Introduction

Contrary to what might seem, pathological behaviours at work in Poland are not marginal phenomena. For instance, considering the amount of time spent at work, Poles belong to nations, which are most likely to suffer from workaholism. In a ranking prepared by CNN in 2013 for 34 OECD member states, Poland was placed sixth with its average annual number of hours at work amounting to 1893/person (for average annual remuneration of USD 20.069) (Kurtz, 2013). The data also indicate a very low work efficiency in Poland (amounting to USD 10.6 USD/h, whereas it amounts to three times more in the Unites States).¹

Another type of pathology found at work is mobbing. This phenomenon and its manifestations have been more and more detailed (it is mentioned in the Polish Labour Code). Generally speaking, mobbing may be defined as a physical or mental abuse in a company, which continues for a longer period of time and, aimed at neutralization or elimination of a given person (victim). In Poland this problem may even relate to every tenth employee (Warszewska-Makuch, 2007). Although this estimate is rather cautious due to absence of research in all regions of Poland and insufficient awareness of employees.

A large problem in a place of work also includes alcohol consumption (according to a survey made by Wirtualna Polska web portal, 1/3 of working persons do not see any problems with this behaviour). The portal does not mean physical workers here, but those, who work as journalists and employees in IT, finance and insurance sectors (Majak, 2012).

It is estimated that in Poland, theft is an equally significant phenomenon occurring at work. In the very retail trade sector they have noted 1/3 cases of such employee behaviour, whereas the value of things misappropriated by employees exceeds the value of thefts committed by customers by 15 times (Miskiewicz, 2011). However, this phenomenon may assume more subtle forms, which make them less likely to be ostracized. It may include the use of a telephone or business car for private purposes, use of unauthorised medical leaves or settling of one’s private matters during work hours.

Reasons for pathological behaviours among employees are often explained by exogenous or endogenous conditions. The first of them includes the even quicker pace of everyday life (not only one’s career, but also private life), high unemployment rate (entailing the fear of job loss, which strengthens the employer’s position and weakens the employee’s position), economic downturn (economic crisis), work character (based on results/targets and deadlines) or the status of the Polish economy (being in a stage of development, which makes employees make more vocational efforts). Endogenous conditions include, above all, physical and mental predispositions of a given person, which may make the person more or less eager to behave in an undesired manner at work (e.g. compulsive personality, greater propensity for addictions, little assertiveness).

Despite the fact that international character of an enterprise² does not seem to be a significant determinant of pathological behaviours at work, greater integration with the global market and, at the same time, a risk of stronger competition, will require paying attention to the possibility of occurrence of such behaviours, which are manifested in the decrease of functional efficiency of each company.

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² Internationalization of business activities may have an internal (passive) character and external (active) character. Passive forms include import, purchase of licences, use of franchising, subsupplies for exporting companies or cooperation with foreign enterprises in the territory of one’s own country. Active forms include export, direct foreign investments, various types of capital and non-capital cooperation, and international strategic alliances (Przybylska, 2005, p. 73).
Regardless of their types and reasons, pathological behaviours at work generate enormous losses for an enterprise and the entire economy. The total costs of such types of behaviours are estimated cautiously in the United States only as USD 15–25 bln per year (Parks, Mount, 2005, pp. 11–16), although some researchers claim that such costs may even amount to USD 200 bln per year (Robinson, Bennett, 1995, p. 555). In Poland no one has attempted to estimate such costs in detail yet, however, the thesis of considerable amount of the costs in the scale of the entire economy (in 2011 only the value of thefts committed by employees in the retail trade sector was estimated as PLN 1.7 bln\(^3\); indirect costs, such as health complications, hospital stays etc. are also enormous) would be justified.

This means that pathological behaviours at work are problems and each enterprise, including international enterprises, should look at them carefully. It is necessary to monitor such symptoms on a regular basis and conduct a reliable periodical diagnosis of the situation in an enterprise.

The diagnosis is one of most important (if not the most important) stage of the process of enterprise management, as it is (or rather should be) a starting point for all other activities of the enterprise management team (Szostek, 2013, p. 141). It decreases “a risk that the management team may proceed to change an enterprise, which it, basically, does not know and understand” (Hensel, 2011, p. 5). In other case, management is limited to a presentiment and intuition, which is inadmissible in case of such critical issues.

