

Research Article

A Battle Within: Evaluating the Correlation Between Workplace Bullying and the Self-Awareness and Emotional Management among Female Healthcare Professionals in Punjab.

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Abstract

Background: Workplace bullying affects many people by its negative consequences on employers' mental health, employment satisfaction, and performance outcomes. Female Health care workers in particular are quite vulnerable to bullying.

Objectives: The aim of this study is to find the frequency of workplace bullying (WPB) and the correlation between workplace bullying and self-awareness among female healthcare professionals in Punjab.

Methods: A cross sectional research design and convenient sampling were used in this study to choose female healthcare workers working in Punjab and history of mental disorder and criminal record were excluded. Data was collected using open access validated E questionnaires that contained measures of workplace bullying by negative acts questionnaire-revised and self-awareness and emotional management by National Health Services questionnaire. Demographic information was also collected. Pearson correlation coefficient was used to identify the links between workplace bullying, self-awareness, and emotional management.

Results: Among the 447 participants, varying frequencies of work place bullying were reported by female healthcare professionals in Punjab. The majority of respondents experienced workplace bullying "now and then," and a significant proportion reported weekly occurrences. The study revealed a moderate negative correlation between workplace bullying and self-awareness ($r=-0.409$), indicating that as bullying frequency increased, self-awareness decreased.

Conclusion: The findings of this study demonstrate the significant impact of workplace bullying on self-awareness among female healthcare professionals in Punjab. The results underscore the need for interventions to address workplace bullying and create more respectful work environments for healthcare professionals. The study contributes to the existing literature on workplace bullying and emphasizes the importance of considering the psychological well-being of healthcare professionals.

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Introduction

Workplace bullying (WPB) is a universal phenomenon that has gathered significant attention due to its enormous harmful effects on employee's mental

health, job contentment, and performance outcome. It is documented that workplace bullying can have a detrimental impact on individuals' self-awareness and emotional intelligence.^{1,2} Einarson defined workplace bullying as: "Prolonged and repeated hostile behaviors conducted by at least one person toward one or more individuals when they are unable to resolve their workplace conflicts in non-hostile manners which cause health problems for victims and affect their performance."³ Among different professions affected by this issue, the healthcare industry stands out to be the most affected because the healthcare workers are working in a particularly sensitive and demanding environment.^{4,5,6} Self-awareness and emotional management are vital traits. Self-awareness is the ability of an individual to recognize and understand the emotions, thoughts, and behaviors, while emotional intelligence refers to the ability to respond, manage, and use emotions effectively in all situations⁷. By taking control of our own emotions, we can efficiently cope with workplace challenges and conserve a positive work-life balance.⁸ WPB can scar self-Awareness and blight emotional management, leading to detrimental consequences for healthcare professional's mental health, job satisfaction, and ultimately, patient care.⁹ It is important to understand the impact of WPB on self-awareness and emotional intelligence, as it can highlight the mechanisms through which such abuse affects individuals' overall well-being and functioning at workplace.^{10,11}

Research on WPB has evolved significantly over the years, moving beyond traditional investigations considering only physical aggression and harassment to include a broader spectrum of negative behaviors. This expanded conceptualization now encompasses psychological, social, and emotional aspects of workplace interactions, shedding light on the insidious nature of workplace bullying and its lasting effects on individuals. Constant worrying over WPB affects their productivity and level of concentration as per results of studies conducted by Saleem QU et al and a study conducted by Malik M et al revealed that The main barriers identified towards gender equity in healthcare academia in Pakistan were a non-conducive work environment, harassment at the workplace, and cultural issues. These factors were found to hinder gender equity in healthcare academia in Pakistan.^{2,12,13}

Objective of this study was to assess the frequency and nature of workplace bullying experienced by female healthcare professionals and correlation of workplace bullying with the self-awareness among female healthcare professionals. There is a significant gap in the literature about the precise relationship between workplace bullying (WPB) and self-awareness among healthcare professionals, particularly female healthcare workers in Punjab. This is true even though WPB has received extensive research on it and the damaging effects it has on employees' wellbeing. There is still a need for targeted study that specifically examines the connection between workplace bullying and self-awareness within this particular professional environment, even though some studies have looked at the WPB's wider effects. This discrepancy emphasizes the significance of doing empirical research to demonstrate a distinct relationship between WPB and self-awareness, offering insightful information.

