

Impact of Workplace Bullying on Job Insecurity and Job Satisfaction in Healthcare Organizations: Evidence from Saudi Arabia

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Abstract

The objective of this study is to investigate the association between workplace bullying (WB) and its effects on job satisfaction and job insecurity, as well as the relationship between social support and its impact on both job satisfaction and job insecurity. The study utilised a statistical and quantitative methodology to acquire data, employing a survey instrument for data collection and employing Partial Least Squares Structural Equation Modelling (PLS-SEM) for data analysis. The study comprised a total of 111 healthcare personnel working in the Eastern Region of Saudi Arabia. The findings of the study indicate a notable and favourable correlation between social support and job satisfaction, underscoring the significance of fostering supportive work environments to augment job satisfaction. In contrast, previous research has established a correlation between workplace bullying (WB) and diminished levels of job satisfaction, thereby emphasising the adverse effects of WB on job satisfaction. Additionally, the research revealed a positive correlation between social support and job insecurity, although this relationship did not reach statistical significance. Moreover, this finding provides evidence for a positive correlation between work-life balance (WB) and job insecurity, highlighting the detrimental impact of WB on the stability of employment. This study offers significant insights for organisations and decision-makers in their efforts to mitigate workplace bullying and foster a conducive work environment.

Keywords: Workplace Bullying, Job Satisfaction, Job Insecurity, Social Support, Healthcare Organizations.

1. Introduction

Numerous studies conducted in the last twenty years have consistently indicated that individuals who experience workplace bullying (WB) suffer detrimental effects on their health, attitudes, and work-related behaviour (Nielsen & Einarsen, 2012). Although workplace bullying has been recognised as a matter at the organisational level for a significant duration, there exists a scarcity of research that explores the interplay of different organisational factors in shaping the likelihood of bullying (Plimmer et al., 2022). Workplace violence and bullying are prevalent concerns across diverse sectors, encompassing the healthcare industry. Indeed, empirical research has demonstrated that healthcare personnel are consistently exposed to these aforementioned challenges. Healthcare professionals, such as doctors, nurses, and other medical personnel, frequently encounter distinct stressors and situations that may contribute to instances of workplace violence and bullying (Alswaid, 2014; Awai, Ganasegeran, & Abdul Manaf, 2021; Edmonson & Zelonka, 2019; Thompson et al., 2020). Healthcare organisations globally encounter a substantial obstacle in upholding a conducive and well-being-oriented work environment (Al Muharraq, Baker, & Alallah, 2022).

Workplace bullying in the healthcare industry significantly contributes to fostering a climate of collaborative behaviour among healthcare professionals. Destructive activities, such as workplace bullying, may manifest within professional environments. The concept of workplace bullying (WB) is defined by the World Health Organisation (WHO) as the recurrent and detrimental mistreatment inflicted by individuals who engage in abusive behaviour (Einarsen et al., 2020). The mistreatment of healthcare professionals is a prevalent and recurring problem in hospitals across the globe (Mohamad et al., 2021). Based on scholarly research, it has been determined that individuals employed in the health care sector are particularly susceptible to instances of workplace violence and bullying (Edmonson & Zelonka, 2019). The phenomenon of workplace bullying encompasses a range of manifestations, including physical aggression such as punching, verbal abuse such as swearing and insulting, as well as the dissemination of false rumours. One prevalent manifestation of harassment is social harassment, which encompasses various forms

of negative behaviour, including unwelcome comments pertaining to gender, public threats, practical jokes, defamation, and manipulation (Einarsen et al., 2020).

Healthcare workers encounter a multitude of obstacles, encompassing job instability, discontentment, and exhaustion (Awai et al., 2021). The presence of bullying in the healthcare sector has detrimental effects on the provision of care and patient safety (Høgh et al., 2021). León-Pérez, Escartín, and Giorgi (2021) conducted a comprehensive review of the available literature on the subject of bullying, highlighting the widespread occurrence of workplace bullying and emphasising the imperative of taking measures to tackle this issue in order to promote a more secure and conducive working atmosphere. In order to optimise their performance and outcomes, managers must endeavour to mitigate instances of workplace bullying. The predominant focus of scholarly investigations on workplace bullying has been directed towards developed nations (Al-Mandeel et al., 2018). There is a consensus that WB has a detrimental effect on levels of job satisfaction. In a professional setting characterised by a high frequency of work-based stressors (WB), it is anticipated that job satisfaction levels will be comparatively diminished. Similarly, this phenomenon can be observed in a professional setting wherein employees lack employment stability.

The authors, Al Mahyijari et al. (2023), emphasise a notable obstacle in the field of workplace bullying research in Arab countries, which is the absence of comprehensive measurement instruments. As a result, this research study significantly contributes to the field by creating a reliable questionnaire that evaluates the occurrence of different manifestations of workplace bullying. According to Al-Qarni and Khader (2018), there are still existing gaps in the current body of literature, specifically in relation to the influence of workplace bullying on job satisfaction and job insecurity, as well as the impact of social support on job satisfaction. Furthermore, the study conducted by Hamzah (2023) focused on adolescents. A considerable body of empirical research has been dedicated to examining the prevalence and manifestations of workplace bullying. Research findings have demonstrated that instances of workplace bullying targeting medical personnel in diverse nations are as follows: According to the results of a recent study conducted by Awai et al. (2021), the prevalence of the condition in Malaysia stands at 11%. Similarly, research conducted by Huang (2021) reveals that the prevalence in

China is 41%. Furthermore, in Saudi Arabia, the prevalence is reported to be 63% (Al-Surimi et al., 2020). One conclusion that can be drawn is that bullying has a direct and adverse impact on an individual's level of job satisfaction.

