IMPACT OF WORKPLACE BULLYING ON JOB SATISFACTION AMONG DOCTORS: MODERATING ROLE OF COPING STRATEGIES

Sadia Malik¹ & Shehzad Bano²

Abstract

This study was conducted to investigate coping strategies as a moderator in relationship between workplace bullying and job satisfaction among doctors. Data was collected from 150 male and female doctors working in different private and public hospitals sector of Lahore through purposive sampling. NAQ-R (Einarsen et al., 2009), Overall job satisfaction scale (Cook et al., 1981) and Brief COPE (Carver 1997) were used to measure the bullying and job satisfaction. Linear regression analysis revealed that workplace bullying was a strong predictor of the lower level of job satisfaction. Moderation analysis revealed that no individual coping strategy moderate in relationship between bullying and job satisfaction. Results of Independent sample t-test indicated that female doctors working in public hospitals face more bullying. The results of the present research have implications to give insight to provide the sufficient psychological protection for doctors to produce good work performance.

Keywords: Bullying, job satisfaction, coping strategies, doctors

JEL Classification: Z000

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Impact of Workplace Bullying on Job Satisfaction

Introduction

Organizations are never impartial; they, somewhat become a source of a definite socioeconomic benefits. In order to maximize the revenues or benefits and exploiting centrality within work processes, bullying at workplace might even be thought a frequent and regular incident that can be considered predictable. This reality attracts the researchers to give particular attention to the aspects, means and sources which are arising due to power discrimination at work settings (Ironside & Seifert, 2003).

Workplace bullying is a worldwide problem that occurs in different fields of life, and the medical profession can’t be excluded from it. There are many evidences that showed that doctors, medical students, Para-medical staff as well as nurses often experience workplace harassment and bullying. (Malik & Farooqi, 2011; Maida, Vasquez & Herskovic, 2001). Workplace bullying refers to negative acts such as distressing someone orally, physically (beating, kicking, punching), joking, exclusion of someone from social circle, and intimidation of damage (Seals & Young, 2004) to get power and control on them. (Namie & Namie, 2003). Bilgel, Aytac and Bayram (2006) conducted a study and explore that most of the doctors were experiencing bullying personally while 47% of them reported that they witnessed the bullying of their colleagues. Furthermore, significant differences were found in satisfaction and depression among bullied and none bullied employees.

Workplace bullying is a serious issue due to its dangerous effect on health and well-being of people. The employees who face bullying were found to be more depressed, having lowered level of job satisfaction and more vulnerable to leave job. (Kivimaki, Irtanen, Varti, Eloainio, Vahtera & Keltikangs-Ja’rvinen, 2009). Kaliski (2007) found that Job satisfaction produces the feelings of ratitude, profits, encouragement, and completion of other objectives goals that give a
sense of achievement Lapierre, Spector and Leck (2005) reported that victims of bullying frequently reported dissatisfaction with their job. In an online survey Namie and Namie (2003) concluded that bullying behavior severely damage social interaction at workplace as the victims remain in tension to defend their job, to maintain their social network and giving explanations about situations; and therefore, they could not concentrate over their work. Consequently, this situation causes depression, stress related illness and many other problems. However, there may be organizational, environmental and personality moderators of the stress, such as particular types of coping, which may reduce the effect of stress caused by the bullying behavior (Stone, Neale & Shiffman, 1993).

According to Lazarus and Folkman (1984) coping is seen as a process that is context dependent and is determined by a cognitive evaluation. Coping can also be defined as regular effort made by our thoughts and attitudes to handle a particular external and internal problem that is seen challenging and beyond the control of a person (Lazarus, 1993). Coping strategies may be used as a moderator when a person tries to manage a bullying act which he is exposed to. The severity of the bullying behavior and the disturbing condition of the victim may decide the type of coping strategy used by the victim (Edward & Holden, 2003; Olafsson, 2004).

