Organizational Perceived Victimization and Aggressive Behaviour as a Defence Against Others' Aggression Among Hospital Employees

IlknurOzturk, AnjelikaHuseyinzadeSimsek

Abstract: This study investigates the relationship among perceived victimisation and aggressive behaviour in terms of demographic variables of employees of private hospitals. We explored whether the perceived victimisation could lead to aggressive behaviour toward perpetrator as a coping strategy. Participants were 142 employees of 3 private hospitals in city of Mersin, Turkey. Questionnaire included questions according to demographical variables, Perceived Victimization Scale developed by [26] and Aggressive Behaviour Scale by [37]. Pearson's correlation and descriptive statistical analysis were done. The data obtained from this work reveal that female perceive indirect victimisation more than males, as age and professional experience increases the likelihood of aggressive behaviour toward perpetrator increases too.

Keywords:perceived victimization, aggressive behaviour, organizational aggression, hospital

I. INTRODUCTION

In organizations, individuals can be involved in aggressive behaviour with colleagues, subordinates and superiors. On one side of these behaviours is the person performing the action (offensive) while on the other side exposed (the victim). Investigations mostly are focused on the aggressors (perpetrators)[1], the situation and factors that cause these behaviours[2-3]. Some studies point to the characteristics of the victims and the perceptions of victimization [4].

The perception of victimization is defined as the perception of one or more individuals as a result of being exposed to aggressive behaviour temporarily or permanently[5]. According to this definition, victimization is of great importance and it is essential that one perceives self as a victim. The perception is based on a specific event that is not shared by others, cannot be observed, and is suffered by someone. It also needs a belief that behaviour is intentional and aims to harm one'sself so that one can perceive itself as a victim in the goal of behaviour [6].

There are three main sources of victim perception in organizations[7].Among these, the victim possess of personality traits such as aggression, self-esteem or negativity. In the second category, there are strategic behaviours such as revenge and apology that individuals can use to protect themselves from offensive behaviour.

There are also various results of researches focusing on the individual and organizational level of perceiving employee as a victim. Studies show that high levels of fear and anxiety [8], depression[9-10], increased stress [11],decreased emotional and physical well-being [12-13], decreased job gratification[11-14-15],decreased life satisfaction [15], emotional fatigue [15-16], were found in the occurrence of perceived victimization [17].

1.1. Perceived Organizational Victimization and Results of Organizational Victimization

Aggressive and deviant behaviour in organizations has become an important research area in recent years. The works in this area can be divided into two basic groups. The first group of studies is about who apply aggressive behaviour and the second is how do victim react or signify these behaviour toward hen. In organizations, individuals are victimized by their friends, administrators or subordinates for various reasons, with or without awareness. Victimization is the perception that an individual is exposed to aggressive behaviours posed by one or more individuals, both continuously and repeatedly [18]. Similar definitionswere made by [19]and[3]. Therefore, this definition is generally consistent with the definitions of aggressive behaviour accepted in social psychology and organizational behaviour studies. The definition of victimization, made by [20] is based on the perception of aggressive action by the target, which overlaps with the claim that a person is known as a victim is a largely subjective process. If an individual perceives himself as a victim, that individual is a victim. In other words, individuals in organizations may be unwittingly victimized by others. The important thing here is the sequel. Also, some of the administration's practices, policies, or processes may have unwittingly victimized others.In fact, the concept is often used in the literature as *perceived organizational victimization*. Victimization can be seriously and harmful to working individuals and all working groups if not carefully assessed and managed.

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The serious consequences of victimization are either personal or grouped as:In terms of individual: increasing disagreement in a way that manifests itself as hatred, nervousness or indifference. Physical disorders such as sleep disturbances, loss of confidence, anxiety, depression, depressive or manic symptoms, and sometimes even strong aggression and excessive fatigue may result in deliberate violations or performance abatement, exaggeration of rule commitment, high stress level, and failure in stress management. The results of victimization of the individual will undoubtedly depend on the personality traits and personal characteristics of the individual follows [21]. Individuals who are victims of aggression suffer a range of health problems; psychological and physical. And that sequential feedback to organizations as absenteeism, lost productivity, high employee turnover, financial and reputational costs [22]. Over past twenty five years there are an increased number of researches into workplace aggression and its costs, as studies broaden these topics become widely acknowledged by different professionals such as human resource practioners, organizational psychologists and public in general.