Methods

This study used a correlational study design to evaluate the correlation between workplace bullying and the self-awareness and emotional management skills of female healthcare professionals in Punjab. The research was carried out at both teaching and non-teaching hospitals in Punjab. The research was conducted from March 2023 to May 2023, during which data collection and analysis took place. Sample size of 447 was calculated by using SPSS version 25 with 95% confidence level and 5% margin of error. To select participants who meet inclusion criteria linked to the research aims, a convenient sampling technique was used. The inclusion criteria for study population consisted of female health-care professionals employed in the Punjab. Female health-care workers working in teaching and non-teaching institutes/hospitals in Punjab were included in the study. This included doctors, nurses, psychiatrists, physical therapists, chemists, and allied healthcare workers, among others. Participants ranging in age from 25 to 65 years were selected, providing a wide range of career phases and experiences. The study excluded male healthcare workers, healthcare professionals working outside of Punjab, and people with a history of mental illness or a criminal record. Following the participants' ethical approval and informed consent, an electronic questionnaire was used to collect the essential data. There were

three elements to the questionnaire: The Negative Acts Questionnaire Revised (NAQ-R), the NHS Emotional Intelligence Questionnaire (both are open access validated questionnaire), and a demographic questionnaire. For assessing the frequency of workplace bullying behaviors, the 22 items Negative Acts Questionnaire Revised (NAQ-R) was used with likert scale. Participants are asked to rate the frequency with which they experience each behavior on a scale ranging from "Never" to "Daily."¹⁴ The 50 item NHS's Emotional Intelligence Questionnaire may also include a Likert scale style. Only two domains self-awareness and emotional management were selected that comprised of 20 items. Participants were asked to rate their level of agreement or the frequency with which they engage in particular emotional behaviors on a scale ranging from "Strongly Disagree" to "Strongly Agree" or "Never" to "Always."¹⁵ All formalities to collect the response of collecting data from E-questionnaire were fulfilled including ethical approval letter (IRB/2023/096) and throughout the data gathering process, participant's confidentiality and data protection were protected.

The demographic information that was gathered include elements like age, experience, place of work, profession in the health care industry, title, and marital status. For these variables, descriptive statistics were applied for frequency and percentages, revealing information about the distribution and features of the sample. The Pearson correlation coefficient was used in inferential statistics to find relationships between workplace bullying (WPB) and variables like emotional management, self-awareness, and place of residence in Punjab. The p value less than 0.05 was considered significant. The analysis produced strong connections that helped researchers better understand WPB and its relationships to many aspects of the healthcare industry.

Results

The demographic variables were analyzed using frequency and percentage. A response of total 447 participants was achieved. Demographic statistics is shown in Table no. 1.

Among the participants 73.8% of the responders were medical doctors, followed by 7.4% physiotherapists, 8.1% Pharmacist, 6.0% nurses, 4.0% psychologists, and 0.7% other healthcare specialists (Fig no 1).

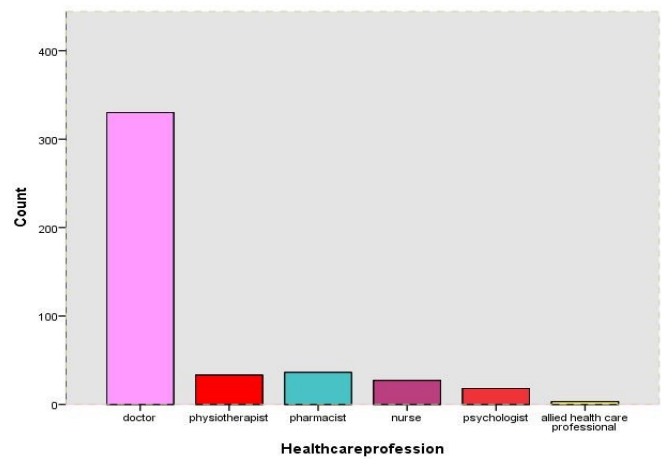


Figure No. 1: Frequency of Health Care Professions:

Table 1: Demographic Statistics:

Category/ variable	Frequency	Percent
Academic Position/Role		
Professor/Chief Consultant	45	10.1
Associate Professor/Senior Consultant	54	12.1
Assistant Professor/Consultant	93	20.8
Senior Registrar/Senior Demonstrator	100	22.4
Medical Officer/ Demonstrator/ PG Trainee	109	24.4
House Officer	21	4.7
Total	447	100.0
Occupation		
Doctor	330	73.8
Physiotherapist	33	7.4
Pharmacist	36	8.1
Nurse	27	6.0
Psychologist	18	4.0
Allied Health Care Professional	3	0.7
Total	447	100.0
Type of Healthcare Facility		
Private (Pvt.)	237	53.0
Government (Govt.)	210	47.0
Total	447	100.0
Geographic Region		
North Punjab	60	13.4
Central Punjab	276	61.7
Southern Punjab	45	10.1
Western Punjab	30	6.7
Eastern Punjab	36	8.1
Total	447	100.0
Marital Status and Children		
Single	69	15.4
Married and have children	279	62.4
Married but don't have children	63	14.1
Divorced and have children	27	6.0
Divorced but don't have children	9	2.0
Total	447	100.0

The statistical analysis revealed the frequency and percentage distribution of participants' workplace bullying encounters. 18 (2.7%) of the 447 female healthcare professionals never experienced workplace bullying. 279 (62.4%) respondents experienced workplace bullying "now and then." Suggesting they were seldom subjected to workplace bullying. Furthermore, 25.5% of the participants experienced monthly workplace bullying, indicating a more frequent incidence. Finally, 9.4% of participants reported weekly workplace bullying, indicating a higher frequency of unpleasant encounters in their job.

Table 2: Frequency of Workplace Bullying in Punjab

Work place bullying	Frequency	Percent (%)
Never	12	2.7
Now and then	279	62.4
Monthly	114	25.5
Weekly	42	9.4
Total	447	100.0

The study intended to find correlation of workplace bullying with self-awareness and emotional management. Data came out to be normally distributed after applying Kolmogorov Simonov test. So Pearson's correlation coefficient was used. The computed correlation coefficient between workplace bullying and self-awareness was ($r = -.409$, indicating a moderately negative association. (Table no. 3)

The correlation coefficient between workplace bullying experiences and emotional management was determined to $R = -.009$, indicating that the two variables have no meaningful association. This implies that the severity of workplace bullying encounters has little effect on the emotional management skills of female healthcare workers in Punjab. The correlation coefficient between workplace bullying and residence was calculated to be $r = .003$ indicating that the two variables have no meaningful link and p value was not significant.

Table 3: Correlations between Workplace Bullying and Self-Awareness

		workplace bullying	self-awareness
workplace bullying	Pearson Correlation	1	-.409**
	Sig. (2-tailed)		.000
	N	447	447
self-awareness	Pearson Correlation	-.409**	1
	Sig. (2-tailed)	.000	
	N	447	447

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

The variable "emotional management" was classified as poor (score between 1-18), good (score 19-38) and excellent (39-50) revealed statistically the frequency of different levels of emotional management. Out of 447 only 3 (0.7%) are found to have a poor emotional management, 336 (75.2%) have good emotional management while 108 (24.2%) have excellent emotional management. Statistically 150 people (33.6%) revealed good self-awareness while 297 participants (66.4%) had excellent self-awareness. None of the participants revealed poor self-awareness.

13% (9 out of 69) of single female healthcare professionals reported weekly bullying. The proportion of married female healthcare professionals with kids was 5.37% (15 out of 279). A rate of 9.52% (6 out of 63) of married female healthcare professionals without children experienced bullying on a weekly basis. 33.3% (9 out of 27) of divorced people with children reported being bullied on a weekly basis. Similarly, the rate for divorced people without children was 33.3% (3 out of 9). Divorced professionals (both with and without children) seem to face relatively higher rates of weekly workplace bullying. These findings highlight the need for interventions and support systems to address and prevent workplace bullying, creating a safer and more respectful work environment for all healthcare professionals.

