Effect of Harassment at Work on Mental Wellbeing and Self-Esteem Among Working Women

Awais Ur Rahman[1], Arfa Akram[2], Shi De Sheng[3] and Sundas Sattar[4]

1) Abdul Wali Khan University Mardan, Pakistan
2) Bahauddin Zakariya University Multan, Pakistan
3) Professor, Hohai University, China
4) University of Sahiwal, Pakistan

Abstract

The purpose of this study was to explore the effect of workplace harassment on mental well-being and self-esteem among working women. Employing a quantitative design, the research involved a purposive sample of 50 women across various professions aged 25 to 60. Written consent was obtained from all participants. Tools used included the Warwick Edinburgh Mental Wellbeing Scale (WEMWS), Rosenberg Self-Esteem Scale (RSES), and Work Harassment Scale (WHS) to measure harassment's impact on mental well-being and self-esteem. Permissions were granted for the use of these scales.

Key Words: Harassment, Mental Well-being, Self-Esteem, Working Women.

Chapter 01: Introduction

This study examines the relationship between workplace harassment—both general and sexual—and its impact on mental well-being and self-esteem, considering demographic factors.

Workplace harassment, a pervasive global issue, particularly affects women's health, exacerbated in patriarchal societies like Pakistan by cultural practices and gender stereotypes (Niaz, 1994; Neidl, 1996).

1.1 What is Harassment?

Workplace harassment includes offensive or harmful acts or comments intended to degrade or intimidate others (Skarlicki & Kilick, 2005; Treasury Board of Canada Secretariat, 2002). Studies indicate 30% to 53% of employees experience harassment during their careers (Jennifer, Cowie, & Ananiadou, 2003; Porhola, Karhunen, & Rainivaara, 2006; Rayner, 1997). Harassment encompasses verbal abuse, intimidation, and physical harm (Johny, 2007; Ehrenreich, 1999). Terms such as harassment, bullying, and mobbing are often used interchangeably (Adams & Crawford, 1992; Baron & Neuman, 1996; Bjorkqvist et al., 1994). In Pakistani society, harassment is underreported, particularly among women. Einarsen et al. (2011) describe harassment as exploitation leading to psychosocial symptoms, while Brodsky (1976) and Björkqvist et al. (1994) emphasize persistent negative actions causing distress.

Psychological harassment involves repeated attacks to provoke or humiliate (Lopaz-Cabarcos & Vazquez-rodriguez, 2006), with both overt and subtle forms (Logan et al., 2006). Sexual harassment involves unwanted sexual advances or comments (Björkqvist et al., 1994).

1.1.1 Workplace Harassment and Mental Health Issues: Literature on harassment and health complaints is limited, often neglecting the impact of various harassment types (Webster, 2017). Nurses, who face issues such as low staffing, client pressures, and stigmatization, are particularly vulnerable to mental health problems (Maskor et al., 2013). Research shows that negative work environments increase job turnover (Civility in America, 2013). The American Nurses Association highlights that exposure to pain, lack of autonomy, and interpersonal conflicts contribute to stress among nurses.

1.1.2 Theories of Workplace Harassment: Sexual harassment laws differ globally, with developing countries viewing it as an offense against dignity, the U.S. as sex discrimination with employer liability, and Europe combining perspectives of discrimination, dignity, and health (EIRO Online, 2004). Europe's approach now includes "moral harassment" or "workplace bullying" (StopVAW, The Advocates for Human Rights).

1.1.3 Theoretical Perspectives on Sexual Harassment:

1.1.3.1 Natural/Biological Theory: This theory views sexual harassment as a result of natural sexual attraction rather than intentional misconduct (Barbara Gutek, 1982).

1.1.3.2 Sex Role Spillover Theory: Suggests traditional gender roles influence men's behavior, leading to harassment when women enter male-dominated fields (Barbara Gutek, 1982).

1.1.3.3 Organizations Theory: Views harassment as stemming from hierarchical structures and power imbalances (Cleveland & Kurst, 1993; Gruber, 1992).

1.1.3.4 Socio-Cultural Theory: Attributes harassment to societal gender inequalities and sexism (Gutek, 1985; Thomas & Kitzinger, 1997).

1.1.3.5 Feminist Theory: Highlights harassment as a consequence of societal gender inequalities and male dominance (Farley, 1978; MacKinnon, 1979).

