The nature of workplace bullying experienced by teachers and the biopsychosocial health effects

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This article reports on the nature of workplace bullying experienced by teachers in South African schools and the bio-psychosocial health effects that may arise from such victimisation. Voluntary victimised teachers who wanted to share their experiences were sampled using a lifestyle magazine and online articles. Twenty-seven teachers participated in the study. Data was collected through telephonic semi-structured phenomenological interviews and personal documents. Interpretive Phenomenological Analysis (IPA) was further used to analyse and interpret qualitative data. Findings indicated that bullying is mostly perpetrated by principals, who often use colleagues as accomplices, and that the bullying mostly tends to be psychological in nature. Participants reported experiencing various physical, psychological and social health problems after being victimised. It was further recognised that health problems do not occur in isolation, but if contextualised, may form part of a list of psychiatric conditions, such as depression, posttraumatic stress disorder, and in isolated cases, panic attacks. Victimised teachers' health may have a significant impact on the teaching-learning process, acting as a barrier to learning, which may consequently have a negative impact on the organisational culture and the South African emerging economy.

Keywords: biopsychosocial health effects; biopsychosocial model; colleague-witnesses; depression; phenomenology; posttraumatic stress disorder (PTSD); principals, schools; teachers; workplace bullying

Introduction
Research on workplace bullying and its adverse health effects in high-risk professions is increasing. Research on this topic in South Africa was initially done in the health care sector (e.g. Steinman, 2003), but school teachers have also been recognised as one of the professional groups that is seriously affected by this dysfunctional workplace behaviour (e.g. Blase & Blase, 2006; Blase, Blase & Du, 2008, 2009; De Vos, 2010, 2013; De Wet, C 2010a, 2010b, 2011; De Wet, C & Jacobs, 2013; De Wet, NC 2010, 2011; Kirsten, Viljoen & Rossouw, 2005; Matsela & Kirsten, 2014). Schools as organisations have hierarchal structures with active power dynamics and may therefore constitute an ideal site for bullying to occur (Lines, 2008). Research indicates that teachers may be victimised on one or more levels, which may include colleague-on-teacher bullying and learner-on-teacher bullying, but a number of investigations have found that teachers are more specifically victimised by school principals (e.g. Blase & Blase, 2006; Blase et al., 2008, 2009; De Vos, 2010; De Wet, C 2010a; De Wet, NC 2010; Kirsten et al., 2005). Research on workplace bullying has further focused on specific elements, including personal causative factors of workplace violence (De Vos, 2010), psychopathology (specifically narcissistic personality disorder) among bullying education managers (Kirsten et al., 2005), and the suggestion of multi-level intervention strategies that may be applied to address workplace bullying and its effects in South African schools (De Vos, 2013).

A report released by the South African Institute for Race Relations (SAIRR) has indicated that 80% of public schools in South Africa are dysfunctional and stipulated that the educational system is failing to produce skills required for job creation and the reduction of poverty (De Lange, 2008). The prevalence of workplace bullying may be considered as one of the factors possibly contributing to dysfunctional schools. Marais-Steinman conducted internet surveys during 1998-1999, which revealed that 78% of the employee-respondents had been victimised at least one time in their professions (cited in Steinman, 2003). In an exploratory study conducted by De Wet, C and Jacobs (2013) specifically in the South African education sector, the authors found that 90.8% of teachers, who participated in their study, were victimised during the 12 months before the study was conducted, and 89.1% of the victims were subjected to at least two different kinds of bullying. Blase et al. (2008) further reported that 76.7% of bullied teachers in their investigation indicated that they would leave their teaching job for another, and 49.4% indicated that they wanted to leave this profession due to their principals' maltreatment.

Quality education at school level may significantly contribute to economic growth when school leavers enter the workforce. However, victimised teachers may experience ill health, and teachers ultimately leaving the profession may disrupt the delivering of quality education, possibly causing school leavers to be deficient in the essential skills that may contribute to the South African economy. It is imperative that research highlights the nature and effects of workplace bullying, which will enable interventionists in the field to address this phenomenon in the education sector, possibly contributing to the health of teachers and school organisations, as well as economic growth.

