

Relationships at Work: A Predictor of Psychological Health

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Abstract

The purpose of the present study is to find out the impact of relationships at work on the psychological health of life insurance employees. This empirical study includes 374 employees working in various companies of the life insurance sector of Jalandhar city situated in the northern of India (Punjab). Census method was applied for the data collection. Structured interview schedules containing items of relationships at work and psychological health were used. Analysis was done using Statistical Package for Social Sciences (SPSS 16.0 version). To test the impact of poor relationships at work ('unhealthy relationships with supervisor', 'ineffective leadership style' and 'difference in perceptions among staff') on the sub factors of psychological ill-health i.e. 'lack of confidence and concentration', 'lack of positivity' and 'disturbed mind', multiple regression analysis was performed with a statistical significance level set at $p \leq .05$. Results indicated that relationships at work affected the psychological health of insurance employees. The study also identified the percentages of explained variances which were: 21% for 'lack of positivity', 19% for 'lack of confidence & concentration' and 17% for 'disturbed mind'. The analysis would provide a step towards the new perspective on understanding the problem of psychological ill health due to unhealthy relationship at work in the life insurance sector. The findings and implications for organization and health practitioners are discussed.

Keywords: Relationships at Work, Psychological Health, Life Insurance Employees

1. Introduction

Healthy interpersonal relationships of employees at work are essential for the betterment of the individual employees and for the overall organizational health. At the workplace, employees have relationships with superiors, subordinates and colleagues. If these relationships do not offer support to the employees, they get exposed to organizational stress (Cohen & Willis 1985), which turns into ill-health of employees. Cropanzano & Li (2006) found how perceived and damaging politics in organizations destroyed interpersonal relationships at work, thus leading the employees to have stress responses. Davidson & Cooper (1981) found correlation between low interpersonal support at work and stress. A survey conducted by the Ministry of Labour in Japan revealed that due to unsatisfactory interpersonal relations at work, 52% of the women interviewed had experienced anxiety and stress. Further, Branthwaite & Ross (1988) discovered that low interpersonal support at work led the employees to fall a prey to anxiety, emotional exhaustion, job tension and low job satisfaction.

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2. Review of Literature

Previous research has shown that relationships at work (i.e. how well people get along with one another at work) influence employees' well-being and job satisfaction (Siu 2002; Siu, Lu & Cooper 1999; Bogg & Cooper 1995). Basically, one of the critical needs of an employee is to maintain harmonious relationships with others at the workplace (Kelly 2000; Baumeister & Leary 1995; Smith, Kendall & Hulin 1969). Yang, Che & Spector (2008) investigated the impact of two job stressors, that is, relationships at work and career advancement on well-being of employees of six organizations from the perspective of person-environment fit approach in stress and found that the actual and preferred career advancement and relationships at work predicted job satisfaction, mental well-being and turnover intention. In another study, Leather, Beale & Sullivan (2003) have suggested that distracting working conditions (e.g. exposure to noise) result in pathetic and stressful interpersonal relationships. Ahmed, Zia-ur-Rehman & Rashid (2011) analyzed whether the work environment of Pakistan audit department was significantly stress-provoking and found 'weak interpersonal relationships of employees' to be weakly related to stress. The respondents also disapproved communication (58.1%), insubordination (57%), absenteeism (53.7%), gossips of colleagues (66.6%), nuisance of telephone (75.3%) and isolation/discrimination (69.9%) as a cause of stress. Only three factors, viz., lack of support at work, personality conflicts and boss phobia were identified as stressful by the respondents.

Employees with poor quality of relationships at work may experience social stressors (interpersonal conflict) and inaccessibility to the social resources (Bourdieu 1986; Lin, Ensel & Vaughn 1981). Wickramasinghe (2010) examined the moderating effect of coping strategies on the relationship between work-related dimensions (work routinization, role clarity, relationships with others and promotional opportunity) and job stress among white-collar full-time employees working in various private sector organizations belonging to different industries. The study found that out of four broad coping strategies that individuals use, namely, individual positive coping, workplace initiatives, workplace informal support and individual destructive coping, both individual positive coping and workplace initiatives moderated the relationship between 'relationships with others' and job stress.

