IMPACT OF WORKFORCE BULLYING ON PSYCHOLOGICAL WELLBEING OF DOCTORS IN HEALTH CARE SECTOR OF PAKISTAN

Humera Asrar¹, Ume Amen², Ume Sumayya^{3*}, and Adnan Butt⁴

ABSTRACT

Organizations today are globally facing the dilemma of inappropriate work behaviours especially bullying, as it has long term negative effects on target employees. Workplace bullying is a major reason for work-related distress and subsequently psychological wellbeing issues for employees. The main objective of this study was to identify the effect of bullying on the psychological well-being of doctors in Karachi, Pakistan. Data from 135 doctors were collected through a structured questionnaire. Results of the study indicated that workplace bullying significantly affects the psychological well-being of employees' and gender plays moderating effect in the relationship between workplace bullying and the psychological well-being of the doctors. The findings of the study are very important for policymakers and top management of the hospitals, to prevent the healthcare sector from the detrimental impact of this unhealthy practice and to minimize the psychological effect of bullying. This study suggests management should pay attention to designing and executing rules and policies against bullying in order to minimize the adverse results of workplace bullying. Moreover, the findings demonstrated that bullying affects create more devastating effects on female doctors than their male counterparts. Further, it was observed that skills and experience are major factors to obtain positive outcomes of employee psychological wellbeing.

Keywords: *Workplace Bullying; Psychological Well-Being; Doctors; Healthcare Industry.*

¹ Lecturer, Institute of Business and Health Management, Dow University of Health Science, Karachi, Pakistan.

² Assistant Professor, Institute of Business and Health Management, Dow University of Health Science, Karachi, Pakistan.

³ Assistant Professor, Faculty of Business Administration, IQRA University, Karachi, Pakistan.

⁴ Sr. Assistant Professor, Department of Business Studies, Bahria University, Karachi, Pakistan.

* Corresponding Author : Email: ume_sumayya@hotmail.com

INTRODUCTION

Employees are the most imperative assets for organizations because they can be the source of acquiring sustainable competitive edge for organizational growth (Cui, 2021). Employees' physical and psychological wellbeing is an important concern for every organization; according to House et al. (2004) health consequences can increase or decrease the capacity of work in any person's life. People with good health incur work energetically, aid their families, and make society.

Workplace bullying is a global dilemma for organizations, because bullying has been a long deterred psychological effect on targeted employees (Xu et al., 2019). According to the stress theory, work place bullying is the major reason of work-related distress and subsequent psychological wellbeing issues of employees (Hoobler et al., 2010). Studies have been done to identify the effects of bullying in the organization as Rodríguez-Muñoz et al. (2010) claimed that workplace bullying leads to employee's dissatisfaction and employee disengagement (Berthelsen et al., 2011; Hogh et al., 2011). Bullying causes absenteeism in organizations (Kivimaki, 2000; Ortega et al., 2011). This can also create an extended emotional impact on employees (Lahelma et al., 2012).

Despite all valuable studies, most of the workplace bullying studies are focused on organizational factors rather than industry-based studies Hauge et al. (2011); Leymann (1990) specifically very little attention has been paid to identify the effect of workplace bullying on healthcare workers. According to some studies healthcare industry workers have high risk of being bullied (Einarsen, 2000; Hoel, Zapf, & Cooper, 2020; Hubert & Veldhoven, 2001). However, few bullying studies have been carried out about nurses but rare studies are conducted to explore the bullying practices against doctors in Pakistan. Although there are significant media reports on the matter. A number of review studies indicated that public servants and healthcare workers seem to have a higher risk of being bullied in comparison to other work sectors (Einarsen, 2000; Hoel & Cooper, 2000; Hubert & van Veldhoven, 2001). However, many of these studies have included only few workplaces. As it is reported by Magin et al. (2010) that 59% doctors in Australia reported workplace violence in a period of a year. According to Sumayya and Raziq (2019), organization politics is one of the major factor in bullying employees at workplace in the context of gender role.

Besides growing interest of researchers in identification of outcomes of bullying in organization there is strong need to explore effect of bullying on doctors' psychological wellbeing. As doctors are very important part of society especially after COVID 19 Pandemic

the importance of this noble profession has increased and any deficiency in practices cause immense damage to society (Duignan & Bradbury, 2020). Doctor's dissatisfaction can cause severe outcomes for patient which can compromise the quality of healthcare services (Pei & Cochran, 2019; Rosenstein & Daniel, 2005; Hansen et al., 2006; Hoel et al., 2010; Razzaghian & Shah, 2011). Ultimately poor health of workers significantly affects the turnover intentions of employees and decreases the organizational efficiency (Patten, 2005).

Some studies related to workplace bullying and employee psychological wellbeing exist in established body of literature (Nielsen & Einarsen, 2012). However, very limited studies are found in health care sector. In healthcare sector particularly some studies have been conducted on nurses (Johnson & Rea, 2009; Yildirim, 2007). But it is very necessary to find out the status of bullying in physicians and how bullying effect the psychological wellbeing of doctors because the stress and related symptoms like hopelessness and anxiety are very important predictors to identify the psychological wellbeing of employees (Baillien et al., 2017; Hauge et al., 2007; 2011). Besides the study of relationship between bullying and psychological health of employee, it is also important to find out the moderating effect of gender on above mention relationship. According to Stansfeld and Candy (2006) gender as control variable is a very important predictor to identify the mental health of the employee.

