

WORK ENVIRONMENT, PSYCHOLOGICAL HEALTH AND PERCEPTION OF WORKPLACE BULLYING AMONG DOCTORS

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ABSTRACT

Objective: To assess the impact of work environment on the perception of workplace bullying, perceived stress and psychological wellbeing among doctors.

Design: Correlational research design

Place and Duration of Study: The study was conducted in the different hospitals of two different cities i.e., Sargodha, and Bhalwal from December 2019 to May 2020.

Participants and Method: A co-relational (predictive) research design study by using a cross-sectional method was conducted among 108 Doctors from Bhalwal and Sargodha. To measure the variables of the study work environment scale, perceived stress scale, Ryff's scale of psychological wellbeing and negative acts questionnaire were used.

Results and Conclusion: Results reported that work environment is a significant negative predictor of perceived stress but is a non-significant positive predictor of psychological wellbeing. Results also reported that work environment is a significant negative predictor of workplace bullying. Findings also revealed the prevalence of workplace bullying among doctors. The findings highlight the role of the work environment in determining the psychological health of doctors. It helps the management of hospitals to understand how the working environment can play a healthy role in the performance of doctors.

Keywords: Work environment; Workplace bullyin; Perceived stress; psychological wellbeing

INTRODUCTION

The subject of the psychosocial work environment has gained a lot of attention from researchers in the field of employees' safety and health (Einarsen & Skogstad, 1996; Killoren, 2014). Over the past few years, different conceptualizations of the work environment are prevailing and it is also reported that psychosocial risks at the workplace have influential effects on employees' health (physical, psychological and social) which further have an impact on the organizational health indices (productivity, burnout, job satisfaction, turnover intentions and absenteeism) (Leka et al., 2015). Exposure to the different psychosocial risks and physical aspects of the workplace has been reported to be linked with stress at work (Allebeck & Mastekaasa, 2004; Shah et al., 2010).

The work environment may affect the psychological health of doctors. The objective of the present research is to determine the impact of work environment on perceived stress, psychological wellbeing and perception of workplace bullying among doctors. Researchers report that a harmful and unhealthy work environment can lead to the poor mental health of employees (Chandrasekar, 2011; Edem et al., 2017). Similarly, other researchers also reported that a positive work environment has a progressive impact on the psychological health of employees (Loon et al., 2018; Loretto et al., 2009; Milton et al., 2000). Psychological wellbeing is the dynamic and active process that gives a sense of knowledge to the people about how their lives are enduring the interaction between their circumstances, activities and psychological resources or 'mental capital' (Nielsen et al., 2017). Psychological wellbeing at work is an important subject of investigation because employees with a greater sense of psychological wellbeing are more likely to be productive, creative, and satisfied in their jobs compared to employees suffering from symptoms of psychological distress such as stress, anxiety and depression (Day et al., 2015).

Furthermore, psychological distress in the workplace is associated with decreased job satisfaction and increased levels of absenteeism. From the last three decades, the line of research in the field of occupational/organizational psychology has engrossed the concept of the work environment as a way of evaluating the perception of employees regarding processes of an organization that can influence the outcomes related to employees and organizations (Huppert, 2009; Huppert & So, 2013). Another researcher argued that instead of the personality traits of both the victims and the perpetrators, bullying occurs

because of the poor work environment and poor leadership behaviour (Theorell et al., 2015; Torok et al., 2016).

While several factors (e.g. psychosocial elements such as workload or lack of support from one's supervisor) can impact negatively the psychological health of employees, studies from the field of environmental psychology indicate that there is potential for the physical work environment to impact the psychological health of employees (Verkuil et al., 2015). So the present study is an attempt to explore the impact of work environment on different factors among doctors as no published research with focus on this unique association of study variables in a specific direction is available as per mere knowledge of the researcher. Various studies have independently focused on these constructs in Pakistani culture such as Naseem and Ahmed (2020) sought the relationship between workplace bullying and presentism among public and private sector service organizations employees; Bano and Malik (2013) explored workplace bullying and organizational outcomes among teachers, Sarfaraz et al. (2019) determined the workplace bullying about workplace ostracism and wellbeing among nurses; Khalique et al. (2018) worked on workplace bullying and organizational structure; and Nauman et al. (2019) studied the workplace bullying and well being. All these are available that determine workplace bullying or its impact on different health-related factors but the present study is unique in terms that it especially aimed to explore what is the role of the work environment in psychological wellbeing, perceived stress and perception of workplace bullying among doctors. Following hypotheses were formulated:

- 1).Work environment is a significant predictor of perception of workplace bullying among doctors.
- 2).Work environment is a significant predictor of perceived stress and psychological wellbeing.

METHOD

Participants

In the present study co-relational (predictive) research design was used and a sample of doctors ($N = 108$) was selected by using the purposive sampling technique. Sample comprised both male ($n = 58$) and female ($n = 50$) doctors. The age range of the sample was 28-50 years($M = 30.34$, $SD = 5.46$).