In instances where social support is present, employees tend to express higher levels of job satisfaction due to the receipt of positive feedback. Conversely, when employees encounter negative consequences stemming from misunderstandings, their job satisfaction may be adversely affected. The primary aims of this research endeavour encompass the examination of the potential existence of a substantial correlation between instances of workplace bullying and the perceptions of job insecurity among employees. This study aims to investigate whether individuals who are subjected to workplace bullying exhibit a higher propensity to experience job insecurity. The objective of this study is to ascertain whether there exists a negative correlation between instances of workplace bullying and the overall level of job satisfaction among employees.

Moreover, this study aims to investigate the impact of social support on employees' job satisfaction. This study aims to investigate whether individuals who perceive higher levels of social support from their colleagues or supervisors also experience higher levels of job satisfaction. This study aims to explore the potential role of social support in mitigating the adverse effects of job insecurity. The objective of this study is to ascertain whether the presence of social support networks among employees is associated with a reduced likelihood of experiencing job insecurity. The study was carried out within healthcare organisations situated in the eastern region of Saudi Arabia.

2. Literature Review

2.1 Workplace Bullying (WB)

Workplace bullying is a pervasive and consequential form of work-related stress that can manifest across different levels of organisational structure and within diverse industries (Einarsen et al., 2020). This phenomenon encompasses the experience of enduring interpersonal hostility characterised by an asymmetry of formal or informal power dynamics among the individuals involved (Einarsen et al., 2020; Einarsen et al., 2018).

Workplace bullying (WB) has emerged as a growing concern in the modern work environment. According to [Robert \(2018\)](#), a study has found that the prevalence of work burnout (WB) among employees exceeds 15%. The inclusion of workplace bullying within health and safety legislation is a notable aspect. Employers are obligated to adhere to these laws and assume accountability by implementing reasonable measures in accordance with legislation that delineates the duties and obligations of the workplace ([Robert, 2018](#)). Employees who experience workplace bullying often choose to voluntarily terminate their employment in order to seek alternative job opportunities that offer a more conducive and supportive environment. Individuals who choose not to resign demonstrate a notable tendency towards frequent absences, consequently impacting their overall effectiveness and productivity within the organisational context. Hence, it is imperative for employers to devise effective strategies to address instances of bullying, as this has significant implications for the organisation's immediate and future performance ([Quigg, 2007](#)). Workplace bullying is defined as a consistent and prolonged series of detrimental behaviours inflicted by one individual upon another, resulting in the target's inability to adequately protect themselves ([Hoel et al., 2000](#)).

In their study, [Salin et al. \(2019\)](#) undertook cross-cultural research to examine the phenomenon of workplace bullying (WPB). The researchers emphasised that behaviours such as the imposition of irrational deadlines, persistent criticism of work, insults, and similar actions can be classified as instances of bullying. Bullying can be observed in various manifestations, including both direct and indirect forms. The phenomenon of indirect bullying is characterised by more nuanced behaviours, including but not limited to ignoring, gossiping, and undermining. In contrast, direct bullying encompasses overt actions such as intimidation, insults, and demeaning behaviours ([Trépanier et al., 2023](#)). Workplace bullying has the potential to cause harm not only to the individual who is directly targeted but also to those who observe such behaviour. The specific consequences may differ based on individual attributes and the surrounding circumstances. These consequences include, but are not limited to, anxiety, physical discomfort, reduced work efficiency, impaired decision-making, decreased focus, diminished self-confidence and self-esteem, strained relationships

with colleagues, feelings of isolation from loved ones, sadness, and even contemplation of suicide ([Athanasou, 2023](#); [Roche, Haar, & Luthans, 2014](#)).

Nearly all organisations consist of individuals who possess a variety of strengths and weaknesses. During the COVID-19 pandemic, a significant proportion of World Bank (WB) events, approximately 76%, were reported to be instances of hostility directed towards healthcare workers. The aforementioned events encompassed instances of both verbal and physical assaults, which resulted in heightened levels of stress and, ultimately, the deterioration of employees' morale ([Timothy et al., 2020](#)). Several significant factors can be identified that characterise the outcomes of work-based experiences, such as job insecurity and job satisfaction.

2.2 The Link Between WB and Job Insecurity

The researchers found that certain employees experience a sense of powerlessness in maintaining the desired level of consistency in fulfilling their assigned job responsibilities, which subsequently leads to feelings of insecurity regarding the stability of their employment. The phenomenon under consideration has had a detrimental impact on the advancement of professional careers, resulting in individuals becoming ineffective in their respective domains of specialisation, despite the primary objective of confirming the hypothesis that WB contributes to the escalation of job insecurity over a prolonged period. The experience of being subjected to workplace bullying has been found to result in the development of job insecurity and an increased inclination to voluntarily terminate one's employment ([Petrović, Čizmić, & Vukelić, 2014](#)).

The scholarly investigation into the effects of WB on job insecurity has been limited, despite the potential for substantial ramifications for individuals experiencing it. The phenomenon of job insecurity is recognised as a significant contributor to personal stress ([Cheng & Chan, 2008](#); [Indriyani, Eliyana, & Panjaitan, 2020](#)). Hence, in the event that there is a rise in job insecurity alongside instances of workplace bullying, it is probable that job insecurity will assume a significant role in shaping the target's overall encounter with bullying. According to [Glambek, Skogstad, and Einarsen \(2018\)](#), prior research has demonstrated that workplace bullying (WB) not only gives rise to

physical insecurity but also engenders psychological insecurity. The focus of the study was redirected towards examining the psychosocial working conditions of employees in relation to their level of autonomy, revealing that work-life balance continued to be a significant determinant of job insecurity among staff members.

The correlation between job insecurity and a country's economy is commonly discussed; however, the research conducted by [Høstmark and Lagerstrøm \(2006\)](#) reveals that well-being (WB) also plays a significant role in influencing job insecurity. Furthermore, the act of excluding individuals from the workplace can be seen as an unjustifiable barrier that creates a sense of detachment between employees and the tasks they were initially employed to carry out. The perception of bullying by employers as a disciplinary matter frequently results in the internal relocation of employees. Job insecurity refers to the state in which employees experience a sense of powerlessness in their ability to sustain the continuity of their employment, which is under threat. Workplace bullying (WB) not only contributes to heightened job insecurity, but it can also result in prolonged periods of adverse effects ([Nauman, Malik, & Jalil, 2019](#)).

