

# The Effects of Workplace Bullying on Task Performance and Job Stress in Saudi Arabia

Ghaida'a Abdullah Omrani<sup>1,2</sup>

<sup>1</sup>King Abdulaziz University, Jeddah, Saudi Arabia

<sup>2</sup>Spending Efficiency Department, Financial Transformation, Ministry of Health, Riyadh, Saudi Arabia

Email: gha.omrani@gmail.com

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## Abstract

Almost every organization faces a certain degree of workplace bullying. Bullying could be apparent for everyone to see or concealed because workplace bullies can use different methods to torment their victims. This study focuses on the effect of workplace bullying on task performance and job stress. It involves 130 healthcare administrators at King Abdul-Aziz Hospital in Saudi Arabia. The gathered data were analyzed using the Statistical Package for the Social Sciences (SPSS). The results show a significant relationship between workplace bullying and job stress, even though the connection between task performance and bullying is subtle.

## Keywords

Workplace Bullying, Task Performance, Job Stress, King Abdul-Aziz Hospital, Saudi Arabia

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## 1. Introduction

Bullying is a common occurrence in both the developing and developed worlds. In the Saudi Arabian system, bullying is considered ethically intolerable conduct. Like in all other industries, healthcare workers are also at the risk of becoming victims of workplace bullying, making this a general concern for many organizations (Ariza-Montes et al., 2013). If left unattended, workplace bullying could become more prevalent. Therefore, policymakers, legislators, and administrators need to be conscious of the need to take it seriously. The Saudi Arabian Ministry of Health affirms that everyone's rights should be preserved and that physical or verbal assault in the healthcare sector is a crime punishable by law (Ministry of Health Saudi Arabia, 2018). Aggressors could be sentenced to ten years in prison or face a fine of up to a million riyals (Ministry of Health Saudi Arabia, 2018).

Bullying is defined by the Workplace Bullying Institute, as the ongoing maltreatment of a specific target through work interference such as sabotage, intimidating behaviors (including non-verbal), humiliation, threatening, or verbal abuse (Raypole, 2019).

In the work context, bullying is an undesirable behavior often characterized by a discrepancy in power that could produce dangerous results for both the employee and the workplace. Such negative effects are accredited for poor work outcomes, making the issue a central concern for many entities. Employees who are victims of bullying are likely to be affected by stress and other mental health issues that significantly affect their performance at work. Job stress involves harmful emotional and physical responses that happen when the job requirements fail to match the employee's needs, resources, and capabilities (World Health Organization, n.d.). Most times, when employees are bullied, they find it a challenge to do anything about the issue while also not being able to communicate regarding their experiences (Canadian Centre for Occupational Health and Safety, 2022). In such a case, the only sign that something could be wrong with the employee is a drop in task performance and productivity. Task performance is defined by (Motowidlo & Kell, 2012) as the aggregate anticipated value of an individual's conduct over a specified period for the production of services and goods. Bullying in the workplace has been strongly linked with increased stress and decreasing task performance (Robert, 2018). Thus, the increasing cost of workplace bullying to organizations and individuals calls for studies to determine the potential forms of the problem and the exact effect on the organization and employees. Therefore, the present study seeks to examine workplace bullying prevalence among healthcare employees at King Abdul-Aziz Hospital in Makkah. Also, it is imperative to detect any case of workplace bullying and study the significant relationship between workplace bullying, job stress and task performance.

### **1.1. Purpose and Objectives**

The current study aims to determine whether there is a causal connection between workplace bullying, task performance, and job stress in healthcare institutions.

The study's research objectives are:

- To explore the prevalence of workplace bullying among healthcare employees at King Abdul-Aziz Hospital in Makkah, Saudi Arabia.
- To analyze the association between workplace bullying and task performance.
- To analyze the association between workplace bullying and job stress.

### **1.2. Significance of the Study**

Bullying has been the focus of many national and international studies. However, there are still a few studies focusing on the issue in Saudi Arabia (Al-Surimi et al., 2020). On this basis, the central aim of the present study is to explore how

prevalent bullying is in the healthcare sector. This study also examines the effect of workplace bullying (measured as person-related bullying and work-related bullying—intimidation conduct) on job stress and task performance among healthcare workers at the King Abdul Aziz Hospital in Makah. Unfortunately, little research has been done in studying the prevalence of bullying among administrative healthcare employees, but the effects of Workplace Bullying on job stress and Task Performance (TP) have not been studied in Saudi Arabia. Any related studies have only been done among nurses. Since bullying could influence healthcare providers' job performance, understanding the prevalence of workplace bullying among healthcare workers can trigger the healthcare sector in general to craft measures to reduce the phenomenon. The study results could trigger the healthcare sector in general to take the measures needed to reduce the phenomenon and to increase the scope for detailed and in-depth future studies linked to workplace bullying.