Measures

1) Work Environment Scale(Moos, 1994)

To measure the work environment, the 66 items self-report work environment scale (WES) (Moos, 1994) adapted by Maqsood (2012) was used. The scale measures the employees' perception of their work environment and how this perception influences their behaviour. The high score is designated as the positive perception of the work environment. The reliability of the original scale was .84 (Moos, 1994), .86 (Maqsood, 2012) while it was .83 in the present study.

2) Perceived Stress Scale (Cohen et al., 1983)

Perceived Stress Scale (Cohen et al., 1983) was used to measure the stress of doctors. This is a 5 point rating scale with a reliability of the .86. A higher score on PSS represents a higher level of perceived stress. Four items of the scale are reversely coded.

3) Ryff Scale of Psychological Wellbeing (Ryff & Keyes, 1995)

The 18 items Ryff Scale of Psychological Wellbeing (Ryff & Keyes, 1995) was used to measure the psychological wellbeing of employees. The scale has 6 point response format and a reliability of .92. The high score represents a higher level of psychological wellbeing. There are seven reverse coded items on the scale.

4) Negative Acts Questionnaire (Einarsen & Raknes, 1997)

The 29 items Negative Acts Questionnaire (Einarsen & Raknes, 1997) was used to assess the perception of workplace bullying among medical doctors. The scale has five-point response format (1 = never, 5 = daily). The total score can be measured by summing up the score of all the items. The scale can also be divided into two forms; the 13 items measuring the work-related form of bullying and 16 items measuring the person-related form of bullying. Furthermore, a definition is also provided and 6 questions based on that definition measure the different aspects of bullying.

Procedure

The sample was taken from district Sargodha and it included only the government hospitals so that there is no difference in work settings and infrastructure. The doctors having at least 1 year of job experience were included in the sample of the study. After taking the consent from the concerned authorities, doctors were approached personally for the collection of data. The sample participants were able to read and understand questionnaires in the English language.

RESULTS

The present study aimed to explore the impact of the work environment on workplace bullying, stress and psychological wellbeing of doctors. To accomplish the objectives of the study, alpha reliability was calculated to ensure the internal consistency of measures, while regression analysis was computed to investigate the predictive relationships. Furthermore, frequency and percentages were calculated to check the prevalence of workplace bullying.

Table 1
Psychometric properties and Pearson correlation among variables

Variable	1	2	3	4	<i>M</i>	<i>SD</i>	α	Range		
								Potential	Actual	Skewness
1. Work environment	-	.058	.37**	-.24*	35.70	9.39	.83	0-66	13-66	.297
2. Perceived stress	-		-.23*	.24*	20.62	4.23	.80	0-40	10-30	-.385
3. Psychological wellbeing			-		-.41**	68.91	10.57	.75	18-108	41-93
4. Workplace bullying				-	61.73	20.58	.93	29-145	29-116	.103

Note: * $p < .05$, ** $p < .01$.

Table 1 shows the means, standard deviation, alpha reliabilities and correlation of the scales used in the study. The reliability ranges from .75 to .93.

Table 2

Linear Regression depicting the impact of work environment on stress, wellbeing and bullying.

Variable	Perceived stress			Psychological wellbeing			Workplace bullying		
	R ²	ΔR ²	β	R ²	ΔR ²	β	R ²	ΔR ²	B
Work environment	.147	.135	-.378**	.005	.006	.058	.058	.049	-.241**

Note: *p< .05, **p<.01.

Table 2 shows that work environment is a significant negative predictor [F(1, 106) = 17.67, p< .001] of perceived stress by explaining 13.5% variance attributed to the work environment and work environment is a significant negative predictor [F(1, 106) = 6.55, p< .001] of workplace bullying by explaining 4.9 % of variance contributed to the work environment among doctors. Results also revealed that the work environment was found to be a non-significant predictor [F(1, 106) = .356, p =n.s] of psychological wellbeing

Table 3

Percentage and Frequencies of Being Victimized

	Men (n = 131)	Women (n = 69)	Total (N=200)
No (%)	62 (48)	29 (42)	91 (49)
Yes (Total) (%)	69 (52)	40 (58)	101 (51)
Yes very rarely (%)	32 (24)	21 (16)	53 (21)
Now and then (%)	11 (8)	7 (10)	18 (9)
Several times a month (%)	17 (13)	10 (15)	27 (14)
Several times a week (%)	6 (5)	0 (0)	6 (8)
Almost daily (%)	3 (2)	2 (3)	5 (2)

The findings also depicted that the frequency of workplace bullying is quite high (51%) and this frequency is high in females as compared to males. It means almost half of the sample participants have reported being victimized by workplace bullying.