The Concept of Workplace Bullying

Literature reflects a number of definitions of workplace bullying. Although there is no unanimous definition for workplace bullying, most definitions consist of several common components: workplace bullying is defined as regular, long-term (at least once a week for at least six months) (Leymann & Gustafsson, 1996); repetitive and persistent behaviour (Namie, G & Lutgen-Sandvik, 2010), which is characterised by a power difference between the bully and the victim (with this component being integral to the definition of this phenomenon) (Einarsen, Hoel, Zapf & Cooper, 2003, cited in Lutgen-Sandvik, Tracy & Alberts, 2007) where the victim must feel incapable of preventing/stopping the abuse (Lutgen-Sandvik et al. 2007); where the experience hinges on the victim's subjective perception (see Hoel & Cooper, 2001; Quine, 2001); and where the bullying prove exceptionally damaging and is linked to harm to health on a number of levels, including victims' physical, psychological and professional health, the decline in their personal relations outside of work, and economic risk (Lutgen-Sandvik, Namie, G & Namie, R 2009). However, most definitions do not recognise the legal aspects of workplace bullying. Carbo and Hughes (2010:397) have recognised workplace bullying as a legal matter and define this phenomenon as "the unwanted, unwelcome, abuse of any source of power that has the effect of or intent to intimidate, control or otherwise strip a target of their right to esteem, growth, dignity, voice or other human rights in the workplace".

Theoretical Framework

Biopsychosocial theory (Engel, 1977) served as a framework for this study. A systems approach to health, which is further applied, calls for inter-disciplinary thinking and collaboration when studying the interaction between the health systems that are illustrated by the biopsychosocial model (Jordaan & Jordaan, 1998). Each system represented in the biopsychosocial model can affect the other (Sarafino & Smith, 2012). The basic premise of this model is that physical, psychological and social health processes are persistently and equally affected by psychosocial stressors that kindle either health or illness (De Vos, 2013).

Aims of the Study

The specific aims of this article will be, firstly, to investigate the nature of workplace bullying experienced by teachers in South African schools, and secondly, to investigate the biopsychosocial health effects that may stem from such experience.

Method

The research was mostly based on the methodology of Phenomenology. When following this paradigm, understanding is sought of people's perceptions, perspectives, and insight regarding specific situations (Delport, Fouché & Schurink, 2011). In this context, the researcher thus investigated teachers' perceptions and experiences of workplace bullying.

Sampling and Data Collection

Kelly (2006) claims that it is not uncommon for researchers to use various forms of media (e.g. press and magazines, among others) to sample research participants. Educational articles were strategically placed in one online news publication, a printed publication specifically written for and distributed among teachers, and a printed lifestyle magazine (De Vos, 2013). This strategy allowed victims to choose whether or not they wanted to participate in the research study. The article that was published in the lifestyle magazine encouraged potential participants to directly contact the researcher by replying with a short text message – "'Stop bullying teachers'", their names/pseudonyms and contact details (De Vos, 2013:72). Participants who responded with a text message were contacted in a timely manner, and the nature of the research was explained to them. Snowball sampling was also applied, where the teachers, who have already responded to the research study, were asked to recommend colleagues having had a similar experience, and who could participate in the study (Nieuwenhuis, 2007). This made it possible to identify and contact victims who would not be otherwise reached (Nieuwenhuis, 2007). Participating teachers were specifically requested to personally approach potential colleague-participants to make them aware of the opportunity to partake in the research study, where, if they wanted to partake, they would be required to personally contact the researcher.

Ultimately, 27 teachers met the criteria for selection, which were the following: participants had to be in the teaching profession; their experiences had to fit the definition(s) (or components of definitions) and characteristics of workplace bullying; and their health experiences were believed to be caused by victimisation (De Vos, 2013).

De Vos (2013) noted several characteristics of the participant group. Teachers from every province in South Africa participated in the study. Slightly more participants emanated from Gauteng and North-West Province, and mostly taught at urban, primary schools. Their teaching experiences and level of competence played a role in the occurrence of workplace bullying, since their skills/abilities reportedly often encouraged envy in colleagues and principals. The participant group also represented teachers of all races and backgrounds, although race was not identified as a noteworthy factor contributing to workplace bullying. Twenty-four participants were white females. Six female participants were of the opinion

that their gender increased their risk of being victimised. Furthermore, only eight participants reported being bullied by a female, where males were mostly identified as workplace bullies.