Edwards & Rothbard (1999) identified relationship among actual relationships, preferred relationships and well-being and suggested that good relationships at work serve as a long-term resource to benefit employees' work attitudes and well-being and help them get enough resources to fulfill other needs at work. The study also found that high-quality relationships at work uphold positive work attitudes and well-being of the employees however, when their actual relationships at work are of low quality, their work attitudes and well-being are poorer. Having good relationships at work fulfils values regarding employees' competence in social situations (Schneider, Ackerman & Kanfer 1996), and the need for affiliation (Ryff & Keyes 1995; Alderfer 1972) or need to belong (Baumeister & Leary 1995), which will be related to high job satisfaction, high well-being and low turnover intention. On the other hand, those employees who prefer low-quality relationships at work and actually have low-quality relationships may be people with poor social skills or people who are introvert.

Coetzer & Rothman (2006) identified the relationships between occupational stressors (work relationship; work-life balance; overload; job security; control; resources and communication; job overall; and pay and benefits) and ill-health among insurance employees. Budhraj (2008) studied the causes of stress among life insurance employees. The study found heavy sales target, time management, job insecurity, lack of training, work overload, excess of competition, lack of support as the stressors. Chandhok & Monga (2013) explored comparative

difference in the job stress of employees of Life Insurance Corporation of India and Bajaj Allianz life Insurance Company Ltd. and found that employees of Bajaj Allianz insurance company Ltd experienced more job stress regarding time pressure, more supervision, fired without cause any time, insecurity about the job, work overload, while the employees of Life Insurance Corporation of India experienced job stress due to work load. Sharma & Kaur (2013) identified the effects of demographic profile of life insurance employees on the level of occupational stressors and psychological well-being. Nagaraju & Nandini (2013) evaluated the relationships between occupational stress, health and job satisfaction among life insurance female employees and found the effect of age on level of occupational stress.

The literature reviewed on insurance sector failed to study either relationships at work as a stressor (Chandhok & Monga 2013; Budhraj 2008) or the effect of relationships at work on health of employees (Nagaraju & Nandini 2013; Sharma & Kaur 2013; Coetzer & Rothman 2006). Since previous researches reveal a dearth of empirical research in the life insurance sector, especially in the state of Punjab, thus the present study aims at studying the impact of three sub-factors of poor relationships at work, viz., unhealthy relationships with supervisor, ineffective leadership style, and difference in perceptions among staff, on three sub-factors of psychological ill-health, viz., lack of confidence and concentration, lack of positivity and disturbed mind in the life insurance sector. Thus the hypotheses are:

H1: Poor relationships at work (unhealthy relationships with supervisor, ineffective leadership style and difference in perceptions among staff) lead to lack to confidence and concentration.

H2: Poor relationships at work (unhealthy relationships with supervisor, ineffective leadership style and difference in perceptions among staff) lead to lack of positivity.

H3: Poor relationships at work (unhealthy relationships with supervisor, ineffective leadership style and difference in perceptions among staff) lead to disturbed mind.

3. Research Methodology

3.1 Research Model of the Study

A research model of the study (exhibited in Figure 1) has been developed to comprehend the relationship between relationships at work and psychological ill-health.

