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WORKPLACE BULLYING AND DEPRESSIVE SYMPTOMS AMONG EMPLOYED WOMEN IN PAKISTAN: A CROSS-SECTIONAL STUDY

Author 1:	FEROZ USMANI ; District Probation Officer, District Courts Sialkot, Pakistan; Email: feroz.usmani@yahoo.com
Author 2:	AMNA ASLAM ; Lecturer, Khawaja Fareed University of Engineering and Technology (KFUEIT), Rahim Yar Khan, Pakistan; Email: amnaaslam51@yahoo.com
Corresponding & Author 3:	FARAH KANWAL , Lecturer, Khawaja Fareed University of Engineering and Technology (KFUEIT), Rahim Yar Khan, Pakistan; Email: farahkanwal17@gmail.com

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Abstract

This research was conducted to investigate the relationship between workplace bullying and depressive symptoms among employed women in Pakistan. Correlational quantitative research was conducted on 135 working females. Data was collected using a simple random sampling from various public and private organizations in Lahore (Kinnaird College for Women and Services Hospital). Participants filled Demographic Sheet, Workplace Bullying Scale, and Major Depression Inventory. In the data set four categories of age groups were found (54.8%) of participants were lying in the 20-25 years range, (22.2%) were 25-30 years, (10.4%) lay in the 30-35 years, and (12.6%) lie in 35-40 category. 95 participants were single and 40 were married. Pearson correlation and regression analysis revealed that workplace bullying and depressive symptoms have a significant positive correlation. ($r = .682$, $p < 0.01$). The results indicate that individuals who face bullying at their workplace are more likely to develop depressive symptoms. Person-related bullying (personal attacks) is more commonly observed than work-related bullying (professional damage) in working women. The significance of research lies in shedding light on the escalating problem of workplace bullying among women in South Asian countries, with a focus on Pakistan. Understanding the prevalence, forms, and consequences of workplace bullying is to create awareness and implement effective interventions. The present study found significant marital status differences in the development of depressive symptoms due to workplace bullying. The results obtained indicated that there is a positive correlation between workplace bullying and depressive symptoms. The results also unmarried women face more workplace bullying than married women.

Keywords: Workplace, Bullying, Depression, Symptoms, Employed

Introduction

Workplace bullying, encompassing psychological, physical, and sexual abuse and harassment, is a pervasive issue affecting the well-being of individuals, particularly women, in South Asian countries like Pakistan. Despite its increasing recognition globally as a significant workplace stressor, workplace bullying remains largely hidden, especially in societies where discussing it is considered taboo. This raises a critical problem of identifying and detecting workplace bullying both among the targets and within organizations. According to [Török et al. \(2016\)](#), workplace bullying is a type of systematic abuse that takes place regularly and is characterized by a power imbalance between the persons involved, making it difficult for the target to defend themselves. Bullying may be distinguished from other forms of mistreatment concepts like rudeness, abusive supervision, and social undermining due to its enduring and regular nature as well as its sustaining aspect of power imbalance. Bullying compromises the smooth operation of both businesses and employees. It erodes targets and starts a process of resource loss. This process has a variety of negative outcomes, including mental health issues, symptoms of PTSD, emotional exhaustion, increased intention to leave, and decreased job satisfaction and organizational commitment ([Nielsen et al., 2012](#)). Additionally, there is mounting proof that workplace bullying contributes to worsening cardiovascular health, suicidal thoughts, and sleep issues. Bullying situations are hard to address once they've escalated especially in workplaces that don't provide help. To break the pattern of harmful interpersonal interactions, there is a tremendous need for evidence-based prevention and intervention. The significance of this research lies in shedding light on the escalating problem of workplace bullying among women in South Asian countries, with a focus on Pakistan. Understanding the

