bullying increases physical health complaints by victims, such as headache and insomnia (Yildirim & Yildirim, 2007). In addition, individuals who witnessed bullying behavior have reported higher stress than individuals who have not (Lutgen-Sandvik, Tracy, & Alberts, 2007).

As for the organization, bullying behavior can negatively affect the organization through decreased job satisfaction and increased absenteeism of staff (Quine, 2001; Rowe & Sherlock, 2005).

Because of its pervasiveness and significantly negative outcomes, several antecedents of workplace bullying have been studied, including trait anger and negative affectivity. Trait anger refers to individual tendency to respond to external stimuli with angry feelings such as irritation, and more easily to do so more than others (Spielberger, 1996). Moreover, negative affectivity is the extent to which peoples' experiences high grades of distressing emotions such as hostility (Watson & Clark, 1984).

2.0 Research Problem

In the context of Jordan, the study conducted by AbuAlRub and Al-Asmar (2013) reported that 68.2% of nurses in public hospitals had been verbally abused in their workplace. The study conducted by Ahmed (2012) among 447 nurses working in three hospitals in Amman, revealed that 18.3% of nurses had been exposed to verbal abuse over the last six months. Oweis and Diabat (2005) reported that bullying can take several forms, such as verbal abuse, humiliation, accusation and blaming, among nurses in Jordanian hospitals. Furthermore, 46.4% of female workers in the healthcare sector have been bullied (Awawdeh, 2007). In addition, 49.5% of Jordanian

nurses have been exposed to intense bullying behavior in public hospitals (Al muala, 2013).

This study aims to examine the relationship between trait anger and negative affectivity and workplace bullying among Jordanian nurses in private hospitals. The study also aims to look into self-control as a moderator variable on the said relationship.

3.0 Literature Review

Workplace bullying is considered as a type of hostile action, such as humiliating, verbally abusing, threatening and intimidating, directed toward others in the work setting. Workplace bullying behavior is a regular, continuous and aggressive behavior, linked to power disparity between the perpetrator and target (Tinuke, 2013).

Several variables have been suggested to explain why an individual would engage in workplace bullying behavior, such as trait anger and negative affectivity. Usually, trait anger is studied as one of the most salient factors of bullying (e.g., Madaan, 2012; Nordling, 2014; Totura, 2003); followed by negative affectivity (e.g., Farrar, 2006; Vartia, 1996; Zapf, 1999).

There is a theoretical gap by inconsistent results regarding the relationship between negative affectivity with workplace bullying and related behaviors, such as aggression and victimization (Aquino & Bradfield, 2000; Demir & Rodwell, 2012; Douglas & Martinko, 2001; Glomb & Liao, 2003; Hepworth & Towler, 2004). Prior researchers have classified workplace bullying as a form of victimization (Aquino & Thau, 2009); and of aggressive behavior (Neuman & Baron, 2003).

Self-control is one of the important factors of workplace bullying. Previous studies have indicated that the inability of individuals' to adjust their feelings can lead them to engage in workplace aggression; therefore, self-control is a variable that can effectively decrease the tendency of individuals to act aggressively in the workplace (Baron & Richardson, 1994). Prior researchers have investigated the moderating effect of self-control on the relationship between revenge cognitions and workplace deviant behavior (Bordia, Restubog, & Tang, 2008); and between trait anger and workplace deviant behavior (Restubog, Garcia, Wang, & Cheng, 2010). According to the findings of these studies, it can be inferred that an individual's self-control can minimize his or her propensity to be involved in bullying behavior in the work setting.

Theoretically, in previous studies, self-control has only been studied as an independent variable for bullying (e.g., Archer & Southall, 2009; Moon & Alarid, 2014); it has not been used as a moderator in the relationship between trait anger, negative affectivity and workplace bullying in various setting. Self-control is proposed as a moderating variable as it may improve our understanding on how self-control can buffer the impact of trait anger and negative affectivity on workplace bullying.

4.0 Research Framework and Hypotheses

The current study has selected workplace bullying as a dependent variable, trait anger and negative affectivity as the independent variables and self-control as the moderator variable.

Consistent with the study objective, the following hypotheses are postulated for testing:

H1: High trait anger is related positively to high workplace bullying.

