



WORKPLACE BULLYING AND ITS IMPACT ON EMPLOYEE ENGAGEMENT

Daim Asif¹, Shoaib Anjum^{*2}, Muhammad Iftikhar Khattak³, Sadia Hanif⁴

¹Manchester Metropolitan University, Manchester, United Kingdom,

^{*2}Assistant Manager, NUST University, Islamabad,

³Department of Research and Development, Health Services Academy, Islamabad,

⁴Department of Management Sciences, Riphah International University, Islamabad

¹daimasif5@gmail.com, ^{*2}shoaibrb.q@gmail.com, ³iftikharkhattak94@gmail.com,

⁴sadia.hanif@riphah.edu.pk

Corresponding Author: *

Shoaib Anjum

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ABSTRACT

Background

Workplace bullying is a developing organizational challenge that involves repeated unpleasant behaviour directed at people, undermining their dignity, performance, and well-being.

Methodology

This study used a cross-sectional study design to look at the association between workplace bullying and employee engagement, with an emphasis on mental well-being as a mediator and perceived organizational support as a moderator. Data was collected from 427 individuals between the ages of 20 - 65 years of age. They were recruited via professional associations and collaborative organizations. Workplace bullying was evaluated using the 22-item Negative-Acts Questionnaire-revised (NAQ-R), which measures bullying behaviours over the past 6 months on a 5-point Likert scale.

Results

Healthcare reported the most bullying (29.4) and the lowest engagement (3.2) and well-being (42.1), whereas IT reported the least bullying (18.7) and the highest engagement (4.7) and well-being (51.2). Bullying had a negative association with engagement ($r=-0.62$), well-being ($r=0.58$), and point of scale ($r=-0.49$). Well-being mediated the impact ($\beta=-0.36$), whereas POS moderated it ($\beta=-0.74$ at low POS).

Conclusion

The findings show that workplace bullying has a significant negative influence on employee engagement, mental well-being, and perceived organizational support. Employee participation and well-being are much lower in sectors where bullying is prevalent. These findings emphasize the importance of supporting organizational strategies in developing healthier, more engaged work environments.

Keywords

Psychological Mediation, Organizational Buffering, Well-Being, Workplace Bullying.

INTRODUCTION

Workplace bullying is characterised as repeated health-harming mistreatment involving verbal harassment, work sabotage, and humiliation impacts 10-50% of employees worldwide(2). Employee engagement, which is characterized by vigour, dedication, and absorption in workplace, fosters productivity and retention (3). Despite the fact that bullying is recognized to reduce engagement, detailed empirical assessments are still scarce(4)

Bullying is a chronic psychological assault. For example exclusion, fear, and job criticism that causes serious distress. (1,5), pioneering research detected four categories: work-based, social isolation, verbal harassment and personal assaults. Power disparities separate bullying from routine disputes (6). Workplace bullying is more prevalent in the healthcare sector (19%), and the education sector (4.1%) in Lithuania, and it is associated with mental health issues.(7)

Schaufeli and Bakker(3) define engagement as a good and rewarding state of mind with three basic dimensions: vigor, dedication, and absorption. Vigor relates to high energy level and mental resilience while working; dedication entails a sense of excitement, significance, and pride in one's job; and absorption is defined as being totally focused and profoundly absorbed in duties. Research shows the advantages of employee engagement; e.g. greater levels of employee engagement are associated with rapid rates of profitability growth(8). Higher employee engagement is associated with reduced turnover intentions in Federal Government workforce.(9)

Bullying drains emotional resources through persistent stress and diminishing vigor(10). Targets have reduced self-efficacy, which undermines dedication(11). Bullying mental toll also hinders absorption (4).

Methodology

This study used a cross-sectional study design to look at the association between workplace bullying and employee engagement, with an emphasis on mental well-being as a mediator and perceived organisational support as a moderator. The study was conducted at Manchester Metropolitan University, Manchester, United Kingdom.

The institutional review board approved the study, which included a stratified sample of 427 employees from industries with high rates of workplace bullying: healthcare, education, retail, and information technology. Participants were aged between 20 to 65 years of age. They were recruited via professional associations and organisational collaborations, ensuring representation across sectors, genders, and career stages, with full-time employees needing to have at least one year of tenure.

