

**THE IMPACT OF PATIENT'S BULLYING BEHAVIOUR AND MISTREATMENT
ON NURSES' MENTAL HEALTH AND JOB PERFORMANCE IN A HOSPITAL IN
BENIN CITY**

BY

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FACULTY OF NURSING SCIENCES

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OCTOBER , 2025

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**IN PARTIAL FULFILLMENT OF THE AWARD OF BACHELOR OF NURSING
SCIENCES , FACULTY OF NURSING SCIENCES, UNIVERSITY OF BENIN,
BENIN CITY.**

OCTOBER , 2025

DECLARATION

This is to declare that this research project titled **THE IMPACT OF PATIENT’S BULLYING BEHAVIOUR AND MISTREATMENT ON NURSES’ MENTAL HEALTH AND JOB PERFORMANCE IN A HOSPITAL IN BENIN CITY** was carried out **MERCY JAMES**. It is solely the result of my work except where acknowledged as being derived from other person [s] or resources.

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CERTIFICATION/APPROVAL

This is to certify that this research project by **MERCY JAMES**, with **matriculation number BMS1802540**, in the department of Medical-Surgical Nursing, Faculty of Nursing Sciences under the supervision of **SR. J.N. CHUKWURAH**

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ABSTRACT

Patient bullying behavior and mistreatment have emerged as significant concerns in healthcare settings, with serious implications for nurses' mental health and job performance. This study examined the impact of such negative patient behaviors on nurses working in selected wards at the University of Benin Teaching Hospital (UBTH), Benin City, Edo State. A descriptive cross-sectional survey design was employed, and data were collected from 83 nurses using structured questionnaires. Findings indicated a high prevalence of patient-initiated mistreatment, including verbal abuse (98.3%), threats (80.1%), sexual harassment (69%), and physical assault (54.5%). Contributing factors identified included prolonged patient waiting times, understaffing, ineffective communication, unmet expectations, and inadequate hospital security. The study revealed that bullying and mistreatment from patients significantly affected nurses' mental health, motivation, job performance, and their ability to deliver high-quality care. Despite the frequent occurrences, many nurses did not report these incidents. Participants emphasized the need for effective interventions such as conflict resolution training, increased staffing, enhanced security measures, access to psychological support, and improved communication with patients. The study concludes that patient bullying and mistreatment pose a serious threat to nurses' well-being and job effectiveness, and calls for immediate attention from hospital administrators and policymakers to implement comprehensive strategies for a safer and more supportive work environment.

Keywords- Nurses, Patient bullying, Mistreatment, Job performance, Mental health.

DEDICATION

This work is dedicated to GOD ALMIGHTY, the giver of life, for providing me with the strength to complete my academic journey. I also dedicate this work to myself.

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I would like to begin by giving all the glory to the Almighty God, the sovereign owner of my life. I am eternally grateful for His guidance, protection, and unfailing provision throughout my life and academic journey.

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TABLE OF CONTENTS

COVER PAGE	i
TITLE PAGE	ii
DECLARATION	iii
CERTIFICATION/APPROVAL	iv
ABSTRACT	v
DEDICATION	vi
ACKNOWLEDGEMENT	vii
CHAPTER ONE	1
INTRODUCTION	1
1.1 Background Of The Study	1
1.2 Statement Of Problem	3
1.3 Research Objectives	5
1.4 Research Questions	5
1.5 Hypothesis	5
1.6 Significance Of The Study	5
1.7 Scope Of The Study	6
1.8 Operational Definition Of Terms	7
CHAPTER TWO	8
LITERATURE REVIEW	8
2.0 INTRODUCTION	8
2.1 CONCEPTUAL REVIEW	8
2.1.1 Concept of Bullying and Mistreatment in Healthcare Settings	8
2.1.2 Nurses' Mental Health and Emotional Well-being	15
2.1.3 Job Performance of Nurses	18
2.2 THEORETICAL REVIEW	26
2.2.2 Application of Theory to the Study	29
2.3 EMPIRICAL REVIEW	30
CHAPTER THREE	38
RESEARCH METHODOLOGY	38
3.1 Research Design	38
3.2 Research setting	38