## 2. Literature Review

### 2.1. Workplace Bullying

Workplace bullying is a challenge found in almost every organization, no matter what the entity is involved in. The concept denotes ongoing maltreatment of employees by either the employer or other colleagues. Workplace bullying could include harassment, threats, or ridicule in such a way that could impact work performance (Hussain & Aslam, 2015). Bullying in the workplace creates situations where employees have to deal with negative and aggressive behaviors in the workplace. Even though bullying can result from differences in power within the workplace, it can also occur between employees at the same level (Matthiesen & Einarsen, 2010). Fisher-Blando (2010) defines workplace bullying as an array of determined, malevolent, insolent, or exclusionary intentional or unintentional conduct targeting an individual that sees the behavior as intended to control, harm, or leave a co-worker with no choice but to resign from the job. Sometimes bullying is noticeable through abuse of authority where the juniors are harassed by their superiors (Education.gov.dm, n.d.). Additionally, several types of bullying offenders can be identified in the healthcare sector, including nurses, physicians, caregivers, and patients (StopBullying.gov, 2019). Unfortunately, workplace bullying in healthcare settings has a detrimental impact on cooperation, jeopardizes its integrity, and jeopardizes patients' safety and quality of care (Huang et al., 2022). As mentioned by the government agency of Safe Work Australia (2016), intimidating and disruptive workplace bullying activities promote medical mistakes and contribute to negative results, which not only endangers patient safety, but also lowers worker morale and increases absenteeism, resulting in greater turnover rates of skilled employees. As Einarsen (2005), mentioned in his research that an unethical negative of bullying presents a health hazard because some workers may face problems dealing with issues, leading them to developmental challenges. Also, the author introduced in his study that employees sub-

jected to bullying may face serious consequences such as low self-esteem, impacting organizational efficiency (Einarsen, 2005). This is a position affirmed by Townend (2008), who says that bullying damages the employee and organization. According to the Workplace Bullying Institute, the number of employees impacted by workplace bullying in the United States is sixty million (Namie, 2021). The same author identifies the primary features of workplace bullying as the frequency, repetition, and duration of mistreatment. They note that when someone screams at a person, the incident cannot on its own be perceived as bullying. However, if the behavior is repeated for an extended period, it starts to constitute bullying.

Hussain and Aslam (2015) point out in their study among Bank Personnel in Pakistan, that bullying can include giving an employee outrageous workload, assigning meaningless tasks, impossible deadlines, or unachievable targets. It could also involve deliberately keeping important information away from an employee or giving unclear instructions. Person-related bullying, often negatively impacts employees' mental health, and can involve making unsolicited sexual advances, teasing, ignoring someone's opinions, spreading rumors, or social exclusion (Hussain & Aslam, 2015). A bully can be defined as an individual that harasses or attacks another individual, on an ongoing basis, with a specific resolution (Education.gov.dm, n.d.). This could be a single individual or a group of individuals with a leader. Usually, bullies harass those disagreeing with them. The object of the assault is to cause harm, terror, or persecution of the individual being bullied. Bullies lack pro-social behavior or are unworried by fear and generally fail to consider other people's emotions. Such individuals are poor at reading the motives of others and tend to see innocent or neutral acts by others as animosity and such individuals have a favorable opinion of themselves. Bullying can lead to victims having strained relationships with friends and family members (Psychology Staff, n.d.).

## 2.2. Task Performance

Authors divided job performance into two categories: task and contextual performance (Motowidlo & Kell, 2012). Task performance denotes an organization's central technical process to successfully produce services and goods. Thus, task performance involves the quantity and quality of the output of employees. Task performance depends on how effective the activities that employees carry out are and their connection to the organization's objectives (Ramzy, Bedawy, & Ahmed, 2018).

As Martic (2022) has noted that when dealing with task performance, the central consideration is whether workers perform according to the organization's expectations depending on what needs to be achieved. And every activity that employees do needs to be related to the organization's goals. To meet the individual and organizational goals, all stakeholders, including managers, subordinates, colleagues, vendors, and customers, must communicate effectively

(Martic, 2022). Effective communication allows them to talk and plan regarding the role played by each individual towards the attainment of common goals (Muhammad & Toryila, 2018). When the organization's goals are met, stakeholders and individuals associated with that organization also tend to benefit. Therefore, for organizations to prosper through maximum productivity, they will need to ensure that employees are performing at their best.

