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

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

#### 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>
<thead>
<tr>
<th>Hypotheses</th>
<th>Relationship</th>
<th>Beta</th>
<th>t-value</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>H1</td>
<td>Trait Anger</td>
<td>0.204</td>
<td>3.092</td>
<td>Supported</td>
</tr>
<tr>
<td>H2</td>
<td>Negative Affectivity</td>
<td>0.029</td>
<td>0.557</td>
<td>Not-supported</td>
</tr>
<tr>
<td>H3</td>
<td>Trait Anger x Self-Control</td>
<td>-0.066</td>
<td>1.285</td>
<td>Supported</td>
</tr>
<tr>
<td>H4</td>
<td>Negative Affectivity x Self-Control</td>
<td>-0.025</td>
<td>0.471</td>
<td>Not-supported</td>
</tr>
</tbody>
</table>

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 (β = 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 (β = 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 (β = -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; Mobarak, Juhari, Yaacob, & Esmaeili, 2014).

Furthermore, the results in Table 2 show that the interaction between negative affectivity and self-control (β = -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


• 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).