The aim of this study was to identify the impact of workplace bullying on psychological wellbeing of physicians in Karachi with moderating effect of gender. As Smith et al. (2010) identified that there is difference of bullying coping strategies in male and females. So, it is also very important to identify how differently bullying affect the psychological wellbeing of male and female doctors. This study will significantly contribute to the existing body of knowledge by finding the moderating effect of gender on bullying and psychological wellbeing of doctors in Karachi. It will also help the higher authorities of hospitals to device such policies which help physicians to cope up with bullying issue which will lead towards organizational growth and sustainable work environment.

LITERATURE REVIEW

Workplace Bullying

Several definitions of work place bullying exist in body of research literature. Like any detrimental act which create negative impact on employee is consider as bullying (Quine, 1999). According to other definition bullying is power game among employees (Parzefall & Salin, 2010; Stammel & Singh, 2012; Zapf, Einarsen, Hoel, & Vartia, 2003). Other than this

any act which harm the target's health aspect is consider as bullying either that is physical aspect or mental health of employee (Verkuil et al., 2015; Karatza et al., 2016).

Workplace bullying is further defined as an expression of hostility at work environment being repeated and showing negative behavior towards a person or number of people by an individual or number of individuals who show authority over the bullying party (Einarsen et al., 2011). Bullying can be found in various shapes such as withholding information, rumor spreading, or threatening and the cause of these acts can either be an employee of your department, superior or subordinate of the targeted individuals (Einarsen et al., 2011). Earlier research conducted by Zapf and Einarsen (2011) has indicated that organizational factors such as organizational culture and climate, work organization and leadership styles and individual factors such as personal traits or demographic characteristics may contribute to the occurrence and consequences of workplace bullying. As an individual factor, coping responses play an important role in dealing with stressors like workplace bullying (Van den Brande et al., 2016).

The current study is based on stress process theory as theory states that, most of the negative psychological outcomes of employees are based on personal and work-related stressors (Thoits, 2010). There are many studies which revealed the relationship between stress and psychological health of employees (Pearlin & Bierman, 2013; Turner, 2003; Turner & Avison, 2003; Wheaton, 1999). Aneshensel (1992) based on stress process theory explained that stressors are not only the part of organizations but these are existing in all societies and they vary among social status. People belong to poor social status expose more from stressors and they also have more adverse effects of stressors on their physical and psychological health especially minorities, female workers are more vulnerable for stressors (Asrar, et al., 2019; Pearlin & Bierman, 2013). One of the biggest stressors is workplace bullying (Conway et al., 2021). According to Bano et al. (2021) research, the results indicated that the workplace bullying has adverse effects on performance of health care workers such as female nurses in AJ&K, Pakistan. The study further found that workplace bullying contributes to reduce the psychological well-being of the employees which results in low employee performance that affects overall productivity of the health-related organizations in "AJ&K Pakistan". Teo et al. (2020) observed in their study that the consequences of bullying include decreases in affective commitment in organization.

Studies on bullying among few graduate nurses have revealed very alarming results for top managements of hospitals. Both Laschinger et al. (2010) and Simons (2008) found that new graduates who were bullied at work had higher intentions to leave their jobs. Workplace

violence may have many negative ramifications for health care employees. Workplace violence has been associated with lower job satisfaction and higher levels of turnover intentions in nurses and home healthcare assistants (Quine, 2001). According to (Kravitz et al., n.d.) 27.5% of surveyed obstetrician- gynecologists were either somewhat or very dissatisfied with their careers in medicine. Distinct from career satisfaction, burnout and depression is characterized as a global, clinical syndrome pervading all aspects of a person's life (Anasori, Bayighomog & Tanova, 2020).

There is direct relationship between workplace bullying and general health issues of employees (Karatza et al., 2016). Bullying becomes more adverse for those people who are unable to protect themselves from negative actions of bullying (Einarsen & Skogstad, 1996; Nielsen & Einarsen, 2012). Samnani and Al Karim (2013) found that this is not mandatory that higher status employee bullied their juniors, it can be vice versa. Irrespective of hierarchical position any one can be perpetrator like peers, senior or supervisor (Nielsen & Einarsen, 2012).

Psychological Wellbeing of Employees

Well-being is a wide notion that refers to employee's experiences Bandura (1986) which makes them effective and committed in their task performances (Huang et al., 2016). According to Diener (2009) well-being is a subjective term; it labels people's contentment, the satisfaction of needs, gratification, capacities and job accomplishments (Mubeen, et al., 2014).

Employee well-being greatly affects the organizational success and performance (Balkker et al., 2019). Studies have acknowledged that employee well-being is the prerequisite of many organizational outcomes like improved productivity or vice versa (Hewett et al., 2018). Hopeless ness, Anxiety and depression are negative psychological states of employees which can be the outcome of harmful work settings experienced by employees (Thoits, 2010).

Psychologically drained employees have reduced decision power and they always feel like that they have very limited resources to fulfill their jobs which reduced their productivity (Elovainio et al., 2015). Elovainio et al. (2015) also said that as they are unable to fulfill their job demand, consequently stress produce adverse health issues. Einarsen and Nielsen (2014) conducted a study in Norway with 1613 employees and they found that those employees are exposed with bullying exhibit 2 times higher psychological distress as compare to those who are not bullied. Among educational level, age and other organizational and personal factors, bullying is the major risk factor for depression (Kivimeaki et al., 2003; Niedhammer et al., 2006).