1.2 Mental Well-Being: Mental well-being includes psychological and physical health, impacted by workplace harassment, causing depression, anxiety, PTSD, and physical issues (Rodriguez et al., 2010). Subjective well-being varies by individual and culture (Diener, 1984; Tellegen, 1982). Health promotion programs aim to improve well-being (Murdaugh et al., 2006; Capitulo et al., 2010).

1.2.1 Mental Health Theories on Well-Being:

1.2.1.1 Self-Determination Theory (SDT): Emphasizes autonomy, competence, and relatedness as crucial for well-being (Ryan & Deci, 2000).

1.2.1.2 Broaden and Build Theory: Positive emotions expand perspective and contribute to well-being (Fredrickson, 1998, 2000).

1.2.1.3 PERMA Theory: Includes Positive Emotion, Engagement, Relationships, Meaning, and Achievement (Seligman, 2011).

1.3 Self-Esteem: Self-esteem involves an individual's subjective evaluation of worth, affecting personal growth and self-actualization (Maslow, 1943). It is linked to social acceptance (Sociometer Theory; Leary, 1999) and anxiety reduction (Terror Management Theory; Greenberg, Pyszczynski, & Solomon, 1986).

1.3.1 Self-Determination Theory (SDT): High self-esteem arises from fulfilling needs for relatedness, competence, and autonomy (Ryan & Deci, 2000).

1.3.2 Terror Management Theory (TMT): Self-esteem helps manage anxiety about mortality by integrating societal values (Pyszczynski et al., 2004).

1.3.3 Integration with Attachment Theory: Secure attachments in childhood contribute to higher self-esteem (Mikulincer, Florian, & Hirschberger, 2003).

Chapter 02: Literature Review:

2.1 Workplace Bullying and Psychological Well-being: Workplace bullying increases stress and lowers self-confidence among targets, who may also use sleep aids (Vartia, 2001).

2.2 Longitudinal Effects: A study of Norwegian employees showed that workplace bullying leads to increased mental distress over time and vice versa (Vartia, 2001).

2.3 Theoretical Perspectives: Sexual harassment is explored through Biological, Sex Role Spillover, Organizational, Socio-Cultural, and Feminist theories, which reveal its impact on women's workforce participation (Numhuser-Henning & Laulom, 2012).

2.4 Impact on Self-Esteem and Job Satisfaction: Sexual harassment reduces self-esteem and job satisfaction among Pakistani nurses, with age moderating these effects (Ullah, 2001).

2.5 Career Consequences: Sexual harassment negatively affects career progression, leading to job turnover and financial stress (Blackstone, Uggen, & McLaughlin, 2009).

2.6 Prevalence and Effects: 55% of employees report being bullied and 47% witness it, leading to increased anxiety and job dissatisfaction (Bilgel et al., 2006).

2.7 Purpose of the Study: This study explores the impact of workplace harassment on nurses' mental health and job attitudes in Pakistan, where high rates of abuse and harassment are reported. It will also examine preventive measures and support systems.

2.8 Objectives:

1) Assess harassment prevalence among working women.

2) Identify mental health issues from harassment.

3) Examine job-related issues from harassment.

4) Determine harassment's effect on mental well-being and self-esteem.

2.9 Hypotheses:

1) H1: Harassment significantly impacts the mental health of working women.

2) H2: There is a negative relationship between harassment and self-esteem.

3) H3: Age, years of experience, and profession are related to self-esteem.

Chapter 03 Research Methodology:

A cross-sectional design was employed to assess the impact of workplace harassment on selfesteem and mental well-being among working women. Data was collected using a nonprobability sampling technique through online questionnaires distributed via social media and WhatSapp, with a sample of 150+ responses from working women aged 20-40. Ethical considerations included maintaining confidentiality, obtaining informed consent, and ensuring participant well-being through debriefing. Measurement scales used included the Work Harassment Scale (WHS) to assess harassment, the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) for mental well-being, and the Rosenberg Self-Esteem Scale (RSES) for self-esteem. Statistical analysis was performed using SPSS 19, employing Pearson correlation tests to explore relationships between harassment, self-esteem, and mental well-being, with a significance threshold of 0.05.

Chapter 04: Results and Discussion:

This chapter will present the analyzed results using SPSS 19, exploring differences within the study sample and examining relationships between harassment, self-esteem, and mental wellbeing.

Table 1

Participants' Socio-demographic and Occupational Characteristics (N=198)

	Mean (SD)	F (%)
Age	2.09(0.82)	
Year of Experience	2.28(1.27)	
Profession		
Teaching		85(42%)
Nursing		58(29%)
Doctor		3(1.5%)
Banker		24(12%)
Marketing		28(14%)

Table 1 shows descriptive statistics of working women's age and year of experience. It shows 100% of the sample was between 20 to 60 years old with the mean value of age 2.09 and standard deviation 0.82 and year of experience with mean value of 2.28 and SD 1.27.