Several studies have focused on the link between behavior, performance, and workplace bullying. Most of these studies have documented the potential effect of bullying in the workplace and employee behavior and performance. For instance, Ikyanyon and Ucho (2013) conclude that the specific character of bullying impacts employee performance. The same scholars conclude that hospital employees subjected to low levels of bullying perform better than employees affected by high levels of bullying. Yahaya et al. (2012) report that bullying impacts task performance in the organization. Rooyen and McCormack (2013) focused on employees' opinions concerning workplace bullying and concluded that workplace bullying will hurt employee performance when it is not well managed.

Generally, studies focusing on the relationship between bullying and work performance show that a positive working environment is linked to positive performance among employees. On the other hand, poor performance is also linked to poor working environments. Also, it can be noted that the intensity of bullying impacts the negative consequences. Other scholars have also indicated that bullying can affect contextual performance, which denotes the output that is not obligatory even though it has an important role in maintaining a firm's psychological and social background (Ramzy, Bedawy, & Ahmed, 2018).

### 2.3. Job Stress

When an employee feels as if they cannot fulfil their family and work requirements, the result is stress. Job stress could result from a mismatch between the needs and skills of an employee, available resources, and job requirements. Job stress is also called occupational stress, indicating that it is a product of workplace tasks and other associated elements (Centers for Disease Control and Prevention, 2014). The healthcare context has a high potential to trigger job stress, particularly concerning poor management, lack of resources, comfort, ambiguous duties, and needless organizational control levels (Ruotsalainen et al., 2015).

Several studies have concluded a connection between tension, stress, and poor-quality work across entities in varying sectors. For instance, Aazami et al. (2015) concluded that depression and anxiety result in poor employee satisfaction. The study concluded that when employees are dissatisfied, they are likely to perform poorly in their jobs compared to satisfied ones. In the healthcare sector, bullying constitutes the leading psychological issue. This view is also acknowledged by (Raypole, 2019), who states that individuals who are continuously exposed to bullying may begin to develop health conditions associated with stress. Even though the effects of bullying are manifold, the element often focused on is

health. However, the effect of stress is usually cognitive, emotional, and physical (Robert, 2018). Cognitive job stress could manifest in challenges around concentration, being negative, and racing thoughts. On the other hand, emotional effects include anxiety, isolation, mood swings, and depression. The physical effects include nausea, palpitation, stomach problems, and headaches. Stress could also affect behavior, manifest in abuse of drugs, strange sleeping patterns, and eating disorders.

### 3. Research Model and Hypotheses

Based on past literature review the following hypothesis has been put together:

H1: Workplace Bullying has a relationship with task performance.

H0: There is no relationship between Workplace bullying and task performance.

H2: Workplace bullying is related to job stress.

H0: Workplace bullying is not related to job stress.

The variables in the research are workplace bullying which is an independent variable whereas the dependent variables are task performance and job stress (Figure 1).

### 4. Methodology

The author used the deductive approach, which is concerned with establishing hypotheses based on existing theory and then constructing a research strategy to test the hypothesis. The study utilized descriptive research design to explore the prevalence of workplace bullying among administrative healthcare employees at King Abdul-Aziz Hospital in Makkah. The descriptive quantitative design was utilized to gather information on the prevalence of workplace bullying, as well as to investigate the link between different variables. Workplace bullying is the independent variable while task performance and job stress are dependent variables. The current study used primary data to collect quantitative data on the association between workplace bullying, task performance and job stress using a questionnaire approach.

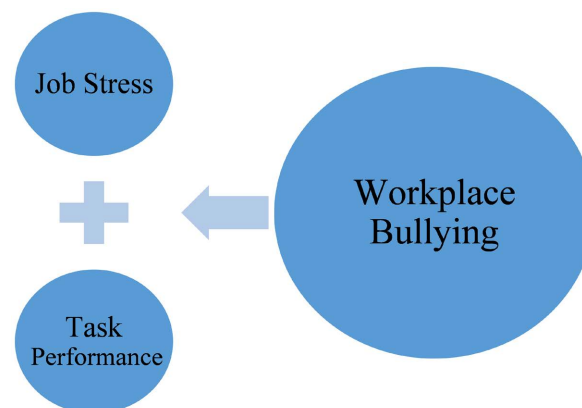


Figure 1. Research model.

