Hovedoppgave

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Occupational Depression and Workplace Bullying

A correlational study

Hovedoppgave i Profesjonsstudiet i Psykologi
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Januar 2024

NTNU
Kunnskap for en bedre verden

Abstract

Introduction. Workplace Bullying (WPB) and Occupational Depression (OD) are commonly reported in adult worklife, and both can involve severe consequences for employees' overall health. Several studies have suggested an association between being on the receiving end of negative actions at work and experiencing depressive symptoms. This study aimed to substantiate this body of literature further by examining the possible correlational relationship between OD and WPB. An interim goal was to contribute to validating the Occupational Depression Inventory (ODI) in the Norwegian language. I hypothesised that WPB would be positively correlated with OD.

Method. The study was based on a cross-sectional, quantitative survey relying on self-report data from respondents. The relationship between OD and WPB was examined using correlational analysis. Factorial analyses were conducted to examine some of the psychometric properties of the ODI's Norwegian version.

Results. There was a strong positive correlation between WPB and OD. There was a small positive correlation between WPB and 6-month sick leave, and between WPB and current antidepressant intake. Small positive correlations were also found between OD and current use of antidepressants, and between OD and 6-month sick leave. The factorial analysis of the ODI indicated that the nine items are reflective of a single factor: OD.

Conclusion. Our findings suggest that there is a strong, positive correlation between OD and WPB. However, the causal direction of the effect and whether the effect is working directly or indirectly, cannot be ascertained based on these findings. Further research should seek to answer this, and perhaps investigate the relationship between OD and WPB on different clusters of severity, and exclusively among full-time employees. Additional correlations between OD, WPB and health outcomes such as antidepressants intake and being on sick leave, align with existing studies uncovering negative health outcomes related to experiencing both OD and WPB. Finally, the results of this study suggest that the Norwegian translation of the ODI is well adjusted for distribution in a Norwegian population.

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1. Introduction

Research on employees' well-being at work is of great interest, not only for the sake of productivity, and to decrease turnover intent and sick leaves, but also from a general public health perspective. It is well established that job satisfaction predicts personal overall well-being and health (Bianchi et al., 2022; Einarsen et al., 2009; Lim et al., 2008). Based on this knowledge, it is important to gain insight to what factors predict job satisfaction, and the possible consequences of people experiencing psychological ill-being related to their work. If we are able to identify factors that cause impairment to well-being among adult workers, one could also reduce the occurence of a wide selection of pathologies and health-related issues in the population (Bianchi et al., 2022; Lim et al., 2008). In this study, I will illuminate *depressive symptoms* and *bullying* attributed to the workplace as such factors, and further examine the relationship between the two.

Depressive symptoms are in themselves inhibiting and burdensome for one's well-being and ability to work, and are also related to a variety of unfavourable physiological-health outcomes, such as cardiovascular diseases, autoimmune diseases, diabetes, and cancer (Bianchi & Schonfeld, 2020). Depressive symptoms are further known to inflict a high degree of comorbidity to a range of other mental illnesses and psychological problems, such as various anxiety disorders, insomnia, and substance abuse (Cummings et al., 2014; Hagen & Kennair, 2016). More than 300 million people are affected by depression worldwide, making it one of the most prevalent mental illnesses (Bianchi & Schonfeld, 2020). In addition to this high prevalence, comorbidity, and subjective strain and suffering caused by depression symptoms, both for the affected and hes or her next of kin, we find depression to be the main risk factor for suicidal intent (Bianchi & Schonfeld, 2020; Hagen & Kennair, 2016). This knowledge demonstrates the importance of preventing, identifying, and treating depression, both at the group level, and at the individual level.

As mentioned earlier, our well-being at work is known to be a predictive factor for our general well-being, and several physical and mental health outcomes (Nielsen & Einarsen, 2012). Being bullied at work is a factor that influences one's well-being at work negatively, and is correlated to a variety of unfavourable outcomes, concerning both mental and physical health, and naturally, productivity and functioning at work (Nielsen & Einarsen, 2012). It is suggested that a considerable number of individuals are exposed to actions categorised as bullying at their respective workplace, with prevalence numbers ranging from 11% to 18% (Nielsen & Einarsen, 2012). Several studies have already suggested that bullying at the workplace can solely cause depression symptoms (Conway et al., 2018; Gullander et

al., 2014; Hoprekstad et al., 2019; Høgh et al., 2016; Nielsen & Einarsen, 2012). Post-traumatic stress, sleep problems and somatisation are other reported health outcomes that individuals experience as a result of being bullied at work, in addition to increased turnover intent (Nielsen & Einarsen, 2012). These findings underline the importance of understanding and preventing bullying at the workplace.

In this study, I will seek to further investigate the possible effect bullying can have on one's subjective experience of well-being at work, and vice versa. Subjective experience of well-being will this case be measured by the presence (or a lack of presence) of job-attributed depression symptoms.

1.1 Theoretical framework

Before addressing the current data analysis, it is necessary to define and delineate the terms and measurements of interest referred to in this study. The theoretical framework for this study is largely based on contemporary literature and research concerning work related depression and bullying at the workplace among adults (Bianchi et al., 2022; Notelaers et al., 2019). Research on bullying among adolescents, and on depression in the general sense has also been utilised to complement this body of literature. In this chapter, I will seek to clarify the terms and measurements referred to in the present study; *Workplace Bullying* (from now on referred to as *WPB*) and *Occupational Depression* (from now on referred to as *OD*) (Bianchi et al., 2022; Einarsen et al., 2009).

1.1.1 Workplace Bullying (WPB)

Although we can assume bullying is an everyday phenomenon in all parts of the world, the term was subject to a lack of clarification for some time. But, researchers have increasingly dedicated efforts to produce a delimitation and definition for the term, which allows it to be quantified and measured in psychology and sociology research (Einarsen et al., 2009; Einarsen & Skogstad, 1996; Olweus, 1994). The term *bullying* is perhaps most commonly and historically used in the context of education, and the well-being of children and adolescents in schools. Dan Olweus (1994) defined bullying as a situation where a student is being exposed to negative actions repeatedly and over time by one or more other students (Olweus, 1994). Olweus (1994) continues to describe *negative actions* as behaviour that "intentionally inflicts, or attempts to inflict, injury or discomfort upon another." (Olweus, 1994, p. 1173). By this definition, *aggressive behaviour* can be considered a synonym to negative actions, according to Olweus (1994). Volk et al. (2021) further defined bullying as *goal-directed aggressive behaviour* (Olweus, 1994; Volk et al., 2021, p. 2415). Thus, making their definition essentially the same as the one Olweus (1994) suggested, if we consider the

adjectives “intentionally” and “goal-directed” to imply the same meaning (Olweus, 1994; Volk et al., 2021). Olweus (1994) also suggests that an “interpersonal relationship characterised by an imbalance of power” serves as a final criteria for defining negative actions (Olweus, 1994, p. 1173).

So, what do these negative actions or aggressive behaviour look like? In the context of children and adolescents, the Norwegian Directory of Education lists a number of actions that can be defined as bullying (Utdanningsdirektoratet, 2016). Such actions include backbiting, rumour-spreading, ostracism, punching, hurtful messages, pressuring to do unwanted acts, name calling, stealing or ruining one's possessions, and also consistently not liking or commenting someones pictures on social media (Utdanningsdirektoratet, 2016). They don’t explicitly say the actions must be repeated and cause distress for the victim, but it is emphasised that the child or adolescent holds the right to define what actions he or she considers troublesome (Utdanningsdirektoratet, 2016). Among adults, actions included in the term bullying are perhaps generally more subtle and less direct (Nielsen & Einarsen, 2012). Actions regarded as bullying among adults does indeed include interpersonal aggression and social exclusion, but also some additional non-behavior actions that are not common among children and adolescents (Nielsen & Einarsen, 2012).

But why do humans bully each other? Volk et al. (2021) suggest an answer by elaborating further on bullying as an action “that causes harm to another in the context of a power imbalance” (Volk et al., 2021, p. 2415). By this definition, bullying is understood as a way of asserting social dominance, and strengthening one’s position in a social hierarchy (Volk et al., 2021). Most research concerning this question, including Volk et al.’s (2021) study, is aimed to explain adolescent behaviour. As for adults, studies that aim to explain possible motivations for aggressive behaviour in general, could serve as explanatory models for bullying among adults, considering that bullying is defined as aggressive behaviour (Einarsen & Nielsen, 2012; Krahé, 2021; Olweus, 1994). Further, Buss and Shackelford (1997) suggested that aggressive behaviour serves as a solution, or response, to a wide range of adaptive problems, including negotiating status and power hierarchies in the social context (Buss & Shackelford, 1997). Though it is emphasised that aggression is not an adaptive function in all contexts and social groups, it is suggested that individuals exhibiting bullying behaviour more often than not display social skills- and obtain peer popularity above average, at least among adolescents (Buss & Shackelford, 1997; Tybur et al., 2012). Thus, one can explain bullying as a tool for social status advancement appropriated by some individuals (Volk et al., 2021). These individuals have, more often than not, some personality traits in

common, including increased degree of impulsivity, lower emotionality and presence of antisocial tendencies (Krahé, 2021; Volk et al., 2021). That being said, it is important to emphasise that all humans are capable of aggressive behaviour, and that aggression doesn't necessarily need to be goal-directed, but can rather be an emotional reaction to environmental stimuli (Krahé, 2021).