In case of undesired behaviours in an enterprise, one of the first sources of information should be the employees themselves. As Pocztowski noticed, “use of employees as a valid source of information about work, methods and conditions as well as factors affecting effectiveness of work has been applied in organisational and management sciences for many years”. This results from the fact that effective managerial decisions „require possession of reliable information, which may constitute a basis for proper decisions” (Pocztowski, 2003, p. 448). On the other hand, FitzRoy and Kraft emphasize that “employees possess information, which are not in the possession of capital owners and use of such information may be good to an enterprise” (1987, p. 2).

This paper aims at discussing problems of use of employee surveys as an instrument applied for identification of manifestations of pathological behaviours at work. In his deliberations, the author used available secondary sources as well as results of a survey conducted among working students of the Faculty of Economic Sciences and Management (WNEiZ) of Nicolaus Copernicus University in Toruń (UMK).

\footnote{The World Report on Thefts in Retail Trade Sector (for 2011), http://globalretailtheftbarometer.com [Date of access: July 15, 2014].}
1. Employee surveys

One of the basic paradigms of marketing management is the need to listen to demands, expectations and opinions of customers of an enterprise. In practice, this means doing marketing research, the (reliable) results of which constitute one of the conditions for effectiveness and efficiency of decisions made. The research should also cover employees of an enterprise, which is reflected in employee surveys. The growth of popularity of the concept is connected with the even greater tendency to perceive employees as internal customers (see Januszek, 2003, p. 145). The development of the research was influenced considerably by development of management, social psychology and labour psychology, and, consequently, growth of significance of employees themselves (Krokowska, Kołodziejski, 2007, p. 45).

An archetype of the survey is an interview, which makes it possible to obtain information directly. However, it has several significant weak points, which disqualify the method in case of the employee survey, namely, lack of standardization, lack of anonymous character, little reliability or impossibility to use the method for measurement of large groups.

However, in the initial stage of the employee survey development (dated back to the 2nd half of the 19th century\textsuperscript{4}), they mostly used qualitative methods of measurement (including surveys). As late as in the 2nd half of the 20th century, quantitative methods (mainly questionnaires) started to dominate, as they guaranteed lower costs of measurement, shorter survey time and gave a greater feeling of anonymity to respondents, which had an influence upon increase of survey reliability. According to Hensel, popularity of questionnaires results from the fact that they make it possible to “obtain numerical data describing behaviours and attitudes of employees of an enterprise. Thus, they may constitute a source of reliable knowledge, which will be used during further stages of the diagnosis. What is more, questionnaire results are more difficult to undermine as compared to results obtained when using other methods of data collection” (Hensel, 2011, p. 120).

A lot of authors understand employee surveys to a very narrow extent focusing on one or several selected issues. Most often they focus on work satisfaction (in this respect, literature is dominated by references to “employee satisfaction surveys”\textsuperscript{5}). However, work satisfaction is only one of numerous areas, which may be covered by the survey. The surveys may be successfully used in a diagnosis of manifestations of pathological behaviours in an enterprise. Unfortunately, as a survey conducted by Euler Hermes insurance company indicates (2011), only 5% of abuses discovered

\textsuperscript{4} The first employee survey ever conducted may be deemed the survey of 1875 ordered by the Reichstag (the Parliament of Germany) and conducted among 7000 owners of factories and their workers and relating to the situation of apprentices and workers themselves – see Noelle-Neumann, 2005, p. 621.

\textsuperscript{5} An example of this approach is Walter’s definition, who defined employee surveys as “reactive tools, used by employers to explore actual or potential problems with employee satisfaction” (Walters, 1996, p. 24).
result from internal audits. There are a lot more cases discovered as a result of routine supervision (40%), anonymous letters from employees (21%) and even by accident (24%) (Miskiewicz, 2011).