prevalence, forms, and consequences of workplace bullying is crucial for creating awareness and implementing effective interventions. Given the potential impact on mental health, including the risk of suicide, addressing workplace bullying is not only an organizational concern but also a public health imperative. By examining the unique socio-cultural context, the research aims to contribute to breaking the silence around workplace bullying and promoting a healthier work environment for women ([Nielsen et al., 2020](#)). Moreover, depression is a possible health consequence of workplace bullying that is gaining more and more attention. Studies have indicated that there may be a reciprocal association between depression and workplace bullying. Prospective cohort studies are the finest means of achieving and documenting the disentanglement of such reciprocal connections. However, only a small number of research have used these approaches to investigate this relationship. Furthermore, the findings of those studies have been contradictory. According to two of these earlier research, depression is predictive of incident exposure to workplace bullying. On the other hand, two prospective studies found that being bullied at work increases the likelihood of developing depression. That observation was not supported by other research, or it was only duplicated in males and not in females ([Mammen & Faulkner, 2013](#)). According to [Török et al. \(2016\)](#), the identity of the aggressor, the Cognitive Activation Theory of Stress (CATS) is used to explain why targets of workplace bullying react differently. According to CATS, predictions about the outcome can be good (coping), negative (hopelessness), or none at all. Targets of bullying by leaders may experience a loss of control, which can leave them feeling despondent or powerless. On the other hand, bullying by those in lower positions encourages optimistic expectations and a sense of control (coping). Because of their

apparent incapacity to resolve the issue amicably, targets of leaders' bullying may suffer more severe psychological suffering as a result; this emphasizes the need to take the perpetrator's position into account when analyzing the effects of workplace bullying.

Objectives:

- To explore the impact of workplace bullying on the mental health of working women in the region.
- To investigate the relationship between workplace bullying and depression among Pakistani working women.

Research Questions:

1. How does workplace bullying impact the mental health of working women in the region?
2. What is the relationship between workplace bullying and depression among Pakistani working women?

Research Methodology

This research is correlational quantitative research design. 135 females within the age range of 18-35 years working in the public and private sector organizations of Lahore (Kinnaird College for Women and Services Hospital) were selected using a random sampling technique. Participants filled out the Demographic Sheet, Workplace Bullying Scale, and Major Depression Inventory. Data were analyzed by using Statistical Package for the Social Sciences (SPSS) version 22. The research work has been reported in line with STROCSS (Strengthening the Reporting of Cohort Studies in Surgery) criteria. This suggests a commitment to transparent and comprehensive reporting of the study, enhancing the reliability and reproducibility of the research findings. IRB approval was obtained from Kinnaird College for Women and Services Hospital Lahore, emphasizing the commitment to ethical principles and regulatory oversight in the conducted research.

Literature Review

[Najdawi et al. \(2021\)](#) investigated how several aspects of the workplace affected depression symptoms in working moms of children between the ages of six and 24 months. By examining information from the NICHD Study on Early Child Care and Youth Development, they discovered that while greater employment concerns raised depression scores, working from home dramatically reduced those scores. The study emphasizes how crucial it is for women who are returning to work after giving baby to minimize workplace stress and to support remote work. The COVID-19 epidemic has had a major negative impact on remote working women in the IT industry, especially in Bangalore's metropolitan areas. Extended remote work has exacerbated workplace stressors including workload, job insecurity, unfavorable work environment, personal issues, and lack of structure. These stresses have been found through exploratory factor analysis, and they have a detrimental effect on women working in the software industry's mental health. The study emphasizes how important it is to deal with these issues to assist women's health while they manage remote work during the pandemic ([Lange et al., 2019](#)). The influence of workplace bullying on victims' health was examined in a study, with an emphasis on the mediating roles of depression and anxiety. The research finds that anxiety mediates the relationship between workplace bullying and negative physical symptoms, while depression and anxiety also mediate the relationship between workplace bullying and negative psychological symptoms. The data for this study comes from 151 Italian employees who sought help from a workplace bullying clinical center. To avoid more serious health problems, the study highlights how critical it is to diagnose and treat anxiety and depression as soon as possible. The research is noteworthy for providing insightful information about

