

The untapped cases of Workplace Bullying and its concealed impacts on Healthcare Employees

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ABSTRACT

The stress caused by workplace bullying affects not only mental health but also impacts physical and social life of employees. Thus, bullying is a red wolf for organizations by affecting employee performance. One of the most critical organizations affected by bullying is healthcare facilities. The competence, coordination, and mental, physical and social relations of healthcare workers determine their work performance during duty hours and is a matter of life and death for ailing patients. This research paper tries to identify the prevalence and intensity of workplace bullying among employees. For this study, the collection of data was carried out from 318 hospital working employees. The findings reveal a higher prevalence in the targets found through negative acts behavior than self-identified as a target. Besides, this study explores that the intensity of bullying is the same in all groups, i.e. targets, witnesses and non-exposed employees. The results show that workplace bullying affects the work quality of employees and its a negative impact on work performance.

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INTRODUCTION

In today's 21 century, even though a great many studies have been carried out on workplace bullying, it still prevails in organizations and is a major cause of stress and has a negative impact on the health and performance of employees. In the present busy life, there are numerous reasons for stress at the workplace. One of the major reasons for stress is bullying. Stress is one of the real factors impacting everyday life, which affects one's mental as well as physical health. In an organization, there can be several reasons which cause stress, and workplace bullying is one of them. It not only hinders the performance of targeted employees but also severely affects the organization as a whole (Kousar et al., 2022).

The acts that constitute workplace bullying are negative, repeated, and hurtful acts, which may be either physical, verbal, or psychological (Akella, 2016). The negative acts comprise of criticism, humiliation, causing distress, fear or harm to the individual (victim). The hateful mix of pressure, embarrassment, damage to performance and repeated mistreatment of the employees regularly is targeted by one or more employees (Kohut, 2007). Falconer & Bagshaw (2009) describes workplace bullying as aggressive actions and sometimes minor bodily violence. Many researchers distinguish that workplace bullying has many types, like work-related versus person-related bullying (Einarsen et al., 2001). Unmanageable work and giving unreasonable deadlines are the behaviors which include work-related bullying. In comparison, person-related bullying includes teasing, playing jokes, insulting remarks and gossip-spreading behavior. Georgakopoulos et al., (2011) state that workplace bullying needs to be explored in a systematic and sustained way so that the organization protects its workers from the psychological repercussions of workplace bully.

Saunders et al., (2007) state of rampant and recurrent verbal and nonverbal messages that create disturbance of power imposing harmful effects on workers. By using organized and frequent negative acts behavior, workplace bullying increases over time (Einarsen et al., 2003). Verbal forms of communication, gossiping, extreme monitoring of work, repeated insults, offensive remarks, public humiliation and also physical attacks are included in these negative acts (Cowan, 2012; Einarsen et al., 1994 & 2003; Lutgen-Sandvik et al., 2010 & 2012; Sammani and Singh, 2012). The prevalence of workplace bullying is largely associated with individual factors. Various previous studies show that there are negative effects of bullying which affect not only the victim but also the organization where bullying occurs. Workplace bullying not only negatively affects the health and well-being of those who are targeted but also affects performance and organizational level outcomes like; increase absenteeism rates, reduced creativity

(Mathisen et al., 2008), reduced work engagement (Rodríguez-Muñoz et al., 2009) and increased turnover ratio (Berthelsen et al., 2011; Glambek et al., 2018. Kivimäki et al., (2003) state that workplace bullying affects not only mental well-being but also physical. Experiences like; poor mental health, depression, and post-traumatic stress are included in psychological well-being (Brewer and Whiteside, 2012; Martin and Klein, 2013; Nielsen et al., 2014; Birkeland Nielsen et al., 2013). While physically, it increases sleep problems, headaches, higher body mass, and cardiovascular and chronic diseases. Bullying is related to an increase in employee's negative attitudes and stress levels, thus decreasing performance. Bullying is likely to continue without specific interventions because it is systematic (Burnes and Pope, 2007; Salin, 2003). Because of negative consequences related to the work environment, many researchers and managers have paid great attention towards bullying. And also, there is a relationship between workplace bullying and employees' attitude and intention to leave.