WPB has been conceptualised by Einarsen and Skogstad (1996), and captures bullying among adults restricted to the workplace setting (Nielsen & Einarsen, 2012). The definition relies on the same basis that Olweus (1994) suggested; being exposed to negative actions repeatedly and over time (Olweus, 1994). But, Einarsen and Skogstad (1996) seeked to further define bullying among adults in the context of the workplace (Einarsen & Skogstad, 1996). The definition of WPB is formulated as

> a situation in which one or several individuals persistently, and over a period of time, perceive themselves as being on the receiving end of negative actions from superiors or coworkers, and where the target of the bullying finds it difficult to defend him or herself against these actions (Nielsen & Einarsen, 2012, p. 309).

The negative actions that constitute WPB are not definite, and can vary across situations, but they do differ from other unpleasant actions at the workplace, which can be confused with WPB (Nielsen & Einarsen, 2012; Lim et al., 2008). Lim et al. (2008) refers to *Workplace Incivility*, which includes a broad variety of hostile behaviour among adults at the workplace (Lim et al., 2008). All though, these behaviours do not include bullying in this theoretical framework, which is considered to be behaviour that is *hostile by intention* (Lim et al., 2008). This is similar to Volk et al. (2021) limitation of bullying being *goal-directed* aggressive behaviour (Volk et al., 2021). However, Einarsen and Skogstad (1996) does not include the perpetrators motivation or intention behind the negative actions in their definition, but rather takes the perspective of the WPB target (Einarsen & Skogstad, 1996). Thus, it is up to potential victims to define for themselves, if they are in fact on the receiving end of negative actions, and whether they find it difficult to defend themselves against these actions (Nielsen & Einarsen, 2012).

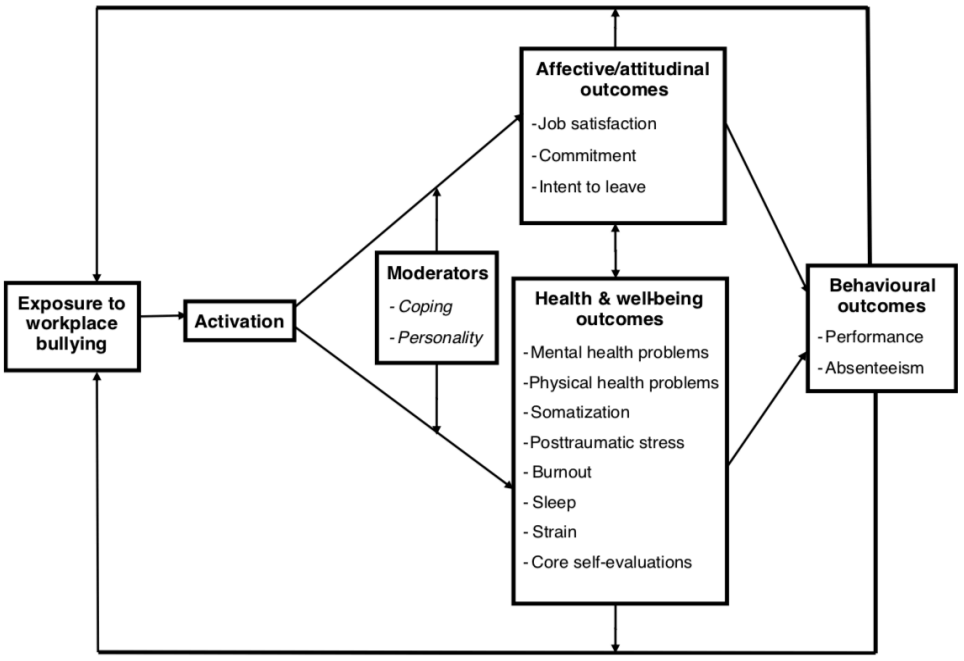
Other characteristics of WPB worth mentioning is that the negative actions must occur persistently and over a period of time, and that the perpetrators can be both superiors and coworkers (Nielsen & Einarsen, 2012). These criterias are similar to the ones that Olweus (1994) presents for bullying among children, all though the latter underlines that there must be an "imbalance of power" characterising the relationship in which the bullying occurs (Olweus, 1994, p. 1173). In the case of WPB, the phenomenon does not rely on the presence

of an imbalance of power between the victim and the perpetrator, and so coworkers and superiors can both be perpetrators (Nielsen & Einarsen, 2012). All though, it is worth mentioning that WPB most often occurs by one victim being targeted by multiple perpetrators (Nielsen & Einarsen, 2012). Further, the definition states that the "target of the bullying must find it difficult to defend against the actions." (Nielsen & Einarsen, 2012, p. 309), which is an additional criteria not included in other mentioned definitions of bullying among children and adolescents (Olweus, 1994, Lim et al., 2008).

Not surprisingly, WPB comprises the quality of work environment, and is also linked to a range of negative health outcomes, including both physical and mental health issues, which is demonstrated in figure 1 (Nielsen & Einarsen, 2012, p. 313). Nielsen and Einarsens (2012) theoretical model suggest that affective- and negative health outcomes are a product of "repeated and chronic cognitive activation" caused by prolonged exposure to WPB (Nielsen & Einarsen, 2012, p. 312-313). Further, the target individual's personality and ability to utilise coping strategies serves as possible moderators of harm this cognitive activation might cause, suggesting that the same WPB actions will have varying negative effects on different individuals (Nielsen & Einarsen, 2012). This model further demonstrates the importance of uncovering and preventing WPB (Nielsen & Einarsen, 2012).

Figure 1

Theoretical model showing the possible relationships between the outcomes of WPB that were included in the meta-analysed studies (Nielsen & Einarsen, 2012, p. 313).



In this study, I will rely on the definition of WPB presented by Nielsen and Einarsen (2012). Not only is this the most valid suggestion for a definition, but WPB as defined by Nielsen and Einarsen (2012) is also made measurable and quantifiable with The Short Negative Acts Questionnaire (SNAQ), which I will present in chapter 2.2.2 (Anusiewicz et al., 2021; Nielsen & Einarsen, 2012).

1.1.2. Occupational Depression (OD)

The term *depression* is, much like the term bullying, referred to in a wide range of manners and situations. In this study, I refer to depression in the clinical sense, delimited by diagnostic criteria in the common diagnostic manuals. The World Health Organization's (WHO) diagnostic delimitation of clinical depression in the ICD-11 manual is characterised by symptoms such as

> depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue (World Health Organization, 2023).

There are many factors leading to greater risk of being diagnosed with depression; including genetics, personality, and a range of external stressors (Hagen & Kennair, 2016). Still, the diagnosis of unipolar depression includes no etiological criteria, and the illness can be caused by various and unknown reasons or conditions (Hagen & Kennair, 2016). This is also the case when we assess the DSM-IV diagnostic manual; a depressive disorder does not rely on what caused the symptoms, but the mere presence and endurance of the symptoms (American Psychiatric Association, 2013). Further, the DSM-IV manual lists clinical symptoms, which draws similarity to the ones presented by WHO in the ICD-11 manual (APA, 2013; WHO, 2023). Depressed mood, diminished interest or pleasure, changes in weight and/or appetite, reduced psychomotor tempo, fatigue, feelings of worthlessness, problems with concentration, and finally recurrent thoughts of death, and/or suicidal ideation (APA, 2013). The symptoms must occur nearly every day, over at least two weeks, and at least five of the listed symptoms, including at least one of the core symptoms of depressed mood and/or diminished interest or pleasure, have to be present to meet the diagnostic criteria (APA, 2013).

OD describes depression symptoms that have a clear attachment to one's work (Bianchi & Schonfeld, 2020). The depression symptoms that constitute the term are based on the diagnostic criteria for major depression in the DSM-IV manual, but delimited to being caused by the individuals' job or place of work (APA, 2013; Bianchi & Schonfeld, 2020). For example, the depression symptom *depressed mood* is confirmed as a job-attributed depression symptom by asking the individual if he or she is feeling depressed *because of his or her job* (APA, 2013; Bianchi & Schonfeld, 2020). Another depression symptom; *anhedonia*, is identified by asking *if one's work* has been so stressful that he or she could not enjoy the things he or she usually likes doing (APA, 2013; Bianchi & Schonfeld, 2020). Thus, the OD construct provides an etiological explanatory model for the depressive symptoms (Bianchi & Schonfeld, 2020). OD, also referred to as job-ascribed depression, is not yet a clinical diagnosis included in the ICD-11 or DSM-IV manuals, but Bianchi and Schonfeld (2020) suggests job-ascribed depression as a provisional diagnosis, making the term not only relevant in research, but also for use in clinical practice (APA, 2013; Bianchi & Schonfeld, 2020; WHO, 2023).

Job-related distress and its possible effects on individuals' health has been an area of interest among researchers for some time (Bianchi et al., 2022). *Burnout* has traditionally been considered the main consequence of long-term job-related distress among individuals, which include several exhaustion symptoms and efficacy issues (Bianchi et al., 2022). The "burnout construct", as referred to by Bianchi et al. (2022), exhibits several problems when assessing job-related distress, mainly because of the lack of consensus on the diagnostic criteria of burnout (Bianchi et al., 2022). The theoretical framework of OD was developed partly as a response to the burnout construct, thus providing a different approach to assessing negative effects of job-related distress (Bianchi et al., 2022). This approach is based on a large body of findings suggesting that unresolvable stress is a significant *depressogenic factor*, and therefore, job-related distress should be assessed using measures of depressive symptoms, rather than symptoms of burnout (Bianchi et al., 2022).