Workplace bullying was evaluated using the 22-item Negative-Acts Questionnaire-revised (NAQ-R), which measures bullying behaviours over the past 6 months on a 5-point Likert scale (1=Never to 5=Daily; $\alpha=0.91$). Employee engagement was evaluated with the 0-item Utrecht Work Engagement Scale using a 7-point scale (0=never to 6=Always; $\alpha=0.89$). Psychosocial well-being was measured with the 14-item Warwick-Edinburgh Mental Well-being scale. Perceived organizational support was evaluated using an 8-item survey of perceived organizational support. All instruments were validated for occupational health research.

Data was collected for three months via an online survey platform. Following informed consent, participants performed the series of assessments in randomised order to reduce order effects. The survey took 20-25 minutes to complete. To maintain secrecy, no personally identifying information was collected, and IP addresses were not retained.

Statistical analysis was performed through IBM SPSS 27 v. with the Process Macro for mediation and moderation. Descriptive statistics and normality screening were conducted as preliminary analyses.

Results

Healthcare has the highest bullying score (29.4) and the lowest engagement (3.2), well-being (42.1), and point of scale (3.1). In contrast, Information technology (IT) has the lowest bullying rate (18.7) and the highest engagement (4.7), well-being (51.2), and POS (4.1). Education and retail fall between these two extremes, with retail marginally outperforming education in terms of positive

indicators. This indicates that bullying reduces engagement and well-being across different sectors.

Table 1: Bullying Prevalence and Well-being Indicators by Industry

Sector	Bullying (M)	Engagement (M)	Well-being (M)	POS (M)
Healthcare	29.4	3.2	42.1	3.1
Education	26.8	3.6	45.3	3.4
Retail	25.1	3.9	46.7	3.5
IT	18.7	4.7	51.2	4.1

Bullying has a negative association with engagement ($r=-0.62$), well-being ($r=-0.58$), and POS ($r=-0.49$). Engagement is positively associated with well-being ($r=0.71$), POS ($r=0.54$). Well-being

has a positive association with POS ($r=0.51$). These findings demonstrate that bullying undermines workplace, whereas engagement and support reinforce one another

Table 2: Bivariate Correlations among Key Variables

Variable	Bullying	Engagement	Well-being	POS
Workplace Bullying	1			
Employee Engagement	-0.62	1		
Psychological Well-being	-0.58	0.71	1	
Organizational Support	-0.49	0.54	0.51	1

Bullying results in decreased overall involvement ($\beta=-0.62$, $p < 0.001$, $R^2 = 0.384$). It reduces vigour ($\beta = -0.57$, $R^2 = 0.372$), and absorption ($\beta = -0.48$, $R^2 = 0.230$). The most significant effect is on

dedication, followed by vigour, and last absorption. These data illustrate bullying's widespread impact across all engagement aspects.

Table 3: Regression Analysis of Bullying on Engagement Dimensions

Dependent Variable	R ²	Adj. R ²	F	β	t	p
Overall Engagement	0.384	0.382	264.72	-0.62	-16.27	<.001
Vigor	0.325	0.323	203.15	-0.57	-14.25	<.001
Dedication	0.372	0.37	249.81	-0.61	-15.81	<.001
Absorption	0.23	0.228	126.38	-0.48	-11.24	<.001

Bullying significantly reduces engagement ($\beta = -0.62$, $p < 0.001$). Psychological well-being has a significant indirect impact on the association ($\beta = -0.36$). After accounting for well-being, the direct impact is still

significant but reduced ($\beta = -0.26$). This shows that bullying reduces well-being, which in turn lowers engagement.

Table 4: Mediation Analysis of Psychological Well-being

Effect Type	β	SE	95% CI	p
Total Effect	-0.62	0.04	[-0.70, -0.54]	<.001
Direct Effect	-0.26	0.05	[-0.36, -0.16]	<.001
Indirect Effect	-0.36	0.04	[-0.44, -0.28]	<.001

When perceived organizational support (POS) is low (-SD), bullying has a significant negative effect on engagement ($\beta = -0.74$, $p < 0.001$). At Medium POS, the effect is marginally less strong ($\beta = -0.56$, $p < 0.001$), while at high POS (+1SD), it is lowest

($\beta = -0.39$, $p < 0.001$). This demonstrates how organizational support buffers the negative impacts of bullying. Supportive settings have the potential to reduce the impact of bullying on employee engagement.

