Exposure of workplace bullying and post-traumatic stress disorder among female health care workers –A developing Country's Perspective

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In contemporary times, workplace bullying of female healthcare workers has become a pressing issue that is difficult to control and is affecting organizations worldwide. This study aims to explore the association between workplace bullying as a social stressor and three dimensions of Post-Traumatic Stress Disorder (PTSD) - intrusion, hyperarousal, and avoidance stress - among female nurses and doctors working in public and private sector hospitals in Pakistan. Additionally, the research investigates the moderating impact of instrumental climate on this relationship. The study collected data from 300 female healthcare workers in hospitals across Pakistan and utilized Hierarchal Regression Analysis to analyze the findings. The results indicate that workplace bullying significantly and positively correlates with PTSD dimensions (intrusion, avoidance, and hyperarousal) among female healthcare workers. Furthermore, the study found that instrumental climate moderates this relationship. The research contributes to the field by addressing a gap in the literature and exploring workplace bullying and PTSD's relationship in female healthcare workers while considering the unfavorable climate known as instrumental climate.

Keywords: Workplace Bullying; Instrumental Climate; Post Traumatic Stress Disorder, Intrusion Stress, Avoidance Stress, Hyper-arousal Stress

Introduction

Workplace bullying is routinely exploiting healthcare workers, especially female nurses and doctors, their subordinates like juniors or patients, or employee in the hierarchy of a workplace. The author further argued that it is a temporal and contextual issue when females face workplace bullying in developing countries (Einarsen, 2000). Like a senior doctor or nurse, the perpetrator initially displays some aggression, but this can change into hard-line aggressiveness with time to become more aggressive (Leymann, 1990). Workpalce bullying was identified as a main reason for female nursing staff disappointment and agression (Simsons; Djurkovic, McCormach, & Casimir, 2008). Different studies examined the negative consequences of this routine exploitation from different viewpoints, such as anxiety (Rai & Agarwal, 2018), turnover

intentions (Djurkovic, McCormack, & Casimir, 2008), stress and wellbeing (Rai & Agarwal, 2018), the tendency to quit (Naseer, Raja, & Donia, 2016), exhaustiveness and poor wellbeing (Hauge, Skogstad, & Einarsen, 2007), isolation in teams or groups (Samnani & Singh, 2012), deviant behavior at work (Naseer et al., 2016) and post-traumatic stress disorder (Mikkelsen & Einarsen, 2002). The suffering of PTSD is harmful to both employers and employees. It is especially problematic for female healthcare professionals since it could negatively impact the quality of their care to patients (Balducci, Fraccaroli, & Schaufeli, 2011).

Researchers discovered that only a handful of studies were conducted (Balducci et al., 2011). For example, Rai and Agarwal (2018) examined 53 studies covering female healthcare workers that utilized some moderating or mediating elements in this particular context. Of these 53 studies, 14 examined moderations of the relationship between bullying outcomes and an organizational aspect. Only nine studies examined the moderation of the relationship between antecedents and the workplace bullying relationship while using the individual and organizational factors as moderators. We fill this gap by introducing instrumental climate as a moderator in the relationship of female health care workers facing workplace bullying and inclined towards PTSD. Due to its multifarious negative outcomes, various studies have also focused on exploring the individual-specific, team-related and organisational level determinants of workplace bullying. Individual specific factors included both targets specific and perpetrator-specific factors. For instance, Persson et al. (2009) have found that neurotic and extravert individuals are more exposed to workplace bullying. Similarly, employees (as the perpetrator) with stress jobs and comxplex assignments are more likely to engage in workplace bullying behaviours (Baillien, De Cuyper, & De-Witte, 2011). Literature also highlighted group-related risk factors such as group norms, status and task conflict as determinants of workplace bullying (Einarsen et al., 1994; Lutgen-Sandvik, Tracy, & Alberts, 2007).

Similarly, various organisational level risk factors such as leadership styles, organisational culture, ethical climate, organisational policies and situational factors have been studied as risk factors of workplace bullying (Rai & Agarwal, 2018). Previously, these risk factors were studied without intervening factors. Most of the studies explained the direct effects of individual, team-related and organizational factors on the probability and intensity of bullying. Contrarily, this thesis proposes a framework explaining the risk factors and consequences of bullying under individual factors. It is proposed that organisational factors act as barriers as well as opportunities for workplace bullying. Whereas, individual factors serve as catalysts for organisational factors to encourage/hamper workplace bullying (Rai & Agarwal, 2018). In other words, individual factors moderate the relationship between organisational level determinants and workplace bullying.