Preventing, identifying, and treating the occurrence of job-ascribed depression symptoms among adult workers is a needed effort from a public health perspective (Bianchi et al., 2022). This is demonstrated by a body of research suggesting that OD is a predictor for several severe health outcomes (Bianchi & Schonfeld, 2022; Bianchi et al., 2022). Job-ascribed depression symptoms are, all though exclusively attributed to the workplace, experienced as burdensome and inhibiting outside the workplace setting as well (Bianchi & Schonfeld, 2020). Still, the rise of workplace suicides shows that depression symptoms

doesn't have to be attributed to all aspects of one's life in order to cause potentially fatal outcomes (Bianchi et al., 2022). In addition to this knowledge, several studies suggest that job-ascribed depression symptoms also predict cognitive performance (Bianchi & Schonfeld, 2022). And so, it is crucial to add to our understanding of the potential factors in the workplace that cause depression symptoms, so that health-promoting interventions can be implemented and utilised (Bianchi & Schondfeld, 2020).

Measuring the epidemiology of OD at the individual level is made possible by the Occupational Depression Inventory (ODI) (Bianchi & Schonfeld, 2020). The items that make the ODI refers to the diagnostic criteria of major depression in the DSM-IV manual, and are formulated to uncover depression symptoms ascribed to one's job (APA, 2013; Bianchi & Schonfeld, 2020). The etiological consideration that the ODI provides is unique, as other depression scales are concerned with identifying depression, the duration and number of symptoms, and the degree of its severity (Bianchi & Schonfeld, 2020). Thus, the ODI provides information only on depression symptoms that respondents ascribe solely to their job or workplace (Bianchi & Schonfeld, 2020).

1.2 The aim of the present study

The present study is conducted to illuminate the relationship between the quality of work environment, well-being at work and various health outcomes, and strengthen our understanding of what causes and maintains poor work environments and pathological symptoms ascribed to the workplace (Bianchi & Schonfeld, 2020; Nielsen & Einarsen, 2012). More specifically, I will examine the possible correlational relationship between experiencing OD symptoms and being on the receiving end of actions categorised as WPB. Several studies have already suggested an association between being on the receiving end of negative actions and *general depression symptoms*, and this study will aim to substantiate this body of literature, in addition to providing research on the link between WPB and *job-ascribed depression symptoms* specifically (Conway et al., 2018; Gullander et al., 2014; Hoprekstad et al., 2019; Høgh et al., 2016; Nielsen & Einarsen, 2012). Further, this study will hopefully enhance our insight to depression symptoms ascribed solely to the workplace, by investigating potential predictors for OD, in this case WPB (Bianchi & Schonfeld, 2020). This knowledge could strengthen leaders and human resources workers' ability to tend to their employees' overall health, and possibly prevent ill-being among workers (Bianchi et al., 2022). And in addition, this knowledge can contribute to health care professionals being more able to prevent, or identify and help individuals suffering from exposure to negative acts or

depression symptoms ascribed to the workplace (Bianchi & Schonfeld, 2020; Nielsen & Einarsen, 2012).

The ODI has been translated and validated in several countries and languages, including the U.S., Spain, South Africa, New Zealand, and France (Bianchi et al., 2022; Hill et al., 2021). The inventory has been translated to Norwegian by Renzo Bianchi and three Norwegian-speaking researchers who are fluent in English ahead of this present study, but is yet to be distributed in a Norwegian population, and hence validated in Norwegian. Thus, making it an interim aim of this study to validate the ODI in the Norwegian language, much like Jansson-Fröjmark et al. (2023) recently did in Sweden (Jansson-Fröjmark et al., 2023). The main goal for this study is to investigate the relationship between WPB and OD in a convenience sample of Norwegian employees, and collect information on the epidemiology and occurrence of OD and WPB.

However, the study will only determine whether there is an association between the two variables OD and WPB, leaving us unable to explain which variable causes the possible effect, or if there is mutual influence from both variables, based on these findings. The body of literature uncovering the mutual relationship between well-being at work and overall health indicates that a correlation between OD and WPB is probable (Bianchi & Schonfeld, 2020; Nielsen & Einarsen, 2012). Further, the known relationship between WPB and mental health outcomes, and specifically depression symptoms, constitutes a proposed hypothesis for the present study; that there is in fact a positive correlation between WPB and OD (Conway et al., 2018; Gullander et al., 2014; Hoprekstad et al., 2019; Høgh et al., 2016; Nielsen & Einarsen, 2012). Thus, meaning that an individual's responses in one of the inventories would predict his or her response to the other inventory, both included in the survey distributed in this study. Before distribution, it was our initial expectation that the results would be in alliance with this hypothesis.

2. Method

2.1 Study sample

The participants were recruited by convenience sampling, with an initial sample size of 427 participants. A total of 425 respondents ($N = 425$) constituted the final dataset, after removing a respondent who did not answer an added control question correctly, and removing another respondent under the age of 18. The control question asked the respondent to select the alternative that says “I disagree”, among five alternatives in total, to indicate that they are in fact paying attention to the questions being asked.

The respondents' ages ranged from 19 years old to 66 years old (M = 41.69). The respondent's sex was ranged from female (0) to male (1) (M = .46). 79% of the respondents reported being full-time employed. Among our respondents we find doctors, teachers, students, nurses, a DJ, contractors, psychologists, IT-consultants, postal workers, and several other occupations.

The study is based on a cross-sectional, quantitative survey relying on self-report data from respondents. Data was collected using a digital survey produced and distributed using the website "Nettskjema.no". This digital tool for distributing surveys and collecting data is approved and recommended by NTNU and the University of Oslo in Norway, and the respondents privacy and anonymity was ensured using this platform. Responses were submitted in the winter of 2023, during January and February. I shared a link to the survey on my personal Facebook-page, collecting a total of 74 respondents, and my supervisor Renzo Bianchi collected the rest of the responses with the help of the market research company "Bilendi & respondi." This company is commonly relied on in academia (e.g., Munzert et al., 2021). Accepted respondents were either full-time or part-time employed, and 18 years of age or above.

2.2 Measures of interest

The survey we distributed consists partially of copies of the two earlier reviewed inventories measuring OD and WPB respectively; the ODI and the SNAQ (Bianchi & Schonfeld, 2020; Notelaers et al., 2019). The ODI and SNAQ were transcribed in their Norwegian translations in our survey, considering that the survey was distributed in a Norwegian population. The two inventories are reproduced below in English, for the sake of this paper also being written in English. Some additional items were also added to the survey, and they will be reviewed respectively in chapter 2.2.4.

The theoretical basis for why we chose the ODI and the SNAQ to measure OD and WPB is thoroughly reviewed in the theory section. In addition, the two inventories both demonstrate good criterion validity, meaning that they clearly measure what they were designed to (Bianchi & Schonfeld, 2020; Notelaers et al., 2019). This, combined with their convenient form; not requiring verbal or drawn out instructions, and only consisting of nine items each, makes the two inventories the best fit for the present study. The ODI was chosen to measure OD for obvious reasons. The main aim of this study was to investigate a possible correlation between OD and WPB, and the ODI is based on the theoretical framework defining OD as a technical term (Bianchi et al., 2020). In search of the most valid and precise way to measure WPB, the literature suggested that the Short Negative Acts Questionnaire

(SNAQ) was arguably both the most convenient and acknowledged tool available (Anusiewicz et al., 2021; Notelaers et al., 2019).

2.2.1 The ODI

The ODI consists of nine items, as listed below (Bianchi & Schonfeld, 2020, p. 3):

1. *"My work was so stressful that I could not enjoy the things that I usually like doing."*
2. *"I felt depressed because of my job."*
3. *"The stress of my job caused me to have sleep problems (I had difficulties falling asleep or staying asleep, or I slept much more than usual)."*
4. *"I felt exhausted because of my work."*
5. *"I felt my appetite was disturbed because of the stress of my job (I lost my appetite, or the opposite, I ate too much)."*
6. *"My experience at work made me feel like a failure."*
7. *"My job stressed me so much that I had trouble focusing on what I was doing (e.g., reading a newspaper article) or thinking clearly (e.g., to make decisions)."*
8. *"As a result of job stress, I felt restless, or the opposite, noticeably slowed down - for example, in the way I moved or spoke."*
9. *"I thought that I'd rather be dead than continue in this job."*

The full Norwegian translation of the ODI is attached in the appendices section of this paper (see appendix A). Table 1 shows the instructions to respondents of the ODI, asking the respondents to indicate the frequency of experiencing such problems in the past two weeks, and that these problems have to be connected to their respective job (Bianchi & Schonfeld, 2020). The Inventory also consists of a subsidiary question regarding turnover intention: "If you have encountered at least some of the problems mentioned above, do these problems lead you to consider leaving your current job or position?" (Bianchi & Schonfeld, 2020, p. 3). The response options for the question are "yes", "no" or "I don't know". This additional item is included in the original inventory to gain access to potential consequences that possible depressive symptoms might have on the respondents intent to leave their current job (Bianchi & Schonfeld, 2020).

Table 1

Occupational Depression Inventory (ODI): Instructions to respondents (Bianchi & Schonfeld, 2020, p. 3).

The following statements concern the impact your work could have had on you

Please read each statement and indicate how often you experienced the problems mentioned over the PAST TWO WEEKS. Use the scale provided to respond:

0 = never or almost never
1 = a few days only
2 = more than half the days
3 = nearly every day

Here is an example: "I felt anxious because of my job."

- If you did NOT feel anxious because of your job, select 0.
- If you felt anxious for reasons that you consider UNCONNECTED TO YOUR JOB (personal problems, marital problems, family problems, health problems, etc.), select 0 as well.
- If you felt anxious but don't know why, again select 0.
- If it is clear for you that YOUR JOB caused you to feel anxious, select 1, 2 or 3 to indicate how often that happened.