The current research aims to find the prevalence of workplace bullying. It also attempts to find the intensity of workplace bullying within targets and also finds it from the perspective of witnesses and non-exposed workers. The following study also attempts to find the impact of bullying on work performance.

The current study aims at the health sector employees where decision-making is the most important factor that decides the matters of life and death of patients. Bullying in the health sector affects employees' physical and psychological health, thus compromising their quality to make practical and timely decisions. The decrease in the work performance of these employees can visualize this fact. The area covered in this study, i.e. health sector, is one of the critical sectors dealing with patients. So, the prevalence of bullying among hospital employees impacts their performance, which inflicts their decision-making, thus putting the lives of patients admitted to these hospitals in danger. The study focuses on targets and witness and non-exposed employees who are indirectly affected by bullying. Moreover, it is vital to know about these negative acts with respect to their intensity to visualize the impact of bullying with the regularity of negative events to help the management frame practical approaches to deal with it.

LITERATURE REVIEW

The study by Salin and Notelaers (2020) on the title effects of workplace bullying, witnessing on employee well-being and employee attitudes concluded that witnessing bullying does not necessarily end in stress; however, it deeply affects work-related. In India (Gupta, et al., 2017), a study was conducted on the assessment through reliability and validity of a negative act questionnaire in the Indian sample. The results showed that 46% of respondents reported that sometimes regularly and sometimes irregularly, they experience bullying. The study by Duru et al., (2018) demonstrates the effects of workplace bullying on psychological health and their perception regarding the workplace. In conclusion to this study, it was observed that workplace bullying significantly affects psychological health, creating symptoms like anxiety, depression and a hostile attitude. In addition to this, the perception regarding the workplace is also affected by bullying. The results also concluded that in this study, the population group having the greatest workplace bullying perceptions are mostly individuals with chronic disease, divorced individuals, young individuals and factuality members. Attell et al., (2017) conducted a health and retirement study on gender and race difference which is related to workplace bullying and poor psychological health conditions. Results concluded that workplace bullying had more impact on females and persons of color. The study also concluded that there is a negative relationship between workplace bullying and job stressor. Bernstein and Trimm (2016) conducted a study in South Africa on the relationship between seeking help, assertiveness avoidance and doing nothing and workplace bullying (all four are moderating coping styles) and individual and organizational outcomes. The results show that workplace bullying has a negative effect on psychological well-being, intention to leave and job satisfaction. Results also concluded that all coping styles and organizational outcomes moderate bullying and psychological well-being relationship. Rajalakshmi and Gomathi, (2015) conducted a study in India on the causes of workplace bullying. The study also focused on the effects of workplace bullying on employees' stress. Results depicted that workplace bullying increases the stress level among employees, and the study also concluded that workplace bullying has increased in organisations in recent years. Makkar and Sanjeev, (2013) conducted a study on workplace bullying behavior and its different forms which are faced by nurses of healthcare organization in New Delhi, India.

Results concluded that different forms of bullying are observed in both males and females. In this study, a theoretical model of "workplace behavior" was developed. D'Cruz and Rayner, (2013) conducted a study on workplace bullying and its presence and influence on Information Technology Enabled Services Business Process Outsourcing, "off-shoring outsourcing" in India. To analyze the data, SPSS software was used. The study concluded that 44.3% experience bullying as the victim and 19.7% of severe and middle-level reports. Deniz and Ertosun (2010) studied the relationship between the employees who are considered "victims" and workplace bullying. The study concluded that the type of personality and the one who experiences workplace bullying have a strong relationship.