The study population consists of the target employees in the healthcare sector, including administrators, technicians, nurses, and doctors, who occupy administrative positions. Sample of this research is determined using purposive sampling method based on 3 criteria as follows: 1) experience, 2) gender, 3) level of education, 4) department, 5) position. This method is based on examining the whole aggregate population of the 130 healthcare employees at King Abdul Aziz Hospital in Makkah City and the total of 130 respondents were received. The number of participants was identified based on data retrieved from the human resources coordinator of King Abdul Aziz Hospital. The respondents must be currently working in King Abdul Aziz Hospital and respondents not meeting these criteria were excluded from the study.

The study was conducted at King Abdul Aziz Hospital in Makkah City, Saudi Arabia. The hospital has a 300-bed capacity under the Ministry of Health. The hospital is accredited with JCI (Joint Commission International) and CBAHI (Central Board for Accreditation of Health Care Institutions) accredited hospital, which has 800 nurses working in 26 different departments and is equipped with all modern facilities and services for all individuals and residents in the western region.

#### **4.1. Ethical Considerations**

Prior to implementing the survey, participants were provided with an online informed consent form. After reading the details on the form, each participant was provided with a digital button that they could click to indicate that they had read the information contained and agreed to take part. At the commencement of the survey, participants were provided with information related to the aims and objectives of the study. They were also assured that the information they were sharing would be confidential and their names would never be mentioned in the study report. Before beginning the study, the researcher requested approval from the General Directorate of Health Affairs in Makkah (See Appendix A). All the processes connected to human participants in the study comply with the ethical standards of the institution and nation, and the 1964 Helsinki Declaration and subsequent amendments or comparable ethical principles. The present study was reviewed and given a positive opinion by King Abdul-Aziz University, whose ethical principles inform the study. Consequently, ethical approval was obtained from the Biomedical Ethics Research Committee, Faculty of Medicine, King Abdul-Aziz University (See Appendix B). The researcher abides by the research standards involving upholding participant anonymity in the entire study.

#### **4.2. Questionnaire and Scale**

The questionnaire was consisting of a nominal scale that is used for measuring the demographics. Demographic characteristics of the respondents include age, gender, educational qualifications, and years of experience. After gathering the data, it was entered into an Excel spreadsheet before being transferred to SPSS,

where the frequency, percentage, and correlation analysis determined bullying prevalence in the population and the link between bullying, task performance, and job stress.

The study adopted the Arabic version of the Negative Acts Questionnaire-Revised (NAQ-R) that was used for measuring the independent variable workplace bullying (See Appendix C). There are 22 items in the NAQ-R, measured using a five-point Likert scale proposed by Einarsen, Hoel, and Notelaers (2009). The questionnaire used five-point Likert scale answerable by 1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree, and 5 = strongly disagree which provided greater uniformity of responses as such data was easily processed. The questionnaire previously showed an appropriate internal consistency (Cronbach's  $\alpha$  coefficient = 0.89) with three subscales: Person-related bullying ( $\alpha$  = 0.85), Work-related bullying ( $\alpha$  = 0.82) and intimidation behaviors ( $\alpha$  = 0.72) (Norton et al., 2017). The tool measures the frequency with which participants have been subjected to negative treatment in the last six months. If the tool determines that this negative treatment occurred often, then the situation is considered bullying. The participant's perceptions regarding bullying are addressed through a single-item question. The psychometric sound questionnaire is the specific data collection method employed, as it can help determine those perpetrating bullying. The main advantage of the self-reported questionnaire is that anyone can use it because it is easy to comprehend (Norton et al., 2017).

For measuring the dependent variable, Task Performance used a 21-item tool (Williams & Anderson, 1991). Task Performance was measured on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree) was used. As the second dependent variable, Job Stress was measured using a 5-item scale, a brainchild of Crank et al. (1995). The Likert scale ranged from 1 (strongly disagree) to 5 (strongly agree).

Both tools for dependent variables: Task Performance and Job stress were translated into Arabic, using plain Arabic language expressions, by the author. The Arabic version was back-translated into English to ensure accuracy, and the translation verified that the Arabic translation was accurate. A pilot study with 30 participants followed this. The pilot study aimed to validate the feasibility of the Arabic version.