Employee surveys may be defined as a process of measurement of employees’ opinions on various issues connected with functioning of an enterprise and the following conditions have to be met for correct realisation of the surveys (Szostek, 2013, pp. 139–141):

- adjustment of surveys to organisational and legal conditions of functioning of an enterprise,
- the enterprise management team support in the stage of preparation and realisation of a survey,
- current cooperation with representatives of employees,
- use of various measurement methods selected individually for each company (in practice, these, most often, include an Internet questionnaire and auditorium questionnaire),
- adherence to the principle of anonymity (at a higher level in case of questionnaire methods and ordering at least measurement and analysis of data from an external research company, which allows for greater openness of employees),
- voluntary participation of employees in measurements,
- participation in conducting a survey among all employees or a selected representative group of employees (in case of deliberate selection of employees, there is a risk that such research may not be anonymous),
- covering various aspects of activities conducted by a survey,
- post-survey implementation of changes improving functioning of a company (surveys have to bring measurable results, which, according to employees themselves, will justify such activities in the future),
- notifying employees of activities undertaken in the stage of designing and realisation of a survey as well as data obtained and improvements made.

2. The definition and main manifestations of pathology at work – the survey results

Pathological behaviours in an enterprise are understood as permanently inefficient activities, which result in wastefulness exceeding social tolerance limits (in economic and/or moral terms). In the subject literature such types of behaviour are referred to as counterproductive, offensive, incompliant, disregarding, unethical, antisocial, retaliating, unconventional, destructive, hazardous, and bad behaviours as well as offences, employee deviations, company deviations, and asocialisation.

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6 The author’s own study based on (Kieżun, 2012, p. 16).
7 The author’s own study based on (Turek, 2012, p. 15).
In practice, most commonly found manifestations of such behaviours include thefts (including frauds, use of company’s property for private purposes as well as unjustified absence and being late for work), mobbing and bullying (including both physical and verbal abuse of employees, including, sexual harassment), workaholism, vandalism and sabotage, blackmail, infringement of labour safety and hygiene rules, corruption, nepotism, gossiping about a company and other employees, excessive red tape, love affairs, and lying to/betraying an employer. It should be emphasised that the list is not complete and the following two conditions have to be fulfilled in order to determine pathological behaviours: deliberateness (lack of accidents) and recurrence (an act is committed more than once).

Further, this paper will discuss selected manifestations of pathological behaviours in an enterprise. The deliberations will be enriched with results of a survey conducted among working students. Empirical data will not only make the reader aware of the scale of specified pathologies found at work, but also constitute a confirmation of possibilities of survey use in diagnostics of such types of behaviour.

Workaholism

In the western countries saturated with the spirit of Protestantism, work is one of the most appreciated values, which gives sense to one’s life. It is similar in Poland, where the market system is in its stage of development and work (at least for a lot of social groups) is a deficient commodity. At the same time „workaholism is perhaps the only addiction, which is widely approved and supported by the society, [however – the author’s note] its consequences are not only individual, but also (...) social, as the phenomenon affects not only the addicted person, but also the community, in which the person lives – his/her family and relatives” (Langenfeld, 2011).

A workaholic is a person suffering from obsessive and compulsive disorders involving unrestrained internal need to do work, which, if done, does not bring satisfaction and even causes suffering (Douglas, Morris, 2006, p. 396). This means that one may devote little time to work and be a workaholic as well, as occurrence of the pathological behaviour depends on one’s attitude to work and not the number of hours devoted to the same. Symptoms of addiction to work include thinking about work in one’s free time, lack of rest, a feeling of guilt for devoting („wasting”) time for other duties, neglecting one’s family and friends, perfectionism, a large pressure
on realisation of targets (without adhering to the requirement of effectiveness of activities).

The author conducted a diagnosis of workaholism occurrence scale among working students with the use of a scale designed by the American “Alcoholics Anonymous” self help group. A respondent is asked to answer “yes” or “no” to each of 10 questions⁹. Further, positive answers are summed up and ascribed to respective categories (presented with the research results in Table 1). Nearly 45% of respondents showed a tendency for workaholism and as little as 9% included persons affected by the pathological behaviour to an extent making a specialist’s assistance necessary.

Table 1. Occurrence of workaholism

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Number of “yes” answers</th>
<th>% of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy attitude to work</td>
<td>1–3</td>
<td>46.9</td>
</tr>
<tr>
<td>Tendencies for workaholism</td>
<td>4–6</td>
<td>44.4</td>
</tr>
<tr>
<td>Workaholism requiring psychological support</td>
<td>7–10</td>
<td>8.7</td>
</tr>
</tbody>
</table>