Within a workplace setting, various stressors can contribute to the perception of job insecurity, particularly in relation to work-based factors such as interpersonal conflicts, abusive supervision, and escalating disputes regarding work tasks ([Ilongo, 2016](#)). Therefore, we believe that:

H1: *There is a positive association between workplace bullying and increased levels of job insecurity.*

2.3 The Link Between WB and Job satisfaction

The phenomenon of workplace bullying is widely prevalent within the healthcare industry, and its effects on employees' levels of job satisfaction are a matter of great significance. The healthcare industry is susceptible to instances of workplace bullying. Indeed, as a consequence of the demanding and intense nature of the job, it can exhibit a heightened vulnerability. Numerous studies consistently demonstrate the widespread occurrence of bullying within the healthcare sector, encompassing various personnel categories such as physicians, nurses, and administrative staff ([Park & Ono, 2017](#)).

Healthcare professionals who experience bullying in the workplace tend to exhibit diminished levels of job satisfaction. This finding is particularly worrisome considering the essential and high-pressure nature of their responsibilities (Srivastava, 2023).

The occurrence of workplace bullying has the potential to have an indirect impact on the provision of patient care and safety. Healthcare professionals who experience bullying may exhibit reduced levels of concentration, engagement, and motivation in their professional duties. Consequently, this may result in compromised quality of patient care, thereby exacerbating dissatisfaction among individuals who initially pursued a career in healthcare with the intention of positively influencing the lives of patients (Chowdhury et al., 2023). The act of reporting incidents of workplace bullying within the healthcare sector presents notable challenges stemming from hierarchical organisational structures and concerns regarding potential reprisals. These obstacles hinder the efficacy of efforts aimed at effectively addressing the issue, thereby perpetuating a culture of silence and exacerbating the erosion of job satisfaction.

The correlation between workplace bullying and absenteeism has been established by various researchers, as highlighted by Nielsen and Einarsen (2012). This association significantly contributes to impeded work productivity. The existence of workplace bullying poses significant challenges for individuals in their professional settings and can result in adverse physical and psychological health consequences. empirical research studies (Hsieh, Wang, & Ma, 2019).

Dealing with workplace bullying presents significant difficulties, frequently leading to employees' voluntary resignation, utilisation of sick leave, or a decline in overall well-being (Fox & Cowan, 2015). Workplace bullying (WB) has been found to be associated with several negative outcomes, including high staff turnover, low morale, and decreased productivity (Bulut & Hihi, 2021). Additionally, this phenomenon exerts an impact on individuals' physical well-being, leading to various health complications that ultimately give rise to expensive occupational circumstances for the workforce, necessitating compensation and leading to decreased productivity. Creating a positive work environment and eliminating toxic work environments hold considerable importance for organisations (Rodríguez-Cifuentes et al., 2020). This initiative would facilitate the enhancement of the organisation's overall performance,

particularly in terms of its impact on employee job satisfaction and the fulfilment of the organisation's fundamental requirements. Therefore, we believe that:

H2: *WB has an inverse relationship with the job satisfaction*

2.4 The Link Between Social Support and Job Satisfaction

There exists empirical evidence suggesting a positive relationship between employees' perceptions of social support and their levels of work engagement and job satisfaction (Lan et al., 2018). As defined by Locke (1969), job satisfaction refers to a positive emotional state that arises from employees' perceptions and experiences in relation to their work. Individuals may encounter diverse degrees of satisfaction or dissatisfaction, both within a particular job and across different aspects of it. Therefore, it can be inferred that job satisfaction or dissatisfaction is a complex emotional response to one's occupation (Locke, 1969). The presence of social support has been found to have a substantial influence on an individual's level of job satisfaction (Karatepe & Olugbade, 2017).

The provision of social support plays a crucial role in the workplace by assisting employees in managing the psychological effects of job insecurity resulting from work-based factors. Furthermore, it serves as a crucial determinant in shaping an employee's level of job satisfaction. Employee attitude has emerged as a prominent factor within organisations, exerting a substantial influence (Park & Ono, 2017). Social support is commonly regarded as a metric for assessing teamwork, as it fosters a sense of camaraderie within a team, leading to increased morale and the achievement of predetermined goals. The primary objective of social support is to mitigate stress levels, consequently enhancing the performance of individuals in the workforce. The provision of social support to healthcare workers is crucial when considering the significant levels of stress, they experience.

The provision of social support can contribute to the transformation of employee behaviour by mitigating misunderstandings, reducing instances of pride, and discouraging actions that undermine others for the purpose of asserting power (Carroll & Lauzier, 2014). Given the demanding and critical nature of the healthcare workplace, it is important for management to demonstrate increased sensitivity towards the needs of their employees in order to foster social support. Another factor that can contribute to social support is the presence of co-workers, who play a role in

providing individuals with a sense of being valued, respected, and cared for (Liang & Yeh, 2020). Additionally, colleagues have the ability to provide assistance to their peers by engaging in collaborative efforts and fostering a conducive atmosphere that promotes mutual encouragement. Therefore, we believe that:

H3: *Social support will be positively related to job satisfaction.*

2.5 The Link Between Social Support and of Job Insecurity

The relationship between social support and job insecurity is a pivotal element in comprehending how individuals manage and navigate the difficulties presented by job insecurity. The phenomenon of job insecurity, which is defined as the apprehension or belief of job loss, can exert a substantial influence on an individual's psychological and emotional state. Social support, conversely, pertains to the aid, motivation, and provisions that individuals obtain from their social networks, encompassing acquaintances, relatives, coworkers, and superiors. Prior research has demonstrated that social support plays a crucial role in mitigating the negative effects of job insecurity (Naswall, Sverke, & Hellgren, 2005; Snow et al., 2003). As a result, the provision of support to individuals within their professional environment serves to mitigate the adverse effects of job insecurity on various work-related outcomes, such as job dissatisfaction and noncompliant job behaviours (Abbas, Malik, & Sarwat, 2021).