## 5. Results of the Data Analyses

From **Table 1**, it is apparent that the majority (70%) of respondents were female, with males constituting about a third of the population (30%). Most of the respondents (50.8%) are quite experienced (10 to 20 years), while a substantial proportion (22.3%) have more than 20 years of experience, which is the same as those with 5 to 10 years on the job. The smallest group (4.6%) consists of individuals with less than 5 years of working experience. Almost half of the respondents (49.2%) hold a bachelor's degree, followed by a diploma (29.2%). There is a substantial proportion (19.2%) of respondents that hold a master's degree or



**Table 1.** Descriptive statistics.

<b>Demographic Variables</b>	<b>N = 130</b>	<b>Percentage%</b>
<b>Gender</b>		
Female	91	70.0
Male	39	30.0
<b>Experience</b>		
Less 5 years	6	4.6
5-10 years	29	22.3
11-20 years	66	50.8
More than 20 years	29	22.3
<b>Level of education</b>		
Diploma	38	29.2
High School	3	2.3
Bachelor's degree	64	49.2
Masters or higher	25	19.2
<b>Marital status</b>		
Unmarried	17	13.1
Married	101	77.7
Widower	2	1.5
Divorced	10	7.7
<b>Department</b>		
HR	11	8.5
Medical services	20	15.4
Nursing services	42	32.3
Supported Employment Service	3	2.3
Other	54	41.5
<b>Position</b>		
Director	12	9.2
Employee	96	73.8
Administrator	16	12.3
Other	6	4.6

higher. The least proportion includes those with high school education. Regarding marriage, the table shows that most respondents were married (77.7%), with the unmarried coming in second place (13.1%). Divorced respondents represented 7.7% of the population, while widowers constituted 1.5%. Regarding the departments where the respondents work, 15.4% are from medical services, 32.3% nursing services, 2.3% support services and employment, and others were 41.5%. Of the aggregate respondents, 9.2% hold the position of director, 73.8% em-

ployee, 12.3% administrator, and 4.6% fall under the other category.

From **Table 2**, it can be noted that the workplace bullying, job stress, and job performance Cronbach's Alpha values are 0.942, 0.644 and 0.747, respectively. Considering that all values are higher than 0.7, it can be concluded that the research instruments and the results they produced are reliable.

### Correlation

From **Table 3** above, it can be seen that there is a significant positive correlation between workplace bullying and job stress:  $r = 0.568$  and  $P\text{-value} < 0.001^*$ . It is also clear that there is a significant negative correlation between workplace bullying and task performance:  $r = -0.393$  and  $P\text{-value} < 0.001$ .

From **Table 4**, it is apparent that there is a significant positive relationship between workplace bullying (the independent variable) and job stress (the dependent variable, where  $t = 8.122$  and  $P\text{-value} < 0.001$ ). It is also clear that the size of the explanatory power ( $r^2$ ) is 34%. This means that the independent variable explains 34 percent of the change happening to job stress, with the rest being attributed to other factors not considered.

From **Table 5** below, it can be noted that there is a significant negative relationship between workplace bullying (the independent variable) and task management (the dependent variable), where  $t = 5.413$  and  $P\text{-value} < 0.001$ . It can

**Table 2.** Reliability test.

Reliability Cronbach's Alpha	No of items	Alpha
X1 Workplace bullying	22	0.942
X2 Job stress	5	0.644
X3 Job performance	21	0.747

**Table 3.** The correlation between workplace bullying and job stress and task performance.

	Correlations	
	Workplace Bullying	
	r	P-value
Job stress	0.568	<0.001*
Task performance	-0.393	<0.001*

**Table 4.** Effect of workplace bullying (independent variable) on job stress (dependent variable) in the study group (n = 130).

	Unstandardised Coefficients		Standardised Coefficients	T-test		ANOVA		R <sup>2</sup>
	B	SE	Beta	t	P-value	F	P-value	
(Constant)	8.438	0.860		9.809	<0.001*			
Workplace bullying	0.191	0.024	0.583	8.122	<0.001*	65.959	<0.001*	34.00%

**Dependent variable: Job stress**

**Table 5.** The effect of workplace bullying (independent variable) on task performance (dependent variable) in the study group (n = 130).

	Unstandardised Coefficients		Standardised Coefficients	T-test		ANOVA		R <sup>2</sup>
	B	SE	Beta	t	P-value	F	P-value	
(Constant)	107.286	3.223		33.287	<0.001*			
Workplace bullying	-0.477	0.088	-0.432	-5.413	<0.001*	29.304	<0.001*	18.60%

**Dependent variable: Task performance**

**Table 6.** The effect of workplace bullying and job stress (independent variables) on task performance (dependent variable) in the study group (n = 130).

