Effect of Coping Strategies Education on Knowledge and Behaviors of Women Experienced Workplace Bullying

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ABSTRACT

Context: Workplace bullying is defined as the perceived situation in which an employee is systematically and repeatedly the target of work-related or personal harmful acts. Workplace bullying is an occupational stressor shown to have particular detrimental health outcomes for those targeted.

Aim: The study aimed to evaluate the effect of coping strategies education on knowledge and behaviors of women experienced workplace bullying.

Methods: A quasi-experimental (pre/posttest) design was used to achieve this study's aim. The study was conducted at Beni-Suef University affiliated to the Ministry of Higher Education. The study conducted on a convenient sample of 500 women working at Beni-Suef University. They included 360 employee women from different age groups, educational backgrounds, and job positions. The sample also includes 100 nurses and 40 workers. The study used two tools. The researcher designed a structured interview questionnaire to assess the women's socio-demographic profile and their knowledge regarding workplace bullying. The second tool was a coping behavior checklist for workplace bullying designed by the researcher to assess the women's behaviors toward workplace bullying.

Results: shows that 36.0% of the studied women were in the age group ≥30 with a mean age of 34.38±4.33. Half of the studied women suffering from all mentioned health effects, followed by absenteeism 15%, then depression 12%, and 7% suffering decreased self-esteem, the least health problems 6% was for a physical problem (cardiovascular, diabetes mellites, and neuromuscular problems). The study reveals a statistically significant improvement of women's knowledge regarding workplace bullying at post compared to pre educational intervention and at follow up phase compared to the post-intervention phase at $p < 0.001$. The results also show a highly statistically significant improvement in the women's behaviors toward workplace bullying between pre and post-intervention phases and between post and follow up phases of intervention at $p < 0.001$.

Conclusion: The research hypotheses were supported. The women exposed to the coping strategies education had improved knowledge and behaviors compared to their pre-education level. Effective organizational interventions are recommended to help prevent and address bullying incidents, and robust legislative mechanisms are also recommended to allow for restitution and compensation, particularly for women.

Keywords: Coping strategies, education, knowledge, behaviors, women, workplace bullying

1. Introduction

Workplace bullying (WB) is an issue that is still relatively recent in occupational health research, with most studies conducted in the last 30 years *(Feijo et al., 2019)*. Workplace bullying is defined as the perceived situation in which an employee is systematically and repeatedly, the target of work-related or personal negative acts at work *(Einarsen et al., 2011)*. Psychosocial factors like bullying are now widely recognized as global issues affecting all countries, professions, and workers *(Cobb, 2011)*.

Workplace bullying is frighteningly common and taken an enormous toll on today's business. Research done at Phoenix University has shown that nearly 75 percent of employees surveyed have been influenced by workplace bullying, whether as a witness or a target *(Comaford, 2016)*. A previous census surveyed 16, 517 workers worldwide revealed that 64% replied that they had been bullied, either physically harmed, driven to tears or influenced their work performance; 36% responded that this had never occurred to them, and 16% answered that they had seen it happen to others. An astonishing 83% of European respondents reported being physically or emotionally bullied, while in the Americas, the percentages were 65%, and in Asia, 55% *(Cobb, 2011)*.

Latest systematic reviews and longitudinal researches of the consequences of workplace bullying indicate that bullying is linked to mental health problems such as depression *(Theorell et al., 2015)*, anxiety *(Verkuil et al., 2015; Nielsen et al., 2017)*, suicidal ideation *(Butterworth et*

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al., 2016; Nielsen et al., 2016), sleep problems *(Lallukka et al., 2011)*, neck and back pain *(Glambek et al., 2018)*, cardiovascular disease *(Kivimaki et al., 2003)*, diabetes *(Xu et al., 2018)*, and absenteeism *(Janssens et al., 2016)*.

Moreover, workplace bullying is an occupational stressor shown to have particular detrimental health outcomes for those targeted *(Hogh et al., 2011; Nielsen & Einarsen, 2012; Reknes et al., 2016).* Exposure to workplace bullying is associated with health impairment, such as burnout *(Giorgi et al., 2016)*, symptoms of post-traumatic stress disorder (*Nielsen & Einarsen, 2012)*, and depression *(Kivimaki et al., 2003)*. Studies have particularly underlined the negative impact of workload *(Baillien et al., 2011)*, job insecurity *(de Cuyper et al., 2009)*, role conflict, and role ambiguity *(Reknes, Pallesen, et al., 2014)* on exposure to workplace bullying. It is well-known in the literature that bullying has an adverse effect on people's mental and psychosomatic health *(Hogh et al., 2011; Kivimaki et al., 2003; Finne et al., 2011; Nielsen et al., 2012; Reknes, Einarsen et al., 2014; Nielsen et al., 2014)*, including being related to increased anxiety.