Source: author’s own study based on the survey results

**Occupational burnout**

Reasons for this pathological behaviour most often include overworking, lack of autonomy, lack of the feeling of justice, long-term stress, a conflict between one’s own values and one’s employer’s values, disappointment and failure to meet expectations (so-called “clash with reality”) as well as traumatic experience from work¹⁰. According to Freudenberger, this pathology is often described as a “state of fatigue or frustration resulting from devoting to a given case, lifestyle or relationship, which did not bring the expected award” (Maslach, 2004, p. 14). Contrary to the initial suppositions, occupational burnout is not only connected with jobs of social character (doctor, teachers etc.), but it can also be found among representatives of other professions (also those, which are not connected with working with people). Symptoms include emotional exhaustion (fatigue without possibility of regeneration of one’s strength), cynicism (treating people instrumentally, humiliation and lack of commitment) and little efficiency (Schaufeli et al., 2009, p. 211).

Diagnoses of occupational burnout were conducted on the basis of a scale containing 15 statements¹¹. A respondent was asked to answer using a 6-category scale (0–5), whether there has been any change in his/her life during the last 10 months (0 – no changes, 5 – great changes). Next, scores were summed up and ascribed to

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⁹ For example: Do you work lying in bed before you go to sleep, during weekends, vacations and holidays?

¹⁰ Occupational burnout is not a response to a boring/monotonous work – in order to experience a burnout, one first has to “burn” (be eager, enthusiastic and have a great motivation) – see Wachowiak, 2011, p. 92.

¹¹ For example: You work more and more frequently, but your efficiency (performance) decreases.
respective categories (see Table 2). It can be observed that nearly 1/5 of the respondents showed symptoms of occupational burnout, whereas every 20th person was in the course of the process of occupational burnout.

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Number of scores for 15 statements</th>
<th>% of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>No occupational burnout syndrome</td>
<td>0–25</td>
<td>57.0</td>
</tr>
<tr>
<td>Attention should be paid to some aspects of one’s career (warning signals)</td>
<td>26–35</td>
<td>18.8</td>
</tr>
<tr>
<td>Occupational burnout symptoms</td>
<td>36–50</td>
<td>18.8</td>
</tr>
<tr>
<td>A person in the course of the process of occupational burnout</td>
<td>51–65</td>
<td>5.3</td>
</tr>
<tr>
<td>Critical point (endangered mental and physical health)</td>
<td>66–75</td>
<td>0.0</td>
</tr>
</tbody>
</table>

Source: author’s own study based on the survey results

Mobbing

Mobbing\textsuperscript{12} should be understood as various manifestations of psychological and/or physical harassment of any employee by his/her colleagues\textsuperscript{13} with the aim to eliminate the victim from a company. Manifestations of the pathology include verbal and physical aggression, sexual harassment, intimidation, harassment, libelling, discrimination, isolation, disregarding, seconding work below one’s qualifications/impossible to do. One may talk about mobbing, if such behaviour continues for a long period of time (at least half a year) and is regular (at least once a week) (Bugdol, 2007, p. 75).

Mobbing was diagnosed with the use of a scale containing 19 hypothetical situations\textsuperscript{14}. Respondents were asked to state, whether and how often they experience mobbing at work, where respective letters have the following meanings ascribed: [A] – no such situations occurred/such situations occurred once, exceptionally [B] – such situations occur rarely, [C] – such situations occur often. Next, each of the respondents were divided into 1 of 6 categories in respect of the pathology occurrence (see Table 3). Approximately 28% of the respondents were at risk (5% of them to a considerable extent) and nearly 7% were affected by the pathology.

Additionally, 30.9% of the respondents admitted that they have experienced verbal aggression from their colleagues or superiors (1.5% of the respondents confirmed physical aggression).

\textsuperscript{12} The literatures often uses the term “bullying”, however, it refers more to physical aggression, which continues for a longer period of time and pertains to a relation between two persons, where a superior is often the aggressor.

\textsuperscript{13} A mobber is usually one’s superior, who rarely is a victim.