Figure 1. Conceptual Framework

HYPOTHESIS DEVELOPMENT

Work Place Bullying and psychological wellbeing of employees

Bullying has direct significant impact on most of Stress related illnesses (Verkuil et al., 2015). The bullying outcomes are ranging from sleep disorders, anxiety, hopelessness depression, absenteeism till suicide (Plopa et al., 2016; Samnani, Karim & Singh, 2012; Trépanier et al., 2015). Parzefall and Salin (2010) identified that bullying is the major cause of depression. Most of psychological and cognitive issues of employees rise due to workplace bullying (Koopman et al., 2002; Martinez & Ferreira, 2012). Besides depression, bullying is also the reason of employee burn out and loss of productivity which leads towards mental distress (Giorgi et al., 2016). In a similar study earlier, Hogh et al. (2011) found that there is direct relationship between employee wellbeing and bullying, which develop different levels of depression and anxiety in employees. This is very interesting that bullying develop dissatisfaction in employees which leads towards psychological issues (Giorgi et al., 2016).

More specifically bullying is linked with increased levels of sickness (Kivimaki et al., 2000; Ortega et al., 2011), as well as hopelessness, loneliness, psychosomatic disorders and a variety of mental health problems (Arnetz, Fitzpatrick & Jodoin, 2019; Lahelma et al., 2012). So, we can state our first hypothesis as:

H1: There is significant relationship between workplace bullying and psychological wellbeing of employees.

Work Related Bullying and Psychological Wellbeing of Doctors

It has been observed that 15 % of work-related bullying is due to work environment which greatly affect the psychological wellbeing of employees (Nielsen et al., 2010). Work-related bullying contains handing over unjustified targets and tasks, persistent negative criticism on employee's performance and excessive monitoring (Wilson, 2016). Work devaluation is someone keeps on giving low weightages to the work of employee (Etienne, 2014).

Bullying causes the long term post-traumatic symptoms of stress on target employees (Alfano & Fraccaroli, 2009; Matthiesen & Einarsen, 2004; Rodriguez et al., 2010; Tehrani, 2004). There is high occurrence rate of Work-related bullying in nursing, with a frequency ranging from 27.3% to 86.5% over the globe (Rayan, Sisan, & Baker, 2019; Tsai, Han, Chen, & Chou, 2014; Wilson, 2016). It is essential to explore the relationship between work-related bullying and psychological wellbeing of doctors in Pakistan. Hence the second hypothesis of this study is stated as:

H_{1A}: There is positive association among work related bullying and psychological wellbeing of doctors.

Person Related Bullying and Psychological Wellbeing of Doctors

Person-related bullying includes slander, social isolation, and gossiping about an individual. Person related bullying also includes physical violence or the threat of physical violence (Etienne, 2014). However previous studies identified the impact of bullying on employee emotional exhaustion (Demerouti et al., 2009; Martinez & Ferreira, 2012) even then there is need to identify the impact of bullying on hopelessness, anxiety and depression individually.

Employee cognitive resources and psychological strength plays vital role in success of organization Litchfield et al. (2016) compare to their counterpart (Nielsen, 2014). Bullying not only produce anxiety and depression for short term but traumatic impacts of bullying remain for longer period of time. Finne et al. (2011) in a longitudinal study found that bullying effect is a form of post-traumatic stress, develop psychological issues even after two years of initial experience of bullying. Based on stress process theory bullying develops long term and short-term effects of psychological distress and hopelessness on target employees depending upon

the intensity and frequency of bullying (Hobbler et al., 2010). Hence the third hypothesis of this study states that:

***H_{1B}:** There is positive relationship between person related bullying and psychological wellbeing of the doctors.*

Moderating Effect of Gender on Workplace Bullying

Due to the detrimental effect of bullying on employee physical and psychological health. Researchers tried to find out the variables which can strengthen or weaken the relationship between bullying and its negative effects on target population. Although workplace bullying is in interesting scope of research for researchers from past few decades but very little attention has been given to find out the gender difference in bullying experiences and outcomes (Asrar, et al., 2019). Simpson and Cohen (2004) discovered that male and female experiences are absolutely different in work settings. They also said that man and women are also different in outcomes of bullying like males report the bullying however female try to avoid them as much as possible. Mostly female workers do not report bullying, do not ask for help and try to avoid the situation (Salin & Hoel, 2013). Males and females' responses and coping strategies are also different, males respond by hostility and fighting action which is absolutely opposite to their counter parts (Salin, 2003; Simpson & Cohen, 2004).

Giorgi (2015) claimed that organizational status and gender moderate the relationship of bullying and employee job satisfaction. Although the percentage of female physicians is increasing day by day in health care sector Seabury, Chandra and Jena (2013); Kaatz and Carnes (2014) but, still gender differences and evaluation biasness exist in industry (Lockwood, 2004). Health care workers and professionals are more on risk of gender-based harassment and bullying. Healthcare industry has been studied for nursing related issues (Longo & Hain, 2014; Dellasega, 2009). There are multiple dimensions of bullying; mostly female workers have to face work related bullying. In clinical environment psychological distress of female professional directly or indirectly become hostile for patients (Rosenstein & Daniel, 2005; Asrar et al., 2019). So, we state our last hypothesis that;

***H₂:** Gender difference significantly affects the relationship between workplace bullying and psychological wellbeing of employees.*

RESEARCH METHODOLOGY

Research Design

The present study is based on quantitative descriptive approach, where we tested the already established theory into healthcare sector of Karachi. It was a cross-sectional study where researcher collected data from doctors in Karachi, Pakistan. Data was collected in period of one month from 15th June, 2021 to 15th July, 2021. Data was collected by self-administered structured questionnaire. Questionnaires were distributed through Google doc as well as in hardcopy. Before conducting survey, written permission was taken by hospitals and consent form was also get filled by respondent to fulfill the ethical demands of the study .175 questionnaire were distributed and researcher received 135 completely filled responses so the response rate was 77% which more than sufficient in such type of survey based cross sectional studies (Baruch & Holtom, 2008).