However, as a multi-causal and complex phenomenon, *Einersen et al. (2011)*, effectively reducing workplace bullying remains a problem. A Cochrane recent review affirmed that there is very low-quality evidence of strategies that could reduce workplace bullying *(Gillen et al., 2017)*. The literature on workplace bullying endorsed the claim that women get bullied at higher levels and are more frequently compared with men. According to a statistical survey conducted by *Namie (2014),* women made up to 60% of the bullied targets. Researches have been shown that women who were targeted suffered increased health effects, resulting in considerable time off the workforce *(Berthelsen et al., 2011). Lewis (2006)* posited that women were more vulnerable to bullying behaviors Since they were deemed a weaker gender and were regarded as acceptable conduct in organizations *(Gattis, 2018).*

Bishop (2014) reported that more than half of women had experienced harassment and bullying at work. Some 52% of women reported they had experienced bullying and harassment at work over the previous three years, according to a British online survey of 25,000 people carried out by workplace gender campaign. A systematic review conducted by *Feijo et al. (2019)* about risk factors for workplace bullying, the review included 51 studies. In most research, women were reported to have a higher chance of being bullied (Odds ratio (OR) from 1.17 to 2.77. Research scholars have become increasingly interested in the phenomena, and in the last 20 years, they have sought to understand better while trying to find ways to overcome the problems *(Samnani & Singh, 2012; Branch et al., 2012).*

Coping can be seen as the moderator of the bullying-strain relationship. Coping strategies may intervene to assist in allowing the individual to return to their equilibrium state before the consequences of bullying affect the organizational and individual outcomes *(Upton, 2010).* Theorist Lazarus and Folkman define coping as "constantly changing cognitive and behavioral efforts to manage specific external and internal demands that are appraised as taxing or exceeding the resources of the person" *(Lazarus & Folkman, 1984; Reknes et al., 2016).* Similar findings were observed in previous coping studies, which indicate that control is an essential factor in dealing with the situation effectively *(Semmer 1996),* with a lack of control being a definitional characteristic of bullying *(Einarsen et al., 2011).*

The study of coping strategies used in response to acute stressors such as bullying is significant because their efficacy can vary in mitigating bullying, and the choice of coping strategies may also reflect the severity of bullying and the victim's broader psychological condition *(Lee & Brotheridge, 2006).* This research is helpful for clinicians because it may allow them to direct the victim towards more effective coping strategies and provide the support they need, taking into account the nature of bullying, individual coping skills and other factors that may decide the choice of coping strategies *(Johannsdottir & Olafsson, 2004).*

While existing research has provided robust and extensive evidence for the prevalence, outcomes, and predictors of bullying, there are still crucial knowledge gaps and some key challenges in the field that need to be tackled in order to establish successful organizational approaches and clinical procedures or even creating a solid knowledge base for our understanding of this pertinent problem *(Nielsen & Einarsen, 2018).* Community health nurses and psychiatric mental health nurses can contribute to struggling to combat this dreadful phenomenon.

2. Significance of the study

A single Egyptian study conducted in Menoufia University Hospitals on 3307 workers (488 physicians, 2141 nurses, and 678 administrative staff) by *Nafei, (2019)* studied workplace bullying and workplace anxiety. The study revealed that Egypt's healthcare system is seen as a sector in which non-negligible levels of emotional violence occur. Hospitals in Egypt are busy and stressful places to work. They suffer from difficult working conditions, such as night duties, absurdities, low employee pay in public institutions, bullying during academic career, and promotion. Bullying has detrimental implications for corporate life. The degree of workplace bullying experience was higher among nurses working in disadvantaged settings, and the nursing job climate proved to be a significant factor affecting WB. There is a statistically significant association between workplace bullying and workplace anxiety at Menoufia university hospitals in Egypt.

Unfortunately, the literature still lacks adequate approaches to help female professionals deal with the consequences of workplace bullying. Most studies on the bullying conducted on the adolescent, workplace, but very few studies aimed to investigate the workplace bullying against women. Despite the limited approaches and tools available to tackle this organizational problem, there is a gap in the literature that considered useful resources to help skilled women deal with the phenomenon. There is little research on how the education of coping strategies could affect the knowledge and behaviors of women experienced workplace bullying.

3. Aim of the study

This study aimed to evaluate the effect of coping strategies education on knowledge and behaviors of women experienced workplace bullying.

3.1. Operational definition

Workplace bullying is defined in this study as the situation in which a woman persistently exposed to adverse treatment from one or several others in the workplace, in which they find difficulties defending themselves against these actions.

Coping is defined in this study as the cognitive and behavioral effort made to master, tolerate, or reduce external and internal demand and conflicts among the studied women.

3.2. Research hypothesis

- The women who exposed to the coping strategies education will have improved knowledge compared to their pre-education level.
- The women who exposed to the coping strategies education will have improved coping behaviors compared to their pre-education level.

4. Subjects and Methods

4.1. Research design

A quasi-experimental (pre/posttest) design was used to achieve the aim of this study. Quasi-experimental research, therefore, is a study that is close to experimental research but not actual experimental research. While the independent variable is manipulated, the participants are not randomly assigned to conditions or groups of conditions *(Cook & Campbell, 1979).* In a pretest-posttest design, the dependent variable is measured once before the intervention is implemented, and once after it is implemented *(Price et al., 2015).*

4.2. Research Setting

The study was conducted in Beni-Suef University Campus affiliated to the Ministry of Higher Education. The research conducted on all the Beni-Suef campus buildings, including Beni-Suef University hospital and faculties. They were Faculty of Science, Faculty of Physical Education, Faculty of Physical Therapy, and Faculty of Nursing. Besides, The Main administration building and the University Hospital. According to University employee affairs, the total number of women working at Beni-Suef University was 1300 employed women in the academic year 2019-2020.

4.3. Subjects

The study was conducted on a convenient sample of 500 women working at Beni-Suef University, regardless of their age groups, educational backgrounds, and job positions. They were 360 employee, 100 nurses, and 40 workers.