workplace bullying in the context of real victim experiences. It also offers implications for intervention tactics, such as clinical therapy and prevention, as well as organizational initiatives for primary prevention (Gullander et al., 2014). Another research explores the harmful effects of bullying at work on the physical and mental well-being of nursing staff, highlighting how it may interfere with the provision of effective medical care in hospitals. The research explores the relationship between personality qualities, social support, and workplace bullying, drawing on the work of Ireland (2020). It focuses on how these factors together affect mental health. The study evaluates social support's potential to lessen the negative impacts of bullying at work in more detail. The research highlights the significance of comprehending the complex interrelationships between workplace dynamics, individual traits, and support systems to improve mental health outcomes and sustain efficient health services in hospital settings, given the widespread effects of bullying in the nursing context. The literature indicates that leaders and coworkers are the main perpetrators of workplace bullying, with incidence varying by nation. In contrast to the majority of research conducted in the US, UK, and Europe, which consistently revealed that leaders are involved in 50–70% of bullying cases, colleagues are the most frequently reported bullies in Scandinavia (particularly in Denmark, Sweden, and Finland). Cross-cultural variations in social interactions, organizational culture, and work-related values and attitudes may account for this heterogeneity (Török et al., 2016). In terms of the effects on health, research continuously demonstrates that bullying has a detrimental impact on psychological well-being. Bullying has been linked to several detrimental psychological health outcomes, including psychological discomfort, trouble sleeping, depression, and anxiety symptoms, according

to longitudinal studies with 1-2-year follow-ups. Studies also showed long-term consequences, showing that even after a 3-6-year follow-up, people who experienced social exclusion at work were more likely to exhibit indications of mental problems. Similarly, a three-year follow-up research on depressed symptoms and workplace bullying in junior physicians revealed a higher incidence of depressive symptoms. Furthermore, compared to those who were tormented infrequently, two Danish research revealed that those who were bullied frequently had a higher risk of depression. According to a recent meta-analysis that solely included longitudinal studies, the likelihood of mental health symptoms in harassed employees is 1.68 (95% CI: 1.35-2.09) higher than in non-bullied employees (Einarsen & Nielsen, 2014).

Results

The current study was conducted to assess the link between workplace bullying and depressive symptoms among employed women in Pakistan. The required information was collected by administering a Demographic sheet, the Major Depression Inventory (MDI) consisting of 10 questions, and the Workplace Bullying Scale (WBS) scales. This chapter characterizes the results of the current study. Data from this study was collected through a randomly selected sample and analyzed using SPSS Version 22. The normality analysis and screening were then performed, to assure that data is normally distributed. This section includes the results of the psychometric properties of the scale, Major Depression Inventory (MDI), and the Workplace Bullying Scale (WBS) scales along with the demographics and desired variables of the study.

Table 1

Variables	N	%
Age		
20-25	74	54.8
25-30	30	22.2
30-35	14	10.4

35-40	17	12.6
Marital Status		
Married	40	29.6
Unmarried	95	70.4
Salary		
20-40K	58	43.0
40-60K	24	17.8
60-80K	28	20.7
80-100K	10	7.0
100K+	15	11.1
Profession		
Doctor/Nurse	23	7.0
Corporate Women	27	20.0
Teacher	47	34.8
Other	38	28.1

N= frequency, %=percentage

Table 1 shows the frequencies of all socio-demographic variables of participants (N=135). In data set four categories of age group were found f =74(54.8%) participant were lying in 20-25 years range, f =30(22.2%) were 25-30 years, f =14(10.4%) lie in 30-35 years and f=17(12.6%) lie in 35-40 category. In this study encompassing 135 female participants aged 18-35 from diverse public and private sector organizations in Lahore, random sampling yielded a sample where 43% (n=58) of participants fell into five salary categories. Specifically, 17.8% had a salary range of 20-40K, 20.7% fell within the 40-60K

Variables	B	SE	B	P
Work-related	.734	.889	.904	.000
Person related	.861	.035	.682	.000
R ²	.817			

range, 7.4% earned between 60-80K, 11.1% had an 80-100K salary, and another 11.1% received a salary exceeding 100K. Marital status distribution revealed that 70.4% (n=95) of participants were single, while 29.6% (n=40) were married. The professional diversity of the participants was organized into four groups, comprising 17% doctors/nurses, 20% corporate women, 34.8% teachers, and 28.2% from various other professions. These demographic details provide a comprehensive overview of the

participants' salary ranges, marital statuses, and professional affiliations, contributing valuable insights to the study's exploration of workplace dynamics, potential correlations with experiences of workplace bullying, and mental health outcomes. Pearson Correlation analysis was used to analyze the relationship between workplace bullying and depressive