H2: High negative affectivity is related positively to high workplace bullying.

H3: Self-control moderates the relationship between trait anger and workplace bullying.

H4: Self-control moderates the relationship between negative affectivity and workplace bullying.

5.0 Research Methodology

5.1 Research Design

The current study utilizes a quantitative research design and focuses on private hospitals in Amman, Jordan.

5.2 Data Collection Methods

In this study, a questionnaire survey is used to collect data from a convenience sample, comprising 273 nurses from five private hospitals in Amman, Jordan. As a result of restrictions on the information and randomization of the respondents not being possible, the questionnaires were left with the head nurse of each department to be distributed to the nurses. The first day of questionnaire distribution was on the shift-starting day, since the nurses working on the morning shift will only work in the evening or night shift after fourteen days.

The respondents were given one week to answer the questionnaire. After one week, the researcher collected the questionnaires from the head nurse of each department.

5.3 Data Analysis

The data was analysed in several stages. Firstly, the data collected was screened using SPSS to ensure that it is suitable for analysis by smart Partial Least Squares (PLS). Secondly, to ascertain the measurement model, individual item reliabilities, internal consistency reliabilities, convergent validity and discriminant validity were calculated by using Smart PLS (Hair, Ringle, & Sarstedt, 2011). Thirdly, standard bootstrapping with 5,000

bootstrap samples and 273 cases was applied to evaluate the structural model (Hair et al., 2011).

6.0 Findings and Discussion

6.1 Demographics of Respondents

Of the 273 research respondents, 61.5% (168) are females. The respondents' ages vary between 18-48 years. Majority of the respondents are Registered Nurses (74.0%); followed by licensed practical nurses that consisted 24.9%; and the remaining 1.1% are assistant nurses. In terms of education, bachelor's degree holders comprised 72.2% of respondents; followed by diploma holders (27.4%); and the remaining 0.4% are secondary school leavers. A total of 59.0% of the respondents are married; and 35.9% are single; while the remaining 5.1% are divorced. Finally, the working experience of nurses ranges from 1-38 years. The demographic characteristics of respondents are represented in Table 1.

Table 1. Demographic characteristics of the respondents

N=273	Frequency	Percentage
Gender		
Male	105	38.5
Female	168	61.5
Age		
18-28 Years Old	165	60.4
29-38 Years Old	87	31.9
39-48 Years Old	21	7.7
Job Title		
Registered Nurse	202	74.0
Licensed Practical Nurse	68	24.9
Assistant Nurse	3	1.1
Education		
Secondary School	1	.4
Diploma	75	27.4
Bachelor's Degree	197	72.2
Marital Status		
Married	161	59.0
Single	98	35.9
Divorced/Widowed	14	5.1
Working Experience		
1-5 Years	167	61.2
6-10 Years	84	30.8
11-15 Years	12	4.4
16-20 Years	2	.7
20 Years and Above	8	2.9

6.2 Hypotheses Testing

The current study used Partial Least Squares-Structural Equation Modeling (PLS-SEM) to measure the significance of the path coefficients and to examine the moderating effect of self-control. The results of analyses are shown in Table 2.

Table 2. Structural model results (Full model with interaction)

Hypotheses	Relationship	Beta	t-value	Findings
H1	Trait Anger	0.204	3.092	Supported
H2	Negative Affectivity	0.029	0.557	Not-supported
H3	Trait Anger x Self-Control	-0.066	1.285	Supported
H4	Negative Affectivity x Self-Control	-0.025	0.471	Not-supported

Note: ***P < 0.01 (1-tailed), ** P < 0.05 (1-tailed), * P < 0.1 (1-tailed).

In examining the impact of trait anger on workplace bullying, the result shows that trait anger has a significantly positive relationship with workplace bullying ($\beta = 0.204$, $t = 3.092$, $p < 0.01$), thus supporting Hypothesis 1. These findings are consistent with other findings, which have investigated the relationship between trait anger and workplace bullying (e.g., Nordling, 2014; Stevens, Bourdeaudhuij, & Oost, 2002; Vie, Glaso, & Einarsen, 2010).

