Impact of Workplace Bullying on Organizational Outcome

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Abstract

This research examines the impact of workplace bullying on organization related outcomes among Doctors. By using purposive sampling technique, data was obtained from 200 male and female doctors having age range from 23 to 45 years. The sample was obtained from 7 different public and private hospitals of Lahore city. NAQ-R scale by Einarsen et al. (2009), job related affective well being scale by Van Katwyk et al. (2000), overall Job satisfaction scale by Cook et al. (1981) and organizational-based self esteem scale by Pierce et al. (1989) were separately used to measure workplace bullying and organization related outcomes. The findings indicate that workplace bullying is strong predictor of lower job affective well being and job satisfaction. The findings of this research have implications for increasing our awareness of the actions and behaviors of workplace bullies and to introduce preventive measures for secure and good workplace settings for all workers.

Keywords: workplace bullying, organizational outcome, doctors, hospitals.

1. Introduction and Literature Review

A general concern in the workplace is not only how management manages, but also what goes on when colleagues choose to turn their heads. Workplace bullying is considered as a modified, frequently constant harass the one co-worker by another staff member by showing attitude which are emotionally and psychologically laborious (Arynne, 2009). It consists of any regular behavior, unnecessary, unpleasant, shameful behaviors towards an individual or group of employees. Many studies distinguished different form of bullying like person related bullying versus work related bullying. The work related bullying contains the attitude as riotous workloads or giving irrational deadline. Person related bullying include of such behaviors as making insolent comments, teasing, dispersal rumor and playing impractical jokes (Einarsen & Hoel, 2001).

According to Hoppock (1995) job satisfaction can be defined as the feeling of being satisfied with one's job due to most appropriate condition of physiological, emotional and environmental settings. Warr (1990) defined job related affective well being as feelings

about life are either general (i.e. situation free) or affect relative to a specific field (i.e. job related and surface precise). There are already many measures to check the job related affective well being. According to Simpson and Boyle (1975) self-esteem is defined in term of an overall assessment of sense of worth. Organization-based self-esteem concept was introduced by Gardner et al. (1989). They defined Organization-based self-esteem (OBSE) as the extent to which a person has faith on his capabilities, importance, and worth as a member of an organization.

Previous studies have looked at such undisclosed behavior as sexual harassment, emotional misconduct, physical abuse, workplace aggression and the psychological impact of these behaviors on the individual, as well as the organizational cost implications (Cox, 1978; Einarsen et al. 2003; Hoel et al. 2002; Hoel & Faragher, 2004; Matthiesen & Einarsen, 2004; Penney & Spector, 2005; Turney, 2003). In previous decades, like the sexual harassment and school yard bullying, researches into workplace bullying have progressively emerged as a continual and prevailing dilemma in most organizations (Einarsen 2000; Hoel, Rayner & Cooper, 1999; Salin, 2001; Zapf, 1999). Workplace bullying has fascinated more media awareness in recent years, emphasizing the negative and often critical effect it has on the employees and employer affiliation (Cowie, Naylor, Rivers, Smith & Pereira, 2002; Einarsen, 1999; Rayner 2000; Zapf & Einarsen, 2001).

To date, most research into workplace bullying falls into three extensive categories: studies investigating the theoretical and operational definitions, as well as the categories of behaviors consistent with workplace bullying (Keashly, 1998; Lewis & Orford, 2005; Liefooghe & Olafsson, 1999; Rayner, 1997; Salin, 2001); studies investigating the prevalence and forms of bullying (Einarsen, 1999; Einarsen, Raknes & Matthiesen, 1994;Hoel ., 2001; Jennifer 2000; Olafsson & Johannsdotter, 2004;Varita, 1996; Zapf, 1999); and studies investigated the impact of workplace bullying on the individual, dyads, organizations and culture as a intact (Adams, 1997; Hoel et al. 2004; Mikkelsen & Einarsen, 2001).

The notion that workplace bullying has negative effects on employees is not new. There are many studies conducted on the linkage between workplace bullying and worker's emotional well-being, for example, it has been consistently focused on the prevalence of reported workplace bullying and its impact on psychological health of the bullied (Bilgel ,2006); lower overall job satisfaction (Lapierre et al. 2005); high level of anxiety, depression, psychosomatic complaints, and musculoskeletal problems (Einarsen, 1996; Bjorkqvist,1994); physical health complaints (Bowling & Beehr, 2006); and effect of bullying on self-esteem, terror, annoyance, and nervousness (Canada Safety Council, 2002; & Vartia-Väänänen, 2003). Some attention has also been given to the potentially beneficial effects that workplace bullying might exert on the psychological well-being of employees such as bullies may put down others to enhance their own self-esteem and self-assurance in order to assist them contract with personal manner of meagerness (Tehrani, 2001).

