

# Occupational Bullying and Employee Burnout: An Empirical Investigation in Healthcare Sector of Pakistan with Moderating Role of Gender

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## Abstract

Occupational bullying is a silent epidemic that is adversely affecting individuals and workplaces. This menace has been gaining growing attention from scholars and organizations. The aim of this research was firstly to investigate impact of occupational bullying on employee burnout in healthcare sector of Pakistan, and secondly to understand the role of gender in this relation. To achieve the purpose, self-administered survey was carried out and data was gathered from nurses working in tertiary care hospitals of Karachi and Hyderabad. Primary data was collected using Negative Acts Questionnaire and Maslach Employee Burnout and analyzed using SPSS. Findings revealed that occupational bullying is a predictor of employee burnout with being stronger predictor in male nurses than their counterparts. Furthermore, it was recommended that anti-bullying policies must be complemented with a respectable work culture, transparent reporting mechanisms and trained managerial staff to hold perpetrators accountable. This study would not only increase understanding of outcomes of workplace bullying but also draw attention towards occupational health so that it is given importance similar to public health.

**Keywords:** Occupational bullying, mobbing, employee burnout, silent epidemic, workplace bullying

## 1 Introduction

Occupational bullying is a negative behavior at workplace by individuals or groups with the intention of intimidation, humiliation or degradation that cause severe trauma to the recipient leading to depleted health (Conway, Høgh, Balducci, & Ebbesen, 2021). It is a negative interaction that manifests in number of ways such as verbal abuse, social isolation, silent treatment, discrimination and perpetual criticism (Gupta, Gupta, & Wadhwa, 2020). Consequences of bullying not only lead to deteriorating health of victims but also adversely impacts the organization. Victims are at risk of anxiety, depression, self-doubt, dissatisfaction, musculoskeletal complaints, increased chances of cardiovascular disease, suicide attempts and burnout syndrome (Chatziioannidis, Bascialla, Chatzivalsama, Vouzas, & Mitsiakos, 2018) whereas organizations' face increase in absenteeism, presenteeism, employee turnover, low productivity, etc. that eventually plummets bottom line (Wall, Smith, & Nodoushani, 2017).

Last two decades have witnessed growth in literature highlighting prevalence of occupational bullying and its consequences so much that it has been termed as 'silent

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epidemic' because it is usually underreported (Barlett, 2017). This is largely due to concealment of respective incidences, fear of retribution, lack of health & safety guidelines at workplace, discriminating work culture where bullies are part of protected group and lack of supportive culture (Franklin & Chadwick, 2013). Fast, et al. (2020) conducted a study where four thousand, seven hundred and seventy-five responses were recorded and 96.5% of participants acknowledged that disruptive behavior was under-reported. Such behavior was largely attributed to employees who did not have administrative responsibilities, biological females and younger employees.

Workplace bullying is felt differently with respect to gender. It was reported that women experience higher bullying as compared to their counterparts (Anjum & Muazzam, 2018). It was also highlighted that coping mechanism varied for men and women. Self-reported neck and back pain was associated with bullying and it was highlighted that pain levels in men increased speedily as compared to women (Glambek, Nielsen, Gjerstad, & Einarsen, 2018). Furthermore, women have higher probability of quitting work as a response to bullying whereas men would take sickness absenteeism (Hollis, 2017).

Prevalence of workplace bullying in services sector specifically healthcare is highly evident (Yun & Kang, 2018; Kim, Lee, & Lee, 2019; Karatuna, Jönsson, & Muhonen 2020; Hong, Kim, Nam, Wong, & Lee, 2021). Data recorded from three hundred and twenty-four clinical nurses indicated high prevalence of workplace bullying and its association with employee burnout. Burnout syndrome is a serious consequence of workplace bullying and is associated with suicidal thoughts (Kim, Lee, & Lee, 2019). Developing countries like Pakistan struggle to combat challenges regarding public health and occupational health is seen as unaffordable luxury owing to limited data availability, unemployment rate and competitive job market; whereas, literary evidence indicates that prevalence of workplace bullying is high in developing countries. Therefore, present research aims to highlight workplace bullying and its consequence in healthcare sector of Pakistan with moderation of gender to give this menace due spotlight and accentuation so that organizations could develop well-structured reporting mechanism, safe-workplace culture and inclusive workplace policies (Fatima , Abdul Ghaffar, Zakariya, Muhammad, & Sarwar, 2020).