The phenomenon of job insecurity frequently gives rise to psychological distress, including stress, anxiety, and a pervasive feeling of uncertainty regarding one's future prospects. Social support plays a crucial role as a coping strategy, as individuals who possess a network of friends, family members, or colleagues to rely on for emotional assistance are better equipped to navigate the emotional challenges associated with job insecurity. Social support has the potential to mitigate the adverse effects of stress resulting from job insecurity (Ersoy et al., 2023). When individuals perceive a sense of support from their social networks, it reduces the likelihood of experiencing the adverse consequences of chronic stress, including compromised mental and physical well-being. The provision of positive feedback and encouragement by individuals who are supportive can enhance an individual's self-esteem and confidence (Lee & Peccei, 2007).

The presence of social support can assist individuals in achieving a harmonious equilibrium between their professional and personal domains. By cultivating and sustaining a robust network of support, individuals can establish a foundation of stability, which can prove invaluable in navigating the challenges posed by employment volatility (Huisman, 2022). A limited body of literature has been dedicated to investigating the relationship between social support and job insecurity, as well as the resulting outcomes (Dekker & Schaufeli, 1995; Naswall et al., 2005; Snow et al., 2003). During periods of job insecurity, individuals can experience a positive impact on their self-esteem and confidence through the provision of constructive feedback and encouragement from their social support network. Therefore, we believe that:

H4: *Social support serves as a protective factor against the adverse effects of job insecurity.*

3. Research Model

This framework acknowledges the role of social support as a distinct yet interconnected factor that has a positive impact on job satisfaction. This framework is consistent with prior research and theoretical perspectives in the field, indicating that the examination of workplace bullying and the promotion of social support are essential for comprehending and enhancing overall employee well-being and job satisfaction.

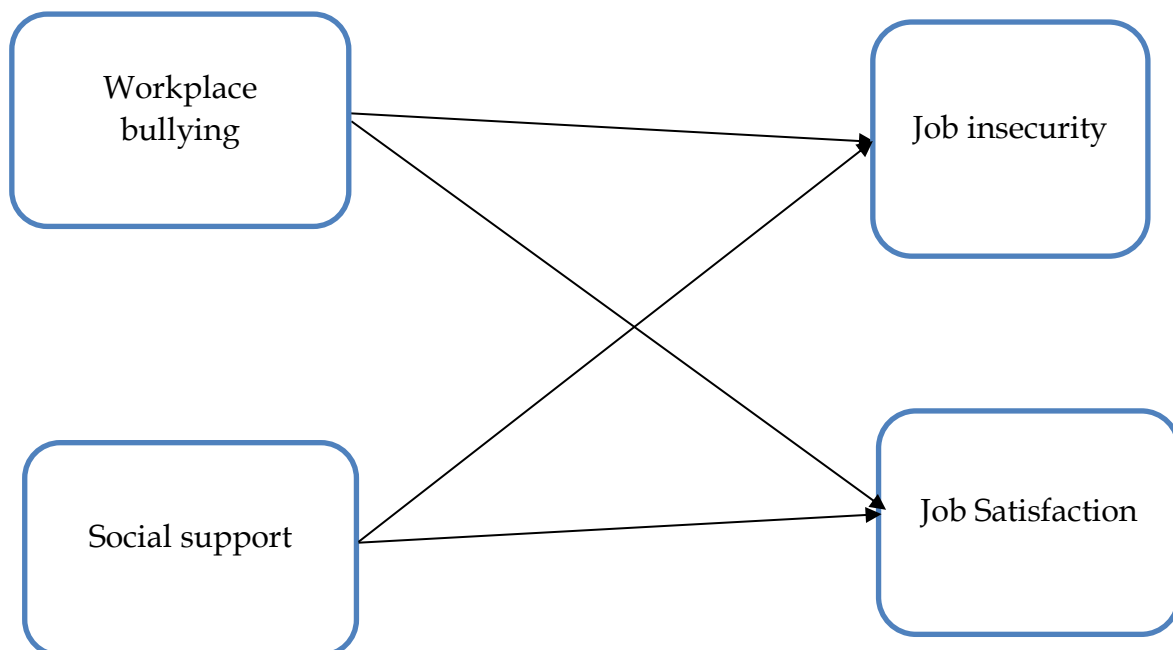


Figure 1. Research model

4. Research Methodology

4.1 Research design

The data utilised in our present study was collected from healthcare professionals situated in Saudi Arabia, with a specific focus on the Eastern Province. In accordance with prior scholarly investigations in this particular domain, we employed the convenience sampling method, which is a non-probability sampling strategy that enables convenient access to participants (Etikan, Musa, & Alkassim, 2016). Convenience sampling is predicated on the ease of access for potential participants, which frequently results in the formation of a sample that does not accurately represent the larger population. Healthcare personnel who exhibit greater accessibility or willingness to engage may not accurately reflect the overall composition of the healthcare workforce. The generalizability of research findings to a wider population of healthcare staff is constrained by this factor (Ellis, Savchenko, & Messer, 2023).

In order to address the potential impact of common method bias, a preliminary pilot study was conducted, and the findings of our reliability and validity tests are presented in Table 1. Prior to administering the survey to the participants, we undertook the task of translating it into Arabic, as all the measurement instruments used were derived from English sources. In order to achieve this objective, the back-to-back translation method, as outlined by Sekaran and Bougie (2016), was utilised. The translated questionnaire underwent a comprehensive evaluation process to ascertain its validity and reliability as a research tool.