Specifically, we propose that organisational climate is an essential determinant of workplace bullying while the victim's personality and coping strategy (individual-level factors) may act as moderators. Organisational climate is the perceptions of organisational practices and procedures that are shared among members (Schneider,1975). Wimbush, Shepard, and Jon (1994) explored the significant relationship between bullying and organisational climate. A climate may impose ethical, moral and organisational restrictions on bullies to make them not harmful to others

, and it may create an environment of respect, trust and well-being (Wimbush & Shepard, 1994). As a result, the climate would discourage/encourage workplace bullying behaviours (Victor & Cullen, 1988).

Individuals with Type A personalities are known for their determination and aggression, but this can also make them more vulnerable to frustration and provocation, especially if they don't achieve their goals (Byrne, 1996). This can cause them to perceive normal behavior as bullying, even in a caring work environment where harmful behavior is discouraged. Conversely, Type B individuals tend to be more laid-back and are less likely to be agitated or hostile, even in the absence of a caring work environment.

This paper explores the role of personality in the relationship between workplace climate and bullying, as well as the relationship between bullying and stress. It argues that Type A individuals are more susceptible to the negative effects of workplace bullying, as they tend to become stressed when they perceive that they are being bullied. On the other hand, Type B individuals are more likely to remain relaxed and ignore adversity.

In addition, this research also examines the role of coping strategies as a moderator in the bullying-stress relationship. The study suggests that the negative effects of bullying depend on the coping strategies adopted by the targets. Thus, the research aims to investigate the moderating roles of personality and coping strategies in the climate-bullying and bullying-stress relationships. The findings of this research will have practical implications for HR policies aimed at preventing workplace bullying and promoting individual and organizational performance.

The above-mentioned studies have shown that the negative consequences of workplace bullying are not only limited to the individual or organisational under-performance but also cause stress-related physical conditions. Therefore, workplace bullying has become a central point while studying behavioural aspects of the workplace. Moreover, recent evidence shows that the probability and intensity of workplace bullying are increasing that makes it challenging for the organizations to maintain the desired level of the environment, such as stressor free environment at the workplace. The situation in developing countries is all the more serious (Gadit & Mugford, 2008), mainly because in developing countries, stringent HR policies are usually not in place. One is continuously challenged with the situational dynamics of society as compared to developed countries, thus increasing the vulnerability of employees at the workplace (Naseer, Raja, Syed, & Bouckenooghe, 2018). Pakistan, being a developing country, is not an exception as well, and workplace bullying is being noticed as a severe threat (Naseer, Raja, & Donia, 2016).

Therefore, the argument that workplace bullying is a serious challenge facing the workplace in developing countries is gaining momentum. Despite, the realization of the severity of the problem, workplace bullying is not receiving due attention from the local authorities. One of the reasons could be the lack of deep understanding of the construct, especially within the local perspective. This dissertation addressed these issues and explained the determinants and consequences of workplace bullying within contingency of individual factors. Therefore, the problems addressed in this dissertation can be seen from two perspectives. First, there is a need to

study workplace bullying especially from the perspective of its negative consequences in Pakistan, that is more prone to workplace bullying. Second, to provide deep understanding of the construct to the local authorities that would help them devise mitigating strategies within contingency factors accordingly. Therefore, current study of determinants and consequences of bullying in Pakistan will be a significant contribution.

This study is among the few studies that attempt to study the role of the organizational context concerning workplace violence and psychological distress in healthcare workers.

1.1 Literature review

1.1.1 Workplace bullying and PTSD

Workplace bullying has become a subject of study distinct from harassment based on race and sexuality in recent years (Staale Einarsen, Hoel, & Notelaers, 2009). Workplace bullying is defined as the frequent victimization of a subordinate, co-worker, or superior person in a hierarchy. This can have adverse psychological, social, or even physical effects on the victim (Einarsen 2000). This definition of bullying comprises three elements. ' regular abuse' describes bullying as a temporal phenomenon. In this case, exploitation is defined as inter-personal maltreatment (Mathisen, Einarsen, & Mykletun, 2011). Regular means the amount at which it occurs manifestation. So, following the definition, exploitation (i.e., mistreatment of others) can be considered bullying in the workplace if it is repeated (i.e, often, like every week and over a long period like for up to six months).

In the second section of the definition, it is specified that bullying can occur between co-workers, subordinates, or superiors. This means that superior-to-subordinate bullying (Einarsen, 2000), as well as supervisor-to-subordinate bullying (Mathisen, Einarsen, & Mykletun, 2011) can take place, along with bullying among colleagues (Fox & Stallworth, 2005). The third section of the definition highlights the negative impacts of workplace bullying. For instance, targets of bullying are likely to experience Post-Traumatic Stress Disorder (PTSD), which is a severe anxiety disorder that develops due to prolonged exposure to stressful situations. PTSD is characterized by a triad of symptoms, including high levels of arousal, re-experiencing terrifying events through nightmares, and avoidance and denial (Fox & Stallworth, 2005). Research shows that 86% of victims suffer from memory problems, anxiety, social isolation, nervousness, avoidance, and PTSD (Leymann, 1990; Mikkelsen & Einarsen, 2002).