Sampling Design

Our population was all doctors working in tertiary care hospitals in Karachi, Pakistan. Due to unavailability to government statistics researcher made the jubilee life insurance as a source of data. According to which there are 78 tertiary care hospitals. Out of 78 hospitals researcher collected data from 10 different hospitals with 135 respondents. Non probability, purposive sampling approach was employed to collect data because when exact population is not known so better to choose non probability sampling technique (Greener, 2008).

Out of 135 responses male responses were slightly higher than female responses. In terms of gender 63(47%) females and 72(53%) were males. With reference of age, the baseline age was between 25 to 30 year 75(56%).

Research Instrument

In current study the impact of workplace bullying is measured by 22 items. The Negative Acts Questionnaire-Revised (NAQ-R) is the most frequently used questionnaire to assess workplace bullying (Einarsen et al. 2009). Responses were collected on 5 points likert scale ranging from 1 to 5 ('never', 'now and then', 'monthly', 'weekly' and 'daily'). Cronbach's alpha for the NAQ-R was higher than the baseline (.817). To study the psychological wellbeing of doctor in response of bullying researcher used Beck inventory (Beck & Arlene, 1976). The scale has 17 items. Cronbach's alpha is .707 which is satisfactory (Zafar & Rafique, 2012).

RESULTS

Respondents' Profile

Questionnaire were distributed in different hospitals in Karachi. The table below shows the result of demographic variables.

Table 1. Respondents' Profile

Variable		Number	Percentage
Gender	Male	72	53
	Female	63	47
Age	25 to 30 yrs.	75	56
	31 to 40 yrs.	36	27
	41 to 50 yrs.	15	11
Salary	51 to 60 yrs.	09	07
	Less than 20k	03	02
	Between 21k to 30k	37	27
	Between 31k to 40k	07	05
	Between 41k to 50k	26	19
	Above 50 k	62	50
Marital Status	Single	69	51
	Married	66	49
Total Experience	Less than 02 yrs.	38	28
	Between 03 to 05 yrs	40	30
	Between 06 to 10 yrs	24	18
	Between 11 to 15 yrs	25	19
	Above 16 yrs	08	06

In terms of gender 72(53%) were male and 63(47%) were female doctors. Their age ranged between 25 years to 60 years (Mean=1.69, SD=0.918). in terms of salary ranges between less than 20k to above 50 k highest number of responses observed with above 50k 62(50%). 69 (51%) doctors were single however 66 (49%) were married. In terms of total experience 08(6%) doctors had above 16 years' experience while 40(30%) had between 03 to 05 years' experience.

Descriptive Statistics

Normality of data is prerequisite of all statistical analysis. To ascertain the univariate validity researcher performed the descriptive analysis by using SPSS 23. Following are the results of descriptive analysis.

Table 2. Descriptive Analysis

	Mean	Std. Deviation	Skewness	Kurtosis
WRB	2.41	0.49	1.13	2.11
PRB	1.51	0.73	1.09	2.61
WPB	1.96	0.54	1.78	3.15
PWB	2.81	0.41	0.48	0.42

Abbv. WRB: Work Related Bullying; PRB: Person Related Bullying; WPB: Workplace Bullying; PWB: Psychological Wellbeing.

In the above table, psychological wellbeing has lowest Skewness 0.48 (Mean= 2.81, SD=0.41). Workplace bullying has highest Skewness 1.78 (Mean=1.96, SD=0.54). Lowest Kurtosis is also observed in psychological wellbeing of doctors which 0.42 (Mean=2.81, SD=0.41). However highest kurtosis is observed in workplace bullying (Mean=1.96, SD=0.54. All constructs are within range of ± 3.5 which full fill the requirement of normality of data (Hair Jr. et al., 2010).

Reliability of the Constructs

The instruments used to collect the data in this study were already published scales. There reliability and validity were known but to confirm their reliabilities in current context researcher performed reliability test. NAQ-R Einarsen et al. (2009) was used for bullying and Beck inventory Beck and Arlene (1976) was used to find out employee's psychological wellbeing.

Table 3. Reliability of the Constructs

Constructs	Cronbach's Alpha	No. of items	Mean	S. D
WRB	0.754	7	2.41	0.49
PRB	0.901	9	1.51	0.73
WPB	0.894	16	1.96	0.54
PWB	0.714	15	2.81	0.41
Overall	0.873	31	2.17	0.86

WRB: Work Related Bullying; PRB: Person Related Bullying; WPB: Workplace Bullying; PWB: Psychological Wellbeing.

The above table shows that person related bullying has highest reliability, Person related bullying ($\alpha=0.901$, $M=2.41$, $SD=0.73$). While work related bullying has lowest reliability

($\alpha=0.754$, $M=2.41$, $SD=0.49$). Overall Cronbach's alpha is 0.873 which is reliable (Leech, 2008).

Exploratory Factor Analysis (EFA)

Exploratory factor analysis was performed to reveal the hidden variables and their relationship in constructs.