Qualitative data was collected using telephonic semi-structured phenomenological interviews (which were transcribed) and personal documents, such as emails addressed to the researcher, grievance letters, and journal entries. Participants were asked to share the nature of their experiences of workplace bullying, as well as possible physical, psychological, and social health problems that may have resulted from such victimisation. A technique also known as 'scaling', often used in solution-focused therapy (e.g. Simon & Berg, 1999), was further applied, where participants were asked to rate their experiences on a scale of 1 to 10, with regards to how stressful and/or traumatic this experience was, with 1 being the least stressful and traumatic, and 10 being extremely stressful and traumatic.

Ethical Measures
Since workplace bullying may be considered a form of abuse and a potential human rights issue, various ethical issues had to be taken into consideration. This research study was conducted within the boundaries of the Rules of Conduct pertaining to the profession of Psychology (Annexure 12, Professional Board for Psychology, Ethical Rules of Conduct for Practitioners registered under the Health Professions Act 56 of 1974, Health Professions Council of South Africa (HPCSA), 2006). The specific rules of conduct that applied to this research study included that of professional competence, professional relations, avoiding harm to research participants, institutional approval to conduct research, informed consent in research and recording, and privacy and confidentiality in research and publications of this research study.

Data Analysis
Qualitative data was analysed using IPA (Smith, Flowers & Larkin, 2009; Smith & Osborn, 2008). IPA is defined as "a qualitative research approach committed to the examination of how people make sense of their major life experiences" (Smith et al., 2009:1). IPA involves three philosophies which may apply to this study, specifically phenomenology (i.e. victims' lived world), hermeneutics (i.e. victims' interpretation of experiences), and ideography (i.e. victims' perspectives on a specific phenomenon in a specific context) (applied from Smith et al., 2009).

During data analysis, the researcher highlighted underlying common themes among participants that reflected the experience of this occupational group. Key words, phrases and explanations provided by teacher-participants concerning their experiences of workplace bullying

and its effects on health were recorded (Smith et al., 2009). Experiences that reoccurred or indicated patterns in the data were noted and identified as super-ordinates (see Smith et al., 2009), or main themes. Numeration, which indicates the number of times that emergent themes occur in the transcripts (Smith et al., 2009), was also used as a strategy for analysis. According to Smith et al. (2009), this strategy can be one method in which the relevant importance of some emergent themes is shown. The main themes were structured in a manner that reflects the cause-effect process of workplace bullying: where the nature of workplace bullying was firstly reflected on, followed by the biopsychosocial health effects that resulted from such experiences.

Results
The data analysis revealed particular principal-on-teacher and colleague-on-teacher strategies as far as the nature of workplace bullying is concerned, which led to adverse physical, psychological, and social health effects in teachers.

The Nature of Workplace Bullying in Schools
Participants mostly identified male school principals as bullies. A dysfunctional leadership style and the dysfunctional organisational culture that stems from such leadership style were situational factors that mostly contributed to workplace bullying in this context. Principals' malpractice with regards to personnel relations and organisational management often resulted in a work culture that permits workplace bullying, as will be indicated by the subsequent findings.

Findings indicated that principals abuse their managerial positions and often use teacher-colleagues as pawns to target other teachers, while bullying teacher-colleagues in some cases also involve learners in the bullying process. However, some teacher-colleagues remained witnesses and did not want to become involved, due to the fear that they may also be bullied, as indicated by Caponecchia and Wyatt (2011). This is supported by one participant, who stated "...teachers were afraid to speak to me for fear of the principal [...] Teachers that are friendly to me are harassed by receiving the silent treatment or a fault finding mission is conducted against them" (De Vos, 2013:126).

Psychological bullying was mostly reported, while physical bullying only occurred in isolated cases, where principals were indicated as the perpetrators. In the cases where physical bullying occurred, physical assaults happened before a relentless process of psychological bullying, which followed if no intervention occurred. Different forms of character-attacking verbal abuse, perpetrated in a group setting where victimised teachers may be humiliated, were perpetrated by principals

with the possible intention of harming their reputations and attacking their characters. According to a male participant "One of the high officials said to the principal if I commit suicide, they're not going to attend the funeral […] So one day they (principal and colleagues) organised a workshop. At that workshop I was being teased and mocked" (De Vos, 2013:225). Attacks were often aimed at victims' professional competence. One participant stated that "he (principal) attack[ed] the teachers directly and said 'You see, you are making your learning areas very interesting, like *this* teacher. Two learners are running away from Accounting because of him'" (De Vos, 2013:93).[i] Participants often ascribed bullies' behaviour to personal or professional envy (e.g. "our principal deliberately makes life a misery in school, especially towards teachers that outwit him in skills and knowledge […] There are a few teachers that are more qualified than him") (De Vos, 2013:121).