Along with the ODI, Bianchi and Schonfeld (2020) have developed an algorithm for determining possible cases of individuals meeting the criteria for the provisional diagnosis of job-ascribed depression, based on one's results responding to the inventory (Bianchi & Schonfeld, 2020). In this study, only 1.9% of the respondents ($N = 425$) met the diagnostic criteria for the provisional diagnosis of job-ascribed depression (Bianchi & Schonfeld, 2020). However, the present study seeks to illuminate the relationship between being on the receiving end of WPB *actions* and job-ascribed depression *symptoms*, not necessarily *confirmed cases* of WPB and job-ascribed depression (Bianchi & Schonfeld, 2020; Notelaers et al., 2019). Thus, meaning that the cut-off values for WBP and OD are not calculated and used to identify the number of cases, or the severity of actions or symptoms in this present study.

2.2.2 The SNAQ

The SNAQ also consists of nine items, as listed below (Notelaers et al., 2019, p. 67):

1. *"Someone withholding information which affects your performance"*
2. *"Spreading gossip and rumours about you"*
3. *"Being ignored or excluded"*
4. *"Having insulting or offensive remarks made about your person, attitudes or your private life"*
5. *"Being shouted at or being a target of spontaneous rage"*
6. *"Repeated reminders of your errors or mistakes"*
7. *"Being ignored or facing a hostile reaction when you approach"*
8. *"Persistent criticism of your work and effort"*
9. *"Practical jokes carried out by people you do not get along with"*

The full questionnaire is attached in the appendices section of this paper (see appendix B). Though the questionnaire originally consists of 22 items (NAQ: Negative Acts Questionnaire) (see appendix C), the short version (SNAQ) has proven to be a valid and reliable measure of WPB (Notelaers et al., 2019). The items are introduced by the sentence "What unwanted acts or negative situations have you experienced in the workplace during the last 6 months?" (see Appendix B). The respondents are asked to answer the questions by checking off one of the numbers 1 to 5, representing frequency alternatives on a scale ranging from "never", "occasionally", "monthly", "weekly" to "daily" (see appendix B).

An alternative way of measuring WPB is by *self-labelling* (Anusiewicz et al., 2021). This method implies that respondents are initially informed on what WPB is, and then further asked a single item question about how frequently they have experienced being on the receiving end of WPB (Anusiewicz et al., 2021). This method was not chosen in this study, partly because of the digital format of the survey. The self-labelling method requires a sequence of verbally handing over information about WPB, and there would be no way of controlling that the respondents actually understand what WPB is before answering the questions digitally. In contrast, the SNAQ is developed to enable respondents to answer the questions asked without further introduction (Notelaers et al., 2019). Therefore, in addition to the good criterion validity, the SNAQ was the preferred measurement tool for WPB in this study when comparing the two approaches (Anusiewicz et al., 2021; Notelaers et al., 2019).

As mentioned concerning the ODI, there are also ways to identify *cases* of WPB with the SNAQ using cut-off points. (Notelaers et al., 2019). These cut-off points classify WPB on a scale, based on the number of negative actions the respondents report being on the receiving end of (Notelaers et al., 2019). Conway et al. (2018) suggests a three category classification of WPB, based on a Receiver Operating Characteristic (ROC) curve analysis of SNAQ responses (Conway et al., 2018). Ranging on a scale from 9 to 45, cut off points for the SNAQ total score were suggested at >12 and >16, which represents being on the receiving end of negative actions "occasionally" (>12) and "frequently" (>16) (Conway et al., 2018). Notelaers et al. (2019) made use of another approach, implementing a Latent Class Cluster (LCC) analysis to identify possible divisions of SNAQ-scores (Notelaers et al., 2019). This resulted in four categories of exposure to WPB, ranging from "severe targets of bullying", to "occasionally bullied", to "infrequently criticised about their work", and finally respondents who did not report exposure to bullying (Notelaers et al., 2019, p. 68). However, as mentioned in the last subsection, in this present study I will not seek to categorise respondents into clusters based on severity or frequency of their exposure to WPB. Simply, because the objective of this study is to examine the relationship between experiencing negative actions and OD symptoms, regardless of the severity or frequency of the negative actions or the job-ascribed depression symptoms.

2.2.3 The survey

The survey used in the present study (see appendix D) was distributed in Norwegian, and all citations from the survey are translated to English for the sake of this paper. The survey, titled "work and health", consisted of two inventories; both the SNAQ and the ODI, and some additional items. The inventories were reproduced as they are originally and kept separate, constituting part 1 and 2 of the survey. The two inventories were introduced by their own individual headlines. The ODI was introduced as "part 1/2: How your work may have influenced you", and the SNAQ was introduced as "part 2/2: Unwanted acts or negative situations at work".

Some alterations were made when formulating some of the ODI and SNAQ instructions. After introducing the ODI in the same way as in the original inventory, the request to start responding was changed from "you can proceed to finish the questionnaire" to "you can now proceed to finish part 1 of the questionnaire". The SNAQ was introduced as intended, but with a small alteration to the introductory sentence. In the original inventory, the respondent is, as earlier mentioned, asked "What unwanted acts or negative situations have you experienced in the workplace during the last 6 months?", before the respondent is

requested to finish the last part of the questionnaire. In our survey, we rephrased the sentence to “How often have you experienced unwanted acts or negative situations in the workplace during the last 6 months?”. We did this to ensure some coherence between the way the SNAQ and the ODI-items was formulated, and because we decided it made more sense to introduce the questions in alliance with the available format of answers. We also added dots concluding each SNAQ-item, to match the format of the ODI.

Some notes were made during the preparation of the survey. The ODI and the SNAQ use different intervals of time when asking about symptoms or events. The ODI asks about experiences in the last 2 weeks, whereas the SNAQ operates with a six month perspective. The SNAQ also formulates the questions differently, and the scale (1-5) is a different one than used in the ODI (0-3). Although this might cause confusion to the respondent, we decided that keeping the original time intervals and formats of the ODI and SNAQ respectively, was the best way to protect the overall validity of the survey.

2.2.4 Additional items

We included the question from the original inventory, addressing whether OD problems had made the respondent consider quitting their job, after the nine items of the ODI (see appendix A and D). 26% of the respondents reported turnover intention, responding “yes” to this item, asking if “these problems lead you to consider leaving your current job or position” (Bianchi & Schonfeld, 2020). As mentioned earlier, a control question was also added, to protect the validity of the survey by ensuring that respondents paid sufficient attention to the questions asked. Following the nine items of the SNAQ, we asked if the respondents had *been on a sick leave*, or if they had *been promoted in the last 6 months*, and if they are *currently using medication for depression*. We added these items to investigate the effect being on sick leave, being promoted or using medication for depression could have on one’s well-being or exposure to negative actions from colleagues, or the other way around. In addition, we added the sociodemographic variables *age*, *sex*, *professional title/work*, and whether the respondents were *full-time or part-time employed*. These items were added to expand the number of variables of interest when running the correlation analysis, so that possible correlational relationships between WPB and/or OD, and the applicable sociodemographic variables of interest could be uncovered.

2.3 Data Analysis

Reliability analysis conducted in this study included Cronbach's Alpha and McDonald’s Omega analyses of the ODI and the SNAQ mean scores, respectively. The examination of the relationship between OD and WPB relies on a correlation analysis. The

correlation was calculated using the two separate mean scores of the two inventories in the survey. The analysis also included the earlier mentioned additional variables; age, sex, use of antidepressants, and the occurrence of job promotion or sick leave during the last six months. In addition, I conducted a factorial validity analysis with both the ODI and the SNAQ. As for the ODI, this analysis was conducted to examine the psychometric properties, and explicitly validate the ODI in a Norwegian population, and the Norwegian translation of the items that constitutes the inventory. The same analysis was also conducted for the SNAQ, to hopefully add to Notelaers et al. 's (2019) findings suggesting that the SNAQ is in fact a valid measure for WPB (Notelaers et al., 2019).

3. Results

3.1 Reliability

Both the ODI and the SNAQ were the subject of a reliability check, using both Cronback's alpha and McDonald's Omega. The ODI consists of nine items ($\alpha = .915$; $\omega = .918$). The SNAQ also consists of nine items ($\alpha = .913$; $\omega = .914$). Both inventories demonstrated good reliability.

3.2 Factorial analysis

Factorial validity analysis was conducted with items constituting the ODI, and items constituting the SNAQ. The results from the two analyses are reviewed separately below.

3.2.1 The ODI

All of the nine items constituting the ODI were included in a factor analysis with promax rotation. The Kaiser-Meyer-Olkin (KMO) measure verified the sampling adequacy, KMO = .938. Bartlett's test of sphericity = 2128.629, $p < .001$ was significant, and indicated that the ODI data are suitable for factorial analysis. The extraction method used was maximum likelihood. The factorial analysis indicated that the nine items are reflective of a single factor; OD ($M = .578$, $SD = .594$). The factor loadings for the nine items constituting the ODI are shown in table 2.

Table 2

Factor loadings for the nine items constituting the ODI

Items	Factor loading
ODI 1. My work was so stressful that I could not enjoy the things that I usually like doing.	.802
ODI 2. I felt depressed because of my job	.783
ODI 3. The stress of my job caused me to have sleep problems (I had difficulties falling asleep or staying asleep, or I slept much more than usual)	.728
ODI 4. I felt exhausted because of my work	.723
ODI 5. I felt my appetite was disrupted because of the stress of my job (I lost my appetite, or the opposite, I ate too much)	.742
ODI 6. My experience at work made me feel like a failure	.730
ODI 7. My job stressed me so much that I had trouble focusing on what I was doing (e.g., reading a newspaper article) or thinking clearly (e.g., to make decisions)	.814
ODI 8. As a result of job stress, I felt restless, or the opposite, noticeably slowed down - for example, in the way I moved or spoke	.742
ODI 9. I thought that I'd rather be dead than continue in this job	.615

3.2.2 The SNAQ

All of the nine items constituting the SNAQ were included in a factor analysis with promax rotation. The KMO measure verified the sampling adequacy, KMO = .918. Bartlett's test of sphericity = 2436.780, $p < .001$ was significant. As was the case regarding the ODI, these results indicated that the SNAQ data are suitable for factorial analysis. The extraction method used was maximum likelihood. The factorial analysis indicates that the nine items are reflective of a single factor; self-reported exposure to WPB (M = 1.379, SD = .560). The factor loadings for the nine items constituting the SNAQ are shown in table 3.