Table 4. EFA for the Construct

Construct	Original Items	Kaiser Meyer Olkin	Barley Test of Sphercity	Cumulative Factor loading	Item Retained
Work related bullying	9	0.76	247; $P=.000$	58.3%	7
Person related bullying	9	0.82	391; $P=.000$	60.0%	9
Workplace bullying	18	0.69	929; $P=.000$	72.8%	16
Psychological wellbeing	17	0.76	807; $P=.000$	69.8%	15

Source: Study Analysis

Principle factor analysis was applied by Varimax rotation. All parameters of correlation and linear relation were meeting the standard. KMO for all construct is > 0.6 which is satisfactory except work devaluation which is 0.50 but this does not spoil the construct if one or two construct are < 0.6 so it is acceptable situation (Leech, 2005). However, Barley test of sphericity is < 0.05 which is normal.

Correlation Analysis

Correlation analysis is prerequisite of regression analysis. It analyzes the relationship of two variables and also identifies the multicollinearity (Bryman & Bell, 2005).

Table 5. Summarized Correlation Results

	WRB	PRB	WPB	PWB
WRB	1			
PRB	.559**	1		
WPB	.828**	.928**	1	
PWB	.224**	.399**	.371**	1

***.* Correlation is significant at the 0.01 level (2-tailed).

Above table 5 shows that all variables have significant relationship among themselves. Value of all relationship is more than > 0.20 and not more than > 0.90 . This confirms that all variables are unique from one another and significantly distinguishing (Hair Jr. et al., 2010).

Overall Model Regression Test

Table 6 shows the summarized results of overall regression model which supports the hypothesis H1 that was work place bullying significantly affects the psychological wellbeing of doctors in Karachi, Pakistan.

Regression results show that there is significant positive impact of person related bullying on psychological wellbeing of doctors. However, work related bullying, and psychological bullying are insignificant in individual capacity to create any impact on psychological wellbeing of doctors in current healthcare situation of Karachi.

Table 6. Summarized Regression Results

	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	2.262	.123		18.383	.000
WPB-PWB	.278	.060	.371	4.602	.000
WRB-PWB	.744	.044	.828	17.021	.000
PRB-PWB	.221	.044	.399	5.017	.000

Note: Dependent variable: Psychological wellbeing, Independent variable Work place bullying (work place bullying, Work related bullying, person related bullying and) $R^2 = 0.223$; Adjusted $R^2 = 0.220$, $P < .05$, $F(4, 134) = 09.351$

Overall regression model result indicates that predictor workplace bullying match up with the doctors' psychological behavior explained 22% variance. $R^2 = 0.223$; Adjusted $R^2 = 0.220$, $P < .05$, $F(4, 134) = 09.351$.

Moderation Analysis

Moderating variables can strengthen or weaken the relationship between independent and dependent variables (Aiken & west, 1991). In current study moderation analysis was performed to prove the H2: Gender difference significantly affects the relationship between workplace bullying and psychological wellbeing of employees. Here in relationship of work place bullying; and psychological wellbeing of employees, gender has been checked as moderating variable.

Table 7. Moderation Analysis

Path Coefficients	Original Sample (O)	Standard Deviation (STDEV)	T Statistics (O/STDEV)	P Values
Gender -> PWB	0.131	0.047	2.779	0.006

Moderation analysis was conducted to assess the moderating effect of gender on the relationship between IVs and DV. The results revealed a significant moderating role of gender on the relationship between workplace bullying and psychological wellbeing of employees. (See Table 7).

CONCLUSION AND DISCUSSION

Workplace bullying is a serious concern for all organizations globally (Hogh et al., 2011). The physical and emotional damage to targets of bullying has been extensively documented (Dereshiwsky, 2020). Workplace bullying produce sever long term harmful effect on mental health of employee (Notelaers & Einarsen, 2012). Although very few researches have been done to investigate the bullying effects on psychological wellbeing of healthcare workers specially physicians. Another aim of the current study was to identify the moderating effect of gender in relationship between workplace bullying and psychological wellbeing of doctors.

Results of current study proved that workplace bullying develops serious harmful effects on psychological wellbeing of the doctors (Hogh et al., 2011; Lahelrna et al., 2012). These results are consistent with previous studies in terms of relationship. Extending the existing body of knowledge, this research also showed that gender difference is a moderator of relationship between workplace bullying and psychological wellbeing of the employees. Females are more prone to workplace bullying and face more harmful psychological effects as compare to their counterparts (Vie et al., 2011).

This study supports all research hypotheses. H1, H1a and H1b were based on stress process theory and study revealed that continuous exposure of workplace bullying either work related or person related develops the negative psychological effects on target employees (Nielsen & Einarsen, 2012). This result is consistent with previous studies held on nurses which confirmed the negative effect of workplace bullying on employee wellbeing (Jamil & Ali, 2021).

The second hypothesis of study was, gender difference significantly affects the relationship between workplace bullying and psychological wellbeing of employees also supported by results. There is a difference of severity of psychological effects on mental health of males and females being a target of workplace bullying (Kompier & Taris, 2011).

RECOMMENDATIONS

Besides many strengths of current study there were few limitations which can provoke the new researchers to examine the same phenomena with new dimensions. First of all, this study had time and financial resource constrained. In future the same study can be conducted with much

wider scope of sample size to solve the generalizability issues. Future researches can also be conducted with mediating effect of job satisfaction and organizational commitment as they are an important dimension of organizational settings.

RESEARCH IMPLICATIONS

The present study showed that there is significant positive relationship between workplace bullying and psychological wellbeing of the doctors as well as gender plays a significant moderating role. The findings of the study are very important for Policy makers and top management of the hospital to prevent the healthcare sector from harmful effects of workplace bullying and to minimize the psychological effect of bullying. This study also provides the base to make effective policies against bullying specially related to person related bullying as it has more devastating effect on psychological health of the doctors. Health care managers will have to work on organizational factors to make it safer for female doctors because study showed that bullying effects are strengthened due to gender difference. Hence, further victimization can be reduced by bold steps and realistic approach.