Findings from this study indicated that principals often misuse their managerial authority to victimise a teacher by means of organisational measures. Bullies often micro-managed victims' work, including excessive monitoring of teachers' work, over-controlling school finances, and controlling and restricting the flow of communication between staff members. Victims' work was often overly critiqued and they were often expected to repeat their work, with no help to rectify apparent mistakes. Principals also reportedly made unfair changes in victims' workload, initiating either a harsher workload, or delegating too little work to the targeted teacher. In some cases, too much work led to burnout in these teachers, while too little work may have led to lowered contribution in the teaching-learning process, boredom, and perhaps a loss of interest in teaching as a profession. Principals also looked for reasons to lodge, or threatened to lodge grievances against victimised teachers, for example, accusing them of stealing items, or of not performing their duties adequately. These grievances rarely seemed to be legitimate, and often appeared to be fabricated, and although these grievances were questionable, it nevertheless elicited severe distress in victims (De Vos, 2013). Some teachers also attempted to report their experiences of workplace bullying to the principal, but were reportedly ignored. Findings also showed that principals are often highly ranked in labour unions and/or are often friends with people in key positions (e.g. school governing bodies, labour unions, among others) that may be part of victims' support system. Victims may thus find it difficult to seek support or file formal complaints against bullying principals, since the investigation may be prejudiced (De Vos, 2013). De Vos (2013) claims that this may be why some victims and colleague-witnesses choose not to report their experiences of bullying.

Bullying principals further tend to misuse the work group-dynamic to target certain teachers. A participant described bullying colleagues as the bully's 'watchdogs', who are there to help assert control (De Vos, 2013:91). Some victims often felt that the principal only favoured certain colleagues, while they were excluded from the work group. Isolation estranges victims from the work group, impedes their having access to important information, and may prevent them from having healthy relationships with colleagues (De Vos, 2013). Findings indicate that teacher-colleagues often engaged in malicious gossip, and disclosed victims' personal information, shared in confidence to other colleagues and/or the principal, which led to distrust in victims, and in some cases, they withdrew socially and emotionally from the work group. Group bullying behaviours also included not helping the victim in getting work done, communal verbal abuse, and intentionally isolating the victim from the work group.

Finally, some participants were harassed through different forms of cyber-bullying, including telephone calls, emails, the editing of photos in an insulting manner, and stalking. The following quote illustrates the latter: "These cultural choirs (colleagues) started singing songs, quoting the registration of my car, the colour [...] There were cultures who were following me and during that time my wife was driving a maroon car [...] my wife was driving a grey car and I was driving a maroon one. She was tailed by another car [...] she took another route and she was tailed by those guys […]" (De Vos, 2013:94).

Findings indicated that the experience of long-term, relentless bullying might cause physical, psychological, and social health effects in victimised teachers if no attempts at intervention are made.

The Biopsychosocial Health Effects of Workplace Bullying
Psychological health effects
The perception of being bullied firstly plays a significant role in the bullying process. If one senses a potential threat, cognitive and physiological systems function in synchrony (Hamilton-West, 2011). De Vos (2013) applied this theory to the experience of workplace bullying and argues, importantly, that the manner in which a person perceives his/her experience will eventually affect his/her physical health responses, then his/her social health responses. Participants generally rated their experiences between 5 and 10 on such a self-reported scale, indicating workplace bullying as a highly stressful and traumatic experience.

Various physical, psychological, and social health effects were associated with the stress and trauma that stem from being bullied. It was notable that these health symptoms did not occur in iso-

lation, but may form part of the health symptoms of certain psychiatric conditions (as indicated by the DSM-5 - American Psychiatric Association (APA), 2013), specifically mood and/or anxiety disorders. Their personal health professionals reportedly diagnosed more than half of the participants in this study with some level of depression. Some teachers reported regular sadness and tearfulness. It was also noted that these victimised teachers developed a history of psychopathology due to frequent, long-term workplace bullying experiences (De Vos, 2013).