O’Brien and DeLongis (1996) found that, for work related issues, people often use problem-focused coping; while for health and family problems, they are more likely to use emotion-focused coping but generally all type of copings are used to manage a stressful situation. Problem-focused coping is referred to as rationally deal with an issue that is creating distress to change the upset person-environment relationship (Folkman, Lazarus, Gruen, & DeLongis, 1986). While, emotion-focused coping means to change the approach of the distressing relationship with the environment is dealt with or to change relational meaning of what is occurring, which somehow reducing the stress even though the real condition of the relationship remained unchanged. (Lazarus, 1993). Avoidant coping is also used
in workplace setting, means simply to avoid the stressful situation. (Smith & Sulsky, 1995)

In present days, organizations are complex, prominent and constant institutions which influence the persons, groups and nations. A combination of dilemmas affects workers which in turn persuade their job schedule as well as their mental condition (Hoel, Cooper, & Faragher, 2001). Bullying has now been transformed into a serious issue in the workplace perspective. In this regard, the main objective of the study will be to explore the impact of workplace bullying on doctors’ job satisfaction. This study will also investigate how doctors cope with the situation in which they have to face bullying. This study will also be valuable especially in reference to Pakistani culture to understand the problems of doctors that affect their physical and mental health.

On the basis of existing literature following hypotheses were formulated:

H1: Workplace bullying impacts on job satisfaction of doctors.

H2: Coping with strategies moderate the relationship between workplace bullying and job satisfaction.

H3: There are gender differences in experiencing workplace bullying among doctors.

H4: Public sector doctors face more workplace bullying as compare to private sector doctors.
Method

Research Design

Survey (cross-sectional) research design was used for the present research due to the suitability of research purpose and availability of limited time and resources.

Participants

Non-probability based purposive sample of 150 doctors (male= 82, female= 68) was drawn from both public and private hospitals of Lahore city. The researchers contacted 310 doctors from which only 150 showed their willingness and signed the informed consent. So the response rate was 56% indicating doctors were reluctant to give information about this issue.

Data Collection Tools

Data for the current study was collected by using the following questionnaires:

**Negative Acts Questionnaire**: NAQ-R (Einarsen Hoel & Notelaers, 2009) contains 22 items to assess different negative acts that occur on regular basis, and might be practiced as bullying. This scale used a five-point Likert scale The reliability of the NAQ is .93.

**Overall Job Satisfaction Scale**: Cook, Hepworth, Wall, and Warr (1981) developed Overall Job satisfaction scale that
consists of 7 items. Optional responses can be measured on a 5-point Likert-type scale where 1 indicates completely satisfied and 5 show completely unsatisfied.

**The Brief Cope:** The Brief COPE (Carver, 1997) has 28 items and it contains 14 subscales which are combined more specifically into 3 subscales that were used in present study. *Problem focused coping strategies* are adaptive mode of coping in which to overcome the problems and reduce the stress a person actively involves in planning or efforts. This subscale consists of active coping, use of instrumental support, planning, religion coping strategies. The items include are (2,7,10,14,23,25,22,27). *Active emotional coping* is an adaptive emotion regulation strategy which include venting, positive reframing, humor, acceptance, use of emotional support coping strategies. The items are 9,21,12,17,18,28,20,24,5,15. *Avoidant emotional coping* is a maladaptive strategy though temporarily it provides relief but long term reliance on this coping strategy can develop different mental health problems. It includes self-distraction, denial, substance use, behavioral disengagement and self-blame strategies. Items include(1,19,3,8,6,16,13,26,4,11). Internal reliabilities of these subscales are .80,.81,.80 respectively.

**Procedure**

Doctors of various government and private hospitals including General Hospital, Mayo Hospital, Ganga ram hospital, Services Hospital, Mid City Hospital, Ittefaq Hospital and Sheikh Zaid Hospital of Lahore were personally contacted by the researchers with the permission of the concerned authorities. The participants were informed about the purpose and nature of study. The participants were told that the confidentiality of their information will be ensured and the obtained information will only be used for research purpose. Written consent was obtained from all the participants individually after provision of instructions. The participants were requested to
provide the answer honestly. At the end, the participant were apprized for their cooperation

**Results**

The present study was conducted to explore the impact of workplace bullying on job satisfaction and to investigate the moderating role of coping strategies in relationship between bullying and job satisfaction. Gender and sector differences were also explored. Descriptive statistics, alpha coefficients, Pearson correlation, regression analysis and independent sample t-test were applied to analyze the data.