4.4. Tools of data collection

4.4.1. A Structured Interview Questionnaire

It developed by the researcher to assess the women's socio-demographic characteristics and their knowledge regarding workplace bullying. It developed based on *Budden et al. (2015); Denise et al., (2018).* It included two parts. The first part is concerned with assessing women's socio-demographics of age, marital status, educational qualifications, occupation, year of experience, source of bullying, and the health effect of bullying.

The second part was designed to assess women's knowledge regarding workplace bullying. It included 11 open-end questions regarding the definition of workplace bullying (1 question), incidence (1 question), types (1 question), frequencies of bullying behaviors (1 question), sources of bullying (1 question), reasons of bullying (1 question), reactions of participants to the bullying acts (1 question), effects or outcomes of bullying (1 question), methods or models of workplace bullying (1 question), the preventive effort of bullying (1 question), and coping strategies of bullying (1 question). This part was assessed pre, post-implementation of the coping strategy education, and at a follow-up.

Scoring system

Each correct and complete answer was scored 3, the incomplete answer was 2, and 1 was given for an incorrect answer. Subtotal knowledge score for each part and a total score was calculated. 60% and more of the total was considered satisfactory knowledge, and below 60% was considered as an unsatisfactory level of knowledge.

4.4.2. Coping Behaviors Checklist for Workplace Bullying

The researcher developed the coping behavior checklist for achieving the aim of this study based on *Cooper et al., (2011); Ebrahim and Elrefaey, (2018*). It aimed to assess women's behaviors toward workplace bullying. It included 24 behavior statements distributed under nine main headings. They were paying attention to the signs of being a victim of bullying (5 statements). Ignoring the feeling of being bullied (2 statements), confronting the perpetrator (3 statements), keeping a record of workplace bullying (2 statements), getting witness (2 statements), keeping calm and patience (2 statements), getting help from supervisors or human resource representative (2 statements), following up the action taken (2 statements), engage in meaningful and fulfilling activities outside of work (4 statements). These checklists were used pre, post-implementation of the coping strategies education, and at the follow-up.

Scoring system

Each behavior statement was judged against a three-point Likert scale of frequently done (3 scores), sometimes done (2 scores), and never done (1 score). A subtotal score of each primary behavior was displayed as number and percentage with a merge of frequently and sometimes done together to be displayed as done and not done. A total score of behaviors (72 marks) was summed and classified as

negative behavior (score 24-40); indefinite behaviors (score 41-56), positive behaviors (score 57-72).

4.5. Procedures

The developed tools were subjected for revision of tool content and face validity by a panel of three professors of Psychiatric and Mental Health Nursing, and two Professor of Community Health Nursing at Faculty of Nursing, Ain Shams and Zagazig University. Tool reliability was ascertained using the Cronbach alpha coefficient test. It was (0.88) for both the structured interview questionnaire and coping behavior checklists for workplace bullying.

A permission letter was issued from the Dean of Beni-Suef Faculty of Nursing to the directors of the research settings. The researcher obtained official approval from the administrators of the study settings to carry out the study. A clear explanation was given about the aim, nature, importance, and expected outcomes of the study.

A pilot study was conducted on 10% of the total study sample (50) working women to test and evaluate the clarity and applicability of the study tools and to estimate the time required for completion of each study tool. Also, to assess the feasibility of the research process. The pilot study sample was included in the primary study sample, as no modification was done for the constructed tool.

Ethical consideration is respected. Oral consent was obtained from each study participant after explanation of the study aim and benefit in each study setting. The study subjects were interviewed individually and reassured that all data would be confidential and used only for research purposes. Participants were also told of their right to withdraw from the study without providing any reason at any time.

Fieldwork: After getting permission, the researchers visited each study setting consecutively three days/week (Saturday, Monday, and Wednesday) from 9 am to 2 pm. The study was carried out over nine months, starting from the beginning of June 2019 to the end of February 2020. The time consumed to fill in the tools was 30 minutes for the structured interview questionnaire and 45 minutes for the coping behavior checklists for workplace bullying.

The education plan was conducted through five consecutive phases, assessing, developing, implementing, evaluating, and follow-up.

Assessment phase: A baseline assessment was performed using the structured interview questionnaire to collect the women's characteristics (once). The second part of the questionnaire used to assess women's knowledge regarding workplace bullying. Besides the assessment of the women's actual behaviors in managing workplace bullying, if any.

Developing phase: Data collected from the assessment phase guide the development of the educational plan regarding coping strategies with workplace bullying. The educational plan included two main sections. The first section encompassed theoretical content regarding workplace bullying. It included a definition, incidence, types, frequencies of bullying behaviors, sources of bullying, reasons of bullying, proper reactions of participants to the bullying acts, effects or outcomes of bullying and how to avoid the adverse effect, methods or models of workplace bullying, the preventive effort of bullying, and coping strategies of bullying.

The second part of the teaching plan was concerned with coping strategies with workplace bullying. It included two different forms of coping. The first one is problem-focused coping, which includes efforts to solve the problem at hand (this type of coping is commonly used when the situation may be altered). The other form of coping is emotion-focused, which includes efforts to minimize negative emotions through avoiding the stressor (it is commonly used when the person appraises that nothing can be done to eliminate the stressor).