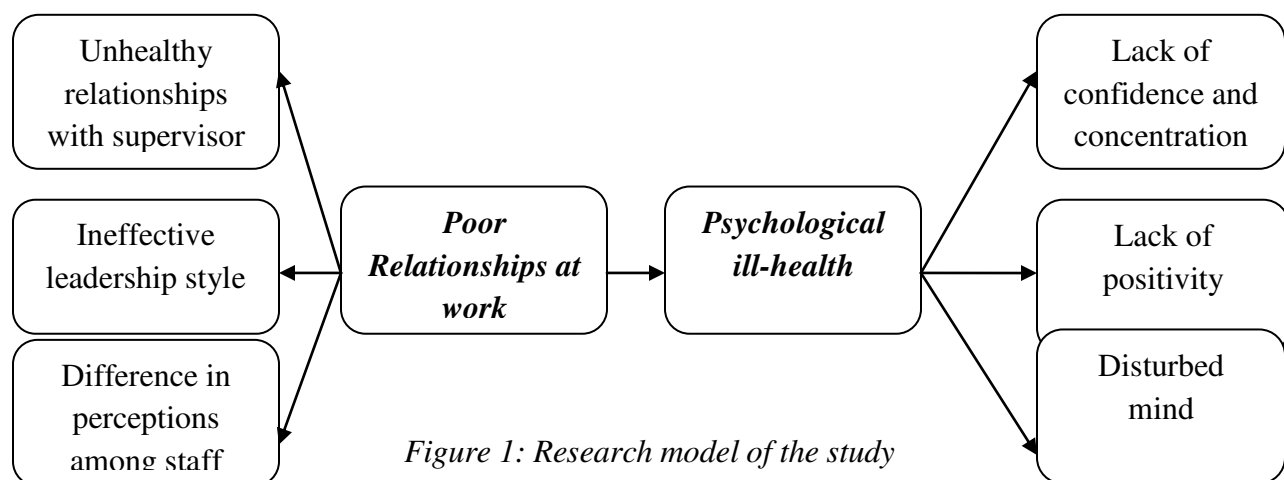


Figure 1: Research model of the study

3.2 Participants and Measures

The present study covered the life insurance employees (n=374) from all 19 life insurance companies of Jalandhar city of Punjab (India) based on census method. A structured interview schedule was followed which included questions related to respondents' demographic characteristics (5 items), unhealthy relationships with supervisor (5 items), ineffective leadership style (3 items), difference in perceptions among staff (2 items) and psychological ill-health (12 items). The information regarding respondents' demographic characteristics included designation, gender, age, monthly income and years of experience in the current job. The items of three sub-factors of relationships at work (Cronbach's alpha = .69) were adapted from Edwards, Webster, Van Laar & Easton (2008). The psychological ill-health scale was obtained from Shigemi, Mino & Tsuda (2000) with a Cronbach's alpha value of .71. The items were scored on a 5-point Likert scale that assesses the frequency with which an item applies to the respondent, from 1 (strongly disagree) to 5 (strongly agree).

4. Results

Out of 374 respondents, 300 were males and 74 were females with a mean age of 29 years. 28% and 27% of the respondents had 2-3 years and 1-2 years of working experience, respectively, and most of the respondents (47%) worked at the lower level, 30% at middle level and 23% at higher level (see Table 1).

In order to investigate the relationships between three sub-factors of poor relationships at work, viz., unhealthy relationships with supervisor, ineffective leadership style, and difference in perceptions among staff and three sub-factors of psychological ill-health, viz., lack of confidence and concentration, lack of positivity and disturbed mind, three sets of multiple regression analyses were applied. Prior to the analysis, the relationship between dependant and independent variables and the inter-correlations for the same were studied, as presented in Table 2. In the analysis, the sub-factors of psychological ill-health served as a dependent variable and the sub-factors of poor relationships at work as independent variables.

In the first regression analysis, we entered all the sub-factors of poor relationships at work (unhealthy relationships with supervisor, ineffective leadership style and difference in perceptions among staff) as independent variables and lack of confidence and concentration as a dependent variable (Table 3). The regression equation for the first analysis is as under:

Lack of confidence and concentration = 2.465 + .123 (unhealthy relationship with supervisor) + .191 (ineffective leadership style) + .119 (difference in perceptions among staff)

The first equation reveals that all the variables in the equation significantly influence lack of confidence and concentration. The most important contributor is difference in perceptions among staff ($\beta = .242$, $p < .05$), followed by unhealthy relationships with supervisor ($\beta = .184$, $p < .05$) and ineffective leadership style ($\beta = .181$, $p < .05$).

Next, lack of positivity was entered as the dependant variable. The regression equation comprising of lack of positivity as dependent variable and three variables as independent is as under:

Lack of positivity = 1.863 + .567 (unhealthy relationship with supervisor) - .084 (ineffective leadership style) - .046 (difference in perceptions among staff)

The second equation reveals that only one variable in the equation i.e. unhealthy relationships with supervisor ($\beta = .497$, $p < .05$) significantly influences lack of positivity. Other two variables, ineffective leadership style and difference in perceptions among staff do not have any impact on lack of positivity (Table 3).