	Unstandardised Coefficients		Standardised Coefficients	T-test		ANOVA		R <sup>2</sup>
	B	SE	Beta	t	P-value	F	P-value	
(Constant)	104.785	4.269		24.545	<0.001*			
Workplace Bullying	-0.534	0.109	-0.483	-4.916	<0.001*	15.029	<0.001*	19.14%
Job stress	0.296	0.331	0.088	0.894	0.373			

**Dependent Variable: Task Performance**

also be seen that the size of the explanatory power ( $r^2$ ) is 18.60%. This means that 18.6% of the change that happens to the independent variable can be explained by the dependent variable, with the rest being attributed to other factors not considered.

#### Regression Analysis

In the present study, two regression analyses were conducted. The first is between workplace bullying (independent variable) and task management (dependent variable), and the second is between workplace bullying and job stress (dependent variable).

For the first case (workplace bullying and task management), 0.186 is the  $R^2$  for the model. This implies that the variation in workplace bullying explains 18.6% of the variation in job performance. This can mean that the fit between the model and the data is perfect. The regression equation is as follows:  $Y = a + bX$  (Job Performance) = 107.286 - 0.477 (workplace bullying). The equation demonstrates that a unit change in workplace bullying has a 34% percent effect on job stress and shows a significant impact. Using the data as a basis, the regression equation is  $Y = a + bX$  (job stress) = 8.438 + 0.191 (workplace bullying). From this equation, it can be noted that one-unit change in workplace bullying increases job stress by 8.629 units.

From **Table 6** above, it is apparent that there is a significant difference between males and females regarding workplace bullying (i.e. there is a greater increase in females than males), where  $t = 3.098$  and  $P\text{-value} = 0.00$ . The table also indicates a significant relationship between the marital status category (i.e. in-

crease in the proportion of the unmarried), where  $F = 11.631$  and  $P\text{-value} < 0.001$ , a significant difference between departments and workplace bullying (i.e. increase in medical services), here  $P\text{-value} = 0.05$ . However, it is clear from the same table that there is no significant relationship between workplace bullying and other variables, including position, level of education, and experience), where all  $P\text{-values}$  are more than the significant levels of 0.5.

**Table 7** indicates a significant difference between males and females regarding job stress (i.e. increase in females than males), here  $t = 3.630$  and  $P\text{-value} < 0.001$ . The same table also shows a significant difference between marital status categories (i.e. increase in unmarried), where  $F = 5.512$  and  $P\text{-value} < 0.001$ .

**Table 7.** The relationship between workplace bullying and demographic data (gender, experience, level of education, marital status, department, and position) in the study group ( $n = 130$ ).

Demographic data		N	Workplace bullying			F or T	ANOVA or T-test	
			Mean	±	SD		test value	P-value
<b>Gender</b>	Female	91	36.593	±	13.326	T	3.098	0.002*
	Male	39	29.615	±	6.773			
<b>Experience</b>	Less than 5 years	6	36.167	±	13.527	F	0.833	0.478
	5 - 10 years	29	36.966	±	11.410			
	10 - 20 years	66	34.348	±	13.072			
	More than 20 years	29	32.034	±	10.380			
<b>Level of education</b>	Diploma	38	33.211	±	7.740	F	1.209	0.309
	High school	3	26.000	±	1.732			
	Bachelor's degree	64	34.422	±	14.228			
	Master or more	25	37.680	±	12.154			
<b>Marital status</b>	Unmarried	17	48.882	±	20.585	F	11.631	<0.001*
	Married	101	32.317	±	8.709			
	Widower	2	38.500	±	17.678			
	Divorced	10	31.300	±	5.229			
<b>Department</b>	HR	11	32.000	±	7.470	F	2.435	0.05*
	Medical services	20	40.850	±	17.452			
	Nursing services	42	35.310	±	12.152			
	Support services and employment	3	25.000	±	1.000			
	Other	54	32.556	±	9.977			
<b>Position</b>	Director	12	33.833	±	8.747	F	0.078	0.972
	Employee	96	34.594	±	12.843			
	Administrator	16	33.750	±	11.997			
	Other	6	36.333	±	8.359			

However, there is no significant difference between job stress and other variables (**Table 8**) (position, department, education level, and experience), where all *P*-values are more than the significant level of 0.05.

**Table 9** shows a significant difference between males and females regarding task performance (i.e. increase in males than females), here  $t = 2.883$  and *P*-value = 0.005 is lower than the significant level 0.05. The same table also shows a significant difference in the department (i.e. increase in employment and support services), where  $F = 4.189$  and *P*-value = 0.003, which is less than 0.05. However, the table shows no significant difference between task performance and other variables, including position, marital status, education level, and experience.

**Table 8.** The relationship between job stress and demographic data (gender, experience, level of education, marital status, department and position) in the study group (n = 130).