The coping strategies educated in the current study were adopted based on *Folkman and Lazarus (1980); Zapf and Gross (2001); Karatuna, (2015); Reknes et al. (2016).* The strategies included paying attention to signs of being a victim of bullying, ignoring the feeling of being bullied, confronting the perpetrator, keeping a record and document the workplace bullying, getting witness, being calm and patience, getting help from supervisors or human resource representative, following up the action taken with the administrators, and engaging in meaningful and fulfilling activities outside of work.

Implementation of the educational plan was carried out at the previously mentioned settings. An overview of the education time plan at the start of the first session, content, and purpose was presented. Working women were divided into groups according to the assigned setting, and women work circumstances. Each group consisted of 11-15 working women approximately. The session started with a review of what had been given through the previous sessions and the aims of the new topic, taking into account the use of precise language to fit women's qualifications. As well, the session ended with a summary of its content and feedback gained from them.

The educational intervention was conducted through five sessions. The time of each session ranged between 30 and 45 minutes, according to the women's needs and condition. The theoretical content about workplace bullying was presented in two sessions in the form of lectures/discussions, followed by the coping strategies of educational sessions consisting of three sessions in the form of demonstration and redemonstrations using role-play and simulator, real objects, and real objects discussions and brainstorming. The researchers used effective media of conveying information as PowerPoint presentations, posters, and videos. A printed handout was developed and offered for working women as a reference to be used after finishing the educational plan.

The evaluation phase was done post-implementation of the educational intervention immediately after the sessions ended. Then the women were followed up one month later by comparing changes in working women's knowledge and behaviors regarding workplace bullying.

4.6. Data analysis

Data collected were scored, organized, tabulated, and analyzed. Data analyzed using "Statistical Package for the Social Science" (SPSS for Windows), version 20. Numerical data were expressed as mean±SD. Qualitative data were presented as frequency and percentage. Chi-square (X^2) test was used to compare the variables between the study phases. P-value was considered significant at ≤0.05.

5. Results

Table 1 shows that 36.0% of the studied women were in the age group ≥30, with a mean age of 34.38±4.33. 80.0% of them were married, and 68% had either secondary or technical education. Regarding the job position, 30% of women were working in the employer affairs office, and 20% were nurses. 60% of women had equal or more than five years of experience in their workplace, with a mean of 8.42±5.23 years.

Figure 1 illustrates that the sources of bullying on the studied women were administrative staff (30%), followed by doctors (20%), then assistant workers (15%), other health professionals (15%), and the least source were patients and their relatives (8%).

Figure 2 illustrates the health effect on the studied women. Half of the studied women suffering from all mentioned health effects, followed by absenteeism 15%, then depression 12%, and 7% suffering decreased self-esteem, the least health problem 6% was for physical problems (CVS, DM, and neurovascular problems).

Table 2 shows that most of the participated women had unsatisfactory knowledge regarding the reason for bullying, coping strategies with bullying (95%), the incidence of workplace bullying, reactions of the participants to bullying act, and preventive effort of bullying (90%), methods or models of workplace bullying (80%), and effect or outcomes of bullying (75%) before the educational intervention. The table also reveals a statistically significant improvement of women's knowledge regarding workplace bullying at post compared to pre educational intervention and at follow up phase compared to the post-intervention phase at $p < 0.001$.

Table 3 demonstrates a highly statistically significant improvement in the women's total knowledge regarding workplace bullying between the three study phases at $p < 0.0001$.

Table 4 shows the women's most prevalent behaviors before implementing educational intervention were keeping calm and patience among 40% of the participants, confronting the perpetrator 30%, and engaging in meaningful and fulfilling activities outside of work 20%. One of the notable findings is that 92% of the participant women did not pay attention to the signs of being a victim of bullying.

In contrast, the most adopted behaviors by the women after the educational intervention were confronting the perpetrator 100%, engaging in meaningful and fulfilling activities outside of work 95%, keeping calm and patience; and follow up the action taken 94%, keeping a record of workplace bullying, and getting help from the supervisors or human resource representative 90%, Ignoring the feeling of being bullied, and getting witness among 85% of the studied women.

The table shows a highly statistically significant improvement in the women's behaviors toward workplace bullying between pre and post-intervention phases and between post and follow-up phases of intervention. at $p < 0.001$.

Table 5 clarified a highly statistically significant improvement in women's behaviors toward workplace bullying post-intervention compared to preintervention, at follow up compared to preintervention, and at follow up compared to post-intervention at $p < 0.001$. The table also shows that positive behaviors were significantly improved from 4% to 84%, and 82% at pre, post, and follow up phase, and the negative behaviors was decreased from 80% of the women to 4% at a post and follow up phase.

Table (1): Frequency and percentage distribution of women's socio-demographic characteristics.