Certain participants experienced a change in their personalities and reported having a low self-esteem, low self-confidence, and feelings of worthlessness, which were uncommon for them prior to their experiences. One participant, for example, expressed herself as being a faceless zombie, living without meaning. Participants also displayed a sense of helplessness, possibly owing to the inability to control the outcomes of their experiences and philosophised about the meaning of life, often questioning their religion (e.g. "So you start wondering is God allowing people to do this? Is God allowing people to hate me like this?") (De Vos, 2013:109). Victims questioned the reason for their experiences and their role in life, which reflects a degree of existential crisis in their lives. Finally, some participants did not find solutions for their experiences, and considered taking their own lives, or in extreme cases, have actually attempted suicide.

De Vos (2013) noted that participants who were harassed reported having the following symptoms that may be indicative of PTSD, as indicated by the DSM-5 (APA, 2013): physical symptoms of anxiety when hearing any noise in general, as well as in circumstances where it was perceived that the bully engaged in harassing behaviours (e.g. "when somebody knocks at the door, I could feel the sound around the left and right behind my eyes ... even the dogs – when they were barking I could feel my heart was beating fast" [*sic*]) (De Vos, 2013:113); avoidance behaviour and fearing the exposure to bullying (e.g. "whilst in school I kept to myself for many reasons ... I did not want to get into any altercation with the principal" (De Vos, 2013:107); and feelings of anger (e.g. "I feel I can't control my temper") (De Vos, 2013:244). It was, however, noted that some of the participants, who reported symptoms related to PTSD, also had other traumatic life experiences not related to workplace bullying (e.g. rape, house robberies and hijacking), which might have been the initial cause of symptoms of PTSD, where workplace bullying may have served to compound existing trauma (De Vos, 2013).

The study further revealed that some participants were obliged to take prescribed me-

dicine, to be hospitalised, and to take long periods of sick leave to recover from the psychological health effects they underwent. Findings also revealed that prescribed medication was also often abused, and used as a temporary solution to cope by individual teachers, who were in some cases distributed among the work group.

Physical health effects
Psychological health symptoms were accompanied by an array of physical health symptoms, mainly associated with severe stress and trauma (De Vos, 2013). These physical health symptoms included difficulty falling asleep and experiencing a lack of sleep, nightmares, a lack of rest, fatigue, headaches, sexual problems, weight gain, musculoskeletal pains, gastro-intestinal problems, as well as cardio-vascular-related problems, such as hypertension and a rapid heartbeat. It was also noted that some of these health effects might be indicative of situational panic attacks (e.g. "*my hartklop versnel, ek voel soms naar en raak gewoonlik aan die bewe, voel dikwels duiselig en totaal ontoereikend as ek in haar (skoolhoof) teenwoordigheid is*" [my heart starts beating faster, sometimes I begin to tremble, frequently feel lightheaded and inadequate when I am in her [principal's] presence]) (De Vos, 2013:99).[ii] An isolated case of Fibromyalgia was also reported (e.g. "*...ek [was] gediagnoseer met Endogene Depressie, Fibromialgie...*" [I was diagnosed with Endogenous Depression, Fibromyalgia…] (De Vos, 2013:101).[iii]

Social health effects
Workplace bullying especially affected victimised teachers' professional and social relationships (De Vos, 2013). Victims withdrew from professional relationships, mostly due to feelings of exclusion and distrust, and/or efforts to avoid the bully and/or potential bullying situations (e.g. "...I withdrew myself [*sic*] and started to plan the polite way of leaving") (De Vos, 2013:251). Participants also reported the ripple effects of their health experiences on their children and marital health. The experience of bullying elicited uncharacteristic anger in victims that was, in some cases, projected onto children (e.g. "my son has suffered terribly […] I became really, really, really short-tempered […] I'll lose my temper really easy to the point that I was feeling I was being abusive to my own child") (De Vos, 2013:252). Some victims' relationships with partners or spouses were also affected (e.g. "there came a stage when our relationship was estranged") (De Vos, 2013:115). However, it was noted that those participants who had a sense of familial social support, did not experience severe health effects, when compared to those participants who felt that their family did not support them (De Vos, 2013).