## **2 Literature Review**

The term 'workplace bullying' surfaced in 1980s by a Swedish psychiatrist who described it as aggression at workplace aimed towards workers. Mistreatment at workplace is one of the serious issues for employers that not only costs the worker but also the institutions (Wall, Smith, & Nodoushani, 2017). Workplace bullying is perpetual negative act or treatment that causes another harm – physically or psychologically and becomes a traumatic experience for the recipient (Conway, Høgh, Balducci, & Ebbesen, 2021). The action can be from a superior or it can be from a colleague; consequently, leaving victim in stress, depression, anxiety, sickness and eventually intention to quit (Ahmer, Siddiqi, Faruqui, Khan, & Zuberi, 2009).

Mistreatment or bullying can be covert or overt which means there's a possibility that management can be unaware of its prevalence. Workplace bullying leads to declining health of victims that ultimately has an impact on organizational productivity (Zachariadou, Chira, & Pavlakis, 2018).

This decline in organizational productivity is an outcome of burnout caused by occupational bullying (Laschinger & Fida, 2013). Burnout first surfaced in 1970s majorly associated with service-oriented jobs, particularly occupations that involve a relationship between the caregiver and recipient such as nurses and patients (Maslach & Leiter, 2016). Burnout has three components; emotional exhaustion, depersonalization and reduced personal accomplishment. Emotional exhaustion is the being drained of energy and overextended of one's emotional and physical resources. Depersonalization or cynicism is when employee feels detached from the work. Lastly, reduced personal accomplishment is considered as self-imposed judgment of failure.

Maslach & Leiter (2016) explained burnout as an outcome of constant chronic emotional and interpersonal stressors experienced by employee on the job. This impairs the functioning of the employees. Costs associated with burnout are severe for an organization (Maslach & Leiter, 2016). Decline in productivity, output, performance, victims' health, and high turnover are associated with burnout which ultimately impacts the organizational performance. Organizational culture where occupational bullying is prevalent, employees experience job burnout and eventually organization and individual both face unredeemable costs (Srivastava & Dey, 2020).

## **2.1 Bullying:**

Evidence of its existence has been highlighted in various researches. A study by Srivastava and Dey (2020) highlighted workplace bullying in India by collecting responses from three hundred and fifty employees employed in BPO sector. It was concluded that bullying was associated with burnout and it was recommended that management must indulge in curbing this menace. Furthermore, global economic and financial crises have contributed to this peril (D'Cruz, Noronha, & Beale, 2014).

It has been proposed that workplace bullying deprives organization of resources which leads to declining work performance and inclining work retaliatory behaviors (Naseer, Raja, Syed, & Bockenoghe, 2018). A qualitative study was conducted by Wech, Howard, and Autrey (2020) on registered nurses of a teaching hospital in US. Extensive interviews were held and it was highlighted that bullying impacted patient care, performance and workplace safety. Respondents stated that they felt unsafe, threatened, and wanted to quit. This indicated depletion of human resource. Moreover, it was recorded that such incidences when unaddressed by management left employees in perpetual state of fear. In addition, bullying harms self-worth of recipient and has also been associated with suicides (Suggala, Thomas, & Kureshi, 2021).

Talent management has been highlighted as a way to combat cutthroat competition of 21st century. However, retaining talent has caused a challenge to employers specifically

where workplace mobbing is unaddressed. An organization where bullying has embedded its roots, employee turnover has a steep rise (Jamshaid, Malik, & Perveen, 2021). This leads to grave costs for the organization. A study on three hundred and seventy three employees employed in South African companies concluded that mobbing culture is associated with high turnover causing unredeemable cost to the organization (Coetzee & Dyk, 2017).