Hypotheses

1. Based on the number of negative acts, the prevalence of bullying is higher and becomes lower if employees self-identify as a target.
2. The reports of workplace bullying by the witness are higher than non-exposed employees but lower than targets.

3. The reports of work quality outcomes by the witness of bullying are better than that of targets and lower than reports by non-exposed workers.
4. Workplace bullying has a severe effect on work performance.

METHODOLOGY

Primary data for this study is to be collected from the respondents directly. The population of this study consists of doctors and nurses from hospitals in different cities of Sindh, Pakistan. The adopted structured questionnaire was used to measure bullying.

The sample size for this study consists of 318 respondents, including doctors and nurses from different healthcare organizations. The respondents are divided according to their positions in the hospitals, i.e. doctors and nurses. A total number of 166 doctors and 152 nurses were selected for this study (Table 1).

Frequency	Total number	Percent
Doctors	166	52.2
Nurses	152	47.7
Total	318	100.0

Primary data was conducted for this study with the help of a questionnaire which measures responses at 5 point – Likert scale. The questionnaire measures from strongly agree (coded as 5) to strongly disagree (coded as 1). The instrument used measures three variables, i.e. workplace bullying (Negative Acts Questionnaire) using scales developed by Einarsen et al., 2003 and Yahaya et al., (2012), Work/Employees Performance by using the scale developed by Saleem and Khurhid, (2014) and Work quality Outcome by using the scale developed by (Lutgen-Sandvik et al., 2007) (Table 2).

Reliability Analysis

The reliability analysis table shows that Cronbach alpha value of workplace bullying is (92.3%), work performance (78.7%) and work quality outcome (70.1%). So, the value shows that all the studied variables are found reliable (Table 3).

Normality Test

Shapiro- Wilk test was used to analyze the normality of the variables. The test shows that data was not normally distributed as the p-value is less than 0.05. So the non-parametric test was used to analyze the data in this study (Table 4).

Table 2: Hypothesis Testing Techniques

	Statements	Technique
H1	Based on the number of negative acts, the prevalence of bullying is higher and becomes lower if employees self-identify as the target.	Chi-Square test
H2	The reports of workplace negativity by the witness are higher than non-exposed employees but lower than targets.	Regression
H3	The reports of work quality outcomes by the witness of bullying are better than that of targets and lower than reports by non-exposed workers.	Regression
H4	Workplace bullying has a severe effect on work performance.	Regression

Table 3: Instruments of the Study

S. No	Variables	No. of Items	Scale	Source
1	Workplace Bullying (Negative Acts Questionnaire)	16	5-point Likert scale	Einarsen, <i>et al.</i> , 2001 and Azizi.Y <i>et al.</i> , (2012)
2	Work/Employees Performance	5	5- point Likert scale	Saleem and Khurhid, (2014)
3	Work quality Outcome	3	5- point Likert scale	Sandvik, <i>et al.</i> , (2007)

Table 4: Reliability Analysis

Name of Variable	Cronbach's Alpha	No of Items
Workplace bullying	.923	16
Work Performance	.787	5
Work quality Outcome	.701	3

Table 5: Normality Test

	Shapiro-Wilk		
	Statistic	df	Sig.
Work Quality Outcome	.910	318	.000
Work related bullying	.976	318	.000
Person related bullying	.986	318	.004

RESULTS

Hypothesis 1 is; "based on the number of negative acts, the prevalence of bullying is higher, and becomes lower if employee self- identify as target". So, the hypothesis is accepted. In this study, bullying's defined as the occurrence of

3 or more negative behaviors that happen daily, weekly, monthly or yearly. On the basis of this definition, 53.9% of respondents are classified as bullied, while 45.7 % of respondents self-identified as the target. Chi-square test is used to analyze the hypothesis, the value of the chi-square is 133.44, and the p-value is <0.05, which shows there is a statistical difference between the two variables (Table 5).