Female healthcare providers who suffer from post-traumatic stress have less capacity to care for patients and increase the likelihood of making errors (Sareen, 2014). Employees working in the service sector (public or private) in Pakistan have to face workplace bullying due to the non-supportive or intimidating organizational climate.

Moreover, due to this stressor such as workplace bullying employee feel negative mental health outcome such as PTSD. Why do seniors, peers, colleagues bully others that result in PTSD? To find the answer to this question, we have to go through from below-mentioned theories.

1) Social Learning theory
2) The Organisation model theory
3) The Conservation of Resource theory
4) Planned Behaviour Theory
5) Effective Event Theory

Social Learning theory emphasised on the phenomenon, how the surrounding environment is treating others, and people do in the same as others behave (Miller, Bandura, & Walters, 1966). When the organisational climate is hostile and non-supportive like the instrumental climate in our study where people see others misbehaving and insulting, so other seniors do in the same manner. It is also an essential point that employees such as nurses, doctors and other paramedical staff in Pakistan are less in numbers (WHO, 2010). So, when burden increases and medical staff are not able to perform better services, employees have to face workplace bullying from seniors and colleagues from the same hierarchical level. Similarly, this thought can also be applied to other professions such as education and banking sector too.

Secondly, the theory of organisational model proposes that people having authority bully their juniors due to having a senior position in the chain of command (Tangri, Burt, & Johnson, 1982). This theory supports our study that in those organisations where seniors bully subordinates resulting PTSD and employees feeling different unforgettable feeling with them due to facing workplace bullying.

Similarly, the Conversation of Resource theory also narrated that workplace bullying repeated incidents lead to high stress due to fear of job loss, low support from peers (Hobfoll, 1989). It can be argued that in those public or private service industries of Pakistan where such type of fears exists, the changes for PTSD increases. So, based on this theory, when employees have a fear of losing their resources (material and psychological) without any resource gain (energy or motivation), the impact of PTSD rises. This dilemma happens due to facing workplace bullying, which damage the organization.

Likewise, planned behaviour theory suggests that behaviours follow from attitudes (Ajzen, 2011). Moreover, attitude is considered as an antecedent of an individual's behaviour. Moreover, many scholars discussed that employees who are facing workplace bullying are more likely to quit their jobs (Mobley, Horner, & Hollingsworth, 1978; Hom & Hulin, 1981). Moreover, fear of workplace bullying is associated with turnover intentions (Rogers & Kelloway, 1997). So in the same flow, there is a definite link between workplace bullying and PTSD due to the daunting organisational climate (Chang & Lyons, 2013).

Next, affective event theory suggests the relationship between an individual's internals and their responses. This theory covers two aspects, such as uplifts and hassles (Weiss & Cropanzano, 1996). Workplace uplift occurs when a pleasurable event takes place in the workplace due to which employees become delighted. Workplace hassle includes all adverse events that employee can face in the workplace. Theory of affective event suggests that in a non-supportive environment where the repeatedly adverse events take place, employees feel stress. In next, the PTSD emerge, and employees do not forget those outbreaks of violence that they face in workplace hassle time.

Moreover, theories suggest that people who face workplace bullying may experience stress, and they may be susceptible to trauma such as PTSD later in life (Zvolensky et al., 2015). In this thesis, workplace bullying is divided into two types, such as work bullying (WB) and personal bullying (PB). So there is a need to define these two types of workplace bullying to understand the basic concepts.

1) Work Bullying (WB)
2) Personal Bullying (PB)

1) Work related Bullying

Work-related bullying provides detail regarding assigning unrealistic workloads, close monitoring, short deadlines and hiding relevant information from the victim (Einarsen & Hoel, 2008).

2) Personal Bullying

Personal bullying includes personal attacks such as embarrass victims, making jocks, and insult victims for no reasons (Einarsen & Hoel, 2008; Mikkelsen & Einarsen, 2003; (Neuman & Baron, 2006; Nielsen et al., 2013).