Another extensive study conducted by Ayoko, Callan, & Härtel (2003) that was based on three studies. Data gathering for study one involved semi-structured interviews from fifty employees of two large organizations; data gathering for study two was based six hundred and sixty open-ended surveys from public sector; data gathering for study three involved survey from five hundred and ten employees from five organizations to examine workplace conflict, emotional reaction to bullying and nonproductive measures. The study concluded that conflict at workplace led to emotional and behavioral responses, most of the respondents from the sample perceived their managers as bullies and positively correlated with various counterproductive behaviors like purposely wasting organization's resources, deliberately working incorrectly and intentionally damaging employer's property.

Johnson & Rea, (2009) examined workplace bullying of nurses from Washington State Council of the Emergency Nurses Association (WA-ENA). The study was conducted on a sample of two hundred and forty-nine nurses using Negative Acts Questionnaire – Revised. It exhibited that bullying was prevalent in 27.3% of sample and it was significantly associated with intention to quit the job or the profession itself.

Talking about Pakistan, a study conducted by Hussain & Aslam (2015) supported the prevalence of bullying in Pakistan. Another study conducted by Khan, Sabri, and Nasir (2016) on three hundred and fifty employees in Lahore investigated that impact of bullying on employee's productivity. In this study, spirituality was kept as moderating variable. It concluded that workplace bullying has severely negative implications in workplace whereas spirituality controls the effects of workplace bullying on employee productivity. Furthermore, it was also proposed that workplace bullying can be mitigated by job embeddedness (Jamshaid, Malik, & Perveen, 2021).

## **2.2 Burnout:**

Maslach & Leiter (2016) defined burnout as a psychological condition that is caused due to chronic interpersonal stressors that leads to work-related dysphoria. It has been given significant attention in different studies during the past few decades (Maslach & Leiter, 2016). Findings of a study conducted by Elmore, Jeffe, Jin, Awad, & Turnbull (2016) reported that in U.S. out of sample of six hundred and sixty-five residents of general surgery, 69% met the criterion for burnout and considered dropping out of the program.

A study conducted by Malik, Zaheer, Khan, & Ahmed (2010) on doctors of Pakistan concluded that burnout influenced work life conflict and job satisfaction levels. With

the advent of emphasis on customer relationship, employee burnout can cause detrimental implications on customer services (Maslach & Leiter, 2016). Theory of Job Demand-Control proposed by Karasek in 1999 has three major aspects namely; job demand, job control and social support. Theory states that employees when exposed to different stressors at work in terms of work-pace and strict deadlines along with skill and decision discretion leads to strain and learning of employees (Verhofstadt, Bailien, Verhaest, & Witte, 2015). These are called psychological demands of the job and control on the job respectively. If the psychological demand of the job is high but the job control is low, it affects the health of employees causing burnout levels in employees. Burnout causes an individual to emotionally be exhausted, cynicism and reduced personal accomplishment (Bakker & Costa, 2014). The first aspect of this theory examines emotional exhaustion when the demands of the job places employees under time pressure and role conflict. The second aspect of this theory predicts the cynicism and reduced personal accomplishment by understanding the autonomy he/she has over the tasks. The third aspect investigates the support that employee gets from colleagues and supervisor. The first two aspects predict the emotional exhaustion, cynicism and reduced personal accomplishment which are components of employee burnout. Being a victim of bully is a chronic stressor along with shortage of effective social sources (Ostberg, Laftman, Modin, & Lindfors, 2018).

A study conducted to investigate the relationship between bullying and burnout within the setting of health and climate relationship concluded indirect influence of mobbing on worker's health with the presence of burnout as mediation (Giorgi, et al., 2015). Respondents of the study were six hundred and fifty-eight nurses. Results led to the conclusion that bullying if prevalent in the healthcare sector along with poor organizational culture and increased burnout causes harm to employee's psychological health.