Variables	Married		Unmarried		P	t(135)	Cohen's
	M	SD	M	SD			
WBI	23.55	14.09	29.55	14.55	.636	2.22	.422
MDI	27.74	14.59	31.05	15.01	.416	2.25	.501

symptoms. The result showed that workplace bullying and depressive symptoms have a significant positive correlation. ($r = .682, p < 0.01$). The results indicate that individuals who face bullying at their workplace are more likely to develop depressive symptoms. Simple linear regression was used to assess and predict the role of workplace bullying on depression in working women. Person-related bullying (personal attacks) is more commonly observed than work-related bullying (professional damage) in working women

Table 2

Simple linear regression analysis to assess Person-related bullying (personal attacks) is more commonly observed than work-related bullying (professional damage). (f=135)

Note. B= unstandardized beta, β = standardized beta S.E= standard error, p= significance level;

Table 2 shows that work-related bullying is more common as compared to personal related. The values ($\beta = .904, p = 0.000$) showed workplace bullying shows a 13% variance ($R^2 = 0.817$). i.e. for everyone a unit increase in person-related bullying, and there is a 13-unit increase in work-related bullying.

Difference of depression among working women based on marital status.

Table 3

Mean Difference, Standard deviation, and t value among married and unmarried females

($N=135$) on depression and workplace bullying.

Note: M = Mean, SD = Standard deviation, p =significance level. <0.05

Table 3 shows the significant difference in depression among working women due to differences in their marital status. The mean value indicates that unmarried women ($M=29.55$, $SD=14.50$) have depression as compared to married ($M=23.5$, $SD=14.09$).

Discussion

Despite the widespread interest in the topic of workplace bullying towards women in scientific practices, Pakistani working women, including teachers and medical professionals, have not been included in previous studies on this subject. This study aims to investigate the impact of workplace bullying on the mental health and well-being of Pakistani working women, using the cognitive activation theory of stress (CATS) as a framework. The term "stress" is defined in CATS as stress stimuli, stress experience, nonspecific, general stress reaction, and stress response experience. According to CATS, stress is a natural, healthy, and essential alarm that helps to explain why people who experience workplace bullying react differently to various bullies (Török et al., 2016). A comprehensive review of the literature reveals that the majority of studies have focused on the impact of workplace bullying on the mental health of women worldwide. Several studies have found a link between workplace bullying and the overall emotional well-being of employees, with a particular emphasis on the negative impact of workplace bullying on the psychological health of those who experience it. In Pakistan, workplace bullying is a common issue that has negatively impacted many workers, resulting in decreased work efficacy. One study found that female employees faced high job overload, less operating time, working outside of usual hours, and shift work as the most challenging pressures, which caused mental discomfort. These findings highlight the need

for further research on the impact of workplace bullying on the mental health and well-being of Pakistani working women (Malik et al., 2021). The research findings indicate a significant association between workplace bullying and depression among working women in Pakistan. The effects of workplace bullying, whether in the form of professional harm or personal attacks, lead to the development of depression in women. Previous studies have shown that workplace bullying has a detrimental impact on the mental well-being of female employees. Those who experience bullying at work are more likely to suffer from mental health issues, including depression, loss of appetite, nightmares, sleep disturbances, and low self-confidence. A longitudinal study found that workplace bullying is a significant predictor of mental health problems related to psychological stress. There is a strong correlation between workplace bullying and stress, depression, and mental misery in nurses, as indicated by both local and international literature (Neilsen, 2021). The study found that single women are more likely to face workplace bullying than married women. Although there is limited literature supporting this assumption, women-to-women violence is often overlooked as a form of gender-based violence in a patriarchal culture (Cason & Hellemans, 2020). A study conducted in China discusses workplace bullying in this context, shedding light on its impact on society. To understand how single women in China both perceive and experience "women-to-women" violence, in-depth interviews with 32 never-married, single Chinese women aged 30-48 in 13 cities across mainland China were done in 2017. Urban single women over the age of 30 continue to face discrimination in modern Chinese society, as shown by field research, which also revealed that they are frequently the targets of insults, physical and verbal abuse, and social exclusion (Samnani & Singh, 2020). It