Workplace bullying can have severe effects both for the health of those alarmed (Einarsen, 1998; Einarsen & Raknes, 1997; Tehrani, 1996) and their job satisfaction (Einarsen & Raknes) as well as distressing organizations with high malingering, higher plan to abscond the organization, higher income and earlier retirements (Leymann1996; Rayner 1997; Tehrani, 1996). The people who face workplace aggression may have

lower job satisfaction. According to Lapierre, Spector and Leck, (2005), those who are obvious sufferers of workplace bullying reported highly overall job dissatisfaction. Similarly, those who bear aggression from their supervisors report high levels of job dissatisfaction. (Tepper, 2000).

There are several previous researches on workplace bullying and organizational related outcomes. Bilgel (2006) explored the prevalence of workplace bullying and its impact on health of bullying victims. He discovered that 55% people have to face bullying and 47% participants witnessed other as being bullied. Moreno-Jiménez et al. (2008) conducted a study on the occurrence and forms of workplace bullying with the sample of 103 Spanish workers. The participants reported considerable experiences of harassment and bullying. Ahmer (2009) investigated workplace bullying among trainee psychiatrists in Pakistan with the sample of 60 trainees. Most of the respondent told their experience of bullying that they have to face within one year. Tahir (2011) studied bullying in Pakistani context and he tried to redefining bullying, its history, span, and proportions. The findings showed that sufferers face emotional, physical, direct, and indirect bullying to same extent. Bashir and Hanif (2011) attempted to explore the phenomenon of workplace bullying, its occurrence and exposure of person related bullying and work bullying that are the two forms of workplace bullying in Pakistani telecommunication employees. They reported that the participants experience workplace bullying many time while working in their organization. Moreover, results indicated that employees have to face work related bullying more frequently as compare to person related bullying.

2. Hypotheses

In the light of the literature reviewed above, it was hypothesize that:

> *Hypothesis 1: There would be relationship between workplace bullying and organization related outcomes among doctors.*
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> *Hypothesis 2: There would be significant impact of workplace bullying on job related affective well being among doctors*
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> *Hypothesis 3: There would be significant impact of workplace bullying on job satisfaction among Pakistani doctors.*
>
> *Hypothesis 4: There would be significant impact of workplace bullying on organization based self esteem of doctors.*

3. Research Methodology

3.1 Participants

The purposive sampling technique was used to draw the sample of 200 males and female doctors from 7 different private and public hospitals of Lahore city of Pakistan. In the present study, it was rather difficult to determine the sample size by using the econometric formula or sample adequacy test because the size of the population under investigation was unknown. Thus statistically it was ensured that sample is adequate for conducting the main analysis i.e. regression analysis. Due to unspecified population foundries, probability sampling was not possible, thus a non-probability sampling technique was used i.e. purposive. Thus the sample size in the present study was determined by keeping in view the major concerns of social research along with basic statistics requirements. The criteria for the selection of doctors were minimum 1 year job experience and age range between 23 to 45 years. Among the doctors, 66% were from

public sector hospitals and 33% were from private sector. 43 % doctors were married and 57% unmarried.

3.2 Instruments

3.2.1. Negative Acts Questionnaire-Revised (NAQ-R) by Einarsen et al. (2009) NAQ-R was used to measure the workplace bullying. It consists of 22 items to assess how frequently in a six-month time participants had to face different negative acts that occur on regular basis, might be practiced as bullying. NAQ-R has five-point optional response scale (1 for never, 2 for now and then, 3 for monthly, 4 for weakly and 5 for daily). NAQ-R found to have sufficient reliability of α .93.

1.2.2. Job related Affective Well Being Scale (JAWBS) by Van Katwyk et al. (2000)

This scale was used to determine job affective well being. JAWBS contains 20 items having five possible responses ranging from extremely often to never such as 1=never, 2= rarely, 3= sometime, 4= quite often, and 5= extremely often.