Burnout is one of the significant outcomes of workplace bullying (Mathisen, Einarsen, & Mykletun, 2008). One study concluded that bullying at workplace is causing employee burnout (Raja, Javed, & Abbas, 2018). Negative health symptoms are associated with employee burnout that distresses the entire organization (Malik, Björkqvist, & Österman, 2017). Such consequences become crucial in service-oriented sectors specially if it is healthcare sector.

### **2.3 Gendered Phenomenon:**

Bullying is not gender neutral. Comprehension of bullying is different for men and women (Salin & Hoel, 2013). A study conducted by Rosander, Salin, Viita, and Bloomberg (2020) highlighted the significance of gender in workplace mobbing. It was concluded that women have higher rate of self-labeling as bullied than their counterparts. Furthermore, the responses to bullying varied between gender. As consequence to bullying, it was revealed that men applied for sick leave whereas women either quit from job or applied for transfer.

To curb this menace, it is pertinent that bullying gets reported. However, men are less likely to report bullying as compared to their counterparts (Rouse, Gallagher-Garza, Gebhard, Harrison, & Wallace, 2016). In addition, men seem to have greater impact on physical health as an outcome of bullying whereas women experience greater impact on mental health (Cooper, Hoel, & Faragher, 2004). Nevertheless, contrary to presumptions associated with gender, men eagerly look for support to combat adverse consequences of bullying at workplace (O'Donnell & MacIntosh, 2016).

Moreover, it was revealed that women faced bullying at workplace from colleagues than men whereas men were usually targeted by their supervisors (Salin & Hoel, 2013). Studies show that men and women had varied response to bullying. As a consequence of bullying, men confronted bullies without asking for help whereas women opted for avoidance strategies, asked for help or stayed quite (Johannsdottir & Olafsson, 2004).

Prevalence of workplace mobbing is evident in healthcare sector (Yun & Kang, 2018; Kim, Lee, & Lee, 2019; Karatuna, Jönsson, & Muhonen, 2020; Hong, Kim, Nam, Wong, & Lee, 2021). Intensity of phenomenon increases with increased risks and unredeemable costs for healthcare. In Pakistan, nursing is a female dominated occupation (Abbas, Zakar, & Fischer, 2020). Scholars have highlighted prevalence of mobbing behaviors. It was revealed that mostly incidences go unreported because nurses felt ashamed, guilty, and were afraid of retribution (Somani, Karmaliani, McFarlane, Asad, & Hirani, 2015). Even though with high unemployment rate in Pakistan, bullying led to high turnover in nursing profession along with adverse impact on recipient's health (Malik, Sattar, Shahzad, & Faiz, 2020).

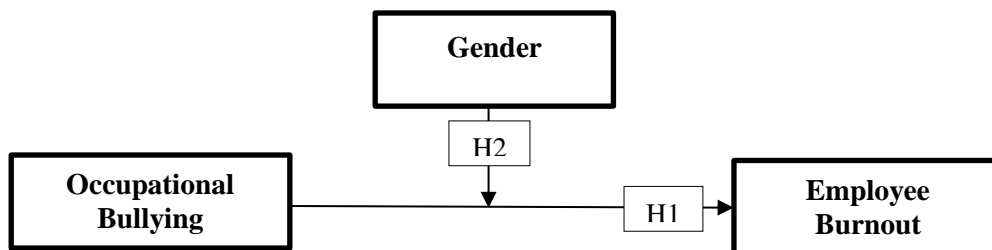
Sustainable competitive advantage of an organization can be captured by its human resource as it's the only resource that appreciates with time whereas others depreciate. Therefore, retaining and managing talent effectively is the only way forward. It can be done by reducing job stressors and addressing challenges faced by them. Therefore, present study aims to investigate the impact of occupational bullying on burnout levels in nurses of Pakistan to contribute to the literature with contemporary findings so that specific measures can be devised. Furthermore, since bullying is different with respect to gender, therefore, current study has used gender as moderating variable. To pursue the objective of this study, following hypothesis have been developed;

**Ho1:** There is no statistically significant impact of occupational bullying on employee burnout

**Ho2:** Gender does not moderate the impact of occupational bullying on employee burnout

#### **2.4 Conceptual Framework**

Based on the above discussion, a conceptual framework has been developed. It is presented in the figure i.