As shown in Table 2, a significantly positive relationship between negative affectivity and workplace

bullying ($\beta = 0.029$, $t = 0.557$, $p > 0.10$) is not found, indicating no support for Hypothesis 2. This finding appears to be in tandem with other studies' findings that have found no significant relationship between negative affectivity and workplace bullying and related behavior, such as aggression (e.g., Douglas & Martinko, 2001; Glomb & Liao, 2003; Hepworth & Towler, 2004).

Regarding the moderating role of self-control, the results in Table 2 show a significant interaction between trait anger and self-control in predicting workplace bullying ($\beta = -0.066$, $t = 1.285$, $p < 0.10$). Hence, Hypothesis 3 is supported. This finding is in fact similar to other studies that have indicated self-control to have a moderating impact (e.g., Barber, Munz, Bagsby, & Grawitch, 2009; Gholipour, Saeidinejad, & Zehtabi, 2009; Mobarake, Juhari, Yaacob, & Esmaeili, 2014).

Furthermore, the results in Table 2 show that the interaction between negative affectivity and self-control ($\beta = -0.025$, $t = 0.471$, $p > 0.10$) is statistically not significant. Therefore, Hypothesis 4 is not supported.

7.0 Conclusion

This study conducted an investigation of workplace bullying among Jordanian nurses. It concludes that trait anger is related significantly to workplace bullying. Also, self-control serves as a moderator of the relationship between trait anger and workplace bullying. It is necessary for nursing supervisors, managers and policy-makers to expand their knowledge about the workplace bullying phenomenon, such as its definitions, types, duration and outcomes, as well as its sources, such as trait anger. In addition, they should understand the role of individual self-control in mitigating the workplace bullying behavior.

Furthermore, the human resources managers should utilize the information about workplace bullying in interviews, recruitment and staffing techniques to select the right nurses. In addition, hospital managers and the related government agencies should formulate anti-bullying policies to reinforce the nursing profession in Jordan. This will help to minimize the nursing shortage which is considered as one of the most important challenges of the twenty-first-century.

References

- AbuAlRub, R. F., & Al-Asmar, A. H. (2013). Psychological violence in the workplace among Jordanian hospital nurses. *Journal of Transcultural Nursing*, 25(1), 6-14. doi:10.1177/1043659613493330
- Ahmed, A. S. (2012). Verbal and physical abuse against Jordanian nurses in the work environment. *Eastern Mediterranean Health Journal*, 18(4), 318.
- AL muala, I. M. A. (2013). *The moderating effect of personality in the relationship between job demand and job control on workplace bullying: A study among nurses in Jordan*. (Doctor Dissertation, Universiti Utara Malaysia).
- Aquino, K., & Bradfield, M. (2000). Perceived victimization in the workplace: The role of situational factors and victim characteristics. *Organization Science*, 11(5), 525-537. doi:10.1287/orsc.11.5.525.15205
- Aquino, K., & Thau, S. (2009). Workplace victimization: Aggression from the target's perspective. *Annual review of psychology*, 60, 717-741.
- Archer, J., & Southall, N. (2009). Does cost-benefit analysis or self-control predict involvement in bullying behavior by male prisoners? *Aggressive Behavior*, 35(1), 31-40. doi:10.1002/ab.20283
- Awawdeh, A. (2007). *Violence against Women in Jordan*. (Unpublished PHD, University of Jordan).
- Barber, L. K., Munz, D. C., Bagsby, P. G., & Grawitch, M. J. (2009). When does time perspective matter? Self-control as a moderator between time perspective and academic achievement. *Personality and individual differences*, 46(2), 250-253. doi:10.1016/j.paid.2008.10.007
- Baron, R. A., & Richardson, D. R. (1994). *Human aggression* (2nd ed.). New York: Plenum
- Bordia, P., Restubog, S. L. D., & Tang, R. L. (2008). When employees strike back: Investigating mediating mechanisms between psychological contract breach and workplace deviance. *Journal of Applied Psychology*, 93, 1104-1117. doi:10.1037/0021-9010.93.5.1104
- Cox, H. C. (1987). Verbal Abuse in Nursing: Report of a Study: Research explores whether or not-and to what extent-verbal abuse affects nursing practice and turnover rates. *Nursing Management*, 18(11), 47. doi:10.1097/00006247-198711000-00015
- Demir, D., & Rodwell, J. (2012). Psychosocial antecedents and consequences of workplace aggression for hospital nurses. *Journal of Nursing Scholarship*, 44(4), 376-384. doi:10.1111/j.1547-5069.2012.01472.x
- Diaz, A. L., & McMillin, J. D. (1991). A definition and description of nurse abuse. *Western Journal of Nursing Research*, 13(1), 97-109. doi:10.1177/019394599101300107
- Douglas, S. C., & Martinko, M. J. (2001). Exploring the role of individual differences in the prediction