<table>
<thead>
<tr>
<th>Variables</th>
<th>α</th>
<th>M</th>
<th>SD</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bullying</td>
<td>.93</td>
<td>50.02</td>
<td>18.71</td>
<td></td>
<td>-.46**</td>
<td>-.06</td>
<td>.34**</td>
<td>.49**</td>
</tr>
<tr>
<td>Job satisfaction</td>
<td>.81</td>
<td>18.27</td>
<td>5.26</td>
<td></td>
<td></td>
<td></td>
<td>-.25**</td>
<td>-.26**</td>
</tr>
<tr>
<td>Problem focus coping</td>
<td>.86</td>
<td>24.18</td>
<td>4.14</td>
<td></td>
<td></td>
<td></td>
<td>-.01</td>
<td>-.16*</td>
</tr>
<tr>
<td>Active emotional coping</td>
<td>.91</td>
<td>24.13</td>
<td>4.80</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.56**</td>
</tr>
<tr>
<td>Avoidant coping</td>
<td>.88</td>
<td>21.36</td>
<td>5.38</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: BU = bullying; OJS = overall job satisfaction; PSCS = problem focused coping strategy; AECS = active emotional coping; AECS = avoidant emotional coping strategy.

The reliability of the scales was calculated using SPSS and it showed good psychometric properties of these scales. Descriptive statistics such as mean and standard deviation was given to portrait the initial picture of study that helped for more sophisticated analysis. Pearson product-moment correlation coefficient was computed to assess the relationship between workplace bullying, job satisfaction and coping strategies used by doctors. The results given in Table 1 indicate significant negative relationship between workplace bullying and job satisfaction ($r = .46, p < .01$) and significant positive relationship between workplace bullying and active emotional coping strategies ($r = .34, p < .01$) and between workplace bullying avoidant.
coping strategies ($r = .49, p < .01$). Similarly job satisfaction is positively related to problem focused, active emotional and avoidant coping strategies ($r = .25, r = .26, r = .42, p < .01$); while problem focused coping is negatively related to avoidant emotional ($r = .16, p < .01$) and active emotional is positively related to avoidant emotional coping strategy ($r = .56, p < .01$).

**Table 2:**

### Linear Regression Analysis of Impact of Workplace Bullying On Overall Job Satisfaction among Doctors (N=150)

<table>
<thead>
<tr>
<th>Variables</th>
<th>β</th>
<th>$R^2$</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workplace bullying</td>
<td>.46***</td>
<td>.21</td>
<td>41.04*</td>
</tr>
</tbody>
</table>

***p < .001

In Table 2, simple linear regression with enter method was applied to see the impact of workplace bullying on job satisfaction. The $R^2$ of .21 explain 21% of variance in the score of overall job satisfaction $F(1, 149) = 41.04, p < .001$. Table 3 revealed that there is significant effect of workplace bullying on overall job satisfaction ($R^2 = .21, p < .001$).
Table 3

Moderation Effect of Coping Strategies on the Relationship between Workplace Bullying and Job Satisfaction (N=150)

<table>
<thead>
<tr>
<th>Predictor</th>
<th>β</th>
<th>R²</th>
<th>F</th>
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</thead>
<tbody>
<tr>
<td>Step1</td>
<td></td>
<td>.21</td>
<td>13.35***</td>
</tr>
<tr>
<td>PCS</td>
<td>.19**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AECS</td>
<td>.03</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACS</td>
<td>.20*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step2</td>
<td>.08</td>
<td>15.77***</td>
<td></td>
</tr>
<tr>
<td>BU</td>
<td>.34***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step3</td>
<td>.05</td>
<td>9.31***</td>
<td></td>
</tr>
<tr>
<td>BUXPCS</td>
<td>.02</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BUXAECS</td>
<td>.01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BUXACS</td>
<td>.09</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total R²</td>
<td>.56</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>150</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: PCS = problem focused coping strategy; AECS = active emotional coping; ACS = avoidant emotional coping strategy; BU = bullying. *p<0.05, **p<0.01, ***p<0.001.