Table 1

Factors	Items	Reliability and Validity
Workplace bullying	22	0.960
Social support	2	0.65
Job insecurity	3	0.91
Job satisfaction	5	0.75

In order to investigate the literature pertaining to the impact of work-life balance (WB) on healthcare organisations, a survey was developed and disseminated to various cohorts of

healthcare personnel in Saudi Arabia, with a specific focus on the Eastern Province. The sampling method employed was non-probabilistic in nature. A convenience sampling method was utilised with a 95% confidence level and a 5% margin of error. This study entailed soliciting participants to respond to a survey subsequent to providing them with a comprehensive explanation regarding its objectives. In order to establish a representative sample of 200 healthcare professionals situated in the Eastern Province of Saudi Arabia, a systematic random sampling method was employed. Following that, we proceeded to create the questionnaires utilising the online platform provided by Google Drive.

Subsequently, we distributed the survey link to healthcare professionals via the messaging application WhatsApp. The voluntary nature of survey participation was explicitly communicated, and respondents were provided with the assurance that their answers would be treated with confidentiality and anonymity. The survey prioritised significant factors, such as demographic information encompassing gender, age, work hours, professional experience, and job level. Furthermore, the questionnaire encompasses inquiries pertaining to work-life balance in a broader context, as well as the frequency at which the respondent encounters such circumstances. The selection of the sample size was determined in order to mitigate the risk of making unfounded generalisations.

This study utilises data from the Ministry of Health statistics book for the year 2020 to examine the population of healthcare manpower in the Eastern Region, which is reported to be 19,892 individuals. In order to minimise sampling error, it is imperative to ascertain an appropriate level of confidence and precision when choosing the sample size for the study.

4.2 Measurement of Variables and Data Analysis

Following the guidelines proposed by [DeVellis and Thorpe \(2021\)](#), a pilot test was carried out to assess the validity and reliability of the questionnaire. It was determined that coefficient alpha (CA) values within the range of 0.65 to 0.80 are considered acceptable. The results presented in [Table 1](#) indicate that the coefficient alpha (CA) for work burnout (WB) was found to be 0.960. Additionally, the coefficients for social support, job insecurity, and job satisfaction were determined to be 0.65, 0.91,

and 0.75, respectively. The collected data underwent coding and entry processes, and subsequently, it was subjected to analysis using the Partial Least Squares Structural Equation Modelling (PLS-SEM) technique in order to test the formulated hypotheses. Following the guidelines proposed by [Hair et al. \(2014\)](#), the items were evaluated for retention based on their loadings, which were deemed acceptable if they fell within the range of 0.50 to 0.70. Based on the analysis conducted using SmartPLS3, it was noted that five items, namely WB12, WB15, WB16, WB20, and JS3, were excluded from the study due to their loadings falling below the established threshold of 0.50.

These items were initially among the 32 items considered for analysis. This step was undertaken in order to ascertain the credibility and reliability of the model. As a result, the comprehensive model retained only 27 items due to their loadings, which ranged from 0.606 to 0.958, as outlined in [Table 3](#).

5. Findings

5.1 Demographic Profile

Table 2 Respondents Profile

	Frequency	Percentage
Gender		
Male	28	25.2
Female	83	74.8
Age		
22- 35	54	48.6
36-45	33	29.7
46-55	22	19.8
56-65	2	1.8
Working Hours		
Regular Hours	103	92.8
Shift hours	8	7.2
Work Experience		
Less than 5 years	29	26.1
From 5-15 years	56	50.5
More than 15 years	26	23.4
Position level		
Supervisor	22	19.8
Staff	89	80.2

5.2 PLS-SEM Path Model Finding

The assessment of the Structural Equation Modelling Partial Least Squares (PLS-SEM) path model entails a comprehensive examination of the model's validity, reliability, and predictive capacity. The evaluation is crucial for assessing the model's capacity to effectively depict the inherent relationship between the observed variables and the latent constructs (Hair et al., 2014).

5.2.1 Measurement Model

In order to evaluate the credibility of the model, various statistical methods can be utilised, including discriminant validity (DV), composite reliability (CR), and average variance extracted (AVE). The Average Variance Extracted (AVE) is a statistical measure that quantifies the extent to which the indicators of a construct capture the variation in that construct. On the other hand, the Construct Reliability (CR) is a metric used to estimate the internal consistency of the constructs (Hair et al., 2014; Henseler, Ringle, & Sinkovics, 2009).

5.2.1.1 Individual Item Reliability

In order to evaluate the measurement model, an examination of the outer loadings for the items of each construct, namely work-life balance, social support, job satisfaction, and job insecurity, was performed. In accordance with the recommendations outlined by Hair et al. (2014), items exhibiting loadings ranging from 0.50 to 0.70 were deemed suitable for retention. A total of 32 items were examined in the model, and it was determined that 5 of these items did not meet the minimum threshold of 0.50 for loading and were subsequently excluded from further analysis. Consequently, the comprehensive model consisted of a total of 27 items, exhibiting loadings that varied from 0.606 to 0.958, as visually depicted in Figure 2.

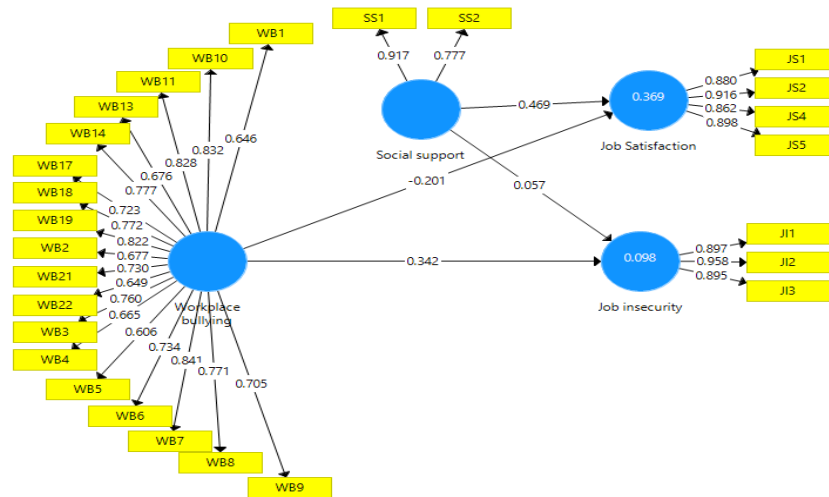


Figure 2. Measurement Model

5.2.1.2 Reliability of Internal Consistency

In this study, the authors employed the criterion for evaluating internal consistency reliability using CR, as recommended by [Bagozzi and Yi \(1988\)](#), in order to elucidate the concept of reliability. In addition, in accordance with the recent proposal put forth by [Hair, Ringle, and Sarstedt \(2011\)](#), it is recommended that the composite reliability (CR) values exceed 0.70. [Table 3](#) presents the values of CR, AVE, and CA.