A theory of conservation of resources provides an exciting perspective to analyze the connection between workplace harassment and post-traumatic stress disorder. According to this model, if employees are afraid of being deprived of their assets (material and psychological) but without any gain (energy or enthusiasm), the effects of PTSD are increased. This is due to being subject to bullying at work that can harm the company. The positive association between PTSD and workplace bullying in healthcare professionals has garnered widespread support (Idemudia, Olawa, Wyatt, & Milburn, 2020). The repeated instances of workplace bullying result in high stress because of anxiety about job loss and lack of support from peers, and, finally, post-traumatic stress (Hobfoll, 1989). PTSD is an acute anxiety disorder, which is usually caused by consistent exposure to a very stressful or traumatic event. Researchers have shown the victims of bullying also show symptoms of PTSD such as as memory problems, nervousness, social isolation, avoidance and hostility and therefore may have PTSD (Björkqvist et al., 1994).

Furthermore, PTSD is due to the negative affectivity (NA) such as workplace bullying (Hansen et al., 2006). Hansen et al. (2006) further suggested that all individuals who are facing workplace bullying (NA) at the higher level as compared to rest who are not under this victimization are more inclined towards traumatic disorder such as PTSD. As explained earlier regarding the role of individual differences, personality and core self-evaluation also put the critical role in perceiving such dangerous traumatic disease in case of aggressive and determined personality (Matthiesen & Einarsen, 2004). So literature suggests a relationship between workplace bullying and PTSD.

1.1.2 Moderating role of instrumental climate

Social Learning theory emphasizes how the environment treats others and how people behave similarly to other members of society (Miller, Bandura, & Walters, 1966). If the climate of an organization is hostile and unsupportive, similar to the environment that we observed, when people

follow others being rude and disrespectful, they will behave similarly. It is also essential that employees like female doctors, nurses, and other paramedical professionals in Pakistan are fewer (WHO 2010). Therefore, when the workload is increased and healthcare professionals cannot provide better service, workers are faced with harassment at work. This same concept can extend to various professions like banking and education (Ashraf & Ahmed, 2019). The study previously discussed the role of climate in determining the right approach for conflict management in the workplace: physical abuse and mental exhaustion.
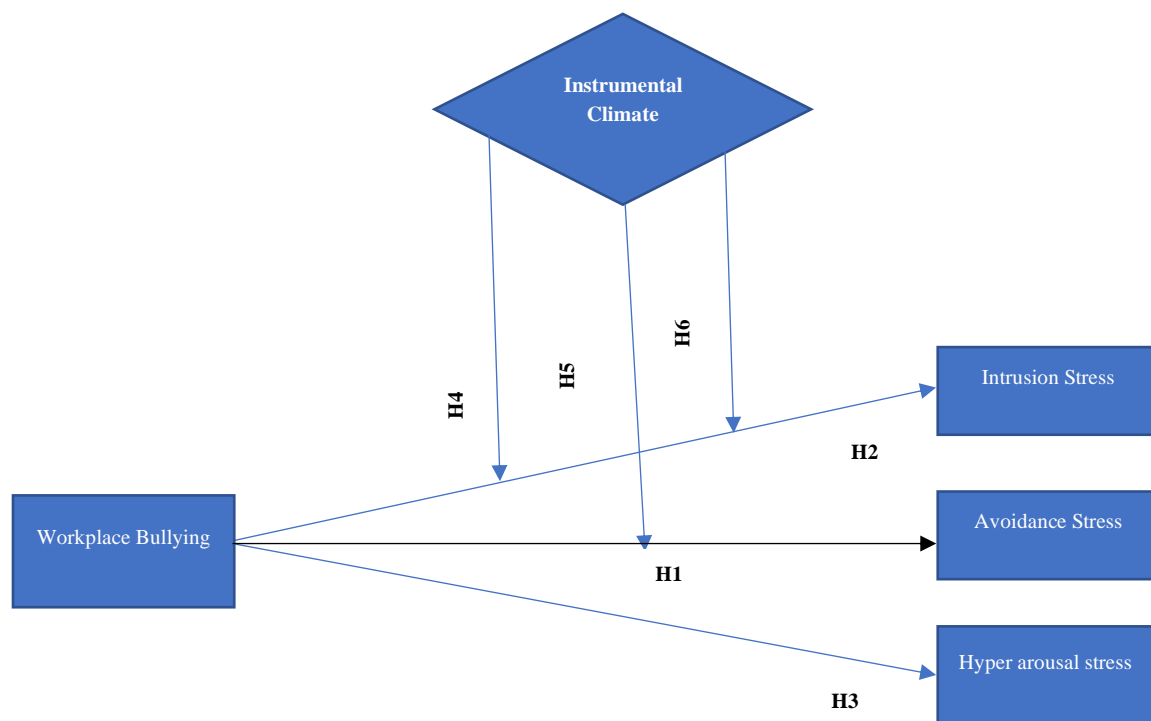

FIGURE 1 Hypothesized model

The study investigated the role of instrumental climate in the connection between workplace harassment and post-traumatic stress disorder among female nurses and doctors working in hospitals of Pakistan. The proposed model is shown in Figure 1. This research is essential both from theoretical and practical angles. Studying the instrumental environment (an organizational element) as a moderator between the two will be an academic contribution to an area that has not been studied extensively. Practically, it will address the central issue in the healthcare sector of Pakistan. The findings of this study will have significant practical implications for HR policies to combat workplace bullying, which will improve the performance of individuals and organizations.