Further, the third sub-factor of psychological ill-health was subjected to regression analysis as a dependant variable. The regression equations comprising of disturbed mind as dependent variable and three variables as independent is as under:

Disturbed mind = 1.556 + .305 (unhealthy relationship with supervisor) + .248 (ineffective leadership style) - .011 (difference in perceptions among staff)

The third equation reveals that two variables in the equation, viz., unhealthy relationship with supervisor ($\beta = .311$, $p < .05$) and ineffective leadership style ($\beta = .161$, $p < .05$) significantly influence disturbed mind, excluding difference in perceptions among staff (Table 3).

We may conclude from Table 3 that the percentages of explained variances are relatively high: 19%, 21% and 17% respectively for lack of confidence and concentration, lack of positivity and disturbed mind. Nevertheless, the results showed that unhealthy relationships with supervisor were predictive for all the sub-factors of psychological ill-health.

5. Limitations and Further Research

The study is conducted on life insurance employees of one city of Punjab only. Impact of unhealthy relationships at work is measured only on psychological outcomes. Since the present study focuses only on the life insurance sector, the future research can focus on both life as well as general insurance sector. Further, a comparative analysis of life and general insurance companies can also be done in future. The research area can also be widened in future covering whole of Punjab area. Moreover, some more outcomes of unhealthy relationships at work can be included for further study.

6. Conclusion

To conclude, results show that unhealthy relationships at work enhance psychological ill-health in the life insurance sector. Additionally, unhealthy relationships at work were identified as a major contributor in lack of confidence and concentration, lack of positivity and disturbed mind. To reduce and prevent the psychological ill-health, life insurance companies should apply a proper management style and develop stress prevention and reduction techniques. Leaders should always look for opportunity in adversity. Successful leaders do not accept defeat. When something does not go as planned, they step back, re-evaluate, rethink, the situation and move forward again until they become successful. Leaders should recognize what needs to be done, set attainable goals, and help the employees in accomplishing their objectives. Management should try to manage the change process in a way that employees are not stressed due to it. Organizations that are able to survive and compete in the ever-changing marketplace will be those that have proactively and strategically prepared themselves for future challenges through effective leadership development programs, practices, and systems.

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Table 1: Demographic profile of participants

Participants characteristics	Number	Percentage
Gender		
Male	300	80%
Female	74	20%
Age		
Below 29 years	198	53%
29 years	34	9%
Above 29 years	142	38%
Length of Service		
Less than 1 year	57	15%
1-2 years	100	27%
2-3 years	105	28%
3-4 years	31	8%
4-5 years	29	8%
Above 5 years	52	14%
Hierarchical level		
High level	86	23%
Middle level	114	30%
Low level	174	47%

Table 2: Inter-correlations of poor relationships at work and psychological ill health

	1. URS	2. ILS	3. DIP	4. LCC	5. LOP	6. DM
1. URS	1					
2. ILS	.498**	1				
3. DIP	.186**	.259**	1			
4. LCC	.319**	.335**	.323**	1		
5. LOP	.464**	.187**	.027	.439**	1	
6. DM	.388**	.312**	.084	.411**	.389**	1

Note. URS=unhealthy relationship with supervisor; ILS=ineffective leadership style; DIP=difference in perception; LCC=lack of confidence and concentration; LOP=lack of positivity; DM=disturbed mind; ** Correlation is significant at the 0.01 level (2-tailed).

Table 3: Regression results for impact of poor relationships at work on ill-health

<i>Predictor</i>	<i>Criterion</i>	<i>B value</i>	<i>Beta</i>	<i>P-value</i>	<i>R</i>	<i>R²</i>
(Constant)	Lack of confidence and concentration	2.465		.000	.44	.19
Unhealthy relationships with supervisor		.123	.184	.001		
Ineffective leadership style		.191	.181	.001		
Difference in perceptions among staff		.119	.242	.000		
(Constant)	Lack of positivity	1.863		.000	.47	.21
Unhealthy relationships at work		.576	.497	.000		
Ineffective leadership style		-.084	-.046	.391		
Difference in perceptions among staff		-.046	-.054	.257		
(Constant)	Disturbed mind	1.556		.000	.41	.17
Unhealthy relationships with supervisor		.305	.311	.000		
Ineffective leadership style		.248	.161	.004		
Difference in perceptions among staff		-.011	-.016	.747		