**Figure i: Conceptual Framework**

### **3 Research Methodology**

#### **3.1 Procedure & Sample**

Present study was quantitative in nature and followed positivism approach (Park, Konge, & Artino, 2020). The variables used in the present study were occupational bullying as dependent variable, employee burnout as independent variable and gender as moderating variable. The study involved largest and second largest city of Sindh province. Due to resource constraints we could not add other cities into the study.

Data was gathered from male and female nurses. The sample size was 400 with a response rate of 62.5%. Sample constituted of 76 male and 174 females' nurses. Responses were acquired from Civil Hospital Karachi, The Indus hospital (TIH), Jinnah Postgraduate Medical Center (JPMC), Sindh Government Hospital, National Institute of Child Health (NICH), Aga Khan University Hospital (AKUH), Abbasi Shaheed, Sindh Institute of Urology and Transplantation (SIUT), Liaquat Medical College (LMC) Hyderabad and Sheikh Saeed Memorial Center, Karachi.

#### **3.2 Scales and Measures**

To acquire the data, questionnaires were adopted, and informed consent was acquired. To assess occupational bullying, Negative Acts Questionnaire – Revised was adopted (Bilal, Raza, & Ghani, 2019); and to assess employee burnout Maslach Burnout Inventory was adopted (Stefanska, Manulik, Chmielowiec, Chmielowiec, & Boron, 2021). Both the scales are most popular scales to analyze workplace bullying and employee burnout. Each scale consisted of 22 items. Both the scales measured the frequency of the behaviors experienced by the respondent on 5-point Likert scale; 1 = never experienced, 2 = occasionally experienced, 3 = monthly, 4 = weekly and 5 = daily.

#### **3.3 Statistical Analysis**

To assess the causal relationship between independent and dependent variable, linear regression was conducted on SPSS 20 along with Pearson correlation to investigate the association between the variables.

## 4 Results

### 4.1 Demographic Profile

Participants of this study are nurses belonging to different hospitals of Karachi and Hyderabad. Both – male and female nurses were forwarded the questionnaire and they actively participated for the study. Total 174 female nurses and 76 male nurses participated. Questionnaires were self-administered. Hospitals namely; Civil Karachi, Indus Hospital, Jinnah Postgraduate Medical College, Sindh Government Hospital, National Institute of Child Health, Aga Khan University Hospital, Abbasi Shaheed Hospital, Liaqat Medical College Hyderabad, Sheikh Saeed Memorial Campus and SIUT were approached for this research. 30.4% were the male respondents whereas 69.6% were the female respondents that participated for this research. Majority of the respondents i.e. 68.8% belong to age group of 21 to 30 years. 60.8% of the respondents had total professional experience ranging from 1 to 3 years, 22% of the participants had total experience ranging from 3 – 6 years and remaining respondents belonged to either having less than 1 year of total experience or more than 6 years of total professional experience.

**Table 1: Demographic Profile**

Demographics		Percentages
<b>Gender</b>	Male	30.4%
	Female	69.6%
<b>Hospital</b>	Civil Hospital, Karachi	1.6%
	The Indus Hospital	37.2%
	Jinnah Postgraduate Medical College	3.6%
	Sindh Government Hospital	2.4%
	Sheikh Saeed Memorial Hospital	22.8%
	Liaqat Medical College, Hyderabad	10.4%
	National Institute of Child Health	1.6%
	Aga Khan University Hospital	6.4%
	Abbasi Shaheed	8.4%
	SIUT	5.6%
<b>Age</b>	Less than 21 years	6.0%
	21 - 30 years	68.8%
	31 - 40 years	16.0%
	More than 40 years	9.2%
<b>Total experience</b>	Less than 1 year	2.0%
	1 - 3 years	60.8%
	3 - 6 years	22.0%