Table 2

Standard Correlation Model Showing the correlation between Self Esteem, Mental Well Being&Harasment N=198

	Mean	SD	Age	Prof.	Year of Exp.	SE	MWb.	H

Age	2.10	0.820	_				
Profession	2.25	1.46	-0.019	_			
Year of Working Experience	2.28	1.27	0.130	-0.041	_		
Self Esteem	1.91	0.46	0.061	0.130	0.196**	_	
Mental Wellbeing	3.58	0.64	-0.017	0.121	-0.137	0.604**	_
Harassment	2.11	0.80	0.088	0.146*	-0.056	-0.340**	-0.208**	_

**P<.001

Table 2 shows that correlation coefficient among study variable. Correlation statistics indicates the existence of Correlation among all variables. Mental well-being is positively co related with self-esteem. Harassment is negatively co related with subjective well-being and self-esteem.

Table 3

Regression

Standard Regression Model showing effect of Harassment on Self-esteem

Predictors	B	Std. Error	Beta	t	P
(Constant)	1.556	.129		12.039	.000
Consistency	.181	.039	.313	4.65	.000

$R^2 = .156$, Adjusted $R^2 = .138$, ($F(8.916)$ $p < = 0.001$ *$p < = 0.001$, Regression

Standard Regression Model showing effect of Harassment on Mental Well-being.

Predictors	B	Std. Error	Beta	t	P
(Constant)	3.34	.190		17.62	.000
Consistency	.153	0.57	.190	2.68	.008

$R^2 = .067$, Adjusted $R^2 = .048$, (F (3.459) $p < = 0.001$ *$p < = 0.001$,

Table 3 shows that regression analysis of Harassment on mental well-being and self-esteem. The significant value indicated that there is significant impact of Harassment on mental wellbeing and self-esteem. The value of t showed the impact is negative. Finding showed the p value is greater than 0.05, which shows that results is significant.

Finding shows that mean, standard deviation and t value differences on self-esteem and mental well-being scales between females.

Discussion: We discuss the findings from the previous analysis using SPSS 19, which investigated the impact of harassment on mental well-being and self-esteem among working women.

Hypothesis 1: The first hypothesis posited a significant relationship between harassment and mental well-being. The results confirm this hypothesis, showing that increased harassment leads to decreased mental well-being. Supporting research by Marit Al Vartia found similar results, where workplace bullying was linked to higher stress and poorer mental health among targets and observers.

Hypothesis 2: The second hypothesis examined the negative relationship between harassment and self-esteem. Findings support this hypothesis, aligning with a study by Najma Iqbal Malik et al., which reported that sexual harassment significantly predicted lower self-esteem among female nurses.

Hypothesis 3: The third hypothesis explored the relationship between age, profession, years of experience, and self-esteem. Results indicate that these factors are indeed related to selfesteem,

corroborating previous research that found age and professional experience affect selfassessments and expertise.

Overall, these findings highlight the negative effects of harassment on mental well-being and self-esteem, emphasizing the need for interventions to improve workplace environments.

Chapter 05: Conclusions and Prevention:

Conclusion: This research examined the impact of workplace harassment on the mental wellbeing and self-esteem of working women, with findings analyzed through SPSS 19. The study confirmed that harassment negatively affects mental well-being and self-esteem, aligning with the hypotheses. Specifically, increased harassment correlates with decreased mental wellbeing, as supported by Marit Al Vartia's findings on workplace bullying, and reduced selfesteem, consistent with Najma Iqbal Malik's study on sexual harassment among nurses. Additionally, age, profession, and work experience were found to significantly influence selfesteem, corroborating existing literature on professional expertise and self-perception. Despite these insights, limitations such as sample size and data collection methods suggest that further research is needed to explore these relationships in more depth. Future studies should aim to address these limitations and consider broader variables to enhance understanding and develop targeted interventions for improving workplace environments.

Preventions:

1) Establish Clear Policies: Develop and communicate anti-harassment policies.

2) Train Employees: Conduct regular training on harassment and appropriate behavior.

3) Promote Awareness: Create awareness programs about harassment and its consequences.

4) Encourage Reporting: Set up confidential and accessible reporting systems.

5) Foster Respectful Culture: Cultivate a respectful and inclusive work environment.

6) Monitor Practices: Regularly review and update anti-harassment measures.

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