1.2. Aggressive Behaviour as a Defend Against Others' Aggression

The definition of aggression generally used in psychology is as follows: the behaviour that implemented toward other individual or individuals with the purpose to harm[23-18]. There is a slightest one victim – for each aggression perpetrator in organisation. Different investigations regarding victim's viewpoints of faced aggression have been carried out [24-25].

Tendency to experience negative affect (NA) traits – different emotions as fear, sadness, depression, worry, anger and anxiousness – is showed as a predictor of victimization in a large number of researches[26]. It is postulated that NA traits have a dependable relationship to different victimisation measures. There is a few different interpretation of victimization and negative affects relationship. Some researches explain that partly relationship could be undeviating to high negative effects of employees perceived as hostile, troublesome or difficult to establish social relationships, person with such kind of negative affect traits presumed become object of aggressive behaviour from the other employee[27-28]. Another study[29], stated that victimisation and aggressive attribution bias have a positive relationship. Research into the victims of aggression show that victims have a high emotional instability in comparison with non-victims; individuals with high emotional instability are more predisposed to experience negative emotions such as hostility, anxiety and depression [30]. Hostile behaviour of victims as a reaction to aggression formed the central focus of a study by [5], in which the researcher found that victims of aggression are using dominant conflict management style [31]. It could be expressed as that the victims of aggression choose this strategy to cope with victimisation.

Transactional Model of Stress and Coping by [32]figure out two coping strategies: emotion-focused and problem-focused. The purpose of problem-focused strategies is to waive the stressor and diversify the circumstances, for example taking prosecutions against perpetrator that can be regarded as aggressive behaviour as a response to incitement for example taking revenge against aggressor; seeking for organisational or social support, for example an effort to benefit of organisational and social support systems to generate a defence against the aggressor, in order to form the basis for protected work area.Also, [33] maintain that victims of aggression rely on the institutional protection or protection of authority in order to protect themselves from a perpetrator.

Hence in the scientific literature there are only few studies presenting a strong tie among victimization and development of violent behaviour.A few longitudinal studies, assume that verbal and physical victimization is a predictor of delinquent and aggressive behaviour [34]. [35]conducted a cross-sectional research, and obtained similar results according to victimisation.

Recent evidence suggest that victimization in organisations is a one of the important topic in recent years not only for scholars but also for managers of organisations, because if employees who are victims of harmful behaviour of their co-workers, may have low level of well-being that affect work performance negatively. Almost in health care organisations, well-being of employees is very important, considering they are working with people who are seeks for help in health service, hereby it is mostly important to understand the negative organisational behaviour and its consequences.

In this study we examine a perceived victimisation in relationship to sociodemographic variables as age, gender, professional experience and monthly income.The aim of the present study was to analyse relationship among organisational perceived victimisation and aggressive behaviour against offenders in 3 private hospitals of Mersin city, Turkey. Moreover, the study aimed to determine the effect of demographical variables of victims on aggressive behaviour.

II. MATERIALS AND METHOD

2.1. Participantsand Procedure

A total of 150 full-time employees of 3 private hospitals were distributed a survey questionnaire in July 2018, after few weeks 142 completed responses were obtained with an overall response rate of 94.6%. All participants were volunteered and signed the informed consent given by researchers before filling in the questionnaire. The questionnaire contained the instruments listed below.

1.3. Instruments

The questionnaire included demographic questions concerning gender, age, marital status, education, organisational position, professional experience and monthly income.

Perceived Victimisation Scale

Perceived Victimization Scale developed by[26] adapted into Turkish by [36], was used to ascertain the perceived of victimization of participants.