\textsuperscript{14} For example: Your manager gives you incomprehensible, contrary or unreasonable instructions, which, if done, do not bring any advantages to you or the company.
Table 3. Diagnosis of mobbing/bullying at work

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Number of indications of frequency of occurrence of a given situation</th>
<th>% of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobbing/bullying does not occur</td>
<td>([C] = 0; [A] = ) vast majority</td>
<td>65.2</td>
</tr>
<tr>
<td>Serious symptoms of mobbing/bullying; although it occurs rarely, there are various manifestations of the same and there are many of them</td>
<td>([C] = 0 ) and ([B] = ) vast majority</td>
<td>0.5</td>
</tr>
<tr>
<td>A great risk of mobbing/bullying</td>
<td>(0 &lt; [C] \leq 3 ) and ([B] \geq 6)</td>
<td>4.8</td>
</tr>
<tr>
<td>Low risk of mobbing/bullying</td>
<td>(0 &lt; [C] \leq 3 ) and ([B] &lt; 6)</td>
<td>23.2</td>
</tr>
<tr>
<td>Diagnosed mobbing/bullying (serious situation burdening one’s psyche and requiring remedies as well as consulting one’s family and/or friends)</td>
<td>(3 &lt; [C] &lt; 9)</td>
<td>5.3</td>
</tr>
<tr>
<td>Diagnosed mobbing/bullying (dramatic situation requiring immediate intervention)</td>
<td>([C] \geq 9)</td>
<td>1.0</td>
</tr>
</tbody>
</table>

Source: author’s own study based on the survey results

Thefts at work

Nowadays, thefts committed by employees, i.e. so-called „white-collar workers” (officers) have the greatest value. The thefts include frauds, falsification of financial documents etc. Due to their complexity, the phenomena are much more difficult to detect as compared to offences committed by so-called “blue-collar workers” (petty thefts committed by workers holding lower positions). A specific form of theft is a theft of time at work (e.g. being late for work, unjustified absences, surfing in the Internet).

In this survey nearly 23.4% of the respondents admitted to having misappropriated a company’s property at least once in their career. This indicated to a large scale of this pathology, which is also socially approved, at least in its milder forms. This can be confirmed by the survey results – for “additional earning” apart from one’s salary during work hours, the averaged level of acceptance was 3.1 in the scale of 1–5, where 5 meant – I have nothing against. For settling one’s private matters at work this indicator was 3 and for use of a company’s equipment or materials for private purposes the result was 2.9.

Conclusions

Pathologies at work belong to very significant problems in most companies. The experience of many Readers will certainly confirm this thesis. It is also confirmed by the analysis of the presented survey results\(^\text{15}\).

\(^\text{15}\) The survey results have some drawbacks (e.g. respondents were mostly regular students, who most often have little work experience). However, the aim of the author was to put more emphasis on certain issues and creating a basis for further, more in-depth research and analysis.
Internationalisation of enterprises does not only mean an even faster economic development of Poland, but also intensified occurrence of the numerous described pathologies in working environment. This does not mean that until 1989 in Poland there were no such problems as employee’s thefts, lobbing or workaholism. However, stresses were distributed in a different way as far as frequency of occurrence of particular types of such behaviours was concerned. Certainly, diagnosis of such problems, including research instruments, was underdeveloped at that time in Poland (as it was worldwide). However, reliable diagnostics is a *conditio sine qua non* for undertaking any remedies or preventive measures with the aim to fight the pathological behaviours in a company.

This paper contributes to the problem, as it describes an opportunity to use employee surveys for identification of undesired behaviours at work. The author realises that the survey has its weak points, as it is based on a questionnaire type of research (for example, impossible deeper analysis of the problem, declarative character of statements), however, as indicated, such methods have a lot of strong points and constitute an excellent starting point for use of more sophisticated methods in the process of diagnosis of a company. If a reader or, in particular, a business practitioner, ponders on the problem, it will be the greatest reward for the author for his efforts made in writing this paper.

References

Employee Survey in the Process of Identification of Pathological Behaviours
in a Place of Work

Abstract. This paper describes problem of use of employee surveys in the diagnosis of pathological behaviours in enterprises in Poland. The problem is very significant in each company, where an intensive process of internationalization of business activities is conducted. The author has used his own results of a survey conducted among working students.

Badania opinii pracowników w procesie identyfikacji patologicznych zachowań w miejscu pracy

Abstrakt. W artykule opisano kwestię wykorzystania badań opinii pracowników w diagnozie patologicznych zachowań w przedsiębiorstwach w Polsce. Problem jest bardzo istotny w każdej organizacji, szczególnie obecnie, gdzie zachodzą intensywne procesy internacjonalizacji działalności gospodarczej. Autor wykorzystał wyniki własnego badania przeprowadzonego wśród pracujących studentów.