Acknowledgements:

We like to acknowledge, Jubilee Life Insurance, Pakistan, for allowing access to their data center of tertiary hospital to gather data for the research purpose.

Author(s) Contribution:

All Authors contributed equally.

REFERENCES

- Alfano, V., & Fraccaroli, F. (2009). Relationships between mobbing at work and MMPI-2 personality profile, posttraumatic stress symptoms, and suicidal ideation and behavior. *Violence and Victims*, 24(1). Doi: 10.1891/0886-6708.24.1.52
- Anasori, E., Bayighomog, S. W., & Tanova, C. (2020). Workplace bullying, psychological distress, resilience, mindfulness, and emotional exhaustion. *The Service Industries Journal*, 40(1-2), 65-89.
- Aneshensel, C. S. (1992). Social stress: Theory and Research. *Annual Review of Sociology*, 18(1), 15-38.
- Arnetz, J.E., Fitzpatrick, L., Cotten, S. R., & Jodoin, C. (2019). Workplace Bullying Among Nurses: Developing a Model for Intervention. *Violence and Victims*, 34(2), 346-362.
- Asrar, Z., Hussain, S. W., & Mubeen, M. (2019). Harassing The Mentors: A Phenomenological Study In Cross Gender Perspective. *Pakistan Journal of Gender Studies*, 18(1), 227-248.
- Baillien, E., Escartín, J., Gross, C., & Zapf, D. (2017). Towards a conceptual and empirical differentiation between workplace bullying and interpersonal conflict. *European Journal of Work and Organizational Psychology*, 26(6), 870-881.
- Bandura, A. (1986), *Social Foundations of Thought and Action: A Social-Cognitive View*, Prentice-Hall, Englewood Cliffs, NJ.
- Bano, A., Mehmood, S., Naseer, T., Kausar, N., Ahmad, F., & Ali, F. (2021). Workplace bullying, job autonomy and in role performance among the specialized nurses: mediating role of psychological distress. *International Journal of Management (IJM)*, 12(6), 1-27.
- Baruch, Y., & Holtom, B. C. (2008). Survey response rate levels and trends in organizational research. *Human Relations*, 61(8), 1139-1160.
- Beck, A & Weissman, Arlene & Lester, David & Trexler, L. (1976). Classification of suicidal behaviors. II. Dimensions of suicidal intent. *Archives of General Psychiatry*. 33, 835-7.
- Berthelsen, M., Skogstad, A., Lau, B., & Einarsen, S. (2011). Do they stay or do they go? A longitudinal study of intentions to leave and exclusion from working life among targets of workplace bullying. *International Journal of Manpower*.

- Bierman, A. (1999). Handbook of the Sociology of Mental Health (pp. 3-18). C. S. Aneshensel, & J. C. Phelan (Eds.). New York: Kluwer Academic/Plenum Publishers.
- Conway, P. M., Høgh, A., Balducci, C., & Ebbesen, D. K. (2021). Workplace bullying and mental health. *Pathways of Job-Related Negative Behaviour*, 101-128.
- Cui, Y. (2021). The role of emotional intelligence in workplace transparency and open communication. *Aggression and Violent Behavior*, 101602.
- Dellasega, C. A. (2009). Bullying among nurses. *AJN The American Journal of Nursing*, 109(1), 52-58.
- Demerouti, E., Bakker, A. B., Geurts, S. A., & Taris, T. W. (2009). Daily recovery from work-related effort during non-work time. *Current perspectives on job-stress recovery*.
- Dereshiwsky, M. I. (2020). Bullying and harassment of faculty in higher education. Handbook on promoting social justice in education, 1209-1227.
- Diener, E. (2009). Subjective well-being. The science of well-being. *Social Indicators Research Series, USA, Springer*, 37, 11-58.
- Duignan, K., & Bradbury, C. (2020). Covid-19 and medical negligence litigation: Immunity for healthcare professionals?. *Medico-Legal Journal*, 88(1_suppl), 31-34.
- Einarsen, S., Hoel, H., & Notelaers, G. (2009). Measuring exposure to bullying and harassment at work: Validity, factor structure and psychometric properties of the Negative Acts Questionnaire-Revised. *Work & stress*, 23(1), 24-44.
- Einarsen, S., & Skogstad, A. (1996). Bullying at work: Epidemiological findings in public and private organizations. *European journal of work and organizational psychology*, 5(2), 185-201.
- Einarsen, S., (2000). Harassment and bullying at work: A review of the Scandinavian approach.
- Einarsen, S., Hoel, H., & Cooper, C. (Eds.). (2002). *Bullying and emotional abuse in the workplace: International perspectives in research and practice*. CRC press.
- Einarsen, S. V., Hoel, H., Zapf, D., & Cooper, C. L. (2020). The concept of bullying and harassment at work: The European tradition. In *Bullying and harassment in the workplace* (pp. 3-53). CRC press.