Socio-demographic characteristics	Working women (n=500)	
	Frequency	%
Age in years		
< 20	50	10.0
20 -< 25	120	24.0
25 -< 30	150	30.0
≥ 30	180	36.0
Mean ±SD	34.38±4.33	
Marital status		
Single	100	20.0
Married	400	80.0
Educational qualification		
Illiterate/primary level	120	24.0
Secondary/technical institute	340	68.0
Graduate/postgraduate	40	8.0
Occupation		
Secretarial	60	12.0
Student affairs office	60	12.0
Teaching staff member office	50	10.0
Employer affairs office	150	30.0
Finance office	40	8.0
Nurses	100	20.0
Workers	40	8.0
Years of experience working		
< 1	60	12.0
1 < 5	140	28.0
≥ 5	300	60.0
Mean ±SD	8.42±5.23	

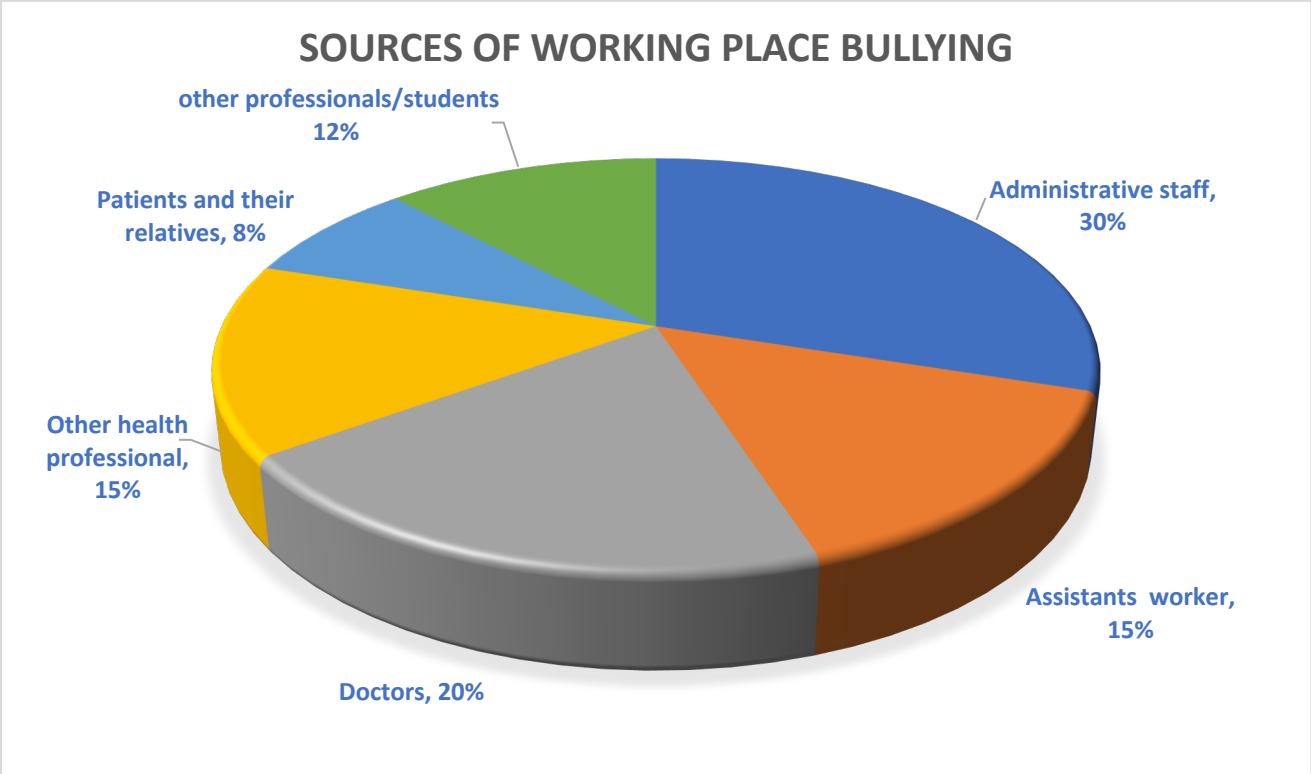

Figure (1): Percentage distribution of sources of workplace bullying among the studied women (500).