Table 3

Factor loadings for the nine items constituting the SNAQ

Items	Factor loading
SNAQ 1. Someone withholding information which affects your performance	.450
SNAQ 2. Spreading gossip and rumours about you	.819
SNAQ 3. Being ignored or excluded	.779
SNAQ 4. Having insulting or offensive remarks made about your person, attitudes or your private life	.807
SNAQ 5. Being shouted at or being a target of spontaneous rage	.746
SNAQ 6. Repeated reminders of your errors or mistakes	.795
SNAQ 7. Being ignored or facing a hostile reaction when you approach	.769
SNAQ 8. Persistent criticism of your work and effort	.787
SNAQ 9. Practical jokes carried out by people you do not get along with	.775

3.3 Correlations

The correlation analysis includes 7 variables. There was a strong positive correlation between WPB and OD, $r(423) = .530$, $p < .01$. There was also a small positive correlation between WPB and occurrence of sick leave during the last six months, $r(423) = .233$, $p < .01$, and between WPB and current use of antidepressants, $r(423) = .187$, $p < .01$. Small positive correlations were also found between OD and current use of antidepressants, $r(423) = .198$, $p < .01$, and between OD and the occurrence of sick leave during the last six months, $r(423) = .201$, $p < .01$. Additional small negative correlations were found between OD and age, $r(423) = -.173$, $p < .01$, and between OD and sex, $r(423) = -.136$, $p < .01$. Correlations among the main study variables are shown in table 4.

Table 4

Correlations among the main study variables

Variable	Mean	SD	1.	2.	3.	4.	5.	6.	7.
1. Age	41.69	12.34							
2. Sex	.46	.50	.11*						
3. ODI mean	.58	.59	-.17**	-.14**					
4. Anti depressants	.07	.25	-.05	-.03	.20**				
5. SNAQ mean	1.38	.56	-.02	.06	.53**	.19**			
6. Sick leave	.27	.45	.06	-.10*	.20**	.11*	.23**		
7. Job promotion	.16	.37	-.12*	.06	-.07	.12*	0.3	-.04	

Note: * = $p < .05$. ** = $p < .01$

3.4 Epidemiology and occurrence

The data collected from the survey allowed some insight into the epidemiology of OD and the occurrence of WPB actions in the applicable population. The ODI items (M = .578, SD = .594) had responses ranging from 0 to 3. Item number four in the inventory: "I felt exhausted because of my work", showed the highest mean score of the ODI items (M = 1.05, SD = .899), and item number three: "The stress of my job caused me to have sleep problems (I had difficulties falling asleep or staying asleep, or I slept much more than usual)" showed the second highest mean score (M = .80, SD = .841). The third highest mean score was shown by item number one: "My work was so stressful that I could not enjoy the things that I usually like doing" (M = .68, SD = 780). Item number nine: "I thought that I'd rather be dead than continue in this job" showed the lowest mean score (M = .16, SD = .518) among the ODI items. Regarding the WPB-items (M = 1.379, SD = .560), the responses ranged from 1 to 5. Item number one: "Someone withholding information which affects your performance" showed the highest mean score (M = 1.70, SD = .901). The lowest mean score was shown by item number nine: "Being the subject of unwanted practical jokes" (M = 1.26, SD = .612).

4. Discussion

The main aim of this study was to examine the relationship between experiencing OD symptoms and being on the receiving end of actions categorised as WPB. This knowledge would add to existing literature investigating the relationship between quality of work environment, well-being at work and various health outcomes, and strengthen our understanding of what causes and maintains poor work environments, and pathological symptoms ascribed to the workplace. An interim aim of this study was to validate the Norwegian translation of the ODI, distributed in a Norwegian sample.

4.1 Validation of the Norwegian translation of the ODI

The reliability analysis and factorial analysis conducted with the ODI, added to the body of research suggesting that the inventory is a reliable and valid measure of OD, or job-ascribed depression (Bianchi & Schonfeld, 2020; Bianchi et al., 2022). The ODI exhibited good psychometric properties, meaning that the nine items constituting the ODI is a valid measurement for OD. These findings are in alliance with studies validating the ODI in other languages and populations (Biachi et al., 2022; Hill et al., 2021; Jansson-Fröjmark et al., 2023). The present study indicates that the Norwegian translation of the ODI is well adjusted for distribution in a Norwegian population, and ready to be utilised by clinicians and researchers in Norway.

4.2 Occurrence of OD and WPB

The mean score of the ODI and the SNAQ revealed a presence of respondents experiencing OD symptoms, and being on the receiving end of negative actions categorised as WPB. Although the mean scores linked to OD and WPB were relatively moderate, there was a considerable amount of responses expressing subjective experiences of depression symptoms and exposure to negative actions.

Still, the occurrence of OD symptoms in this study is significantly lower compared to findings in other similar studies (Bianchi & Schonfeld, 2022; Hill et al., 2021; Jansson-Fröjmark et al., 2023). Bianchi and Schonfeld (2022) rates respondents with ODI mean scores below .50 to be "low ODI scorers", which the mean score in our dataset is not very far above (Bianchi & Sconfeld, 2022). If we assume that our selection of individuals are representative for the Norwegian population, these findings would indicate that the Norwegian working population experiences depression symptoms ascribed to their job to a lesser extent, compared to other investigated populations of interest (Bianchi & Schonfeld, 2020; Bianchi & Schonfeld, 2022; Hill et al., 2021; Jansson-Fröjmark et al., 2023).

Still, there is a significant presence of self reported job-ascribed depression symptoms in our sample of respondents. The ODI items with the highest mean scores: "I felt exhausted because of my work", "The stress of my job caused me to have sleep problems (I had difficulties falling asleep or staying asleep, or I slept much more than usual)", and "My work was so stressful that I could not enjoy the things that I usually like doing" represents a considerable occurrence of self reported depression symptoms attributed to one's job in the applicable population (Bianchi & Schonfeld, 2020). As mentioned, the ODI items refers to specific depression symptoms as described in the DSM-IV manual (APA, 2013). The item in the ODI consearning exhaustion, represents the depression symptom *fatigue/loss of energy*, and the item concerning stress and inability to enjoy things represents one of the two core depression symptoms, *anhedonia* (Bianchi & Schonfeld, 2020; APA, 2013). Along with *sleep alterations*, represented by the third mentioned item in this paragraph, these symptoms all constitute severe personal burden, higher risk of developing clinical depression, and severe risk of comorbidity (APA, 2013; Bianchi et al., 2022; Hagen & Kennair, 2016).

Dealing with reported WPB actions from the SNAQ-section of the survey, our findings suggest that the occurrence of WPB in the applicable population is surpassed by occurrence shown in findings from other studies (Anusiewicz et al., 2021; Nielsen & Einarsen, 2012; Notelaers et al., 2019). As was the case with the somewhat low ODI mean score, this could simply reflect a lower occurrence of people being on the receiving end of

WPB actions in this particular population, compared to findings from other studies (Anusiewicz et al., 2021; Nielsen & Einarsen, 2012). An additional note is that the item with the highest mean score: "Someone withholding information which affects your performance", represents a non-behavior action, which could indicate that this population is more prone to experience subtle and less direct negative actions (Nielsen & Einarsen, 2012). Adding to this suggestion, this item had a considerably higher mean score than the other items constituting the SNAQ.

We cannot exclude the occurrence of under-reporting of WPB actions, considering the difference in prevalence of WPB emerging from studies using the SNAQ as measurement, compared to the self-labelling method (Nielsen & Einarsen, 2012). Studies utilising the latter to collect WPB data show, more often than not, higher prevalence of WPB compared to studies using the SNAQ (Nielsen & Einarsen, 2012). With both methods being valid measurements for WPB, one could suggest that our respondents experience slightly more WPB actions than what is reported (Nielsen & Einarsen, 2012). Still, we cannot overlook that the relatively low mean scores for both the ODI and the SNAQ in this study, suggests that conditions in working life simply are better in the Norwegian population compared to other populations investigated (Anusiewicz et al., 2021; Bianchi & Schonfeld, 2022; Hill et al., 2021; Jansson-Fröjmark et al., 2023; Nielsen & Einarsen, 2012; Notelaers et al., 2019).

4.3 Correlation between OD and WPB

The results suggest that WPB is strongly and positively correlated to OD. This is shown by the results of the correlational analysis carried out in this study. The strong positive correlation between the ODI mean score and the SNAQ mean score represents a link between OD symptoms and being on the receiving end of negative actions categorised as WPD (Bianchi & Schonfeld, 2020; Nielsen & Einarsen, 2012). These findings are consistent with results from other studies, suggesting that exposure to WPB constitute a risk of depressive symptoms (Gullander et al., 2014; Hoprekstad et al., 2019; Nielsen & Einarsen, 2012; Notelaers et al., 2019).