- Etienne, E. (2014). Exploring workplace bullying in nursing. *Workplace Health & Safety*, 62(1), 6-11. <https://doi.org/10.1177/216507991406200102>
- Finne LB, Knardahl S, Lau B (2011) Workplace bullying and mental distress— a prospective study of Norwegian employees. *Scand J Work Environ Health* 276–286
- Hair Jr, J. F., Babin, B. J., & Anderson, R. E. (2010). *A Global Perspective-IVIE*. Kennesaw: Kennesaw State University.
- Hansen, Å. M., Hogh, A., Persson, R., Karlson, B., Garde, A. H., & Ørbaek, P. (2006). Bullying at work, health outcomes, and physiological stress response. *Journal of psychosomatic research*, 60(1), 63-72.
- Johan Hauge, L., Skogstad, A., & Einarsen, S. (2007). Relationships between stressful work environments and bullying: Results of a large representative study. *Work & stress*, 21(3), 220-242.
- Hauge, L. J., Skogstad, A., & Einarsen, S. (2010). The relative impact of workplace bullying as a social stressor at work. *Scandinavian Journal of Psychology*, 51(5), 426-433.
- Hewett, R., Liefoghe, A., Visockaite, G., & Roongrerngsuke, S. (2018). Bullying at work: Cognitive appraisal of negative acts, coping, wellbeing, and performance. *Journal of occupational health psychology*, 23(1), 71.
- Hoel, H., & Cooper, C. L. (2000). *Destructive conflict and bullying at work*. Manchester: Manchester School of Management, UMIST.
- Hogh, A., Hoel, H., & Carneiro, I. G. (2011). Bullying and employee turnover among healthcare workers: a three-wave prospective study. *Journal of nursing management*, 19(6), 742-751.
- Hoobler, J. M., Rospenda, K. M., Lemmon, G., & Rosa, J. A. (2010). A within-subject longitudinal study of the effects of positive job experiences and generalized workplace harassment on well-being. *Journal of Occupational Health Psychology*, 15(4), 434.
- House, R. J., Hanges, P. J., Javidan, M., Dorfman, P. W., & Gupta, V. (Eds.). (2004). *Culture, leadership, and organizations: The GLOBE study of 62 societies*. Sage publications.
- Huang, L. C., Ahlstrom, D., Lee, A. Y. P., Chen, S. Y., & Hsieh, M. J. (2016). High performance work systems, employee well-being, and job involvement: An empirical study. *Personnel Review*. 45(2), 296-314.

- Hubert, A. B., & Van Veldhoven, M. (2001). Risk sectors for undesirable behaviour and mobbing. *European journal of work and organizational psychology*, 10(4), 415-424.
- Johnson, S. L., & Rea, R. E. (2009). Workplace bullying: Concerns for nurse leaders. *JONA: The Journal of Nursing Administration*, 39(2), 84-90.
- Kaatz, A., & Carnes, M. (2014). Stuck in the out-group: Jennifer can't grow up, Jane's invisible, and Janet's over the hill. *Journal of women's health*, 23(6), 481-484.
- Kivimäki, M., Elovainio, M., & Vahtera, J. (2000). Workplace bullying and sickness absence in hospital staff. *Occupational and Environmental Medicine*, 57(10), 656-660. <https://doi.org/10.1136/oem.57.10.656>
- Lahelma, E., Lallukka, T., Laaksonen, M., Saastamoinen, P., & Rahkonen, O. (2012). Workplace bullying and common mental disorders: a follow-up study. *J Epidemiol Community Health*, 66(6), e3-e3.
- Leymann, H. (1990). Mobbing and psychological terror at workplaces. *Violence and victims*, 5(2), 119-126.
- Litchfield, P., Cooper, C., Hancock, C., & Watt, P. (2016). Work and wellbeing in the 21st century. *International Journal of Environmental Research and Public Health*, 13(11), 1065. <https://doi.org/10.3390/ijerph13111065>
- Longo, J., & Hain, D. (2014). Bullying: a hidden threat to patient safety. *Nephrology Nursing Journal*, 41(2).
- Magin, P., Bayley, S., Sweatman, J., & Regan, C. (2010). GP rural registrars' experiences of occupational violence: A qualitative study. *Australian Journal of Rural Health*, 18(6), 249–250. <https://doi.org/10.1111/j.1440-1584.2010.01162.x>
- Martinez, L. F., & Ferreira, A. I. (2012). Sick at work: Presenteeism among nurses in a Portuguese public hospital. *Stress and Health*, 28, 297–304.
- Matthiesen, S. B., & Einarsen, S. (2004). Psychiatric distress and symptoms of PTSD among victims of bullying at work. *British journal of guidance & counselling*, 32(3), 335-356.
- Mubeen, M., Vohra, M., Ijaz, S., Rafique, M., & Hassan, T. (2014). Cultural Mapping and Its Ascertainment: A Case Study of PTCL. *European Journal of Business and Management*, 6(14). 83-94