Table .3 CA, AVE, CR, and Items Loadings

Constructs	Items	Loadings	AVE	CR	CA
Workplace bullying (WB)	WB1	0.646	0.544	0.955	0.950
	WB2	0.677			
	WB3	0.760			
	WB4	0.665			
	WB5	0.606			
	WB6	0.734			
	WB7	0.841			
	WB8	0.771			
	WB9	0.705			
	WB10	0.832			
	WB11	0.828			
	WB13	0.676			
	WB14	0.777			
	WB17	0.723			
WB18	0.772				
WB19	0.822				
WB21	0.730				
WB22	0.649				

Social support	SS1	0.917	0.722	0.838	0.652
	SS2	0.777			
	JS1	0.880			
Job Satisfaction	JS2	0.916	0.791	0.938	0.912
	JS4	0.862			
	JS5	0.898			
Job insecurity	JJ1	0.897	0.841	0.941	0.906
	JJ2	0.958			
	JJ3	0.895			

5.2.1.3 Discriminant Validity

Discriminant validity is observed in reflective constructs when the loadings of their constituent items are significantly greater (0.1 or more) than the loadings of other constructs. Additionally, discriminant validity is established when the square root of the average variance extracted (AVE) for each variable is substantially larger than the correlations between pairs of constructs, surpassing a threshold of 0.5 (Fornell & Larcker, 1981). The AVE values, as indicated in Table 4, are highlighted in bold.

Table.4 Discriminant Validity

	1	2	3	4
Job Satisfaction	0.889			
Job insecurity	-0.318	0.917		
Social support	0.585	-0.139	0.850	
Workplace bullying	-0.470	0.310	-0.560	0.737

5.2.2 Structural Model

The structural model includes looking at the estimated coefficients' significance and direction, the strength and significance of the direct and indirect effects, and the model's overall ability to explain things. These analyses offer significant insights into the causal relationships between the variables and the mechanisms by which they function. Additionally, it is possible to conduct sensitivity analyses in order to assess the resilience of the findings in relation to various model specifications or assumptions. The present study employed the PLS3 standard bootstrapping technique, as described by Hair et al. (2014), to examine the statistical significance of the path coefficients. The sample size consisted of 111 cases, and 1000 bootstrap

samples were generated for analysis. The estimates of the structural model are presented in Table 5 and Figure 3.

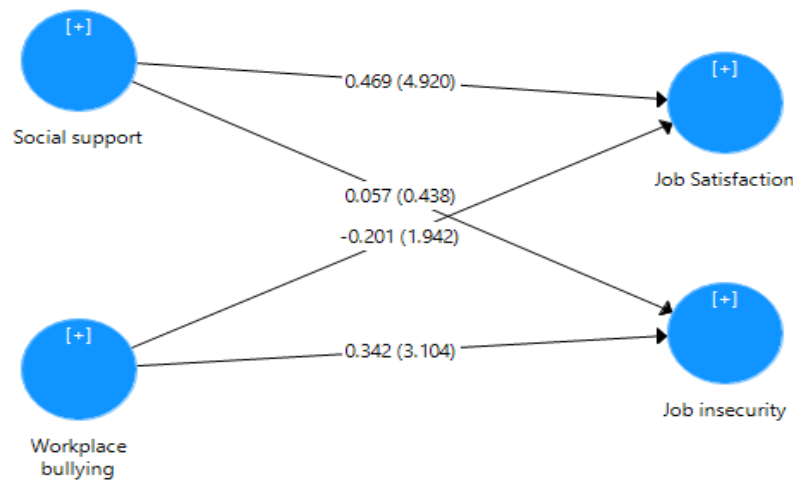


Figure 3. Path coefficients

Table 5. Path coefficients

Relation	β	ST	T-Value	P-value	Findings
Workplace bullying -> Job insecurity	0.342	0.110	3.104	0.001	Accepted
Workplace bullying -> Job Satisfaction	-0.201	0.104	1.942	0.026	Accepted
Social support -> Job Satisfaction	0.469	0.095	4.920	0.000	Accepted
Social support -> Job insecurity	0.057	0.130	0.438	0.331	Rejected

Finding have shown a significant and positive link between WB and Job insecurity with ($\beta = 0.342, t = 3.104, p < 0.05$). Thus, H1 is accepted. And Table 5 indicated a negative and significant link between WB and job satisfaction with ($\beta = -0.201, t = 1.942, p < 0.05$), thus, H2 is accepted. shown a significant and positive link between social support and job satisfaction with ($\beta = 0.469, t = 4.920, p < 0.05$), it is mean that H3 is accepted. H4 indicated a positive and insignificant link between social support and job insecurity with ($\beta = 0.057, t = 0.438, p > 0.05$), it is mean that H4 is rejected.

6. Discussion:

The purpose of this study was to assess the impact of WB on healthcare organisations in the eastern region of Saudi Arabia. The present study examined the impact of work-life balance (WB) on job insecurity and job satisfaction, as well as the

influence of social support on job satisfaction and job insecurity. The results have offered empirical evidence in support of the research aims. Firstly, the study hypothesised a positive correlation between workplace bullying and heightened levels of job insecurity. The results indicate a positive correlation between workplace bullying and employee dissatisfaction and demotivation. Furthermore, healthcare professionals who experience bullying consistently harbour apprehensions regarding potential job loss and experience a pervasive sense of insecurity within their work environments. The present study has effectively provided support for the hypothesis that work-based factors have contributed to an elevation in job insecurity. The findings presented in this study are corroborated by the existing literature, which encompasses a multitude of investigations conducted by various researchers across diverse contexts.