1.2 Study aim
Drawing from existing research and theoretical frameworks, the aim of this study was to examine the association between workplace bullying and PTSD, and investigate how the type A personality

and instrumental environment can buffer this relationship. The following hypotheses were developed:

1. There is a positive relationship between workplace bullying and PTSD.
2. The instrumental climate moderates the positive relationship between workplace bullying and PTSD in female nurses and doctors in Pakistan, such that the relationship is stronger in highly instrumental organizational climates compared to low instrumental climates.

2 Methods
2.1 Design
Research design can be helpful to provide a clear outline of the work. In this research, the breeding in workplace harassment and PTSD is being investigated using the cross-effects of various variables of the study. The cross-sectional method is employed during this investigation to examine the hypothesis-based relationships proposed by the researchers. Non-probability-convenient sampling method was used to gather the data.

2.2 Participants and setting
All respondents came from members of the healthcare industry. The data came from both private and public hospitals in Pakistan that included female nurses (54.7 percent) as well as female doctors (12.7 %)) as well as female administrative and support personnel (32.6 percent). A brief explanation of the aim and the purpose of the research was included in the questionnaire, which ensured confidentiality and anonymity of participants as well. The participants took part in this study on their own initiative. From the 350 questionnaires, only 300 usable questionnaires were returned, resulting in a 60% response percent.

2.3 Data-collection tools
2.3.1 Workplace Bullying

The prevalence of workplace bullying was assessed using a shorter version of the Negative Acts Questionnaire, comprising 22 questions (Staale Einarsen, Hoel, & Notelaers, 2009). Participants were asked to indicate the frequency of negative experiences at work over the past six months, with response options ranging from "Never" to 5 "Daily." Following the approach taken by Gupta, Bakhshi, and Einarsen (2017), the 22-item survey was categorized into three dimensions of workplace bullying: work-related harassment (8 items), personal bullying (11 items), and physical bullying (3 items). Work-related bullying encompasses unjustified exploitation, while physical and personal bullying is more severe and directly targeted at the victim.

2.3.2 Post-Traumatic Stress Disorder

Instead of using traditional measures of workplace stress or anxiety, our study focused on assessing post-traumatic stress disorder caused by workplace bullying. To measure stress, we utilized a 22-item self-report survey called "the Impact of Event Scale-Revised (IES-R)" developed by Rosner

and Hagl (2008). This revised version of the initial Horowitz (IES) survey is designed to meet the DSM-IV criteria for PTSD. The survey includes items such as "Any reminder brought back feelings about it," "I had trouble falling asleep," and "I had dreams about it," with response anchors ranging from "Not at all" to "Extremely."

2.3.3 Instrumental Climate
The moral Climate Questionnaire developed by Victor and Cullen (1988) is utilized to assess the care climate. Based on 5-point scales, the responses ranged from "strongly agreed with" to "strongly disagree".

2.4 Data Analysis
The respondents were from various professions like teachers, nurses, doctors, bankers, as well as other administrative personnel. The proportion of females in the workforce is 60% of the entire population while the remaining are males. In addition, around 60% come from the health sector including hospitals and pharmaceutical companies.

2 RESULTS

3.1 Descriptive analyses
The mean, Standard Deviation (SD), and bivariate correlations of the variables studied are presented in Table 1. As is expected, workplace bullying was found to be significantly ($p<.01$) but also positively associated to the stress of intrusion ($r =.264$) and the stress of avoidance ($r =.287$) and hyper-arousal stress ($r =.410$). The results also indicated that the instrumental environment was positively and ($p<.01$) associated with workplace bullying. ($r=.145$). This is a significant finding that scores with high instrumental climate (IC) are more a result of the applications of IC while scores that are high for bullying indicate a higher likelihood of bullying. So the positive relationship between bullying and IC could be seen as a high likelihood of bullying' for companies with a caring culture and in reverse. The employees who are part of a caring climate exhibit kindness towards morality and utilitarianism. Thus, employees in a supportive environment do not engage in bullying. But, the personality of the target may alter this perception.