Discussion

Findings support Leymann's (1990, 1996) theory that most cases of bullying seem to start with refined conflicts, and if no intervention occurs, bullying behaviours tend to intensify, and victims may experience diverse, interrelated physical, psychological and social health effects, and are finally forced from the workplace. The findings of this study indicated that in most cases principals are the perpetrators of workplace bullying, and are occasionally supported by teacher-colleagues. A similar situation is also depicted by an international Zogby-survey conducted in 2007, in which Namie, G and Namie, R (2009) reported that 10% of workplace bullies are subordinates, 18% are colleagues, and 72% are organisational managers. Duffy and Sperry (2007) claim that it is not unusual for behaviour in a bully-prone work environment to start with managers and move down the hierarchy of the organisation. Aggressive employees rarely bully without being assisted by someone else (Namie, G & Lutgen-Sandvik, 2010).

Psychological bullying occurred in most cases, while only isolated cases of physical assault were reported. In contrast to Shepherd (1994, cited in Linsley, 2006), isolated incidences of physical bullying occurred before severe psychological bullying. Bullies' behaviour was often perceived as work or personal envy (see Peyton, 2003). Victims' competence is one of the numerous characteristics that bullies cannot bear, and therefore, they want to get rid of their victim (Workplace Bullying Institute (WBI), 2011). The bullying behaviours reported in this study are similar to or fit the different categories of bullying identified by Rayner and Hoel (1997), which were also applied in a survey conducted by Quine (1999). Verbal abuse was mostly reported in the study, while physical violence occurred in isolated cases (compare the behaviours in the category of *threat to personal standing*) (see Quine, 1999; Rayner & Hoel, 1997). Principals' bullying behaviour is often characteristic of an autocratic leadership style – specifically their micro-management (see Peyton, 2003) of teachers' work. Victimised teachers' work was reportedly unjustifiably critiqued, where they were often unduly pressurised due to a higher workload, or alternatively, they were given meaningless tasks or less work than they were able to manage without it being conferred with them. These behaviours may be similar to or may respectively fit the categories of *threat to professional status*, *overwork* and *destabilisation* (see Quine, 1999; Rayner & Hoel, 1997). Victimised teachers often felt that managers favoured certain colleagues (*favouritism* is also a bullying behaviour identified by Beale, 2001), while they felt isolated from the work group (may fit the behaviours in the category of *isolation*) (see Quine, 1999; Rayner & Hoel, 1997).

The findings in the study indicated that repeated, long-term bullying may elicit various physical, psychological, and social health effects in victims, which do not function independently, but form a complex interactive system where each is continuously affected by the other (De Vos, 2013). The latter is consistent with Engel's (1977) biopsychosocial model. Bullying exists when one is exposed to various intimidating behaviours that lead to a sense of being bullied or harassed (Quine, 2001). Participants mostly experienced depression (e.g. Kivimäki, Virtanen, Vartia, Elovainio, Vahtera & Keltikangas-Järvinen, 2003; Namie, G & Namie, R 2009; Quine, 2001), and some victims showed symptoms of PTSD (e.g. Leymann & Gustafsson, 1996; Matthiesen & Einarsen, 2004; Namie, G & Namie, R 2009). Mikkelsen and Einarsen (2002) have however noted that other distressing life events besides bullying may also play a role in some victims' symptoms of PTSD. Panic attacks (e.g. Blase & Blase, 2006; Namie, G & Namie, R 2009) were also reported in isolated cases. Crying (Blase et al., 2008), as well as extensive sadness and self-blame (De Wet, C 2010a) were also reported, and may be considered symptoms of depression. Namie, G and Namie, RF (2011) particularly found in their research that almost every victim experienced severe anxiety and nearly 40% of their participant group were troubled by clinical depression. The abuse of substances (e.g. Blase & Blase, 2006; Namie, G & Namie, R 2009; Sloan, Matyók, Schmitz & Lester Short, 2010), specifically prescribed medication, was in some cases necessary to deal with psychological health effects. Some victims questioned the reason for their experiences and even their faith in religion, which is akin to experiencing an existential crisis. The quality of victims' relationships is aggrieved, as they lose their "sense of self", become deep in thought, and put questions forward such as "'Why me? What's wrong with me?'" (Randall, 2001:7-8). In isolated cases, victims considered or attempted suicide (e.g. Leymann, 1996; Soares, 2012).