The findings of the study indicate a significant correlation between work-life balance (WB) and job insecurity. This result is in line with previous findings ([Glambek et al., 2014](#); [Glambek et al., 2018](#); [Johan Hauge, Skogstad, & Einarsen, 2007](#)). The relationship between work-based factors and job insecurity within the healthcare industry is intricate and characterised by multiple dimensions. Although these concepts are separate in nature, they frequently intersect and mutually reinforce one another, resulting in adverse consequences for both individual employees and the healthcare organisation as a collective entity. To effectively examine the correlation between workplace bullying and job insecurity within the healthcare sector, it is imperative to adopt a comprehensive strategy encompassing various elements. These elements comprise the establishment of anti-bullying policies, the provision of resources for reporting and intervention, the cultivation of a culture that values respect and support, and the promotion of employee well-being and professional development ([Glambek et al., 2014](#)).

According to the work of [Cheng and Chan \(2008\)](#), healthcare organisations can enhance the well-being and safety of their employees by effectively addressing both healthcare-related concerns. Secondly, there exists an inverse correlation between work-life balance (WB) and job satisfaction. This discovery has effectively provided support for the hypothesis that work-life balance (WB) and negative experiences are connected to the level of job satisfaction among healthcare personnel. Consistent with

the research conducted by [Tuna and Kahraman \(2019\)](#), the present study reveals a negative association between well-being (WB) and job satisfaction. Specifically, the findings indicate that an increase in the frequency of bullying is associated with a decrease in overall job satisfaction. This finding is consistent with a qualitative study conducted among nurses, which identified a negative association between work-life balance and job satisfaction ([Alswaid, 2014](#)).

Additionally, a quantitative study by [Vukelić, Čizmić, and Petrović \(2019\)](#) also supports this finding. This finding aligns with the findings of a study conducted by [Albishi and Alsharqi \(2018\)](#), which similarly demonstrated that organisations that experience bullying among their members tend to suffer losses of varying magnitude. The aforementioned losses can be attributed to a range of negative outcomes arising from bullying, such as increased rates of employee turnover and heightened costs associated with management. These outcomes can be attributed to disruptions in the physical and emotional well-being of employees, leading to a decrease in their motivation and a reduced willingness to fully contribute to the organisation. Research has indicated that negative associations and behaviours related to workplace bullying can have a detrimental impact on the performance of healthcare providers ([Tuna & Kahraman, 2019](#)). These relationships ultimately contribute to the creation of an unsafe work environment, which in turn leads to burnout, reduced job satisfaction, and negative patient outcomes. This finding aligns with previous findings as reported by [Habib et al. \(2023\)](#).

Workplace bullying has extensive and adverse consequences for job satisfaction, impacting not only the specific individuals who are directly subjected to it but also the overall work milieu. In order to address the adverse consequences, it is imperative for organisations to adopt explicit anti-bullying policies, foster an environment that values and encourages respect and assistance, and offer employees the necessary tools to report and resolve incidents of bullying. Establishing a secure and inclusive work environment is imperative to cultivating employee contentment and promoting the overall welfare of the workforce. The results of this study provide empirical evidence in favour of the hypothesis that there exists a positive association between social support and job satisfaction. Research conducted on seven National Health Service organisations in the United Kingdom has revealed a significant

correlation between the degree of social support received by healthcare personnel from their colleagues and their levels of burnout and job satisfaction.

Specifically, it was observed that a greater extent of social support was associated with a reduced likelihood of experiencing burnout and an increased likelihood of experiencing job satisfaction (Thompson et al., 2020). Thirdly, there is a positive correlation between social support and job satisfaction. The presence of social support has been found to have a significant influence on the job satisfaction of healthcare practitioners, which in turn is associated with the extent of bullying they encounter. The provision of social support from both higher management and co-workers has been found to have a positive impact on individuals' levels of job satisfaction. This implies that there is a positive correlation between the level of social support and job satisfaction, suggesting that as social support increases, job satisfaction is also likely to increase. Put simply, when individuals perceive higher levels of social support, it is expected that they will also report higher levels of job satisfaction. This finding was in line with previous studies (Karatepe & Olugbade, 2017; Lan et al., 2018).

The distinctive demands and challenges within the healthcare industry necessitate a heightened emphasis on social support. The augmentation of job satisfaction among healthcare professionals can be achieved through the existence of supportive relationships and a positive organisational culture. These factors contribute to the enhancement of emotional well-being, facilitate collaboration, and ultimately lead to an improvement in the quality of care provided by healthcare professionals (Jasiński & Derbis, 2023). Fourthly, Social support plays a crucial role in mitigating the negative consequences associated with job insecurity. The results of the study indicated a lack of significant association between social support and job insecurity. On the other hand, the absence of a substantial association between social support and job insecurity within the healthcare sector can be attributed to various industry-specific factors. The healthcare industry is renowned for its rigorous demands, extended working hours, and frequent exposure to stressful circumstances. The potential mitigating impact of social support may be overshadowed by these factors.

In a context characterised by heightened levels of stress, the determinants of job insecurity may be more strongly influenced by variables such as workload, patient

care, or regulatory changes, as opposed to social support. The temporal alignment of the study in relation to notable occurrences or transformations within the healthcare industry may also exert influence. During the COVID-19 pandemic, instances of job insecurity may be influenced by external factors rather than being mitigated by social support (Al-Mansour, 2021; Shi et al., 2022).