3.2 Hypothesis testing

We tested hypotheses using hierarchical regression analysis, using all dimensions of PTSD serving as dependent variables. In the next step, we entered the independent factor (workplace bullying) and moderating factor (instrumental climate). In the final step, we entered the inter-related terms.

As is evident in Figures 2 and 3 workplace bullying was associated with PTSD indicators (b equals 0.264 and P .001 to measure intrusion stress while b is 0.410 and P <0.001 to hyper arousal stress and b is 0.287 and P <0.001 to avoidance stress in the sample. These findings support hypothesis 1 that the presence of bullying in workplaces is connected to all three dimensions of PTSD. The interaction between the workplace and instrumental climate revealed significant effects on

hyperarousal and avoidance stress in sample (b = 0.625, P< .05) and (b = 0.601, P< .05) whereas no moderating effect was seen on the relationship between workplace bullying and intrusion stress. (b = 0.0564, P< .05). We analyzed the slopes of bullying in the workplace on PTSD separately for those above the high level (+1 SD) and below low levels (-1 SD) of instrumental climate. In Figures 2 and 3, workplace bullying was more closely linked to hyperarousal and avoidance stress among employees with a higher level of PTSD (b = 0.625, 0.601, and the t-value were 14.943, 14.042 P< .05).

TABLE 1: Means, SD, and intercorrelation of study variables

	Mean	SD	1	2	3	4	5
1. Workplace Bullying	2.80	0.99	_	.145**	.264**	.410**	.287**
2. Instrumental Climate	2.65	0.81	.145**	_	.568**	.513**	.631**
3. Intrusion Stress	2.35	0.88	.264**	.568**	_	.863**	.856**
4. Hyper-arousal Stress	2.40	0.90	.410**	.513**	.863**	_	.829**
5. Avoidance Stress	2.48	0.85	.287**	.631**	.856**	.829**	_

$*P < .05, **P < .01, ***P < .001$, SD, standard deviation

TABLE 2: Moderated regression analysis:

	Intrusion Stress		Hyper-arousal stress		Avoidance Stress	
	B	t-value	B	t-value	B	t-value
Step 1:Main effects						
Workplace Bullying	.264	5.108	.410	8.391	.287	5.60
Instrumental Climate	.574	19.76	.573	19.715	.657	24.56
Step 2:Two way interactions						
Workplace Bullying × Instrumental Climate	.0564	12.752	0.625	14.943	.601	14.042
Total R^2	0.388		0.793		0.445	
R^2 change Step 1	0.070		0.168		0.083	
R^2 change Step 2	0.318		0.625		0.362	

$*P < .05, **P < .01, ***P < .001$. β represents the standardized regression coefficients for each step in the regression equation.

4 Discussion

The primary benefit of this research is pointing out the purpose of these sources in the bullying-PTSD connection across a sample of female healthcare professionals (Hassan & Musa, 2014). The effects of workplace bullying were predicted by PTSD, which is in line with previous research showing its negative impact on female employees.
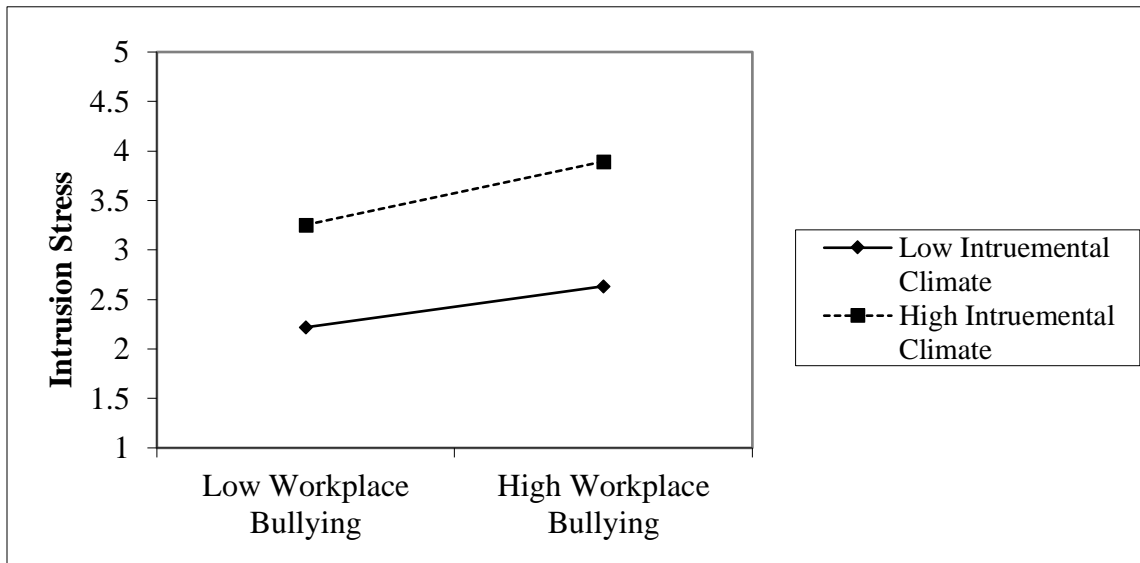