- of workplace aggression. *Journal of Applied Psychology*, 86(4), 547. doi:10.1037/0021-9010.86.4.547
- Einarsen, S., & Mikkelsen, E. G. (2003). Individual effects of exposure to bullying at work. *Bullying and emotional abuse in the workplace: International perspectives in research and practice*, 127-144. doi:10.1201/9780203164662.ch6
 - Farrar, B. D. (2006). *Race, gender, and bullying behavior: The role of perceived stereotypes*. (Master thesis, University of North Carolina).
 - Farrell, G. A., Bobrowski, C., & Bobrowski, P. (2006). Scoping workplace aggression in nursing: findings from an Australian study. *Journal of Advanced Nursing*, 55(6), 778-787. doi:10.1111/j.1365-2648.2006.03956.x
 - Gholipour, A., Saeidinejad, M., & Zehtabi, M. (2009). The Explanation of anti-citizenship behaviors in the Workplaces. *International Business Research*, 2(4), P76. doi:10.5539/ibr.v2n4p76
 - Glomb, T. M., & Liao, H. (2003). Interpersonal aggression in work groups: Social influence, reciprocal, and individual effects. *Academy of Management Journal*, 46(4), 486-496. doi:10.2307/30040640
 - Hair, J. F., Ringle, C. M., & Sarstedt, M. (2011). PLS-SEM: Indeed a Silver Bullet. *Journal of Marketing Theory and Practice*, 18, 139-152.
 - Hepworth, W., & Towler, A. (2004). The effects of individual differences and charismatic leadership on workplace aggression. *Journal of Occupational Health Psychology*, 9(2), 176-185. doi:10.1037/1076-8998.9.2.176
 - Hutchinson, M., Vickers, M. H., Jackson, D., & Wilkes, L. (2006). 'They stand you in a corner; you are not to speak': Nurses tell of abusive indoctrination in work teams dominated by bullies. *Contemporary Nurse*, 21(2), 228-238. doi:10.5172/conu.2006.21.2.228
 - Hutchinson, M., Vickers, M. H., Jackson, D., & Wilkes, L. (2007). Organisational antecedents and consequences of bullying in the nursing workplace: results from an Australian study.
 - International Council of Nurses. (2007). *Guidelines on coping with violence in the work place*. Geneva, Switzerland: Author
 - Johnson, S. L., & Rea, R. E. (2009). Workplace bullying: Concerns for nurse leaders. *Journal of Nursing Administration*, 39(2), 84-90. doi:10.1097/nna.0b013e318195a5fc
 - Leymann, H. (1996). The content and development of mobbing at work. *European journal of work and organizational psychology*, 5(2), 165-184. doi:10.1080/13594329608414853
 - Liefoghe, A. P. D., & Mac Davey, K. K. (2001). Accounts of workplace bullying: The role of the organization. *European Journal of work and organizational psychology*, 10(4), 375 - 392. doi:10.1080/13594320143000762
 - Lutgen - Sandvik, P., Tracy, S. J., & Alberts, J. K. (2007). Burned by Bullying in the American Workplace: Prevalence, Perception, Degree and Impact. *Journal of Management Studies*, 44(6), 837-862. doi:10.1111/j.1467-6486.2007.00715.x
 - Madaan, S. (2012). Role of Personal, Family and School Factors in School Bullying. *Journal of the Indian Academy of Applied Psychology*, 38(3), 68-75.
 - Mobarake, R. K., Juhari, R., Yaacob, S. N., & Esmaili, N. S. (2014). The Moderating Role of Self-Control in the Relationship between Peer Affiliation and Adolescents Antisocial Behavior in Tehran, Iran. *Asian Social Science*, 10(9), p71. doi:10.5539/ass.v10n9p71
 - Moon, B., & Alarid, L. F. (2014). School bullying, low self-control, and opportunity. *Journal of interpersonal violence*, 30(5), 839-856. doi:10.1177/0886260514536281
 - Neuman, J. H., & Baron, R. A. (2003). Social antecedents of bullying: Victims and perpetrators. *Bullying and Emotional Abuse in the Workplace London: Taylor & Francis*, 185-202.
 - Nordling, J. K. (2014). *Pathways to bullying: early attachment, anger proneness, and social information processing in the development of bullying behavior, victimization, sympathy, and anti-bullying attitudes*. (PhD dissertation, The University of Iowa).
 - Oweis, A., & Diabat, K. M. (2005). Jordanian nurses perception of physicians' verbal abuse: findings from a questionnaire survey. *International journal of nursing studies*, 42(8), 881-888. doi:10.1016/j.ijnurstu.2004.11.005
 - Quine, L. (2001). Workplace bullying in nurses. *Journal of Health Psychology*, 6(1), 73-84. doi:10.1177/135910530100600106
 - Restubog, S. L. D., Garcia, P. R. J. M., Wang, L., & Cheng, D. (2010). It's all about control: The role of self-control in buffering the effects of negative reciprocity beliefs and trait anger on workplace deviance. *Journal of Research in Personality*, 44(5), 655-660. doi:10.1016/j.jrp.2010.06.007
 - Rowe, M., & Sherlock, H. (2005). Stress and verbal abuse in nursing: Do burned out nurses eat their young. *Journal of Nursing Management*, 13, 242-248. doi:10.1111/j.1365-2834.2004.00533.x