1.2.3. Overall Job Satisfaction Scale (OJSS) by Cook et al. (1981)

OJSS was used to determine job satisfaction. It is 5-point Likert-type scale was used to get responses where 1 indicates completely satisfied and 5 indicate completely unsatisfied. In this measure, responses were combined to assess the job satisfaction by the items that portray the level of employee's satisfaction with work, colleagues, administration, promotional opportunities, income, advancement, and association to judge overall job satisfaction.

1.2.4 Organizational based Self Esteem Scale (OBSES) by Pierce et al. (1989)

OBSES was used to measure organizational self esteem. It consists of 10 items. The internal consistency of the OBSE scale was confirmed by Pierce et al. (1989) through seven diverse samples (Cronbach's Alpha stuck between .86 and .96; average .91). The retest reliability was .87.

Test construction process of these instruments show that during item writing process, face and content validity concerns were adequately addressed. Similarly, during the validation of the scales, convergent and divergent validity evidences were ensured. The zero-order correlation in the present study also provides support for the convergent and divergent validity of the scales.

3.3 Procedure

First of all, permission was sought from the supervisor and head of department for data collection. Permission was obtained from the authors to use their scales. The respondents were contacted by their heads. The demographic information was collected through the demographical sheet and confidentiality of their information was ensured. Before the administration of the scales, an introduction of these scales was given to the doctors and they were asked to give their responses according to their personal experience as accurately as possible. Participants were thanked for their cooperation and support in the study.

4. Results

Data screening and cleaning was carried out before conducting the main analysis. Outliers were removed from the data. Skewness and kurtosis were computed to test the univeriate normality. The values of skewness and kurtosis were less than 1 indicating

satisfactory univeriate normality. During the regression analysis—in order to test that whether the multicollinearity is a serious problem or not—multicollinearity analysis was computed. The values of tolerance and variance inflation factor indicated that multicollinearity was not a serious problem.

Table 1: Relationship between independent and dependant variables

Variables	M	SD	A	1	2	3	4	5	6
BU	45.30	17.37	.93	_	.98**	.93**	-.17*	-.30**	-.09
PRB	28.79	11.54	.91		_	.86**	-.18*	-.29**	-.09
WRB	16.59	6.35	.92			_	-.16*	-.30**	-.09
JAWB	44.22	6.03	.81				_	.24**	.07
OJS	25.06	5.78	.81					_	.11
OBSE	20.08	2.94	.61						_

**p<.01; *p<.05 BU= bullying; PRB=person related bullying; WRB= workplace bullying; JAWB= job affective well being; OJS= overall job satisfaction; OBSE= organizational based self esteem

Results given in Table 1 indicate descriptive statistic, reliability coefficient and Pearson correlation between study variables. The findings indicate that there is significant negative relationship between Workplace bullying, job affective well being and overall job satisfaction and organizational based self esteem has negative but not significant relation with workplace bullying. These finding support our first hypothesis that there would be relationship between workplace bullying and organizational related outcomes.

Table 2: Linear Regression Analysis Showing the Impact of Workplace Bullying and its Forms on Job Affective Well Being among Doctors (N=200)

Variables	B	ΔR^2	F
Workplace bullying	.17*	.06	1.17**
Person related	.18*		
Work related	.16*		

*P<0.05,***P<.001

The findings in Table 2 suggest that workplace bullying and its two types person related bullying and work linked bullying were entered as predictor variables. The ΔR^2 indicate 6% of variance in the score for job affective well being of doctors can be accounted for by independent variables entered in the analysis with $F(3,196)=1.17, p<.01$. Results further showed that there is significant impact of workplace bullying and its forms on job affective well being ($\beta = .17$, $p < .001$, $P<0.05$).($\beta = .18, \beta=.16$, $p <.05$). These findings supported the second hypothesis that workplace bullying has significant impact on affective wellbeing of doctors.

Table 3: Linear regression analysis showing the Impact of Workplace Bullying on Overall Job Satisfaction among Doctors (N=200)

Variables	*B*	ΔR^2	F
Workplace bullying	1.95***	.09	7.94***
Person related	1.48*		
Work related	.84*		

***p* <.001; *p<.05

In linear regression analysis, bullying and its two types person related and work related bullying were entered as predictor variables. The ΔR^2 indicate .9% of variance in overall job satisfaction of doctors can be accounted for by independent variables entered in the analysis with *F* (3,196) = 7.94, *p*<.001. Results given in Table 3 revealed that there is significant effect of workplace bullying and both of its forms on overall job satisfaction (β = .1.96, *p* < .001) (β = .1.48, β=.84, *p* <.05). Findings supported the third hypothesis that there would be negative impact of workplace bullying on overall job satisfaction of Pakistani doctors.