Demographic data		N	Job stress		F or T	ANOVA or T-test		
			Mean	±		SD	test value	<i>P</i> -value
Gender	Female	91	15.824	±	3.946	T	3.630	<0.001*
	Male	39	13.179	±	3.456			
Experience	Less than 5 years	6	16.667	±	2.503	F	1.706	0.169
	5 - 10 years	29	16.241	±	3.356			
	10 - 20 years	66	14.576	±	3.923			
	More than 20 years	29	14.517	±	4.703			
Level of education	Diploma	38	14.947	±	4.047	F	1.754	0.159
	High school	3	14.000	±	3.606			
	Bachelor's degree	64	14.516	±	4.291			
	Master or more	25	16.600	±	2.677			
Marital status	Unmarried	17	18.471	±	2.831	F	5.512	<0.001*
	Married	101	14.574	±	3.930			
	Widower	2	15.000	±	8.485			
	Divorced	10	13.800	±	2.658			
Department	HR	11	13.091	±	4.592	F	1.611	0.176
	Medical services	20	15.650	±	3.573			
	Nursing services	42	15.524	±	4.318			
	Support services and employment	3	11.333	±	3.215			
	Other	54	15.019	±	3.652			
Position	Director	12	14.583	±	3.029	F	0.545	0.652
	Employee	96	14.990	±	4.236			
	Administrator	16	14.875	±	3.202			
	Other	6	17.000	±	3.464			

**Table 9.** The relationship between task performance and demographic data (gender, experience, level of education, marital status, department, and position) in the study group (n = 130).

Variab	N	Task Performance			F or T	ANOVA or T-test	
		Mean	±	SD		test value	P-value
Gender	Female	91	88.659	± 14.045	T	-2.883	0.005*
	Male	39	95.872	± 10.408			
Experience	Less than 5 years	6	97.000	± 21.973	F	1.021	0.386
	5 - 10 years	29	90.586	± 13.094			
	10 - 20 years	66	89.303	± 13.056			
	More than 20 years	29	93.241	± 12.597			
Level of education	Diploma	38	90.526	± 12.661	F	1.937	0.127
	High school	3	108.333	± 11.930			
	Bachelor's degree	64	90.969	± 13.575			
	Master or more	25	88.800	± 13.598			
Marital status	Unmarried	17	89.882	± 19.953	F	0.541	0.655
	Married	101	90.842	± 12.769			
	Widower	2	81.500	± 13.435			
	Divorced	10	94.100	± 3.929			
Department	HR	11	93.455	± 19.310	F	4.189	0.003*
	Medical services	20	82.250	± 14.000			
	Nursing services	42	88.714	± 11.562			
	Support services and employment	3	100.000	± 2.646			
	Other	54	94.593	± 11.968			
Position	Director	12	91.333	± 9.247	F	0.545	0.652
	Employee	96	91.510	± 13.978			
	Administrator	16	87.063	± 12.157			
	Other	6	88.833	± 15.955			

## 6. Findings and Discussion

This study has attempted to explore the prevalence of workplace bullying among healthcare employees at King Abdul-Aziz Hospital in Makkah. And to examine the effect of workplace bullying on task performance and job stress. The results of the study show that workplace bullying is more common in female healthcare practitioners than in males, so hospital administrators should be aware of that. This conclusion was consistent with a study from a Swedish health-care system in which workplace bullying sufferers were mostly women (90 percent) (Rahm et al., 2019). The finding of the study shows that although workplace bullying is prevalent in the sample, there is no significant association between workplace bullying and task performance. This might be due to the following reasons:

- Healthcare employees are less willing to risk losing such positions, even if it means putting up with abusive conduct at work.
- People (particularly women) may lack the confidence to disclose incidents of bullying by senior or powerful coworkers.
- Because of a lack of trust, respondents may not have answered all of the survey questions correctly.

It cannot be concluded that workplace bullying has no effect at all on task performance. Therefore, it remains important that robust strategies are identified to deal with bullying in the workplace if organizations want to ensure that employees perform at their maximum. Ignoring workplace bullying can disrupt the professional and personal lives of the employee. The study finding regarding the association between workplace bullying and task performance is similar to the report by [Hussain and Aslam \(2015\)](#). Who investigating the prevalence of workplace bullying for a sample of bank employees in Lahore, Pakistan, found evidence to support the prevalence of bullying among Bank personnel, but none to suggest any association between workplace bullying and task performance ([Hussain & Aslam, 2015](#)). Additionally, [Robert \(2018\)](#) point out in his study that workplace bullying does not have a significant impact on task performance and fail to perform at job can be a result of low job satisfaction and lack of ability. The study's findings contradict the study conducted in government hospital in Nigeria. Research in Nigeria found that employees who perceive low levels of workplace bullying perform better on the job than those who experience high levels of workplace bullying ([Ikyanyon & Ucho, 2013](#)). [Einarsen \(2005\)](#) noted in the study about the causes of bullying at work that determining this influence is challenging owing to other reasons like as absenteeism, unhappiness, turnover, and sickness. Bullying in the workplace can be damaging for both the sufferer and those who see it. The consequences will vary depending on the individual and the situation.