was also reported by this study that work-related bullying is more common than person-related bullying. The research findings from the previous literature support this verdict depending on the nature of the job, and the nature of the sample under study (Anjum et al., 2019). bullying studies have suggested that the consequences of exposure to offensive behaviors together with bullying and different styles of harassment may additionally rely upon the goal's interpretation of the actions (Muhsen, 2020). For instance, it is generally recommended that nurses who work with psychiatric patients be conscious that some sufferers can also act inappropriately. This refers to experiencing offensive behaviors from colleagues, which may be less severe than exposure to such behavior from strangers. Previous studies have proven that being bullied by colleagues and leaders is more strongly related to the danger of turnover than the risk of public exposure to violence, threats, or sexual interest (Loerbroks et al., 2015). The perpetrators regularly care for recipients who are incapacitated because of mental illness. Similarly, different research confirmed that the more formal power the offender has over the intention, the more likely the target studies the harassing behavior negatively (Cason et al., 2020). Several studies have been conducted in the Past that show a link between workplace bullying and the overall emotional well-being of employees. The researchers have consistently focused on the prevalence of reported workplace bullying and its adverse effects on the psychological health of the bullied (Rivara & Menestrel, 2019).

Limitations

The current study is not without its limitations, it has a fair number of drawbacks as well. Firstly, the sample size was limited. It included only 135 working women belonging to Lahore, Pakistan. Moreover, the marital status was not equivalent, as most of the

participants were unmarried females. Additionally, the questionnaire method utilized a self-report inventory consisting of 10 questions, which may be subject to certain limitations inherent to the approach. For example, the social-desirability factor or reporter bias may compromise the objectivity of responses. Although, we tried to counter it by ensuring anonymity to participants. Nonetheless, some participants filled the forms inattentively, hence some data was discarded. Further studies may incorporate a larger sample and can focus in-depth on the factors influencing the under-study variables. Besides these limitations, our study also possesses some strengths. It focused on differences in marital status and depression due to workplace bullying, which has been absent in much previous research with refined inclusion and exclusion criteria, and fewer studies of this nature were conducted in Pakistan.

Conclusion

The present study emphasizes finding a significant relationship between workplace bullying and depressive symptoms among working women. It also found significant marital status differences in the development of depressive symptoms due to workplace bullying. The results obtained support two of three hypotheses, indicating that there is a significant positive correlation between workplace bullying and depressive symptoms. The results also specify unmarried women face more workplace bullying than married. Future research continues to expand the sample and consider language and culture aspects. This study is helpful to understand how workplace bullying can result in depression among working women.

Recommendations

Future studies can be carried out on a larger sample belonging to a wide range of work fields adopting an experimental or longitudinal research design. Future research

may also comprise an equal number of males and females to find out about workplace bullying concerning gender. English version measures can be translated into Urdu which may help to measure the studied variables deeply. The other risk factors that play a role in causing depressive symptoms can be correlated with workplace bullying.

Innovation/Research Gap

The innovative aspect of our research lies in its specific focus on the overlooked context of workplace bullying experienced by Pakistani working women, particularly teachers and medical professionals, and its profound impact on their mental health and well-being. While existing studies have extensively explored the global implications of workplace bullying on women, our research fills a crucial gap by shedding light on the unique challenges faced by Pakistani working women within the cultural and professional landscape of Pakistan. By employing the cognitive activation theory of stress (CATS) as a framework, we aim to provide a nuanced understanding of how stress stimuli, experiences, reactions, and responses contribute to the mental health outcomes of women facing workplace bullying in this specific cultural context. Furthermore, our research identifies a significant association between workplace bullying and depression among working women in Pakistan, emphasizing the urgency of addressing this issue for the empowerment and well-being of the affected individuals. By delving into the specific nuances of workplace bullying experienced by single women, our study contributes to the broader understanding of gender-based violence, challenging societal norms and patriarchal structures that may perpetuate such behaviors. In alignment with the vision of empowering humanity with knowledge through research, our findings aim to inform policies, interventions, and awareness programs that promote a healthier and more equitable work environment for

Pakistani working women, fostering their professional growth and overall well-being.