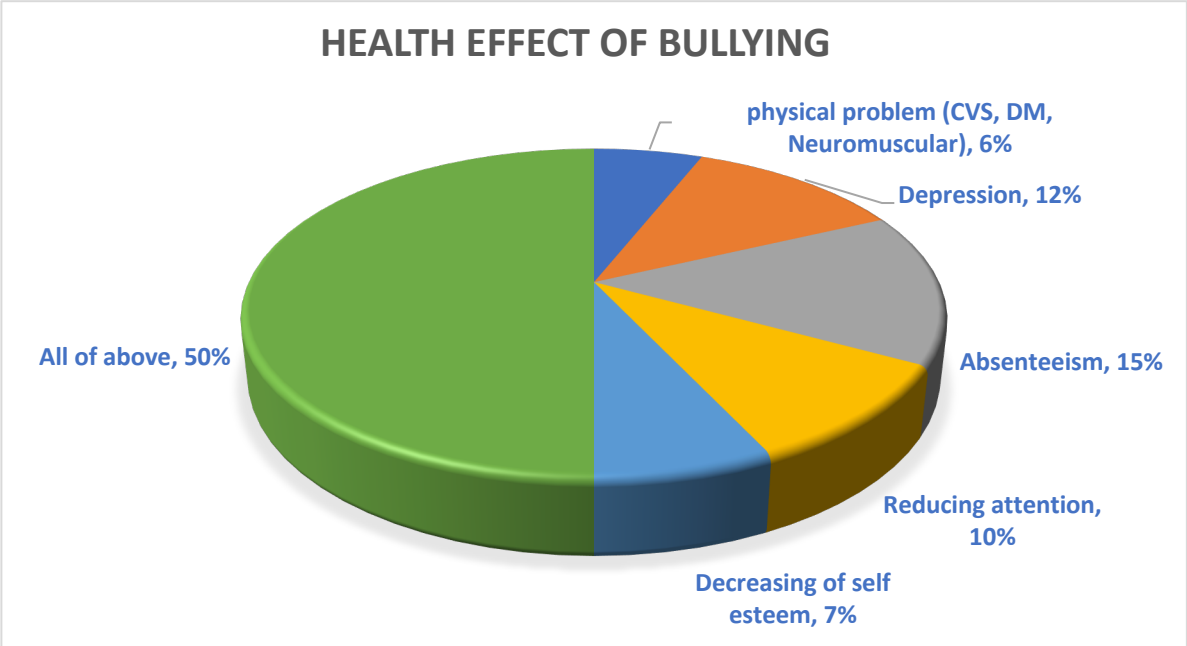

Figure (2): Percentage distribution of health effects of bullying on the studied women (n = 500).

Table (2): Comparison of studied women knowledge regarding workplace bullying at pre, post, and follow up phases (500).

Knowledge variables	Pre-program		Post-program		Follow up	
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
	%	%	%	%	%	%
Definition of workplace bullying	40.0	60.0	95.0	5.0	92.0	8.0
Incidence of workplace bullying	10.0	90.0	95.0	5.0	95.0	5.0
Types of workplace bullying	37.0	63.0	96.0	4.0	95.0	5.0
Frequencies of bullying behaviors	45.0	55.0	95.0	5.0	92.0	8.0
Sources of bullying	30.0	70.0	90.0	10.0	90.0	10.0
Reasons for bullying	5.0	95.0	88.0	12.0	85.0	15.0
Reactions of participants to the bullying Acts	10.0	90.0	95.0	5.0	95.0	5.0
Effects or outcomes of bullying	25.0	75.0	90.0	10.0	90.0	10.0
Methods or models of workplace bullying	20.0	80.0	90.0	10.0	90.0	10.0
The preventive effort of bullying	10.0	90.0	95.0	5.0	95.0	5.0
Coping strategy of bullying	5.0	95.0	92.0	8.0	88.0	12.0
X^2-test	$X^2$1= 82.2 pre-intervention versus post-intervention P<0.0001					
P-value	$X^2$2 = 22.6 post -intervention versus follow- up P<0.0001					

Table (3): Comparison of total women's knowledge levels regarding workplace bullying at the pre, post, and follow-up intervention phases.

Intervention phases	Unsatisfactory		Satisfactory		X^2	p-value
	No.	%	No.	%		
Preintervention	400	80	100	20		
Postintervention	40	8	460	92	135.794	<0.0001
Follow up	60	12	440	88		

Table (4): Comparison of women's behaviors toward workplace bullying at pre, post, and follow up intervention phases (500).

Women behaviors towards workplace bullying	Pre-program		Post-program		Follow up	
	Done	Not done	Done	Not done	Done	Not done
	%	%	%	%	%	%
Paying attention to the signs of being a victim of bullying	8.0	92.0	80.0	20.0	87.0	22.0
Ignoring the feeling of being bullied	11.0	89.0	85.0	15.0	82.0	18.0
Confronting the perpetrator	30.0	70.0	100.0	0.0	96.0	4.0
Keeping a record of workplace bullying	15.0	85.0	90.0	10.0	85.0	15.0
Getting witness	8.0	92.0	85.0	15.0	82.0	18.0
Keeping calm and patience	40.0	60.0	94.0	6.0	92.0	8.0
Getting help from supervisors or human resource representative	6.0	94.0	90.0	10.0	85.0	15.0
Following up the action taken	15.0	85.0	94.0	6.0	95.0	5.0
Engaging in meaningful and fulfilling activities outside of work	20.0	80.0	95.0	5.0	90.0	10.0
X^2-test	$X^2$1= 62.8 pre-intervention versus post-intervention P<0.0001					
P-value	$X^2$2 = 18.5 post -intervention versus follow- up P<0.0001					

Table (5): Comparison of total women's behaviors toward workplace bullying at pre, post, and follow up phases of intervention (500).

Items	Total Attitude					
	Pre guideline		Post guideline		Follow up	
	No	%	No	%	No	%
Positive	20	4.0	420	84.0	410	82.0
Indifferent behavior	80	16.0	60	12.0	70	14.0
Negative	400	80.0	20	4.0	20	4.0
X^2 test	X^2 (1) Pre-intervention versus post-intervention = 17.02 X^2 (2) Pre-intervention versus follow up = 20.10 X^2 (3) Post-intervention versus follow up = 12.02				P-value <0.001	

6. Discussion

Bullying is a widespread problem. Women who tend to face job difficulties, work performance and mental health are significantly impacted *(Garima & Kiran, 2014).* Additionally, *Lewis (2006)* concluded that women who have endured workplace abuse had had a significant impact on their physical and mental health, contributing to well-documented psychological symptoms associated with stress, post-traumatic stress disorder, and depression *(Sloan et al., 2010).* Thus, this study aimed to evaluate the effect of coping strategies education on knowledge and behaviors of women experienced workplace bullying.

The current study shows that more than a third of the studied women were in the age group of more than thirty, with a mean age of 34.38±4.33. Most of them were married, and more than two-thirds had either secondary or technical education. Regarding the job position, near a third of women were working in the employer affairs office, and twenty percent were nurses. Around two-thirds of women had more than five years of experience in their workplace, with a mean 8.42±5.23 years. These findings were matched with *Namie, (2014),* who reported that the most commonly bullied age group was between 30-49 years of age.