3.3 Target Population	39
3.4 Sampling (Size and Formula)	39
3.6 Instrument for data collection:	41
3.8 Reliability	42
3.9 Method of data collection	43
3.10 Method of data analysis	44
3.11 Ethical Consideration	44
CHAPTER FOUR	46
DATA PRESENTATION AND ANALYSIS	46
4.0 Introduction	46
4.1 Socio-Demographic Characteristics Of The Respondents	46
4.2 Assess The Prevalence Of Nurse Bullying In A Tertiary Healthcare Institution In Benin City, Edo State.	48
4.3 Examine The Impact Of Patient Mistreatment On Nurses' Mental Health In A Tertiary Healthcare Institution In Benin City, Edo State.	51
4.4 Investigate How Mistreatment Affects Nurses' Job Performance In A Tertiary Healthcare Institution In Benin City, Edo State.	53
4.5 Testing of Hypothesis	54
CHAPTER FIVE	56
DISCUSSION OF FINDINGS, CONCLUSION AND RECOMMENDATION	56
5.0 Introduction	56
5.1 Discussion of Findings	56
5.1.1 Respondent's Socio-Demographic Characteristics	56
5.1.2 Assess The Prevalence Of Nurse Bullying In A Tertiary Healthcare Institution In Benin City, Edo State.	57
5.1.3 Examine The Impact Of Patient Mistreatment On Nurses' Mental Health In A Tertiary Healthcare Institution In Benin City, Edo State.	58
5.1.4 Investigate How Mistreatment Affects Nurses' Job Performance In A Tertiary Healthcare Institution In Benin City, Edo State	58
5.2 Implications of Findings to Nursing	59
5.3 Summary	60
5.4 Conclusion	61
5.5 Recommendations	61
5.6 Limitations	62
5.7 Suggestion for Further Studies	63

REFERENCES

63

APPENDIX i

74

LIST OF FIGURES

Fig 4.1 Piechart on prevalence of nurse bullying at the University of Benin Teaching Hospital.

50

LIST OF TABLES

Table 4.1 Socio-Demographic Data Of Respondents	46
Table 4.2 Assess The Prevalence Of Nurse Bullying In A Tertiary Healthcare Institution In Benin City, Edo State.	48
Table 4.3 Prevalence Of Nurse Bullying At The University Of Benin Teaching Hospital.	49
Table 4.4 Examine The Impact Of Patient Mistreatment On Nurses' Mental Health In A Tertiary Healthcare Institution In Benin City, Edo State.	51
Table 4.5 Investigate How Mistreatment Affects Nurses' Job Performance In A Tertiary Healthcare Institution In Benin City, Edo State.	53

CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND OF THE STUDY

The nursing profession is a cornerstone of healthcare delivery, playing a vital role in patient care, advocacy, and health promotion. Nurses often serve as the first point of contact for patients and their families, offering physical, emotional, and psychological support. However, despite their indispensable contributions, nurses frequently face workplace challenges that threaten their well-being, professional fulfillment, and job satisfaction (Ada et al., 2022). Among these challenges, patient bullying and mistreatment stand out as critical stressors that not only impact nurses individually but also pose broader implications for healthcare systems. The growing prevalence of these issues has sparked global concern, prompting researchers to examine their effects on nurses' mental health, retention, and the overall quality of patient care (Luo et al., 2024; Otaghi et al., 2024).

Workplace bullying is a well-documented issue in healthcare environments. According to the World Health Organization (WHO, 2023), up to 45% of nurses globally have experienced some form of bullying (Kara et al., 2022). In Nigeria, approximately 60% of nurses report being bullied by colleagues, supervisors, or other healthcare workers (Ndubuisi et al., 2023). These acts of bullying—ranging from verbal abuse and humiliation to exclusion and professional sabotage—create toxic work environments that diminish morale and lead to psychological distress. A Lagos-based survey found that 48% of nurses who experienced bullying reported symptoms of depression and anxiety, while 32% considered leaving the profession due to persistent harassment (Ada et al., 2022). The consequences are far-reaching, contributing to staff turnover, reduced care quality, and lower patient satisfaction.