Although, the present study is still the first one to investigate the link between WPB and depression symptoms *ascribed to the workplace,* specifically. Therefore, to add these findings to existing literature on the link between WPB and depression, we have to acknowledge that OD symptoms, as presented by Bianchi and Schonfeld (2020), share the same qualities and clinical significance as general depression symptoms, which has been suggested in previous studies (Bianchi & Schonfeld, 2020; Bianchi et al., 2022). Thus, we can recognize these findings as both enriching to existing literature on depression and WPB,

and as new insight to the relationship between OD and WPB specifically (Bianchi & Schonfeld, 2020; Gullander et al., 2014; Hoprekstad et al., 2019; Nielsen & Einarsen, 2012; Notelaers et al., 2019). In addition, these findings provide an input to explanatory models for what causes job-ascribed depression symptoms, suggesting that WPB is a possible reason for employees to experience OD symptoms (Bianchi & Schonfeld, 2020; Nielsen & Einarsen, 2012).

Whether there is a mutual influence between the two phenomena, or a one-way causal relationship cannot be ascertained in this study. As mentioned in the theory section, there could be a mutually influencing relationship between OD and WPB, considering research suggesting that experiencing depression symptoms could leave individuals more vulnerable to negative actions from others (Høgh et al., 2016). One might think that causality runs from the direction of WPB affecting the occurrence of OD, but the effect can also work the other way around. Suffering from depression could leave the individual more vulnerable to negative actions in general, like being stigmatised and being subject to prejudice, but also more prone to be on the receiving end of WPB specifically (Høgh et al., 2016). In addition, the literature suggests that individuals suffering from depression have a tendency to cognitively favour negative stimuli in their environment, including actions that can be categorised as WPB (Høgh et al., 2016). In light of this fact it is important to notify that the occurrence of WPB is, as Nielsen and Einarsen (2012) outlined, defined by the victim itself (Nielsen & Einarsen, 2012). Thus, an individual suffering from clinical depression might, more frequently than other non-depression-diagnosed individuals, find him- or herself on the receiving end of WPB (Høgh et al., 2016). And on top of that, an individual suffering from depression might perceive or interpret actions from others as WPB more frequently, compared to someone not suffering from depression (Høgh et al., 2016; Nielsen & Einarsen, 2012). However, these findings do not specifically deal with OD symptoms, but more general depression symptoms, and there is need for further research to determine the direction of the correlation; if experiencing OD symptoms is in fact a predictor of being exposed to WPB (Høgh et al., 2016; Nielsen & Einarsen, 2012).

However, a reversed effect where WPB affects OD, is perhaps more prominent in existing literature at this point (Gullander et al., 2014; Hoprekstad et al., 2019; Nielsen & Einarsen, 2012; Notelaers et al., 2019). But, If we assume that being on the receiving end of WPB constitutes a risk for OD, we must further investigate how this effect manifests. This could be in a direct manner; that exposure to WPB leads to the victim developing depression symptoms, and that these depressive symptoms are classified as OD symptoms because of

their attachment to the workplace (Bianchi et al., 2022; Nielsen & Einarsen, 2012). Or, the effect could be functioning in an indirect manner, through other health-related outcomes of WPB that are known to be risk factors for developing depressive symptoms, such as sleep problems, post traumatic stress and somatization (Nielsen & Einarsen, 2012). Further, if we take into account Nielsen and Einarsens (2012) theoretical model of the relationship between exposure and outcomes of WPB, we must also include the individual's coping skills and personality as moderating factors for health outcomes after being exposed to WPB (Nielsen & Einarsen, 2012). The present study does not illuminate the direct or indirect manner of the effect, and the possible effect of mediating variables, and therefore further research is needed to gain further insight to this question.

The correlation found between OD and WPB, and current use of antidepressants, strengthens the hypothesis of a correlational relationship between WPB and OD. This assumption is made considering that the two variables share a correlational relationship with the use of antidepressants; in which we can assume correlates with experiencing depressive symptoms. However, there were few respondents reporting use of antidepressants, making the sample of antidepressant users in this study too small to generalise the findings. However, we can argue that the correlation between the use of antidepressants and the OD mean score strengthens the validity of the ODI as a measure of depressive symptoms, if we assume the link between use of antidepressants and depression (Bianchi et al., 2022; Hagen & Kennair, 2016). In this context, it is important to note that the survey provides no information on whether the respondents have been diagnosed with major depression, or if the reason for their use of antidepressants is connected to their work at all. Still, if we assume that respondents using antidepressants are diagnosed with major depression, this adds to our knowledge that the ODI holds good criterion validity, and is useful for measuring depression symptoms (Bianchi & Schonfeld, 2020).

Further, correlational relationships with the occurrence of sick leaves in the last six months were identified for both OD and WPB. These findings add to the body of literature suggesting that OD and WPB both constitute a considerable threat to general health outcomes and functioning at work (Bianchi et al., 2022; Nielsen & Einarsen, 2012). Sick leave is one of the worst possible outcomes when assessing individual's ill-being at work, and based on these findings, one can suggest that both OD and WPB serves as predictors of individuals being on sick leave (Bianchi & Schonfeld, 2020; Nielsen & Einarsen, 2012). With that being said, the causation of the effect can be more indirect, and other variables could be causing it. Psychological, social, or other stressors such as sleep deprivation or divorce could be causing

the effect on both being on sick leave *and* experiencing OD, meaning that experiencing OD and being on sick leave do not really affect one another, but are both affected by a third variable; sleep problems, for example (Hagen & Kennair, 2016). This is unlikely, considering the demonstrated relationship between OD and health outcomes, but it is important not to draw conclusions on *causality* based on *correlational* relationships (Bianchi et al., 2022).

4.4 Limitations and implications for further research

Convenience sampling represents a potential weakness for any study, and so is the case for the current one. Our two inclusion criteria (i.e., being employed and over 18 years of age) ensured a sample of employed adults. But we cannot be sure that our respondents are fully representative of the adult Norwegian working population, and we cannot be sure that all respondents were actually employed *in Norway* at the time of responding to the survey. Further, one does not know the vacancy rate of the respondents' respective employment. Whether "part-time" means that the respondent is 80%, 50% or 20% employed is unspecified, and could potentially influence the part-time employed respondents' prevalence of experiencing OD and WPB, and to what extent their well-being and health is affected by these experiences. Still, 79% of our respondents reported being full-time employed, and so we can be quite sure that most of them spend a considerable time at work in their current job.

The fact that occurrence of OD and WPB was lower in this study compared to findings in other studies referred to, could also be a result of our convenience sample not being reflective of the actual occurrence in the Norwegian population. As mentioned earlier, there could be a case of under-reporting in our dataset. But on the other hand, it is plausible to assume that working conditions simply are better in Norway, compared to other populations that have been examined. Further, one might suspect that different types of jobs, job positions, and the extent of social interaction at work, could bear some importance in this context. Further research should investigate different types of jobs, job positions, and perhaps exclude part-time employees, to uncover possible differences in occurrence of OD and WPB among different types of full-time jobs and workplaces.

Finally, it is worth mentioning that the ODI and the SNAQ measure self-reported symptoms and experiences in different intervals of time. The ODI asks respondents to report what they have experienced in the last two weeks, and the SNAQ considers the last six months, respectively (see Appendix A and B). It is stated that the WPB has to be measured over such a period of time, and the ODI is based on the diagnostic criteria for major depression, which is measured in a two week perspective (APA, 2013; Bianchi & Schonfeld, 2020; Nielsen & Einarsen, 2012). Thus, we could hardly synchronise the time intervals of

both inventories. This means that we cannot be sure if respondents have experienced OD symptoms and WPB actions in the same exact time period. It also increases the probability for WPB actions to have occurred *before* OD symptoms for our respondents, because of the extended timelapse respondents potentially could have experienced WPB compared to OD symptoms. Further research could consider differentiating respondents based on whether they experienced OD symptoms in the same time period as being on the receiving end of WPB. This would exclude a possible error in concluding a correlational relationship between OD and WPB, when in fact the respondents did not experience the OD symptoms and WPB actions in the same period of time. Still, one could say that it is still safe to assume that effects of experiencing WPB actions during a 6 month period would endure for long enough to affect occurrence of depression symptoms in any time period in the course of the 6 months (Nielsen & Einarsen, 2012). In addition, although diagnostic inventories consider the last two weeks when assessing clinical depression, depression symptoms tend to last for longer than two weeks (APA, 2013; Hagen & Kennair, 2016). This means that respondents might have experienced the OD symptoms for much longer than two weeks. Thus, one can argue that that difference in time intervals is needed for valid measurements of OD and WPB respectively, and does not considerably compromise the validity of the study as a whole (APA, 2013; Bianchi & Schonfeld, 2020; Notelaers et al., 2019).

Further research should seek to examine the relationship between WPB and OD on different clusters of severity. This would help us to understand if there is a correlation between *the degree* or *frequency* of which one is exposed to WPB, and *the severity* of OD symptoms. If there is a parallel correlation between degree or severity of the two variables, it would further strengthen the correlational relationship between OD and WPB. As mentioned in the method section, there are existing ways of calculating to which degree an individual is being bullied, and cut-off points deciding whether an individual is diagnosed with the provisional diagnosis of job-ascribed depression (Bianchi & Schonfeld, 2020; Notelaers et al., 2019). Using these tools to determine *cases* of individuals experiencing OD and WPB, could add to our understanding of the link between the two variables. In addition, further research could include a mediation analysis to examine if WPB is affecting OD through another variable, as mentioned in chapter 4.3. Other explanatory models for why bullying occurs, and specifically why WPB occurs, including perpetrator motivation, is also much needed. In addition to the presented theories dealing with aggression, other insights might help us better understand why some individuals exhibit bullying behaviour, and use this information to further prevent it.

5. Conclusion

Our findings suggest that there is a strong, positive association between OD and WPB. These findings add to a body of literature suggesting a strong link between being exposed to negative actions and experiencing depressive symptoms. This study specifically confirms a correlational relationship between *WPB* and *OD* symptoms. The results of this study suggests that bullying has a negative effect on the subjective experience of well-being at work. Additional correlations between OD, WPB and health outcomes such as current use of antidepressants and being on sick leave during the last six months, align with existing studies highlighting negative health outcomes related to experiencing both OD and WPB. Finally, the Norwegian translation of the ODI displayed good reliability and high validity and thus appears to be well adjusted to the Norwegian context.