Additionally, the study findings agreed by *Lang et al. (2018),* who stated that there are more than one-third of the studied participants between 31–40 and about one half were skilled workers in his study about "Workplace bullying among employees in Germany: Prevalence estimates and the role of the perpetrator." This finding is agreed by *Nel (2019),* who found that one-third of the studied sample was between 26 and 40 years. Besides, *Anjum et al. (2019)*, who conducted a study about "mediating bullying and strain in higher education institution: The case of Pakistan" and reported that 35% of those who exposed to bullying were female faculty members, 50.1% were married, 50.30% had a permanent job, and 59.02% had more than five years of experience. Anjum also reported that a younger age experienced more bullying behaviors, particularly those under thirty years of age. These findings were contradicted with *Lahelma et al. (2012); Oxenstierna et al. (2012),* where older employees were somewhat more affected by bullying, while *Garthus-Niegel et al. (2016)* found no significant association with age.

The current study reveals the sources of bullying on the studied women. Thirty percent of the women were bullied by administrative staff, twenty percent bullied by doctors, then assistants work, other health professionals (fifteen percent), and the least was by the patients and their relatives. This finding is reflecting a poor work environment, poor leadership pattern. These results are in line with *Namie (2014)*, who reported that females were targeted for bullying at 60% compared to 40% of males. The perpetrators were usually a boss (40.1%), a peer (19%), a subordinate (7.1%). Also, *Lang et al. (2018)* reported that coworkers bullied 7.7% of the studied women, bosses bullied 13.3 %.

The current study demonstrates the health effect of bullying on the studied women. Half of the studied women suffering from all mentioned health effects, followed by only absenteeism among fifteen percent, then depression among twelve percent and less than tenth suffering decreased self-

esteem. The least health problems were for physical problems that were cardiovascular, diabetes mellitus, and neurovascular problems. This reflecting the adverse effect of bullying on both the physical and psychological states of the target women. Similar findings were conveyed by a qualitative feminist grounded theory approach that was employed to study a population sample of 40 adult women in three provinces across Canada. Findings showed that having workplace bullying causes a disturbance in female health, and this was described in this study as the core issue for women *(Macintosh et al., 2011).*

Nielsen and Einarsen (2012), reported results from two metanalyses regarding outcomes of exposure to workplace bullying. The results revealed that exposure to bullying is associated with health-related adverse outcomes such as physical and mental health problems, symptoms of post-traumatic stress, and burnout. The results also revealed absenteeism as a long-term effect of bullying. *Defoe (2014)* reported comparable findings in a study about "bullying at work, coping strategies, and health problems." The findings indicated that the victims of bullying could experience and report psychosomatic and physiological complaints, and psychological problems, like anxiety and depressive symptoms. Besides, fifty percent has shown higher absenteeism. The victims can also complain of post-traumatic distress disorder as a long-term effect of bullying.

Bernstein and Trimm (2016) reported a direct negative effect of workplace bullying on psychological well-being and self-esteem. Several studies mentioned that bullying causes severe health problems for victims such as anger, anxiety, sleep disorders, fatigue, concentration disorders, depression, and somatic disorders *(Einarsen et al., 2011; Karabulut, 2016).*

Many studies reported similar findings such as chronic disease, medically certified sickness absences, self-certified sickness absence *(Kivimaki et al., 2000),* general and mental stress, and low self-confidence *(Vartia, 2001),* psychological health complaints, psychosomatic complaints *(Mikkelsen & Einarsen, 2002),* and cardiovascular disease *(Kivimaki et al., 2003).* Bullying can also lead to severe mental health problems such as major depressive disorder, symptomology that resembles post-traumatic stress disorder suicide *(Rugulies et al., 2012).*

However, although interventions against workplace bullying represent a key area within the practice field, researches are scarce on this crucial topic. The current study showed that most of the participated women had unsatisfactory knowledge regarding the reason for bullying, coping strategies with bullying, the incidence of workplace bullying, reactions of the participants to bullying act, and preventive effort of bullying, methods or models of workplace bullying, and effect or outcomes of bullying before the educational intervention.

This level of knowledge might be due to the current study setting did not have any anti-bullying policies to be followed on bullying events. Even there is no educational training regarding bullying or coping strategies to deal with workplace bullying. Auspiciously, the study reveals a statistically significant improvement in women's knowledge regarding workplace bullying at posttest compared to pre educational intervention and at follow up phases compared to the post-intervention phase at $p < 0.001$. Also, the total knowledge shows statistically significant improvement throughout the three study phases.

This finding is congruent with *Craig and Leschield (2011),* who reported that there were considerable differences regarding what was defined as bullying, with variability related to the potential of intervening to end the violence. *Syahputri and Kumara (2014)* reported the results of the anti-bullying training module on senior high school facilitators and revealed increased knowledge and skills of anti-bullying presentations for peer facilitators. An anti-bullying intervention program 'Survivors!' conducted by *Amse (2014)* proved to be effective. The intervention program's beneficial effect was identified on all outcome variables: awareness, knowledge, attitude, defense behavior self-efficacy, and defense behavior outcome expectations. In contrast to these findings, *Chatters (2012),* reported a non-significant knowledge difference between the trained and non-trained group regarding bullying in either knowledge or skills. These findings are supporting the first research hypothesis.