- Salin D (2001). Prevalence and forms of bullying among business professionals: A comparison of two different strategies for measuring bullying. *European Journal of Work and Organizational Psychology* 10(4),425–441. doi:10.1080/13594320143000771
- Simons, S. (2008). Workplace bullying experienced by Massachusetts registered nurses and the relationship to intention to leave the organization. *Advances in Nursing Science*, 31(2), E48-E59. doi:10.1097/01.ans.0000319571.37373.d7
- Spielberger, C, D. (1996). *State-Trait Anger Expression Inventory. Professional Manual*. Florida: Psychological Assessment Resources, Inc.
- Stevens, V., De Bourdeaudhuij, I., & Van Oost, P. (2002). Relationship of the family environment to children's involvement in bully/victim problems at school. *Journal of youth and Adolescence*, 31(6), 419-428.
- Tinuke. M., F. (2013). Managing workplace bullying, *Journal of Human Resource Management*, 1(3), 39-47
- Totura, C. M. W. (2003). *Bullying and victimization in middle school: The role of individual characteristics, family functioning, and school contexts*. (Doctoral dissertation, University of South Florida).
- Vartia, M. (1996). The sources of bullying–psychological work environment and organizational climate. *European journal of work and organizational psychology*, 5(2), 203-214. doi:10.1080/13594329608414855
- Vie, T. L., Glasø, L., & Einarsen, S. (2010). Does trait anger, trait anxiety or organisational position moderate the relationship between exposure to negative acts and self-labelling as a victim of workplace bullying?. *Nordic Psychology*, 62(3), 67-79. doi:10.1027/1901-2276/a000017
- Watson, D., & Clark, L. A. (1984). Negative affectivity: the disposition to experience aversive emotional states. *Psychological bulletin*, 96(3), 465-490. doi:10.1037/0033-2909.96.3.465
- Yildirim, A., & Yildirim, D. (2007). Mobbing in the workplace by peers and managers: mobbing experienced by nurses working in healthcare facilities in Turkey and its effect on nurses. *Journal of Clinical Nursing*, 16(8), 1444-1453. doi:10.1111/j.1365-2702.2006.01814.x
- Zapf, D. (1999). Organizational, work group related and personal causes of mobbing/bullying at work. *International Journal of Manpower*, 20(1/2), 70-85. doi:10.1108/01437729910268669