7. Theoretical and managerial implications

7.1 Theoretical implications

The present findings have substantial implications for understanding the impact of WB in healthcare organisations in the eastern region of Saudi Arabia. The present study has successfully provided empirical evidence to support the hypotheses stated in the literature review concerning the association between the variables being examined. Undoubtedly, the evidence supports the notion that WB has contributed to heightened job insecurity and diminished job satisfaction among healthcare personnel. Conversely, the provision of social support from both superiors and colleagues has been found to positively impact their level of job satisfaction. The primary objective of this study is to examine the effects of work-life balance (WB) on healthcare professionals.

7.2 Managerial implications

There is no denying that workplace bullying has a significant impact on job satisfaction in the healthcare industry. The imperative of addressing the demanding and high-stress nature of healthcare occupations is paramount to ensuring the welfare of healthcare practitioners and the provision of optimal patient care. In order to enhance job satisfaction and address the issue of bullying, healthcare organisations should adopt a proactive approach by implementing and enforcing anti-bullying policies, fostering a culture of respect, and offering resources and support to their employees. The effectiveness of the healthcare industry in attracting and retaining skilled professionals and guaranteeing the provision of excellent care is contingent upon these endeavours (Park & Ono, 2017; Rodríguez-Cifuentes et al., 2020).

It is imperative for organisations to acknowledge the adverse consequences of workplace bullying on employees' job satisfaction and implement proactive strategies to effectively tackle this matter. The implementation of comprehensive anti-bullying policies, the provision of support and resources for employees affected by bullying, and the cultivation of a culture characterised by respect and inclusivity have the potential to reduce the prevalence of workplace bullying and enhance overall job satisfaction within the workforce. Additionally, it is imperative to acknowledge the significant contribution of leaders and managers in establishing a conducive work atmosphere.

By exemplifying respectful and supportive behaviours, individuals have the ability to establish the prevailing atmosphere within the organisation, thereby mitigating the likelihood of workplace bullying. The lack of statistical significance in the association between social support and job insecurity within the healthcare sector suggests that social support may not have a direct impact on perceptions of job insecurity. Nonetheless, it is still imperative for healthcare organisations to place a high priority on promoting the welfare of their employees. This entails the provision of support programmes and the consideration of various potential determinants of job insecurity in order to cultivate a workforce that is both supportive and resilient.

8. Limitations and suggestions for further studies

The present study underscores the notable association between workplace bullying and job satisfaction. However, additional investigation is necessary to delve into the underlying mechanisms and potential moderators that may influence this relationship. Longitudinal studies have the potential to elucidate the causal direction of the relationship between workplace bullying and job satisfaction, thereby offering valuable insights into the effective implementation of workplace interventions aimed at mitigating the adverse consequences of such bullying.

It is highly recommended for future researchers to undertake empirical investigations employing a mixed-methods approach that integrates both

quantitative and qualitative research methodologies. This will facilitate the acquisition of a more profound comprehension of workplace bullying and its consequential impacts. It is imperative for researchers to take into account various forms of workplace bullying, including verbal, physical, and psychological manifestations. This study aims to facilitate the identification of the prevalence and distinguishing features of various forms of bullying, as well as the formulation of suitable interventions. In addition, it is recommended that future researchers undertake an investigation into the involvement of bystanders in instances of workplace bullying (Paull, Omari, & Standen, 2012).

This study aims to enhance comprehension regarding the role of bystanders in workplace bullying as well as devise interventions that specifically address bystander behaviour. It is imperative for researchers to conduct an investigation into the efficacy of interventions aimed at mitigating or preventing instances of workplace bullying (Matanda et al., 2021). This will assist individuals in discerning optimal strategies for mitigating and resolving instances of workplace bullying.

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Institutional Review Board Statement

The study was conducted according to the guidelines of the Declaration of Helsinki and approved by the Deanship of the Scientific Research Ethical Committee, King Faisal University (project number: GRANT 3,765, date of approval: 05 July 2023).

Conflicts of Interest

The authors declare no conflict of interest.

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Appendix. Constructs Measurement

Factors	Items	Resource
(BW)	"Someone withholding information which affects your performance."	Einarsen, Hoel, and Notelaers (2009)
	"Being ordered to do work below your level of competence. "	
	"Having your opinions ignored. "	
	"Being given tasks with unreasonable deadlines. "	
	"Excessive monitoring of your work. "	
	"Pressure not to claim something to which by right you are entitled (e.g. sick leave, holiday entitlement, and travel expenses). "	
	"Being exposed to an unmanageable workload. "	
	"Being humiliated or ridiculed in connection with your work. "	
	"Having key areas of responsibility removed or replaced with more trivial or unpleasant tasks. "	
	"Spreading of gossip and rumours about you. "	
	"Being ignored or excluded. "	
	"Having insulting or offensive remarks made about your person, attitudes or your private life. "	
	"Hints or signals from others that you should quit your job. "	
	"Repeated reminders of your errors or mistakes. "	
	"Being ignored or facing a hostile reaction when you approach. "	
	"Persistent criticism of your errors or mistakes. "	
"Practical jokes carried out by people you don't get along with. "		
"Having allegations made against you. "		
"Being the subject of excessive teasing and sarcasm. "		
"Being shouted at or being the target of spontaneous anger. "		
"Intimidating behaviours such as finger-pointing, invasion of personal space, shoving, blocking your way "		
"Threats of violence or physical abuse or actual abuse. "		
Social Support	"My supervisor is concerned about my welfare. "	Imbeault-Jean (2005)
	"I work with people who take personal interest in me. "	
	"How satisfied have you felt with your job recently? "	
Job Satisfaction	"In general, how satisfied are you with your current employment? "	Maltz and Kohli (1996)
	"I can admit that I dread going to work. "	
	"I still find my work stimulating, every day on the go. "	
Job Insecurity	"I really enjoy my work "	Hellgren, Sverke, and Isaksson (1999)
	"I am worried about having to leave my job before I would like to "	
	"There is a risk that I will have to leave my job in the year to come "	
	"I feel uneasy about losing my job in the near future. "	