Table 6: Chi-Square Test

Variables	Mean value	Chi-Square value	p-value
Targets (NAQ)	53.9	133.44	0.03
Targets (Self-identified)	45.7		

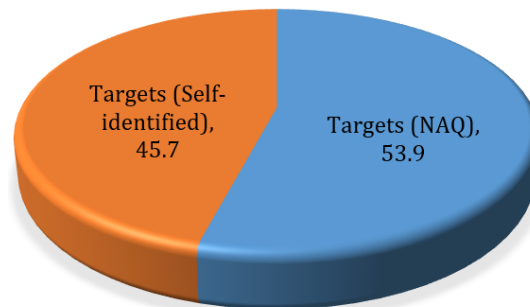


Figure 1: percentage of self- identified and targets (NAQ)

Table 6: Negative Acts Behaviors

Items	Agree%	Disagree%	Neutral%
Item 1	25.3	47.9	19.7
Item 2	27.8	44.5	21.0
Item 3	30.0	39.1	23.5
Item 4	43.5	21.9	24.4
Item 5	36.9	28.8	22.5
Item 6	31.3	42.6	15.6
Item 7	21.0	47.9	22.8
Item 8	35.4	33.5	21.0
Item 9	31.3	43.2	20.0
Item 10	26.9	40.7	24.7
Item 11	27.8	42.0	21.9
Item 12	24.5	46.7	21.0
Item 13	26.9	45.1	21.3
Item 14	21.9	52.6	18.1
Item 15	16.9	53.2	20.6
Item 16	7.8	60.5	13.4

Table 6 shows the negative acts questionnaire statements and the results of respondents. The table explores the three highest percentages of acts that are more prone to bullying, which can be visualized by the percent of the agreement to the statements particular to the acts e.g. 1. "Is there excessive monitoring of your work?" (Statement 4 from table 6), 2. "Have you ever been pressurized to avoid claiming something for which you are entitled to?" (Statement 5 from table 6), 3. "Are your colleagues spreading false news or rumors about you" (Statement 8 from Table 6) carries the highest percentage of agreement by the respondents, i.e. 43.5%, 36.9%, and 35.4%, which shows that the three acts mentioned above from negative Acts behavior questionnaire contributes more towards bullying than any other negative act in the questionnaire (See Appendix).

H2: The overall workplace negativity as reported by the witness of bullying, is lower than targets but higher than non-exposed workers.

Table 7: Regression of workplace bullying

Dependent Variable	Independent Variable	β - Value	p- Value
Workplace Bullying	Targets	-.285	.004
	Witness	-.248	.000
	Non-exposed	.438	.000

The regression analysis results (Table 7) show that the beta value of targets is -0.285, witness -0.248 and non-exposed 0.438 have a significant value less than 0.05. The regression value of targets are higher than witness and have a significant value of less than 0.05, which shows that targets and witness face more negativity than non-exposed workers. So, in this case, the results conclude that overall workplace negativity is affected by targets, witnesses and non-exposed workers.

H3: The reports of work quality outcomes by the witness of bullying are better than that of targets and lower than reports by non-exposed workers.

Table 8: Regression analysis of work quality outcome

Dependent Variable	Independent Variable	β - value	p- Value
Work quality outcome	Targets	-.155	.234
	Witness	.109	.009
	Non-exposed	-.292	.002

The regression analysis results (Table 8) show that the beta value of targets -.155, witness .109 and non-exposed -.292. But the independent variables, targets and witness, have a p-value higher than 0.05. So, in this case, the hypothesis is rejected. The results conclude that if workplace negativity occurs in the organization, it affects workers' work quality. The negative sign in beta values of targets and non-exposed workers shows that workplace bullying has a negative effect on the work quality of workers/employees.

H4: Workplace bullying has a severe effect on work performance

Table 9: Regression analysis of work performance

Dependent variable	Independent variable	β - value	p-value
Work Performance	Workplace bullying	-0.112	.005

The results of regression analysis (Table 9) show that workplace bullying has an effect on work performance, and results concluded that if there is a 1% increase in workplace bullying in the organization, then there is a decrease in work performance -.112. The p-value is .000, which shows that the results are statistically significant. So it can be said that this hypothesis is accepted.