References

- Anjum, A., Muazzam, A., Manzoor, F., Visvizi, A., Pollock, G., & Nawaz, R. (2019). Measuring the Scale and Scope of Workplace Bullying: An Alternative Workplace Bullying Scale. *Sustainability*, 11(17), 4634. <https://doi.org/10.3390/su11174634>
- Einarsen, S., & Nielsen, M. B. (2014). Workplace bullying as an antecedent of mental health problems: a five-year prospective and representative study. *International Archives of Occupational and Environmental Health*, 88(2), 131–142. <https://doi.org/10.1007/s00420-014-0944-7>
- Figueiredo-Ferraz, H., Gil-Monte, P. R., & Olivares-Faúndez, V. E. (2013). Influence of mobbing (workplace bullying) on depressive symptoms: a longitudinal study among employees working with people with intellectual disabilities. *Journal of Intellectual Disability Research*, 59(1), 39–47. <https://doi.org/10.1111/jir.12084>
- Gullander, M., Hogh, A., Hansen, Å. M., Persson, R., Rugulies, R., Kolstad, H. A., Thomsen, J. F., Willert, M. V., Grynderup, M., Mors, O., & Bonde, J. P. (2014). Exposure to Workplace Bullying and Risk of Depression. *Journal of Occupational and Environmental Medicine*, 56(12), 1258–1265. <https://doi.org/10.1097/jom.00000000000000339>
- Ireland, J. L., & Archer, J. (2020). The perceived consequences of responding to bullying with aggression: A study of male and female adult prisoners. *Aggressive Behavior*, 28(4), 257–272. <https://doi.org/10.1002/ab.80001>
- Lange, S., Burr, H., Rose, U., & Conway, P. M. (2019). Workplace bullying and depressive symptoms among employees in Germany: prospective associations regarding

- severity and the role of the perpetrator. *International Archives of Occupational and Environmental Health*, 93(4), 433–443. <https://doi.org/10.1007/s00420-019-01492-7>
- Loerbroks, A., Weigl, M., Li, J., Glaser, J., Degen, C., & Angerer, P. (2015). Workplace bullying and depressive symptoms: A prospective study among junior physicians in Germany. *Journal of Psychosomatic Research*, 78(2), 168–172. <https://doi.org/10.1016/j.jpsychores.2014.10.008>
- Mammen, G., & Faulkner, G. (2013). Physical Activity and the Prevention of Depression. *American Journal of Preventive Medicine*, 45(5), 649–657. <https://doi.org/10.1016/j.amepre.2013.08.001>
- Malik, M. A., Inam, H., Martins, R. S., Janjua, M. B. N., Zahid, N., Khan, S., Sattar, A. K., Khan, S., Haider, A. H., & Enam, S. A. (2021). Workplace mistreatment and mental health in female surgeons in Pakistan. *BJS Open*, 5(3). <https://doi.org/10.1093/bjsopen/zrab041>
- Muhsen, Dr. T. A. (2020). Bullying and Its Consequences in Youth Sport. *International Journal of Psychosocial Rehabilitation*, 24(5), 6221–6230. <https://doi.org/10.37200/ijpr/v24i5/pr2020601>
- Najdawi, A., Rao, A., Razzaq, H., & Dworkin, M. (2021). Impact of enteral prophylactic antibiotics on the trends of inflammatory markers following laparoscopic colorectal cancer surgery: A retrospective and prospective Cohort Study. *Annals of Medicine and Surgery*, 70, 102752–102752. <https://doi.org/10.1016/j.amsu.2021.102752>
- Nielsen, M. B., & Einarsen, S. V. (2018). What we know, what we do not know, and what we should and could have known about workplace bullying: An overview of the literature and agenda for future research. *Aggression and Violent Behavior*, 42, 71–83. <https://doi.org/10.1016/j.avb.2018.06.007>
- Rivara, F., & Le Menestrel, S. (2019, September 14). Consequences of Bullying Behavior. Nih.gov; NationalAcademiesPress(US). <https://www.ncbi.nlm.nih.gov/books/NBK390414>
- Samnani, A.-K., & Singh, P. (2020). 20 Years of workplace bullying research in China: A review of the antecedents and consequences of bullying in the workplace. *Aggression and Violent Behavior*, 17(6), 581–589. <https://doi.org/10.1016/j.avb.2012.08.004>
- Török, E., Hansen, Å. M., Grynderup, M. B., Garde, A. H., Høgh, A., & Nabe-Nielsen, K. (2016). The association between workplace bullying and depressive symptoms: the role of the perpetrator. *BMC Public Health*, 16(1). <https://doi.org/10.1186/s12889-016-3657-x>