In Table 3, moderation regression model was used to investigate whether the association between workplace bullying and job satisfaction depends on the use of coping strategies (problem focused coping strategy, active emotional coping, and avoidant emotional coping strategy). Preliminary analyses were conducted to ensure no violation of the assumptions of normality, independence of error and homoscedasticity. After centering workplace bullying, problem focused coping strategy, active emotional ,avoidant...
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emotional coping and computing the bullying-by-problem focused coping, bullying-by-active emotional coping and bullying-by-avoidant coping interaction term (Aiken & West, 1991), the moderators were entered in step 1. Results indicated that model 1 was significant and explains 21% of the variance in job satisfaction. Individually, problem solving and avoidant coping strategies explain significant variance in model respectively ($\beta = .19, S.E= 0.09, p= 0.01$),($\beta =0.03, S.E= 0.09, p= 0.03$) while active emotional coping did not explain significant variance in job satisfaction. ($\beta =0.20, S.E= 0.18, p= 0.69$). In step 2 work place bullying as predictor was entered. This variable explains 8% of variance in job satisfaction. ($\beta =0.34, S.E= 0.02, p=0.001$) and finally interactions were entered into step 3 of regression model. Overall this model was also significant by explaining 5% of variance. But individually no one variable explained significant variance.

Table 4
Mean, Standard Deviation, T Values for Male and Female Doctors (N=150)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Male (N=82)</th>
<th>Female (N=68)</th>
<th>Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
</tr>
<tr>
<td>BU</td>
<td>46.35</td>
<td>18.48</td>
<td>54.64</td>
</tr>
<tr>
<td>PFCS</td>
<td>23.10</td>
<td>4.20</td>
<td>22.72</td>
</tr>
<tr>
<td>AECS</td>
<td>24.48</td>
<td>4.87</td>
<td>23.71</td>
</tr>
<tr>
<td>ACS</td>
<td>21.20</td>
<td>4.84</td>
<td>21.54</td>
</tr>
</tbody>
</table>

Independent sample t test was used in Table 4 to compute the significant gender difference. Table 3 revealed that there is statistically significant mean difference in bullying in males and females doctors.[$t (148)= 2.69 , p< .01$]. The findings indicate that female doctors tend to experience more bullying as compared to male doctors. Results indicate no significant difference in gender in term of problem focused coping strategies [$t (148) =.51, p< .60$]. Active emotional [$t (148) =.97, p< .33$] and avoidant emotional strategies [$t (148) =.38, p<
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.70]. Value of Cohen’s d indicates female experience medium level of bullying.

Table 5

Mean, Standard Deviation, T Values for Public and Private Sectors Doctors (N=150)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Public (N=79)</th>
<th>Private (N=71)</th>
<th>t(148)</th>
<th>p</th>
<th>LL</th>
<th>UL</th>
<th>Cohen d</th>
</tr>
</thead>
<tbody>
<tr>
<td>BU</td>
<td>62.32</td>
<td>14.8</td>
<td>36.53</td>
<td>11.64</td>
<td>.001</td>
<td>21.41</td>
<td>30.16</td>
</tr>
<tr>
<td>PPCS</td>
<td>24.29</td>
<td>3.50</td>
<td>23.96</td>
<td>4.73</td>
<td>.49</td>
<td>62</td>
<td>1.01</td>
</tr>
<tr>
<td>AECS</td>
<td>25.54</td>
<td>4.14</td>
<td>22.40</td>
<td>4.90</td>
<td>.05</td>
<td>.001</td>
<td>1.67</td>
</tr>
<tr>
<td>ACS</td>
<td>23.13</td>
<td>4.23</td>
<td>19.34</td>
<td>5.88</td>
<td>.03</td>
<td>.001</td>
<td>2.14</td>
</tr>
</tbody>
</table>

In Table 5, independent sample t-test was used to check the results and table 5 showed a significant difference in workplace bullying among public and private sectors doctors. \( t(148) = 11.64, p < .001 \). Value of Cohen’s d indicates public sector doctors experience high level of bullying. Results indicate no significant sector difference in term of using problem focused coping strategies \( t(148) = 0.49, p = 0.62 \). While results also indicate that public sector doctors more use Active emotional \( t(148) = 0.05, p < .001 \) and avoidant emotional coping strategies as compared to private sector \( t(148) = 0.03, p < .001 \).