CONCLUSION & DISCUSSION

One of the key findings of the research is that the prevalence of bullying, if it is based on a number of negative acts, becomes lower when the employee self-identifies as a target. Lutgen-Sandvik, et al., (2007) has also confirmed that the prevalence of bullying is higher if based on a number of negative acts than that of the respondent who has self-identified themselves as a target. Their study has shown 28% of employees who classified as a target on the basis of the number of negative acts, while 9.4% of these respondents were those who identified themselves as targets. This study also indicates that the reports of workplace bullying are more in targets than witness. While in this study, the variable 'non-exposed' does not report such workplace bullying. Lutgen-Sandvik, et al., (2007) study also confirmed that variables' reports of workplace negativity are more in targets than witness and non-exposed have low reports of bullying. This research also point-out that the reports of work quality outcomes that are not significant by witness of bullying are better than that of targets, while the reports by non-exposed workers have no such impact. Lutgen-Sandvik, et al., (2007) study also confirmed that reports of work quality outcomes of non-exposed are better than witness, and targets have lower work quality outcomes than witness of bullying.

The primary data was used in the study to find out the prevalence of bullying among employees, its intensity and its impact on the work performance of employees working in the hospital in different cities of Sindh, Pakistan. The results of this study conclude that the prevalence of bullying in self-identified targets is lower than the target, which is found through negative acts behavior that shows that many employees are unaware of bullying and they unknowingly become the victim of workplace bullying in the organization. Moreover, the intensity of workplace bullying was observed to be the same in all groups (i.e. targets. Witness and non-exposed). And also, workplace bullying affects the work quality of employees in hospitals. The results also showed that workplace bullying has severe impacts on work performance. This study concluded that workplace bullying among organizations is not free from negativities. It negatively impacts work quality outcomes, organizational environment and work performance. Thus, it can be deduced that by affecting work performance, the decision-making capacity of employees is compromised, which affects the skill of taking decisions during critical moments in the hospital, endangering patients' lives. So, this study provided a roadmap for the management of how bullying affects not only targets but also other groups, i.e. witness and non-exposed workers, which will help the management devise practical solutions to mitigate the cause in future.

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Appendix A:

Statements	Agree (%age)	Disagree (%age)	Neutral (%age)
Is withholding information which affects your performance?	25.3	47.9	19.7
Are your opinions and views ignored?	27.8	44.5	21.0
Are you given tasks with unreasonable or impossible targets or deadline?	30.0	39.1	23.5
Is there excessive monitoring of your work?	43.5	21.9	24.4
Are you pressured not to claim something which by right you are entitled to (e.g. sick leave holiday entitlement, travel expenses)?	36.9	28.8	22.5
Are you humiliated or ridiculed in connection with your work?	31.3	42.6	15.6
Are you ordered to do work below your level of competence?	21.0	47.9	22.8
Do your colleagues spread gossip and rumors about you?	35.4	33.5	21.0
Do you feel your self-ignored, excluded or being "sent to Coventry"?	31.3	43.2	20.0
Are there insulting or offensive remarks made about your person (i.e. habits and background) your attitudes or your private life?	26.9	40.7	24.7
Is there intimidating behavior such as finger-pointing, invasion of personal space, shoving, blocking/ barring the way?	27.8	42.0	21.9
Are hints or signals that you should quit your job?	24.5	46.7	21.0
Are repeated reminders of your errors or mistakes being made?	26.9	45.1	21.3
Are allegations made against you?	21.9	52.6	18.1
Are you subjected to excessive teasing and sarcasm?	16.9	53.2	20.6
Are you subjected to threats of violence or physical abuse or actual abuse?	7.8	60.5	13.4