	6 - 9 years	2.4%
	More than 9 years	12.8%
<b>Experience in current organization</b>	Less than 1 year	2.8%
	1 - 3 years	71.6%
	3 - 6 years	12.4%
	6 - 9 years	2.0%
	More than 9 years	11.2%

#### 4.2 Reliability Analysis

The internal consistency of constructs used in the questionnaire was assessed through Cronbach's alpha. The results are presented in Table 2. Results indicate reliability statistics for the reliability of scales. Cronbach alpha was run on SPSS 20 to measure the interitem consistency. Cronbach alpha was run for Negative Acts Questionnaire – Revised and Maslach Burnout Inventory respectively. The results depict high consistency for both the scales and the items in the scales share high covariance.

**Table 2: Reliability Status**

	<b>Cronbach's Alpha</b>	<b>Cronbach's Alpha Based on Standardized Item</b>	<b>N of Items</b>
<b>Workplace Bullying (NAQ-R)</b>	.937	.939	22
<b>Employee Burnout (MBI)</b>	.860	.862	22

#### 4.3 Descriptive Statistics

Table 3 shows descriptive statistics for this study. It exhibits mean +2.0425 for occupational bullying with standard deviation +0.801 whereas +2.6145 for employee burnout with standard deviation +0.716. Table further indicates skewness and kurtosis for this study. Skewness refers to where our data lies i.e. high end of the scale or the low end of the scale. Skewness for the data collected for workplace bullying is 0.691 with std. error .154; whereas for employee burnout skewness is 0.018 with std. error .154. Kurtosis measures how much peaked or flat the distribution is; for workplace bullying kurtosis is -.354 with std. error of 0.307 whereas for employee burnout kurtosis is -.085 with std. error .307. However, since the participants of the study were 250; normality, therefore, exists irrespective of skewness and kurtosis.

**Table 3: Descriptive Statistics**

	N	Min	Max	Mean	Std. Deviation	Skewness		Kurtosis	
						Statistic	Std. Error	Statistic	Std. Error
<b>Workplace_bullying</b>	250	1.00	4.50	2.0425	0.80128	0.691	0.154	-0.354	0.307
<b>Employee_burnout</b>	250	1.00	4.41	2.6145	0.71631	0.018	0.154	-0.085	0.307

#### 4.4 Correlation

For correlation statistics, test of Pearson correlation was run on SPSS to determine the significant association between the variable. The coefficient correlation tells us the strength of the linear relationship between our variable. Table 4 indicates that the correlation between workplace bullying and employee burnout is +.487 which is significant at the .01 level. This means that workplace bullying, and employee burnout are statistically positively correlated.

**Table 4: Correlations**

		Workplace_Bullying	Employee_burnout
<b>Workplace bullying</b>	<b>Pearson Correlation</b>	1	.487**
	<b>Sig. (2-tailed)</b>		0
	<b>N</b>	250	250
<b>Employee_burnout</b>	<b>Pearson Correlation</b>	.487**	1
	<b>Sig. (2-tailed)</b>	0	
	<b>N</b>	250	250

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

#### 4.5 Regression Analysis

To investigate the impact of workplace bullying on employee burnout with gender as moderating variable, linear regression analysis was run on the data. Tables 5 to 7 indicate the simple linear regression. However, regression was run again after splitting gender into male and female so that the output is organized between the two and it is shown in tables 8 to 10.

**Table 5: Model Summary**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.549 <sup>a</sup>	0.301	0.293	0.60242
a. Predictors: (Constant), gender, workplace bullying, interaction				

**Table 6: ANOVA**

Model	Sum of Squares	df	Mean Square	F	Sig.
<b>1 Regression</b>	38.486	3	12.829	35.350	.000 <sup>b</sup>
<b>Residual</b>	89.275	246	0.363		
<b>Total</b>	127.761	246			
a. Dependent Variable: Employee_burnout					
b. Predictors: (Constant), gender, workplace bullying, interaction					