Table 4: Linear regression analysis of the Impact of Workplace Bullying and on Organizational Based Self-Esteem among Doctors (N=200)

Variables	*B*	ΔR^2	F
Workplace bullying	.82	.01	.79
Person related	.61		
Work related	.33		

***p* <.001; *p<.05

In this study, workplace bullying, and its two forms person related bullying and work related bullying were entered as predictor variables. Table 6 suggested that there is no significant impact of workplace bullying on organizational based self-esteem.

5. Discussion

This study investigated the impact of workplace bullying on organizational related outcomes. It was hypothesized that there is statistically significant impact of workplace bullying on job affective well being reported by doctors. Present research supports the first hypothesis that there would be significant impact of workplace bullying on job affective well being. The current research findings are consistent with those of Adams, (1992) and Rayner, (1992); Agervold (2004); Hoel (2004); Hubert, (2003); Jennifer (2000); Kauppinen (2008); Matthiesen (2004); Namie (2000); Rayner (1999); Lewis, (2004), who found significant effect of workplace bullying on job affective well being.

According to Zapf (2000), verbal attack on a person's private life has powerful impact on the psychological health of the victims of harassment and bullying. The current findings supported this result by indicating that assigning incorrect or meaningless task to someone or behave in an offending style, ask for worthless responsibilities, restricting others to share their feelings and responsibilities, and gossiping behind one's back are related with nervous tension indicating decrease in their well being. Research has shown that this type of stress has a significant negative effect on individual's well-being as well

as organizational well being (Smith, 2002). The findings of the current research are further supported by Namie and Namie (2003) who found that bullies on the job can cause permanent damage to their colleagues. The researchers finally concluded that victims of workplace bulling have to face shame, embarrassment, and despair, which can influence their private life as well as their job performance and satisfaction.

 It was also hypothesized that there would be significant impact of workplace bullying on job satisfaction of doctors. Present research findings also support this hypothesis. The results are consistent with previous researches (Canada Safety Council (2002); Davenport, Schwartz, & Elliott (1999). Rigby (2002); Ramsey (2002); Raver (2004); Rigby (2002); Vartia-Väänänen (2003). Blendo(2008) reported the findings which indicate that bullying behavior cause a stressful working atmosphere for all employees and create job dissatisfaction and loss of profit for employees and loss of productivity for an organization. It is a sad indication to the workplace culture when this study suggests that 75% of 218 participants confess they have to face workplace bullying or they observed that behavior during their job.

It was hypothesized that there would be significant impact of workplace bullying on organizational based self esteem. Current findings indicate that bullying has no significant impact on organizational based self esteem. Both forms of bullying also indicate same results. This present finding was to inverse in nature. These findings are contradictory with research of Matthiesen (2004) who concluded that the presence of bullying is negatively correlates with a person's organizational based self esteem. Present findings suggest high occurrence of bullying within the organization, but no effect on the level of self esteem among participants. Thus, as suggested by the results, participants reported feeling content with their self esteem at their job. It may be argued that people may previously have had high self esteem to start which could also account for the reduced perceptions of bullying. This is due to the fact that a person with high in self esteem is less likely to instantly recognize a condition as stressful or bullying (Hobfoll, 1985).Present findings are somewhat similar with the research of Rigby, (2002) as he indicated that successfully bullying to others adds to the self-esteem of the bully.

 Overall, the present findings are also supported by the transactional mode of workplace bullying theory Cox (1978). In Pakistan health sector is considered a stressful occupation. Stress is directly related to workplace bullying. The organizational culture of Pakistan is such that doctors have much load of work. They have to work in stressful conditions which affect their own psychological and physical health badly.

6.   Conclusion

The results of this study make several important theoretical and practical contributions. Findings obtained in this study represent a step in the direction towards clarifying this complex process. It is concluded that workplace bullying (person and work related) negatively impact the job related affective well being and job satisfaction while findings show no impact on organizational based self esteem. Results obtained in the present research represent an advance over previous research, providing new insights in the understanding of workplace bullying in Pakistani context. The findings of this research have implications for increasing our awareness of the actions and behaviors of workplace bullies to provide a safe and healthy working environment for all workers.

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