FIGURE 2 Moderating effect of instrumental climate on the relationship of workplace bullying with intrusion stress

Figure 2 depicts a unidirectional regression line for PTSD and bullying in cases where the instrumental climate is greater than the level of +1 SD from its average. Organizational instrumental climate (at 1 SD) the regression line for bullying at workplace and PTSD tends to be more downward. The results show that frequent bullying from senior doctors, colleagues, and patients leads to increased stress among female nurses and doctors working in public and provate sector hospitals but no significant combined effect of instrumental climate and workplace bullying depicted in figure 2.

FIGURE 3 Moderating effect of instrumental climate on the relationship of workplace bullying with hyperarousal stress

Figure 3 shows the results of PTSD and bullying as well as the recurrence of instrumental climate. Figure 3 displays an upward trend for instrumental climate, at the level of -1 SD. This indicates that frequent bullying at work increases when combined with instrumental climate and will result the severity of PTSD.
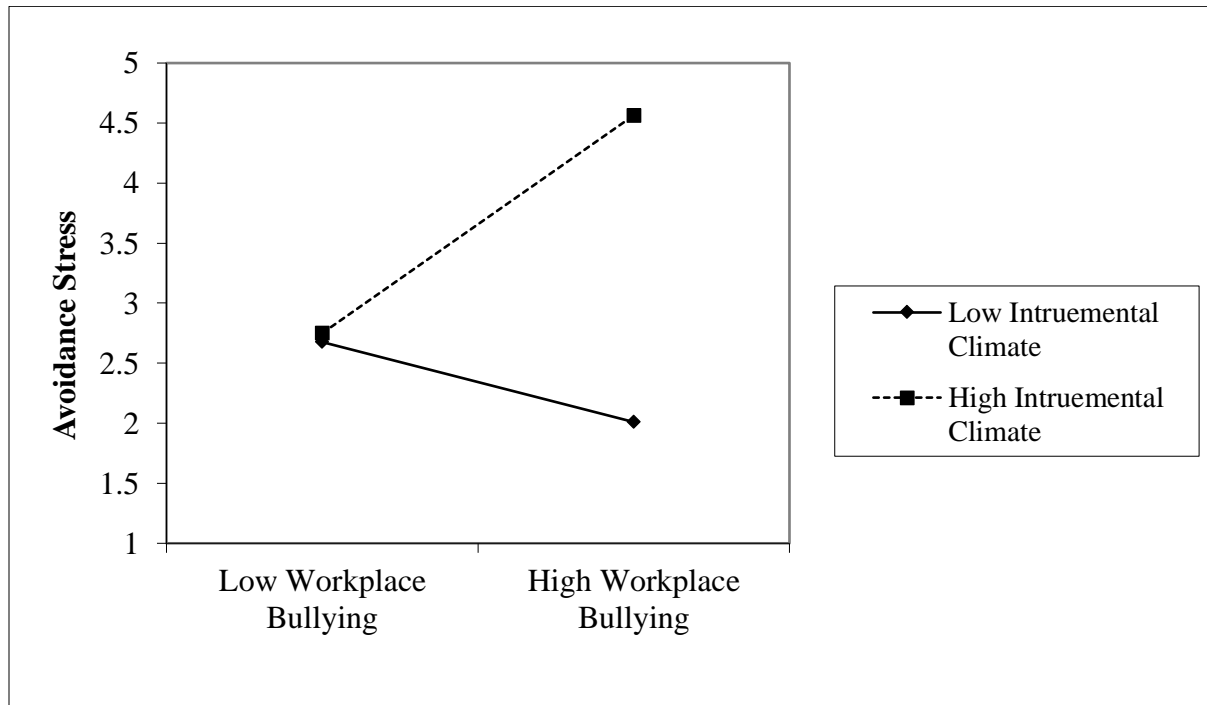
FIGURE 4 Moderating effect of instrumental climate on the relationship of workplace bullying with avoidance stress

Figure 4 shows that workplace bullying can cause PTSD in varying degrees at various levels of organizational climates. We also agree with our second hypothesis for the role of instrumental climate in determining the relationship between PTSD and bullying at work. These findings support our theory that the organization is the leading cause of bullying. At the same time, individual-specific factors play a role in regulating. Future research is suggested to examine the theory on other factors that affect individuals and organizations. PTSD like other severe consequences of workplace bullying considered as worst for organisations. Workplace Bullying is a stressor that is a prerequisite of a traumatic event such as PTSD (Einarsen & Mikkelsen, 2002). Many authors found a direct relationship between workplace bullying and PTSD symptoms (Balducci, Alfano, & Fraccaroli, 2009; Mikkelsen & Einarsen, 2002).