**Table 7: Coefficients**

Model	Unstandardized coefficients		Standardized coefficients	t	Sig.
	B	Std. Error	Beta		
<b>1 (Constant)</b>	0.265	0.404		0.655	0.513
<b>Workplace_ bullying</b>	0.89	0.193	0.995	4.614	0
<b>Interaction</b>	-0.272	0.108	-0.667	-2.517	0.012
<b>Gender</b>	0.874	0.229	0.562	3.808	0
a. Dependent Variable: Employee_burnout					

**Table 8: Model Summary**

Model	Gender	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	Male	0.620 <sup>a</sup>	0.384	0.376	0.59356
	Female	0.425 <sup>a</sup>	0.181	0.176	0.60619
a. Predictors: (Constant), workplace bullying					

**Table 9: ANOVA<sup>a</sup>**

Gender	Model	Sum of Squares	df	Mean Square	F	Sig.	
Male	1	Regression	16.286	1	16.286	46.225	.000 <sup>b</sup>
		Residual	26.071	74	0.352		
		Total	42.357	75			
Female	1	Regression	13.952	1	13.952	37.969	.000 <sup>b</sup>
		Residual	63.204	172	0.367		
		Total	77.156	173			
a. Dependent Variable: Employee_burnout							
b. Predictors: (Constant), gender, workplace bullying							

**Table 10: Coefficients**

Gender	Model	Unstandardized coefficients		Standardized coefficients	t	Sig.	
		B	Std. Error	Beta			
Male	1	(Constant)	1.138	0.189		6.011	0.000
		Workplace Bullying	0.618	0.091	0.62	6.799	0.000

Female	1	(Constant)	2.012	0.126		15.969	0.000
		Workplace_Bullying	0.347	0.056	0.425	6.162	0.000

Results after simple linear regression indicate R as 54.9% and adjusted R square as 23.9%. This means 29.3% of variance in employee burnout is explained by variance in occupational bullying. ANOVA indicates that regression equation is significant with  $F=35.350$ ,  $p=.000$ . From the results, we can conclude that our HO1 which stated there is no statistically significant impact of workplace bullying on employee burnout is rejected as our sig value is less than 0.05. Therefore, we can conclude that there is statistically significant impact of workplace bullying on employee burnout.

Furthermore, Ho2 of this study stated that gender does not moderates the impact of occupational bullying on employee burnout which has also been rejected after the test. Since p value is less than 0.05. Therefore, we can conclude that gender moderates the impact of occupational bullying on employee burnout.

Tables 8 to 10 indicate further analysis of occupational bullying on employee burnout based on gender. Results indicate that occupational bullying is stronger predictor of employee burnout in males with the  $\beta$  coefficient = 0.620 as compared to females with the  $\beta$  coefficient = 0.425.

## 5 Discussion

The present study highlights the relationship between workplace bullying and employee burnout especially in healthcare sector. Occupational bullying has been in focus of many studies from last few decades. This study indicated significant levels of workplace bullying among nurses – both males and females. Due to exposure towards occupational bullying, the burnout levels in employees tend to be high. As nursing profession is highly critical where human lives are involved, burnout levels can cause grave consequences. Additionally, this research also investigated the interaction of gender with workplace bullying and its impact on employee burnout. Outcome indicated that gender moderates the impact of occupational bullying on employee burnout and it is stronger predictor for burnout in males than in females.

Somani, Karmaliani, Mc Farlane, Asad, and Hirani (2015) reported prevalence of bullying among 33.8% nurses of Karachi. However, their study was limited to two public sector hospital and two hospitals of private sector only whereas current study includes eight tertiary care hospitals of Karachi and one tertiary care hospital of Hyderabad. Moreover, present study revealed the consequence of workplace bullying along with gender as moderating variable.

Looking at the respondent’s profiles, we conclude that majority of nurses aged from 21 years to 30 years making up to 68.8%. According to the data, majority of the male

respondents belonged to The Indus Hospital, Karachi whereas female respondents belonged to Sheikh Saeed Memorial Center, Karachi.