On the other hand, authors clearly states that workplace bullying has an impact on Job Stress, which can cause lot of stress to employees in banking sector that could lead to physical and mental issues ([Robert, 2018](#)). Looking at both this study and the research of others in this subject, the following conclusion may be drawn bullying at work has a number of detrimental health consequences for the target. Workplace bullying can be damaging for both the sufferer and those who see it. The consequences will vary depending on the individual and the situation. The current study indicated that workplace bullying can lead to higher stress, which can lead to mental and physical health problems. Bullying in the workplace has serious negative consequences as it reduces the probability of achieving an organization's goals due to low performance. Bullying in the workplace has been reported to occur at significant levels in practically in healthcare organizations. It has also been noted that organizations that are free from harassment and bullying are the ones that are considered psychologically safe ([Khaliq et al., 2018](#)). Moreover, the significant relationship between bullying and Job Stress at work

can make the situation worrying for managers because if the employee's health deteriorates, they will not be able to perform the task.

### **6.1. Limitations**

Like all studies, the present study has its limitations. The author believes that workplace bullying is an under-reported phenomenon; hence the recruited sample may not be completely representative. And that some participants were formerly subjected to a certain type of harassment and misinterpreted it for bullying. Furthermore, several causes and life circumstances such as financial difficulties, social, mental/psychological problems may have triggered workplace bullying episode from the perpetrator's side or raised the victim's vulnerability. As a result, more in-depth analyses of the underlying causes and repercussions of workplace bullying occurrences require a more intimate qualitative research methodological approach that is outside the scope of this study. Several limitations have been identified in this investigation. Considering the size of the Saudi health sector and the fact that the sample for the current study is restricted to a single health institution, it is not possible to generalize the findings to the entire health-care sector in Saudi Arabia. Also, the questionnaire used in the present study was adopted from different contexts and environments and may therefore not be a perfect match to the subject under study. For better and clear understanding, it is suggested that future researchers consider using qualitative research methods that may provide more comprehensive information, such as interviews.

### **6.2. Conclusion and Recommendations**

The purpose of this article has been to help with the avoidance and constructive management of such situations, as well as the healing of individual and organizational wounds caused by such incidents. Workplace bullying is ubiquitous in most firms nowadays, especially with the existence of a diverse workforce in many organizations. Bullying, regardless of its form or dimension, has a detrimental impact on employee well-being and must be avoided in order to achieve organizational performance. Employees continue to be the cornerstone of every organization that wishes to prosper, therefore necessary to offer a pleasant working environment for them.

Based on the results of this study, some recommendations are made. Workplace bullying situations must be investigated in a methodical and persistent manner since all organizations have a responsibility to protect their employees from the psychological abuse of workplace bullying. Introducing laws that make workplace bullying a criminal offense by the Saudi Ministry of Health may be valuable. Also, management needs to develop and apply policies that make it easy for employees to report instances where workplace bullying leads to stress and interferes with work performance. This could help organizations create a safe working environment where employees can share work-related issues without being afraid that they risk losing their jobs.



Regular seminars should be hosted to assist employees with tips on dealing with workplace-related bullying. Through such seminars, organizations should make information available so that all stakeholders understand what workplace bullying is. This will assist employees to understand that bullying could be verbal or physical. All employees need to know the bullying policies of the organization. This could be accomplished by placing posters with information such as the obvious signs of bullying on places where employees can see them. Employees and supervisors should be provided with training that will make them aware of the consequences of bullying.

It is vital that organizations that want to deal with bullying deliberately promote a positive work culture that will improve productivity and boost employee morale. This implies that healthcare organizations need to do whatever they can to create and maintain a work environment free from bullying practices in keeping with professional ethics. Discouraging negative attitudes in the workplace may also reduce the risk of bullying. Ensuring that employees are always aware of any changes could assist them to remain engaged with the organization and feel more positive regarding the future. Management must be open and honest with the employees. Employees should always be reminded that they are appreciated. Together, these factors create a positive atmosphere, decreasing workplace.

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### Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

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