Discussion

The main finding of the current research is that there is statistically significant negative impact of workplace bullying on job satisfaction reported by doctors. Thus, our first alternate hypothesis accepted. There is sufficient empirical support, which suggests that
being bullied in the workplace setting is allied with less job satisfaction and wellbeing (Niedhammer, David & Degioanni, 2006; Skarlicki & Kilick, 2005; Vartia, 2001; Zapf, Knorz and Kulla, 1996). 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 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. Bano and Malik (2014) concluded in a study that workplace bullying (person and work related) negatively impact the job related affective wellbeing and job satisfaction.

It was also hypothesized that coping with strategies moderate the relationship between workplace bullying and job satisfaction. Present findings indicated that problem solving and avoidant coping strategies positively affect job satisfaction and overall coping strategies moderate the effect of bullying on job satisfaction but individually they don’t contribute in the relationship between bullying and job satisfaction. Thus our alternate hypothesis partially accepted. The results are also consistence with Boumans and Landeweerd (1992) who stated positive association between problem-focused coping and job satisfaction, and negative relationship with health complaints.

Examination of the influence of coping strategies upon the relationship of workplace bullying and job satisfaction found to have main but not a moderating effect. This finding is consistent with Tyler and Cushway (1995). It would give the impression that use of coping
strategies with one’s job might make one experience good (less depressing moods), but when shared with higher levels of stress it is not sufficient to reduce the effect of stress upon one’s depressed moods.

Gender is also very important in exposure of employees to bullying behaviors (Adewumi, Sheehan, Lewis). It has been noticed that the female doctors reported more workplace bullying than male doctors. Thus, the third alternate hypothesis accepted. These research findings are consistent with the earlier research findings of Cowie, Naylor, Rivers, Smith, Pereira (2002); Seals and Young, (2003); Olafsson & Johannsdottir (2004); Simpson and Cohen, (2004); Griffin-Smith and Gross, (2006) which suggest that workplace bullying is common practices for female as compare to male doctors. It is adversely affecting the mental and physical health of working women across the globe (Malik & Farooqi, 2014). Moreover, Anila (1998) argues that in Pakistan, women working on inferior positions at workplace are more vulnerable to harassment and bullying by their male colleagues and bosses because they may use their power to harass women.

Results of present research also indicate no gender differences in the choice of coping strategy utilized when bullied. These results are contradictory with previous researches of Olafsson and Johannsdottir (2004); Kristensen and Smith (2003); Matthiesen and Einarsen, (2007) Simpson and Cohen, (2004) which indicate that different genders are exposed to different forms of bullying. Thus, different types of bullying
behavior result in different types of coping strategies employed. It may be argued that the difference is due to that in Pakistan; generally organizational culture is such that male and female doctors use same coping strategies. The personal development factor also contributes in these results. Folkman, Lazarus,GruenandDeLongis’s (1986) findings are somewhat consistent with present research who found very little differences between men and women regarding their coping strategies.

It was also hypothesized that public sector doctors face more workplace bullying as compare to private sector doctors. This results revealed our fourth alternate hypothesis also accepted and these finding are consistent with some previous researches which suggest that bullying mainly is an aspect of public sector management (McCarthy 2004; Ironside & Siefert 2003; Lee 2002). Results of Lawis’s (2002) study are also consistent with current findings that public sector workers are considered as the example of workplace bullying that comprise unfair workloads, deadlines, lack of job security and working hours.

The main limitation of the present research was using self-report measures that reasoned the response biases like social prestige, false positives. As a result, to compensate the limitations of using self-report data, it is recommended to use multiple sources of data collection such as focus groups or interviews to improve the accuracy of scores reported by subjects. Present study could not cover many important aspect of bullying. Research should consider
the role of personality in the bullying situation and how it may be linked to causes and consequences. Furthermore, it is recommended that qualitative analysis in addition to the quantitative analysis of the responses of the participants must be carried out.

**Conclusion**

It seems obvious that there are many aspects to think with regard to coping and workplace bullying before one can conclude with sound confidence the situations in which the three styles of coping will be optimally efficient. Findings obtained in this study represent a step in the direction towards illustrative this composite process. It is concluded that Workplace bullying negatively affect the job satisfaction. Moreover overall coping strategies but not individually moderate the relationship of bullying and job satisfaction. The female doctors reported more workplace bullying than male doctors. Whereas doctors working in public sector hospitals were most frequently reported workplace bullying than private sector.
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