6.39 % (15 out of 237) of professionals in the private health sector said they encountered bullying at work on a weekly basis. Comparatively, a higher proportion of professionals, particularly 12.9% (27 out of 210), reported weekly workplace bullying in the government health sector. This shows that compared to their peers in the private sector, a disproportionately higher percentage of government health professionals report weekly bullying events.

Discussion

The results of this study revealed that only 2.7% female never encountered WPB, while 62.4% respondents experienced workplace bullying "now and then" showing occasionally subjected to workplace bullying. 9.4% of participants reported weekly workplace bullying, indicating a higher frequency of unpleasant encounters in their job. Workplace bullying is prevalent among female healthcare professionals in Punjab, with participants reporting varying frequencies of incidents. A similar

study involving female surgeons of Pakistan included a nationwide survey and revealed that female surgeons are more mistreated in terms of verbal and mental harassment.¹⁶

In our study there was a moderate negative correlation between WPB and self-awareness ($r = -.409$). This implies that as workplace bullying occurs more frequently, self-awareness decreases among female healthcare professionals in Punjab. Our results are comparable with study conducted at South Africa, Employees from a higher education institution ($N = 1102$) were included in research. When participants experience high levels of workplace bullying, they showed low levels of emotional intelligence and self-awareness, so perceptions of flourishing are significantly lower than for those participants with higher levels of emotional intelligence.¹⁷

In our study most of the participants have good or excellent self-awareness and emotional management. These results are supported by a study conducted at tertiary care hospital of KPK where Male participants in the survey made up 51.9% of the total participants, while female participants made up 48.1%. The majority of staff members rated their emotional intelligence as being good (78%), while only 22% rated it as being negative.¹⁸

A study conducted at Japan revealed that married women encountered less events of workplace bullying. The reason may be the respect for their married status¹⁹. In a study including > 17000 adults at US, the risks of harassment were statistically substantially greater for women (OR 1.47, $p < 0.001$), people of multiple races (OR 2.30, $p < 0.001$), and people who had recently divorced or divorced people (OR 1.88, $p < 0.001$) than their counterparts.²⁰

Results of our study revealed that female health care professionals in public sector more frequently encountered weekly bullying as compared to private sector. A study conducted at seven universities of Peshawar on 190 participants supported our results and revealed that WPB frequency is very low among private sector. 21 European foundation for improvement of living and working conditions found in a survey with a special focus on health care professionals that the rate of workplace bullying among health professionals is higher than

similar criteria for employees working in any other occupational area. In this regard, Zapf, El al gives an exhaustive assessment of European studies and find that bullying is more prevalent in the public sector (e.g., health, education) than in the private sector.²² On 14 January 2022, Pakistan's Parliament adopted the Protection against Harassment of Women at the Workplace (Amendment) Act 2022. Recommendations and implications of the study results pin point the need for Health Organizations to implement anti-bullying policies, provide resources for the emotional support and counseling of female health care professionals with especial focus on divorced females as they don't have support system. The training on emotional intelligence must be offered to buffer the impact of bullying and create an unbiased and safe and supportive reporting system for workplace bullying incidents.

Conclusion

In conclusion, our study delivers a compelling message: workplace bullying is alarmingly prevalent among female healthcare workers in Punjab, and it exerts a heavy toll on their self-awareness. These findings powerfully underscore the urgent call for comprehensive initiatives aimed at eradicating workplace bullying and fostering a more nurturing environment for female healthcare professionals. It is not just a matter of employee well-being; it is also crucial for the caliber of care they provide.

Ethical Approval: The Institutional review board approved the study vide letter No. IRB/2023/096.

Conflict of Interest: The authors declare no conflict of interest.

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Authors' Contribution:

SY: Concept, contribution to data analysis and final approval for draft

SQ: Introduction and critical appraisal

AA: concept and proof reading

AS: Data analysis and interpretation

FS: Review the Discussion

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