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Appendices

The Occupational Depression Inventory (ODI), Norwegian translation (Appendix A) was obtained from Renzo Bianchi (assoc. prof.) at NTNU Trondheim. The Short Negative Acts Questionnaire (SNAQ), Norwegian translation (Appendix B), and The Negative Acts Questionnaire (NAQ), Norwegian translation (Appendix C) was obtained from Ståle Einarsen (prof.) at The University of Bergen. The applicable survey used in the present study (Appendix D) was downloaded from nettskjema.no.

Appendix A. The Occupational Depression Inventory (ODI) in Norwegian

KARTLEGGINGSVERKTØY FOR YRKESRELATERT DEPRESJON (KYD)

INNLEDENDE INSTRUKSJONER TIL RESPONDENTER

Følgende utsagn omhandler innvirkningen ditt arbeid kan ha hatt på deg.

Vennligst les hvert utsagn og indiker hvor ofte du opplevde de nevnte problemene i løpet av de TO SISTE UKENE. Bruk den oppgitte skalaen for å svare:

0 = aldri eller nesten aldri

1 = kun noen få dager

2 = mer enn halvparten av dagene

3 = nesten hver dag

Her er et eksempel:

«Jeg følte meg engstelig på grunn av jobben min.»

• Hvis du IKKE følte deg engstelig på grunn av jobben din, velg **0**.

• Hvis du følte deg engstelig av grunner som du IKKE mener er relatert til jobben din (personlige problemer, ekteskapelige problemer, familieproblemer, helseproblemer osv.) velger du også **0**.

• Hvis du følte deg engstelig, men du vet ikke hvorfor, velg **0** igjen.

• Hvis det er åpenbart for deg at JOBBEN DIN fikk deg til å føle deg engstelig, velg **1**, **2** eller **3** for å indikere hvor ofte det hendte.

Du kan nå fullføre spørreskjemaet.

KARTLEGGINGSVERKTØY FOR YRKESRELATERT DEPRESJON (KYD)

Pasientens navn: …… Dato: ……

Indiker hvor ofte du opplevde de nevnte problemene nedenfor i løpet av de to siste ukene.	*Aldri eller nesten aldri*	*Kun noen få dager*	*Mer enn halvparten av dagene*	*Nesten hver dag*
1. Mitt arbeid var så stressende at jeg ikke kunne glede meg over ting jeg vanligvis liker å gjøre.	**0**	**1**	**2**	**3**
2. Jeg følte meg deprimert på grunn av jobben min.	**0**	**1**	**2**	**3**
3. Stress relatert til jobben førte til søvnproblemer (jeg hadde vanskelig for å sovne eller sove uforstyrret, eller jeg sov mye mer enn vanlig).	**0**	**1**	**2**	**3**
4. Jeg følte meg utmattet på grunn av arbeidet mitt.	**0**	**1**	**2**	**3**
5. Jeg følte at appetitten min ble forstyrret på grunn av jobbstress (jeg mistet appetitten min, eller det motsatte, jeg spiste for mye).	**0**	**1**	**2**	**3**
6. Min opplevelse på jobb fikk meg til å føle meg mislykket.	**0**	**1**	**2**	**3**
7. Jobben min stresset meg så mye at jeg hadde problemer med å fokusere på det jeg gjorde (f.eks. å lese en avisartikkel) eller å tenke klart (f.eks. å ta beslutninger).	**0**	**1**	**2**	**3**
8. Som et resultat av jobbstress følte jeg meg rastløs, eller det motsatte, alt gikk saktere–for eksempel i måten jeg beveget meg eller snakket på.	**0**	**1**	**2**	**3**
9. Jeg tenkte at jeg ville heller være dø enn å fortsette i denne jobben.	**0**	**1**	**2**	**3**

TOTALSKÅR: ……

Dersom du har støtt på minimum noen av problemene nevnt ovenfor, fører disse problemene til at du vurderer å slutte i din nåværende jobb eller stilling?

☐ Ja ☐ Nei ☐ Jeg vet ikke

Appendix B. The Short Negative Acts Questionnaire (SNAQ) in Norwegian

Negative hendelser på arbeidsplassen – kortversjon (NAQ-S)

Hvilke uønskede handlinger eller negative situasjoner har du blitt utsatt for på arbeidsplassen de siste 6 måneder?

		Aldri	Av og til	Månedlig	Ukentlig	Daglig
1.	Tilbakeholdelse av nødvendig informasjon slik at jobben ble vanskeliggjort	1	2	3	4	5
2.	At det er blitt spredt sladder eller rykter om deg	1	2	3	4	5
3.	Blitt oversett eller utestengt fra det sosiale fellesskap	1	2	3	4	5
4.	At man har kritisert deg som person (for eksempel dine vaner eller bakgrunn), dine holdninger eller ditt privatliv	1	2	3	4	5
5.	Gjentatte påminnelser om tabber eller feil du har gjort	1	2	3	4	5
6.	Fiendtlighet eller taushet som svar på spørsmål eller forsøk på samtale	1	2	3	4	5
7.	Vedvarende kritikk av din jobb eller arbeidsinnsats	1	2	3	4	5
8.	Upassende morsomheter på din bekostning fra personer som du kommer dårlig overens med	1	2	3	4	5
9.	Blitt utsatt for overdreven erting og fleiping	1	2	3	4	5

Appendix C. The Negative Acts Questionnaire (NAQ) in Norwegian

Negative hendelser på arbeidsplassen - langversjon (NAQ-R)

		Aldri	Av og til	Månedlig	Ukentlig	Daglig
1.	Tilbakeholdelse av nødvendig informasjon slik at jobben ble vanskeliggjort	1	2	3	4	5
2.	Blitt ydmyket eller latterliggjort i forbindelse med jobben	1	2	3	4	5
3.	Blitt satt til arbeid under ditt kompetansenivå	1	2	3	4	5
4.	Blitt fratatt ansvarsfulle arbeidsoppgaver, eller satt til å gjøre trivielle eller ubehagelige arbeidsoppgaver	1	2	3	4	5
5.	At det er blitt spredt sladder eller rykter om deg	1	2	3	4	5
6.	Blitt oversett eller utestengt fra det sosiale fellesskap	1	2	3	4	5
7.	At man har kritisert deg som person (for eksempel dine vaner eller bakgrunn), dine holdninger eller ditt privatliv	1	2	3	4	5
8.	Blitt utskjelt eller utsatt for spontane raseriutbrudd	1	2	3	4	5
9.	Krenkende oppførsel (som at du blir pekt på, dyttet, hindret i din ferdsel, "vist fingeren" o.s.v.)	1	2	3	4	5
10.	Hint eller hentydninger fra andre om å slutte i jobben	1	2	3	4	5
11.	Gjentatte påminnelser om tabber eller feil du har gjort	1	2	3	4	5
12.	Fiendtlighet eller taushet som svar på spørsmål eller forsøk på samtale	1	2	3	4	5
13.	Vedvarende kritikk av din jobb eller arbeidsinnsats	1	2	3	4	5
14.	Neglisjering av dine meninger og vurderinger	1	2	3	4	5
15.	Upassende morsomheter på din bekostning fra personer som du kommer dårlig overens med	1	2	3	4	5
16.	Blitt gitt oppgaver med urimelige eller umulige mål eller tidsfrister	1	2	3	4	5
17.	Blitt utsatt for urimelige beskyldninger	1	2	3	4	5
18.	Overdreven oppfølging av ditt arbeid/innsats	1	2	3	4	5
19.	Presset til å ikke kreve noe som du har rett på (f. eks. sykefravær, ferie eller dekking av reiseutgifter)	1	2	3	4	5
20.	Blitt utsatt for overdreven erting og fleiping	1	2	3	4	5
21.	Blitt utsatt for overdrevet arbeidspress	1	2	3	4	5
22.	Fysiske overgrep eller trusler om slike overgrep	1	2	3	4	5

Appendix D. The applicable survey used in the present study

Nettskjema

Arbeid og helse

Svaret ditt er konfidensielt, og undersøkelsen har kun vitenskapelige formål.
Estimert tidsbruk: 5-10 minutter.
Skjemaet består av to deler. Dersom du er usikker på hva du skal svare, velg det alternativet du tror stemmer best for deg.

Del 1 av 2: Innvirkningen ditt arbeid kan ha hatt på deg

Følgende utsagn omhandler innvirkningen ditt arbied kan ha hatt på deg.

Vennligst les hvert utsagn og indiker hvor ofte du opplevde de nevnte problemene i løpet av de **to siste ukene**. Bruk den oppgitte skalaen for å svare:

0 = Aldri eller nesten aldri
1 = Kun noen få dager
2 = Mer enn halvparten av dagene
3 = Nesten hver dag

Her er et eksempel:
"Jeg følte meg engstelig på grunn av jobben min."

• Hvis du IKKE følte deg engstelig på grunn av jobben din, velg **0.**
• Hvis du følte deg engstelig av grunner som du IKKE mener er relatert til jobben din (personlige problemer, ekteskapelige problemer, familieproblemer, helseproblemer osv.) velger du ogsa **0.**
• Hvis du følte deg engstelig, men **du vet ikke hvorfor**, **velg 0** igjen.
• Hvis det er apenbart for deg at JOBBEN DIN fikk deg til a føle deg engstelig, velg **1**, **2**, eller **3** for å indikere hvor ofte det hendte.

Du kan nå fullføre del 1 av spørreskjemaet.