Table 5: Moderation Effects of Organizational Support

POS Level	β	SE	t	p
Low (-1 SD)	-0.74	0.06	-12.33	<.001
Medium	-0.56	0.04	-14.0	<.001
High (+1 SD)	-0.39	0.06	-6.5	<.001

Workplace bullying varied considerably across sectors ($F = 42.71$, $p < 0.001$), with healthcare having the highest rate and information technology (IT) having the lowest. IT has the most engagement and well-being, whereas healthcare has the lowest. (Engagement $F = 37.29$, Psychological WB $F =$

29.85 , both $p < 0.001$). POS also exhibits similar trends ($F = 31.67$, $p < 0.001$). Tukey post-hoc results demonstrate a definite ranking: Healthcare > Education > Retail > IT (for bullying), with the order reversed for positive indicators.

Table 6: ANOVA Results for Sector Differences

Variable	F (3,423)	p	Post-hoc (Tukey)
Workplace Bullying	42.71	<0.001	Healthcare > Education > Retail > IT
Employee Engagement	37.29	<0.001	IT > Retail > Education > Healthcare
Psychological WB	29.85	<0.001	IT > Retail > Education > Healthcare
POS	31.67	<0.001	IT > Retail > Education > Healthcare

DISCUSSION

This study provides crucial insights into workplace bullying and its sectoral differences, with significant consequences for employee engagement, psychological well-being, and perceived organizational support. Our findings show that healthcare has the highest bullying prevalence (29.4%) but the lowest engagement (3.2), well being (42.1), and POS (3.10) whereas IT has the lowest bullying (18.7) and the highest positive indicators (engagement: 4.7; well-being: 51.2; POS: 4.1). Education and retail are on a middle ground, with retail surpassing education somewhat. Sectoral discrepancies are statistically significant (all ANOVA, $p < 0.001$), showing that organizational setting strongly impacts workplace dynamics.

The significant incidence of bullying in healthcare is constant with previous research based on high-stress situations, hierarchical structures, and emotional labour to greater animosity. For example, Johnson and Rea found that nurses regularly suffer bullying owing to power imbalances and workload constraints (12). One of the study found that the collaborative and innovation-driven culture of the IT sector may foster less horizontal violence than other organizational cultures (13). The bullying erosive impact on engagement and well-being findings demonstrate that workplace bullying has a significant and negative influence on employee engagement, psychological well-being, and perceived organizational support. According to the Conservation of Resources hypothesis, bullying is a stressor that depletes people's emotional and cognitive resources. As a result,

employees become less involved in their jobs and have worse psychological well-being. This association is not just direct, but also indirect: bullying reduces well-being, which lowers involvement. These findings are consistent with earlier study, which has shown that bullying has a significant impact on both mental health and occupational performance (14).

This study suggests that perceived organizational support is critical mitigating the harmful impact of workplace bullying on employee engagement. When employees feel supported by their organization, the negative consequences of bullying on their motivation and participation are mitigated. This is consistent with the occupational Demands-Resources concept, which states that supportive workplace resources can alleviate the strain produced by occupational stressors such as bullying. Halbesleben's previous study heightened the need of robust support networks in protecting employees from the negative psychological effects of bullying (15).

The sectoral hierarchy Healthcare>education>retail>information technology for bullying, flipped for good results shows systemic difficulties. Healthcare's toxic environments may originate from chronic understaffing and ethical stresses, intensifying bullying. Bullying in the healthcare profession is prevalent and has a severe impact on employees' mental and physical well-being (16). A study presents a model for studying how team diversity, psychological safety, and agile practices interact to affect team resilience and performance in agile software development (17). Psychological safety

and agile methods improve teamwork in information systems development (18). Employee agility is improved by using enterprise social media due to psychological factors like meaningfulness, availability, and safety (19). Well-being, resilience, and self-concept serve as mediators between bullying victimization and adolescents' feeling of well-being (20).

CONCLUSION

Based on the study's main finding, workplace bullying fundamentally impairs employee engagement and well-being, with healthcare having the most serious consequences. Organisations must quickly develop specific anti-bullying measures, acknowledging that solutions vary significantly across industries. Crucially, developing true organizational support considerably mitigates bullying's negative impacts. Addressing psychological well-being is also important since it mitigates the negative effects of bullying on participation. Prioritising evidence-based strategies-sector-specific policies, stronger support systems, and well-being safeguards-will result in healthier, more resilient workplaces.

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