It consists of 8 self-report items, each item is rated on a Likert scale ranging from 1 to 5 (1 = Strongly Disagree, 5 = Strongly Agree), 4 statements related to Direct Victimization and 4 statements related to Indirect Discrimination.

Aggressive Behaviour

To assess the aggressive behaviour Aggression Scale developed by [37]and adapted into Turkish by[38]were used. The 29-item scale is a self-report tool aimed to evaluate the aggressive behaviour, each item is rated on a Likert scale ranging from 1 to 5 (1 = Strongly Disagree, 5 = Strongly Agree). Have 4 sub-dimensions, Physical Aggression (9 items), Anger (7), Hostility (8), Verbal Aggression (5).

III. RESULTS

Descriptive statistics and correlational analyses were conducted between all major study variables, in SPSS, Version 24. Descriptive data for all measures were calculated and arepresented in Table 1.

Table 1. Descriptive of Participants			
	Groups	**Frequency**	**%**
Gender	Male	74	52,1
	Female	68	47,9
	Total	142	142
Education	Master Degree	4	2,8
	Undergraduate	45	31,7
	Vocational school	49	34,5
	High school	34	23,9
	Primary	7	4,9
	Literate	3	2,1
	Total	142	100
Marital status	Married	78	54,9
	Single	36	25,4
	Engaged	20	14,1
	Widow	8	5,6
	Total	142	100
Monthly income	1001-1999 TL	66	46,5
	2000-2999 TL	64	45,1
	3000-3999 TL	12	8,5
	Total	142	100
Position	Patient consultant	12	8,5
	Nurse	52	36,6
	Cleaning staff	21	14,8

	Medical secretary	11	7,7
	Sick nurse	22	15,5
	Midwife	6	4,2
	Technician	6	4,2
	Lab	12	8,5
	Total	142	100,0

Examining gender differences of the Perceived Victimisation scale total scores (t=2,009; p=0,047<0,05), and Indirect Perceived Victimisation sub-dimension scores (t=2,039; p=0,043<0,05), female Perceived Victimisation total scores (4,009±0,880) and Indirect Perceived Victimisation sub-dimension scores (4,018 ±1,088) were higher than males Perceived Victimisation total scores (3,682±1,107) and Indirect Perceived Victimisation sub-dimension scores (3,692 ±1,088). Mean scores of all sub scales of questionnaires were obtained (see Table 2).

Table 2. Mean of Scale scores			
	N	**Mean**	**SD**
Direct Victimisation	142	3,829	1,068
Indirect Victimisation	142	3,848	0,973
General Victimisation	142	3,838	0,990
Physical Aggression	142	0,605	0,110
Anger	142	0,728	0,189
Hostility	142	0,742	0,191
Verbal Aggression	142	0,761	0,106
General Aggression	142	0,718	0,084

Pearson's moment correlation procedure was used to calculate positive and negative relationshipsamong all study variables.[39]considersthat correlation between .10 and .29 accepted as weak, .30 to .49 have a moderate correlation, .50 and 1.0 is considered as strong correlation. Negative correlation shows that there is a negative direction of the relationship, and does not signify strength [40].

It can be seen at the Table 3, a moderate positive correlation among age and physical aggression and hostility sub-dimensions; and strong positive correlation with aggression general (total scores). Professional experience has a moderate positive correlation with verbal aggression and high positive correlation with aggression general (total scores).