Indiker hvor ofte du opplevde de nevnte problemene i løpet av de to siste ukene.

1. Mitt arbeid var så stressende at jeg ikke kunne glede meg over ting jeg vanligvis liker å gjøre

0. Aldri eller nesten aldri
1. Kun noen få dager
2. Mer enn halvparten av dagene
3. Nesten hver dag

2. Jeg følte meg deprimert på grunn av jobben min.

0. Aldri eller nesten aldri
1. Kun noen få dager
2. Mer enn halvparten av dagene
3. Nesten hver dag

3. Stress relatert til jobben førte til søvnproblemer (jeg hadde vanskelig for å sovne eller sove uforstyrret, eller jeg sov mye mer enn vanlig).

0. Aldri eller nesten aldri

Nettskjema

1. Kun noen få dager
2. Mer enn halvparten av dagene
3. Nesten hver dag

4. Jeg følte meg utmattet på grunn av arbeidet mitt.

0. Aldri eller nesten aldri
1. Kun noen få dager
2. Mer enn halvparten av dagene
3. Nesten hver dag

5. Jeg følte at appetitten min ble forstyrret på grunn av jobbstress (jeg mistet appetitten min, eller det motsatte, jeg spiste for mye).

0. Aldri eller nesten aldri
1. Kun noen få dager
2. Mer enn halvparten av dagene
3. Nesten hver dag

6. Min opplevelse på jobb fikk meg til å føle meg mislykket.

0. Aldri eller nesten aldri
1. Kun noen få dager
2. Mer enn halvparten av dagene
3. Nesten hver dag

7. Jobben min stresset meg så mye at jeg hadde problemer med å fokusere på det jeg gjorde (f.eks. å lese en avisartikkel) eller å tenke klart (f.eks. å ta beslutninger).

0. Aldri eller nesten aldri
1. Kun noen få dager
2. Mer enn halvparten av dagene
3. Nesten hver dag

8. Som et resultat av jobbstress følte jeg meg rastløs, eller det motsatte, alt fikk saktere - for eksempel i måten jeg beveget meg eller snakket på.

0. Aldri eller nesten aldri
1. Kun noen få dager
2. Mer enn halvparten av dagene
3. Nesten hver dag

9. Jeg tenkte at jeg ville heller være dø enn å fortsette i denne jobben.

0. Aldri eller nesten aldri
1. Kun noen få dager
2. Mer enn halvparten av dagene
3. Nesten hver dag

Dersom du har støtt på minimum noen av problemene nevnt hittil, fører disse problemene til at du vurderer å slutte i din nåværende jobb eller stilling?

Nettskjema

Ja
Nei
Jeg vet ikke
Jeg har ikke støtt på noen av problemene nevnt ovenfor

I dette spørsmålet, velg alternativet "Jeg er uenig" for å vise at du følger med.

Jeg er helt uenig
Jeg er uenig
Jeg vet ikke
Jeg er enig
Jeg er helt enig

Del 2 av 2: Uønskede handlinger eller negative situasjoner på jobb

Hvor ofte har du blitt utsatt for uønskede handlinger eller negative situasjoner på arbeidsplassen de siste **6 måneder**? Bruk den oppgitte skalaen for å svare:

1 = Aldri
2 = Av og til
3 = Månedlig
4 = Ukentlig
5 = Daglig

Du kan nå fullføre siste del av spørreskjemaet.

Indiker hvor ofte du har blitt utsatt for nevnte uønskede handlinger eller negative situasjoner på arbeidsplassen de siste 6 måneder.

1. Tilbakeholdelse av nødvendig informasjon slik at jobben ble vanskeliggjort.

1. Aldri
2. Av og til
3. Månedlig
4. Ukentlig
5. Daglig

2. At det er blitt spredt sladder eller rykter om deg.

1. Aldri
2. Av og til
3. Månedlig
4. Ukentlig
5. Daglig

3. Blitt oversett eller utestengt fra det sosiale fellesskap.

1. Aldri
2. Av og til
3. Månedlig
4. Ukentlig

5. Daglig

4. At man har kritisert deg som person (for eksempel dine vaner eller bakgrunn), dine holdninger eller ditt privatliv.

1. Aldri
2. Av og til
3. Månedlig
4. Ukentlig
5. Daglig

5. Gjentatte påminnelser om tabber eller feil du har gjort.

1. Aldri
2. Av og til
3. Månedlig
4. Ukentlig
5. Daglig

6. Fiendtlighet eller taushet som svar på spørsmål eller forsøk på samtale.

1. Aldri
2. Av og til
3. Månedlig
4. Ukentlig
5. Daglig

7. Vedvarende kritikk av din jobb eller arbeidsinnsats.

1. Aldri
2. Av og til
3. Månedlig
4. Ukentlig
5. Daglig

8. Upassende morsomheter på din bekostning fra personer som du kommer dårlig overens med.

1. Aldri
2. Av og til
3. Månedlig
4. Ukentlig
5. Daglig

9. Blitt utsatt for overdreven erting og fleiping.

1. Aldri
2. Av og til
3. Månedlig
4. Ukentlig

Nettskjema

5. Daglig

Tilleggsopplysninger

1. Har du vært sykemeldt i løpet av de siste 6 månedene?

Nei

Ja

2. Har du blitt forfremmet (i form av høyere status og inntekt) i løpet av de siste 6 månedene?

Nei

Ja

3. Bruker du for tiden medisiner mot depresjon?

Nei

Ja

Jeg bruker medisin for tiden, men jeg er ikke sikker på om det er medisin mot depresjon

4. Vennligst skriv ditt fødselsår (f.eks. 1991):

5. Vennligst angi ditt kjønn:

Mann

Kvinne

Annet

Jeg foretrekker å ikke svare på dette

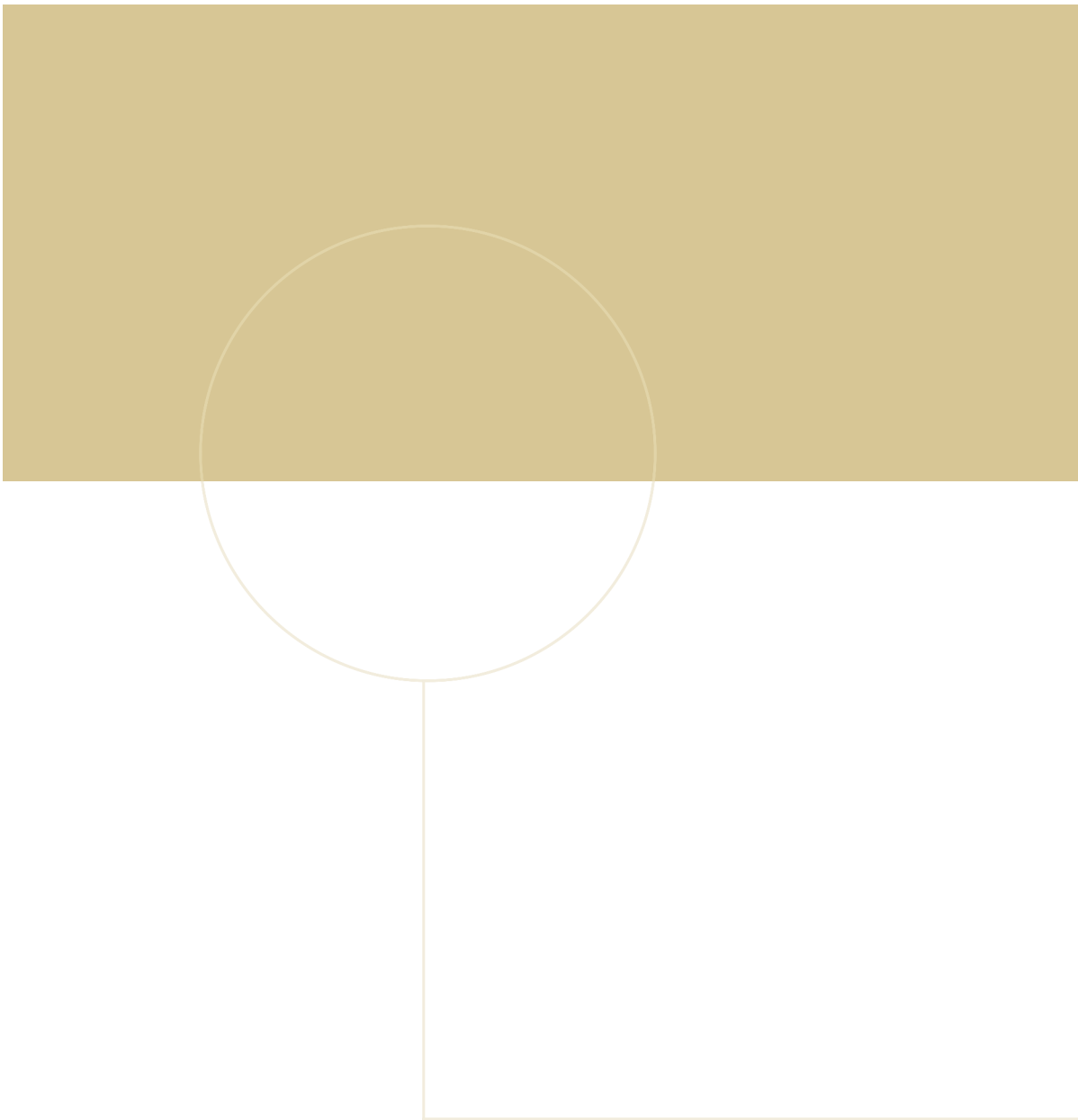
6. Hva er ditt (hoved)yrke?

7. Er du fulltid- eller deltidsansatt?

Fulltid

Deltid

Usikker



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