The women's most prevalent behaviors before the implementation of educational intervention were keeping calm and patience among the two-fifths of the participants. Only thirty percent confront the perpetrator and engage in meaningful and fulfilling activities outside of work among one-fifth of the participants. One of the notable findings is that most of the participant women did not pay attention to the signs of being a victim of bullying.

These findings may be referred to as a lack of awareness of the studied women to the phenomenon of bullying, and sometimes they consider it a part of their daily routine. Besides, they were not equipped with any training on how to manage bully. Additionally, there are no workplace policies that help them cope with it. It may also refer to a societal reason that female in the current study community used to use patience and calm attitude when dealing with life circumstances more than confrontation. *Anjum (2019)* emphasized this explanation in a similar culture that argues that women tend to be less self-assured, less aggressive, and compassionate in contrast to men.

These findings were matched with previous studies that targeted workers who do not notice the first signs that bullying is developing *(Leymann, 1996). Zapf and Gross (2001)* reported that the majority of the bullying targets escaped the conflict, using avoidance as a passive strategy significantly more often. In one case study, the bullying target used denial as a spontaneous prevention behavior. The woman interviewed in *Matthiesen et al. (2003)* study could not understand what was going on and why she was unwanted at work. They do not realize what is happening for a long time *(Gamian-Wilk et al., 2017).* These findings are similar to many studies that indicated that avoidance or non-active goal-oriented coping behaviors are common *(Enarsen et al., 2020).*

In contrast, *Gillen et al. (2017),* conducting an intervention for the prevention of bullying in the workplace

and reported very low-quality evidence that organizational and individual interventions may prevent bullying behaviors in the workplace.

Moreover, the most adopted behaviors by the women after educational intervention were variable. Confronting the perpetrator was reported by all the studied women, engaging in meaningful and fulfilling activities outside of work, keeping calm and patience; and follow up the action taken, keeping a record of workplace bullying, and getting help from the supervisors or human resource representative, ignoring the feeling of being bullied, and getting witness were reported by most of the studied women after the intervention. This finding might reflect the benefit they gain from the training of how to cope positively with the events of bullying. The study shows a highly statistically significant improvement in the women's behaviors toward workplace bullying between pre and post-intervention phases and between post and follows up phases of intervention. This improvement might be referred to as the education they receive regarding bullying and the coping strategies they taught during the educational intervention.

These results mirror *Anjum et al. 's* (2019) findings, who reported that bullying and strain could be fully mediated only when emotion-focused and problem-focused coping strategies are employed in synergy. This finding clarifying the changes that happened in this study as the educational intervention involves both strategies. This finding contradicts the findings of *Mora-Merchan (2006),* who reported that the results of specific intervention programs are poorly conclusive. None of the coping mechanisms analyzed in his research have proven successful in defending against the long-term consequences of bullying.

The study also shows that positive behaviors were significantly improved as most of the studied women adopted positive behaviors in the post and follow-up phases compared to their preintervention level. The negative behaviors were decreased among most of them at the post and follow up phases compared to their preintervention phase. This finding is reflecting the effect of coping strategies education on the current studied women. One randomized control study and seven quasi-experimental longitudinal studies were found through the search on online databases, bibliographies, and expert contact. Most results showed some degree of improvement, mainly positive, which means that workplace bullying interventions are more likely to impact awareness, attitudes, and self-perceptions *(Escartin, 2016).* These findings are supporting the second research hypothesis. There are many implications for public education, workplace policies, and health care workers *(Macintosh et al., 2011).*

7. Conclusion

Based on the results of the present study, the research hypotheses were supported. The women exposed to the coping strategies education had improved knowledge and behaviors compared to their pre-intervention level. More than a third of the studied women were in the age group of more than thirty. Thirty percent of the women were bullied by administrative staff, twenty percent bullied by doctors, then assistants work, other health professionals.

Half of the studied women were suffering from all mentioned health effects, followed by only absenteeism among fifteen percent, then depression. The women's most prevalent behaviors before the implementation of educational intervention were keeping calm and patient, only thirty percent confront the perpetrator and engaging in meaningful and fulfilling activities outside of work among one-fifth of the participants. While confronting the perpetrator was reported by all the studied women after coping strategies education.

8. Recommendations

Policies to prevent bullying must be developed addressing the culture of organizations, facing the challenge of developing a new management and leadership framework. Besides, effective organizational interventions are recommended to help prevent and address bullying incidents among women and to advocate for robust legislative mechanisms to allow for restitution and compensation, particularly for women.

Entrepreneurs and managers should be aware of the harms of bullying and focus on remedies to prevent and get rid of bullying in their organizations. They need to develop appropriate strategies, policies, and training programs to fight against bullying. They have to create an organizational culture and climate which have no tolerance for bullying and empower women to be aware of such problems and overcome them.

Informal measures such as support of colleagues, highlight bullying problems, increase awareness, and provide training strategies including employees' and employers' knowledge of obligations and responsibilities, employing a complaints system, and an efficient risk identification process are also suggested.

Interpersonal skills training, stress management, and conflict resolution program could help the victims manage bullying behaviors, particularly women in the earlier stage.

Designing programs aimed at increasing employees' well-being, the quality of the interactions with colleagues, and customers (whether patient, patient's family, students) in the higher education institution.

Prevention procedures should include workshops for management and providing adequate support could enable workers to cope with current problems.

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