Table 3: Results of the Pearson Correlation Analysis between the Scales and Age, Professional Experience and Monthly Income												
		1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
1.Physical	r	1,000										
Aggression	p	<0,001										
2.Anger	r	-0,111	1,000									
	p	0,189	<0,001									
3.Hostility	r	0,152	0,463**	1,000								
	p	0,072	<0,001	<0,001								

		1	2	3	4	5	6	7	8	9	10	11
4.Verbal aggression	r	0,166*	0,021	0,428**	1,000							
	p	0,049	0,808	<0,001	<0,001							
5.Aggression General	r	0,439**	0,539**	0,803**	0,675**	1,000						
	p	<0,001	<0,001	<0,001	<0,001	<0,001						
6.Direct Victimisation	r	-0,137	0,184*	0,088	0,094	0,120	1,000					
	p	0,104	0,029	0,297	0,265	0,154	<0,001					
7.Indirect victimisation	r	-0,077	0,150	0,137	0,138	0,166*	0,882**	1,000				
	p	0,364	0,074	0,103	0,102	0,049	<0,001	<0,001				
8.Victimisation General	r	-0,112	0,173*	0,115	0,118	0,146	0,973**	0,967**	1,000			
	p	0,186	0,040	0,173	0,160	0,082	<0,001	<0,001	<0,001			
9.Age	r	0,323**	0,172*	0,278*	0,386**	0,530**	0,145	0,152	0,153	1,000		
	p	<0,001	0,041	0,001	<0,001	<0,001	0,085	0,071	0,069	<0,001		
10.Professional experience	r	0,295**	0,123	0,288*	0,418**	0,530**	0,140	0,126	0,138	0,934**	1,000	
	p	<0,001	0,146	0,001	<0,001	<0,001	0,096	0,135	0,103	<0,001	<0,001	
11.Monthly Income	r	-0,281**	-0,086	-0,144	-0,366**	-0,424**	-0,044	-0,102	-0,074	-0,192*	-0,275*	1,000
	p	<0,001	0,308	0,087	<0,001	<0,001	0,604	0,228	0,383	0,022	0,001	<0,001

*p< 0,05, **p< 0,001

IV. DISCUSSION

The present study was designed to determine the relationship among perceived victimisation and aggressive behaviour among employees of private hospitals. A research carried by[41] in Norway shows that respondent who work in public organisations reported less victimisation than those who works at private organisations. It could be explained that stressful work environments are identified with higher victimisation levels.Hospitals are the organisations where employees are working under pressure and with high stress. Aggressive behaviour in organisations is affected by different organisational factors as working environment, stress, policies, and characteristics of employee as gender, professional experience, monthly income and education. The current study found that, female employees reporting significantly higher perceived victimisation than males.[42]in their study found that males are more likely to behave as perpetrators than females.

In a number of studies women report more victimization than men report[27-43-44-24]. Also in our study we found that females obtain high scores on Indirect Victimisation, which could be explained as aggression toward females in organisations is implemented as dress code and appearance restrictions.

Another important finding was that as age, professional experience and aggression have a positive correlation, it could be explained as more the employee is experienced and becomes older, coping style as expressing aggression toward perpetrator indwell. Individual learn to protect himself, and react rather than quiet down. Argued extensively in [45]work, suggested that organisational victimisation drives victims to act as an aggressor, as a way to protect themselves. From this perspective – violence, aggression toward perpetrator could be understood based on the idea, that offenders cannot be victimized. In addition, [46] reported that being aggressive toward perpetrator can be effective way of coping with aggressor, it helps victims to gain a sense of control over the situation, and it is very important because these sense have been related to increased emotional well-being and reduced fear for victims of aggression.

V. CONCLUSION

This study found aggressive behaviour linked to perceived victimisation among employees of private hospital. According to the results, female report higher perceived victimisation than males. Employees, who are older, have longer professional experience use to protect themselves toward aggressors.

The implications of this study show that employees of private hospitals are victims of organisational aggressive behaviour. The results of the victimization in organization: decrease in efficiency, erosion of existing rules or disregard of rules, increased criticism of the employer, loss of confidence and general feeling of insecurity, high absenteeism, major misconduct problems, increased employee turnover, increased distinction, low tolerance for stress and coercion, general dissatisfaction symptoms magnifying small problems, can constantly be revealed as new scapegoats search. Victimization can adversely affect the motivation and morale of individuals and decrease their performance. Therefore, it leads to bilateral problems in achieving organizational and individual goals.

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