Data highlighted 64% of the male respondents having over all professional experience between 1 to 3 years whereas majority of female respondents also aged from 1 to 3 years making it approximately 59% of total. In terms of experience in current organization, majority of the respondents both male and females had 1 to 3 years of working experience in the current organization. This fulfils the operational definition of workplace bullying which states that bullying is when an individual has been part of organization for at least more than 6 months.

The correlation test was conducted to find the interdependence among the independent and dependent variable. Pearson correlation was computed to determine the association. The correlation coefficient was +48.7% at significant level 0.01. This concluded a strong association between the independent and dependent variable of our study.

This research investigated the impact of workplace bullying on employee burnout among nurses. The results portrayed that significant impact of workplace bullying exists on the employee burnout. Furthermore, this research studied the workplace bullying and its influence on burnout levels based on gender. Results depicted R for male to be .710 and R for female to be .423 with adjusted R square .492 and .174 respectively. Sig value for both – male and female was below 0.05. F value for male nurse was 40.679 and for female nurse was 20.218 after splitting the gender. The outcome indicated that bullying is strong predictor in males than in females.

A study conducted by Yildiz (2015) to investigate the relationship between bullying and burnout supported that bullying has impact on all three components of employee burnout and it is a strong predictor of it as identified in present study. Literature also supports that burnout causes reduced self-esteem, high probability of sick leave, difficulty in concentrating at work, quitting the nursing profession altogether or worse, depression and suicide (Hartin, Birks, & Lindsay, 2018).

## **6 Conclusion**

This study investigated the impact of occupational bullying on employee burnout. The results from the statistical model conclude that occupational bullying is a strong predictor of employee burnout. Moreover, gender moderates the relationship between occupational bullying and employee burnout. Results indicate occupational bullying is strong predictor of employee burnout in males than females.

Employees, irrespective of industry, are only ways for organizations to gain competitive advantage. Organizations can retain employees by giving extrinsic and intrinsic rewarding jobs. One of the essential means of retaining people is having good work environment. Good work environment not only encourages employees, but it impacts on customers as well.

One component of good work environment is that employee feels safe. Prevalence of workplace bullying is in contrast with the safe and secure work environment. There are a lot of consequences associated with workplace bullying and it causes distress to the entire organization.

Workplace bullying has high costs associated with it specially in the healthcare sector because of the nature of the profession. This study examined the impact of workplace bullying on employee burnout among nurses of Karachi and Hyderabad. As we conclude that there exists a strong impact of workplace bullying on employee burnout with stronger predictor being in males than females, therefore, corrective measures should be taken by organization. Unfortunately, Pakistan lacks any specific anti-bullying legislation which can be due to lack of awareness (Ahmad, Kalim, & Kaleem, 2017). Therefore, organization must indulge in devising policies that help curb the bullying.

With the advent of globalization, world has become an ever-changing place. Organizations are competing to gain competitive advantage and are indulged in war on talent as competitive advantage can only be gained by human resources. Employers offer various benefits to the hires. One of the most important characteristics of a good organization is a safe work environment. It is essential for organizations to make a safe and healthy workplace because it strongly impacts the productivity of employee.

## **7 Recommendations**

Even though organizations have safety and protective policies but bullying is still a sad reality. This menace needs to be curbed so that not only individuals would be safe from physical and mental stress but organizations remain sustained as well. Merely anti-bullying policy would not make a difference until the work culture has interpersonal respect instilled in it (Hidgins, et al., 2020).

Moreover, organizations need to create transparent mechanisms where recipient could report incidences without any fear and hesitation. (Wech, Howard, & Autrey, 2020). In addition, employees in managerial positions must be trained to create a healthy work environment and to hold individuals responsible for accountability (Anusiewicz, et al., 2020).

Future studies can further extend the implications of workplace bullying by shedding light on individual's health and its effect on their social, professional and personal lives. In addition, research can be conducted using various other demographics so that target-oriented policies can be drawn since effects of workplace bullying can be felt differently by people. It is also suggested to conduct research using qualitative methods so that comprehensive understanding of this menace can be drawn and specific resolutions can be devised.

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