Table 4
Percentages and Frequencies of Period of Being Victimized

	Men (n = 131)	Women (n = 69)	Total
Not responded (%)	48 (37)	34 (49)	82(41)
Within last 6 months (%)	18 (14)	5 (7)	23 (11)
Between 6 and 12 months ago (%)	31 (24)	7 (10)	38 (20)
Between 1 and 2 years ago (%)	21 (16)	13 (19)	34 (17)
More than two years ago (%)	13 (9)	10 (15)	23 (11)

Table 4 depicted that the last year is reported to be the period in which the doctors experience the highest bullying at their workplace. The results further revealed that almost 35 % of the sample reported to be the target of bullying for more than 12 months and almost 53 % of the sample revealed that for over a year they have witnessed others be the target of bullying at the workplace.

Table 5
Frequencies and Percentage of Perpetrators of Bullying

	Men (n = 131)	Women (n = 69)	Total
Not responded	57 (44%)	36 (52%)	93 (46%)
Supervisor/Manager	36 (27%)	15 (22%)	51 (26%)
Colleagues	16 (12%)	8 (12%)	24 (12%)
Subordinates	18 (14%)	7 (10%)	25 (13%)
Clients	4 (3%)	3 (4%)	7 (3%)

Results further revealed that the supervisor/boss reported being the perpetrator of workplace bullying. Table 5 depicted that respondents labelled the supervisor or boss as the perpetrator of bullying and after supervisor respondents are victimized by the subordinates.

DISCUSSION

The results of the present research depicted that the scales used in the study were reliable and valid having correlation coefficients in the line of theoretical consistency (see Table 1). The results revealed that the work environment significantly negatively predicted the perceived stress among doctors (see Table 2). These findings are in line with the previous literature which reported that stress will be less among those workers who will have a better working environment with support from colleagues and supervisors (Balducci et al., 2011; Leather et al., 2010). Another research, in the explanation of stress theory, reported that the work environment is acknowledged as a central issue (Theorell et al., 2015). The second hypothesis was partially proved as the results reported that work environment is a non-significant predictor of psychological wellbeing and these findings are contrary to the previous research literature which reported that certain factors of work environment are linked with the health and well-being of employees (Rugulies et al., 2012; Stansfeld et al., 2013). The unexpected results can be explained as in the low-income countries the work environment is not as important as pay or fringe benefits because these factors can satisfy the basic needs of the person and his family. The income is most important as it is related to happiness and life satisfaction so the employee does not consider much about the environment of the workplace. Findings further revealed that the work environment is a significant negative predictor of workplace bullying which is supported by previous empirical literature that reported that a poor work environment leads to workplace bullying among employees (Butterworth et al., 2013; Oxenstierna et al., 2012).

The results on perception of the experience of workplace bullying described its prevalence among medical doctors of Pakistan as about half of the sample has experience of bullying at different time durations. Its reason may be dependent on that how we measure workplace bullying. In the present study, the scale used to measure bullying has included the items which are related to the negative or hostile actions by others at the workplace. So the perception of the experience of bullying is reported so high. Concerning the duration of bullying experience, the sample reported being the victim of bullying in the last one year. Previous research studies also supported these findings which stated that the average spell of bullying fluctuates between 6 months to two years (Giorgi et al., 2015). Results also revealed that sample participants claimed to be the victim of workplace bullying for more than one year. The findings on the duration of workplace bullying are in line with the previous empirical studies (Imran et al., 2010).

The results concerning the bully showed that the supervisor was reported as the bully or perpetrator of bullying by most of the sample which is also supported by the empirical finding that most likely a boss will be perceived as a perpetrator/bully. Results further reported that male doctors become more targets of bullying by colleagues and subordinates than female doctors. Whereas female doctors become the victims of negative acts more by clients/patients than male doctors yet these differences were non-significant.

Conclusion

The present research is an attempt to highlight the role of the work environment in determining the psychological health of doctors. In a nutshell, the findings reveal that the work environment is a significant predictor of workplace bullying, stress but no significant prediction was reported for psychological wellbeing among doctors. It helps the management of hospitals to understand how the working environment can play a healthy role in the performance of doctors. The findings can help the organizations to understand the environmental factors which can affect the psychological health of doctors to get better performance.

Limitations and Recommendations

The sample of the present study only comprised of doctors that had been selected from only two cities of Pakistan (Sagodha & Bhalwal), hence future researches can include diverse professionals from all over Pakistan. The use of self-report measures for data collection increases the risk of common method variance that can exaggerate the association between numerous variables. As well as it leads to the social desirability effect in which participants may try to respond in a socially desirable way for managing their acceptable impression. The job duration of employees has not been included so it is not possible to run an analysis regarding the experience of the job concerning workplace bullying. Another limitation is that the study focused on the perspective of the victim but not on the perpetrator's perception so future researchers can add the perpetrator's perspective to get a better picture.

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