This study further indicated that psychological stress and trauma may elicit various physical health symptoms, which is also supported by literature, including various types of sleeping problems (e.g. De Wet, C 2010a, 2010b; De Wet, NC 2011; Sloan et al., 2010), and related symptoms, such as nightmares, not getting enough rest, and fatigue (e.g. Blase & Blase, 2006), headaches, menstrual problems, weight fluctuations (specifically weight gain) (e.g. Namie, G & Namie, R 2009), body pains (e.g. Hallberg & Strandmark, 2006), symptoms possibly signifying gastrointestinal problems/disorders (e.g. Hallberg & Strandmark, 2006; Namie, G & Namie, R 2009; Sloan et al., 2010), hypertension (e.g. Hallberg & Strandmark, 2006;

Namie, G & Namie, R 2009), and arrhythmia (e.g. Blase & Blase, 2006).

Victims' social lives and relationships were significantly affected. Some victims decided to withdraw from relationships with colleagues, due to feelings of distrust. Victims sometimes perceive silence on behalf of witnesses as involvement in the bullying process and can hold them responsible for being part of the problem (Rayner, Hoel & Cooper, 2002). This may lead to a separation of the work group as victims may choose to withdraw from professional relations (De Vos, 2013). Victims' stress also has an effect on their children and spouses through displaced anger (Namie, G & Namie, RF 2011). Marital life may further be affected on many levels, especially when it comes to communication, intimacy and sex, showing of affection, work, career, parenting and domestic management (Duffy & Sperry, 2007), where separation and divorce may be common (Namie, G & Namie, RF 2011). This study also found that victims who felt that they were supported did not experience serious health effects (De Vos, 2013), which is supported by the literature. According to Einarsen (2000), social support may decrease the physiological and emotional initiation of victims, which therefore lessens the health effects arising from long-lasting harassment. Also, the nature of social support generally offered to victims may determine how they cope with stressful/traumatic experiences, such as workplace bullying, and whether or not they make use of a social support system. If someone knows that he/she has supportive family and friends before an incident, it can affect whether he/she even reveals his/her experience, much less conferring the effects of the incident (Resick, 2001). However, if someone recognises that his/her family and friends have been unsupportive or even dysfunctional, it may lead him/her to try and manage the situation on his/her own (Resick, 2001). If victims feel unsupported, stress levels may rise and they may isolate themselves even more.

Lastly, bullying is perceived as an indication of organisational dysfunction (Vartia-Väänänen, 2003). Bullied employees may be absent from work either directly by employing an avoidance strategy, or indirectly due to the severe health effects (Hoel & Cooper, 2000). On the other hand, they may be present at work despite having health problems (see Hoel & Cooper, 2000; Namie, G & Namie, RF 2011). This may interfere with the teaching-learning process, therefore hampering teachers in equipping learners with the necessary skills to contribute to the South African emerging economy when entering the workforce.

Conclusion

In this article, findings regarding teachers' experiences of workplace bullying and its effects on their health were discussed. Engel's (1977) biopsycho-social model was used to make meaning of the health experiences that may stem from the experience of workplace bullying. Victims' perceptions of behaviour may influence what effects these behaviours will have on their health. If a victim perceives behaviour towards him/her as an attack on his/her character and assumes a victim-role, it initially causes psychological stress. Psychological stress may then trigger certain physical health responses. Ultimately, relationships with colleagues and family may be affected. This may have detrimental effects on familial and school health, as well as knock-on effects on the South African economy, since ill teachers and dysfunctional schools may not be able to provide learners with the necessary education and skillset to contribute to economic growth in South Africa after leaving school. It is imperative that research further reports on the personal and organisational causes of workplace bullying, for example research on individuals' personal characteristics and behaviours that might contribute to incidences of workplace bullying or research investigating the role of organisational culture in the occurrence of workplace bullying. One may inversely also conduct research from a positive psychology viewpoint, so as to investigate the nature and characteristics of highly functioning school organisations where workplace bullying is absent.

To conclude, the aim of this article was specifically to report on teachers' experiences of workplace bullying and the health effects that may stem from such experience. A follow up article might suggest various intervention strategies, as suggested by De Vos (2013), which could be derived from this research and applied in practice to prevent, manage and/or recover from workplace bullying. De Vos (2013) proposed strategic intervention activities to address workplace bullying on seven levels in the school setting: the professional, social/community, individual/familial, dyadic, organisational, managerial, and the work group level. Intervention on these levels may bring about socio-economic change and change in schools' work or organisational culture.

Notes

i.　Verbatim quotation was edited for the publication.
ii.　Verbatim quotation was edited for the publication.
iii.　Verbatim quotation was edited for the publication.

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