Authors argued that there is a need to contact from anti-bullying associations (Einarsen & Mikkelsen, 2002) or with the victims who at least took clinical consultation (Balducci et al., 2009). If workplace bullying already has a traumatic event, then the relationship between both workplace bullying and PTSD should emerge in organisations, and this relationship has never been investigated before.

So in this study, organisational employees are investigated, and according to their responses, results reported that employees feel more PTSD when they personally harassed rather than harass on work-related tasks.

Employees who were being bullied and inclined towards PTSD did not keep the skills and capabilities required for performing the work; thus, caring climate and rules do not have any effect on this kind of behaviour. Results show that caring, law and code and rules climates are not influencing the PTSD. As discussed earlier that rules, law and code are written forms that authorise right or discourage wrong deed and these three climates in the current study not playing any role in creating or stopping PTSD. This discussion is also very crucial and linked with two theories, such as social learning theory and planned behaviour theory. It is because in both theories, employees learn from the environment and behaviour follows from attitude. So employees, due to the hostile and non-supportive climate perceive PTSD.

4.1 Study limitations

The study is not without its limitations. The first is that its cross-sectional approach will likely hinder conclusions about causal connections between the variables. For instance, female employees who have PTSD may be more likely to believe that they are under attack at the workplace. Thus, it is necessary to conduct longitudinal studies to confirm the findings across time and determine the nature of causality and the time relationship.

We followed the suggestions for designing questionnaires suggested by Podsakoff, MacKenzie, Lee, and Podsakoff (2003). However, it is beneficial to continue studies that make use of multiple sources of data (e.g. when you get supervisory scores of autonomy in the job) to ensure that the model is tested objectively. It is essential to remember that the results we obtained were interaction effects. Therefore, there is no need to worry about the statistical effects resulting from the common variation in the method.

4.2 Practical Implications

It is mandatory for all organisations working in Pakistan to make workplace bullying issue as an initial plan like other developed countries and make policies accordingly. There will be zero tolerance against this terrible issue. Almost sixty per cent of respondents in the current study are from health sectors, including nurses and doctors. In Pakistan, it has been observed that nurses and female doctors do not complaint against workplace bullying, because of the threat of losing their jobs and respect reasons. To meet this purpose Government of Pakistan should make friendly policies and reporting system that should diminish the risk of employment and respect. Organisations should create a suitable climate that minimises workplace bullying and also post-stress consequences.

Our findings showed that in hospitals, banks, pharmaceuticals, and educational institutes working in Pakistan have no role of law and code in promoting or discouraging workplace bullying. Whereas caring, rules, and independence climate mitigates workplace bullying.

Moreover, finding reported that instrumental climate created the environment of workplace bullying. So organisations must ensure formal programs to facilitate and help nurses, doctors and executives who face workplace bullying in respective climates. Moreover, the management of organisations must realise that if the organisational climate is not supportive, then management should have to take care of employees, especially who have Type A personality traits. It is because Type B trait individuals may survive in politicise climate but Type A individuals must have to face workplace bullying and PTSD.

Such kind of initiatives would not only benefit the nursing staff or female doctors but also suitable in other sectors such as education, banking and pharmaceutical organisations. Alternatively, Type A individuals should also make the struggle to improve their skills and potential to deal with challenging work climate. Moreover, organisations should also have to conduct exit interviews from employees who are resigning. By doing this, it will be helpful for organisations to observe the exact reasons for leaving the organisation. Finally, the information taken from exit interviews will be beneficial, and this would be the only source to improve organisation performance by minimising workplace bullying.

5 Conclusion

The study offers many practical implications for healthcare institutions. Our findings suggest that female nurses and doctors facing workplace bullying is a major job requirement that predicts PTSD among employees, negatively affecting their performance. To provide high-quality healthcare, the management of institutions must be proactive in preventing workplace bullying, such as creating a climate that is positive and respectful relationships with other people, and clearly defined policy prohibiting any form of bullying, or adopting measures that aim to decrease the incidence of interpersonal violence.

Moreover, the research investigated the link between workplace bullying and employee PTSD in three different dimensions. The study also explored the moderating effects of instrumental climate in connecting workplace bullying and PTSD. Our findings highlight the role these resources can have in reducing the adverse effects of bullying in the workplace on employees.

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