- Nielsen MB, Matthiesen SB, Einarsen S (2010). The impact of methodological moderators on prevalence rates of workplace bullying. A meta-analysis. *J Occup Organ Psychol*, 9, 55–79.
- Nielsen, M. B., & Einarsen, S. (2012). Outcomes of exposure to workplace bullying: A meta-analytic review. *Work & Stress*, 26(4), 309-332.
- Ortega A, Christensen KB, Hillgh A, Rugulies R, Borg V (2011) One- year prospective study on the effect of workplace bullying on long-term sickness absence. *J Nurs Manag*, 752-759.
- Parzefall, M, R., & Salin, D. (2010). Perceptions of and reactions to workplace bullying: a social exchange perspective. *Human Relations*, 63,761–780.
- Patten, J. (2005). The financial imperative for addressing bullying in the workplace. Workplace-Bulling. Net Employment Law and Human Resources.
- Pearlin, L. I., & Bierman, A. (2013). Current issues and future directions in research into the stress process. In *Handbook of the sociology of mental health* (pp. 325-340). Springer, Dordrecht.
- Pei, K. Y., & Cochran, A. (2019). Workplace bullying among surgeons—the perfect crime. *Annals of surgery*, 269(1), 43-44.
- Quine, L. (1999). 'Workplace bullying in NHS community trust: staff questionnaire survey'.
- Quine, L. (2001). Workplace bullying in nurses. *Journal of health psychology*, 6(1), 73-84.
- Rafique, M., & Zafar, Q. U. A. (2012). Impact of celebrity advertisement on customers' brand perception and purchase intention. *Asian Journal of Business and Management Sciences*, 1(11), 53-67.
- Rayan, A., Sisan, M., & Baker, O. (2019). Stress, Workplace Violence, and Burnout in Nurses Working in King Abdullah Medical City During Al-Hajj Season. *The journal of nursing research: JNR*, 27(3), e26. <https://doi.org/10.1097/jnr.0000000000000291>
- Razzaghian M. & Shah A. (2011) Prevalence, antecedents, and effects of workplace bullying: a review. *African Journal of Business Management*, 13419–13427.
- Rodríguez-Muñoz, A., Moreno-Jiménez, B., Sanz Vergel, A. I., & Garrosa Hernández, E. (2010). Post-Traumatic symptoms among victims of workplace

- bullying: Exploring gender differences and shattered assumptions. *Journal of Applied Social Psychology*, 40(10), 2616-2635.
- Rosenstein A. H. & O'Daniel M. (2005) Original research: disruptive behavior and clinical outcomes: perceptions of nurses and physicians: nurses, physicians, and administrators say that clinicians' disruptive behavior has negative effects on clinical outcomes. *The American Journal of Nursing*, 54– 64.
- Salin, D. (2003). The significance of gender in the prevalence, forms and perceptions of workplace bullying.
- Salin, D., & Hoel, H. (2013). Workplace bullying as a gendered phenomenon. *Journal of Managerial Psychology*. Doi: 10.1108/02683941311321187
- Samnani, A. K. (2013). Embracing new directions in workplace bullying research: A paradigmatic approach. *Journal of Management Inquiry*, 22(1), 26-36.
- Samnani, A. K., & Singh, P. (2012). 20 years of workplace bullying research: a review of the antecedents and consequences of bullying in the workplace. *Aggression and Violent Behavior*, 17(6), 581-589.
- Seabury, S., Chandra, A., & Jena, A. (2013). Directing resources to where they are most needed. *JAMA Internal Medicine*, 173(18), 1748–1750.
- Simpson, R., & Cohen, C. (2004). Dangerous work: The gendered nature of bullying in the context of higher education. *Gender, Work & Organization*, 11(2), 163-186.
- Smith, L. M., Andrusyszyn, M. A., & Spence Laschinger, H. K. (2010). Effects of workplace incivility and empowerment on newly-graduated nurses' organizational commitment. *Journal of nursing management*, 18(8), 1004-1015.
- Sumayya, U., & Raziq, A. (2019). Fair performance appraisal system and employee satisfaction: the mediating role of trust in supervisor and perceived organizational politics. *Polish Journal of Management Studies*, 19.
- Stammel N, Neuner F, Bottche M, Knaevelsrud C (2012) Construction of a questionnaire for readiness to reconcile in victims of human rights violations.

- Stansfeld, S., & Candy, B. (2006). Psychosocial work environment and mental health—a meta-analytic review. *Scandinavian journal of work, environment & health*, 443-462.
- Tehrani, N. (2004). Bullying: a source of chronic post-traumatic stress? *British journal of guidance & counselling*, 32(3), 357-366.
- Teo, S. T., Bentley, T., & Nguyen, D. (2020). Psychosocial work environment, work engagement, and employee commitment: A moderated, mediation model. *International Journal of Hospitality Management*, 88, 102415.
- Thoits PA. (2010). Stress and health: major findings and policy implications. *J Health Soc Behav*. 51 Suppl: S41-53. Doi: 10.1177/0022146510383499. PMID: 20943582.
- Turner, R. J. (2003). The pursuit of socially modifiable contingencies in mental health. *Journal of Health and Social Behavior*, 1-17.
- Turner, R. Jay, Avison, William R., (2003). Status variations in stress exposure: implications for the interpretation of research on race, socioeconomic status, and gender. *J. Health Soc. Behav.* 44(4), 488e505.
- Verkuil, B., Atasayi, S., & Molendijk, M. L. (2015). Workplace bullying and mental health: a meta-analysis on cross-sectional and longitudinal data. *PloS one*, 10(8), e0135225.
- Vie T. L., Glas0 L. & Einarsen S. (2011). Health outcomes and self-labeling as a victim of workplace bullying. *Journal of Psychosomatic Research*. 37-43.
- Wilson, J. L. (2016). An exploration of bullying behaviours in nursing: a review of the literature. *British Journal of Nursing*, 25(6), 303-306. <https://doi.Org/10.12968/bjon.2016.25.6.303>
- Xu, T., Magnusson Hanson, L. L., Lange, T., Starkopf, L., Westerlund, H., Madsen, I. E., ... & Rod, N. H. (2019). Workplace bullying and workplace violence as risk factors for cardiovascular disease: a multi-cohort study. *European heart journal*, 40(14), 1124-1134.
- Yildirim A. & Yildirim D. (2007) Mobbing in the workplace by peers and managers: mobbing experienced by nurses working in healthcare facilities in Turkey and its effect on nurses. *Journal of Clinical Nursing*, 1444–1453.