Similarly, mistreatment by patients and their relatives is a significant and growing challenge. Nurses, particularly those in emergency and critical care units, are increasingly exposed to verbal and physical aggression (Saha et al., 2021). The International Council of Nurses (ICN, 2020) reports that one in three nurses worldwide has experienced abuse from patients or their families (Jang & Oh, 2021). In Nigeria, a study conducted in teaching hospitals revealed that over 55% of nurses had been verbally abused, and 20% physically assaulted (Ada et al., 2022). This mistreatment often stems from long waiting times, poor infrastructure, stress, and public misconceptions about nursing roles (Paul, 2025; Saha et al., 2021). The psychological impact is severe—ranging from emotional exhaustion to post-traumatic stress disorder (Qi et al., 2021). In Benin City, 41% of nurses reported emotional detachment due to mistreatment, while 35% considered quitting due to safety concerns (Omorogbe & Amiegheme, 2021).

In low-resource settings like Nigeria, these challenges are exacerbated by overcrowded facilities, weak institutional support, and inadequate security (Akinwale & George, 2021). A recent study in Abuja found that 63% of nurses experienced mistreatment weekly, with 28% reporting emotional distress as a result (Arinze-Onyia et al., 2021). Constant exposure to hostile interactions can lead to psychological trauma, job dissatisfaction, and decreased professional commitment. Prolonged stress has been associated with mental health disorders such as anxiety, depression, and burnout, which in turn affect nurses' ability to perform effectively (Alinyemi et al., 2024; Faramarzpour et al., 2021). Physical consequences such as hypertension, sleep disturbances, and gastrointestinal issues are also common.

Moreover, the impact of bullying and mistreatment goes beyond individual nurses to affect the entire healthcare system. Emotional exhaustion and reduced focus increase the risk of clinical errors, compromise patient safety, and degrade care quality (Al-Qahtani et al., 2021). According to the WHO, the global nursing shortage is approaching six million, with Nigeria among the most affected countries (Onwuakagba et al., 2025). Poor working conditions

further discourage retention and productivity. In Edo State, nurses have reported that harassment, poor management, and lack of institutional support negatively affect their ability to deliver quality care (Arinze-Onyia et al., 2021).

A study at the University of Benin Teaching Hospital revealed that 40% of nurses experienced reduced job performance due to workplace stress, with 19% specifically attributing it to bullying and mistreatment (Omorogbe & Amiegheme, 2021). These stressors not only lead to decreased efficiency and absenteeism but also reduce participation in professional development. If left unaddressed, they will continue to compromise healthcare delivery by increasing patient dissatisfaction, lengthening hospital stays, and raising the risk of medical errors (Ada et al., 2022). Therefore, addressing these challenges is essential for protecting nurses' mental well-being and ensuring high-quality care.

Despite growing recognition of these issues, research remains limited in Nigeria, especially within tertiary healthcare institutions in Benin City. Although policies against workplace violence exist, enforcement is weak, and many nurses continue to suffer in silence. There is an urgent need for targeted interventions, including strengthened hospital policies, better management practices, and accessible mental health services. This study aims to examine the extent of patient-related bullying and mistreatment of nurses and its impact on their mental health and job performance. Findings will contribute to improved institutional responses and support evidence-based strategies to enhance nursing practice and patient care in Benin City and beyond.

1.2 STATEMENT OF PROBLEM

Nurses play a vital role in healthcare delivery, yet they continue to face significant challenges that threaten their well-being and job satisfaction. Patient bullying behaviors and mistreatment by patients and their relatives, have become persistent issues, creating a hostile

work environment that affects both professional performance and mental health. Studies show that nearly 45% of nurses globally experience workplace bullying, while one in three nurses faces verbal or physical abuse from patients or their relatives (Dapilah & Druye, 2024; . In Nigeria, reports indicate that over 60% of nurses have experienced bullying and mistreatments, which further compounding their stress and dissatisfaction (Omorogbe & Amiegheme, 2021). These challenges not only lead to emotional exhaustion, anxiety, and burnout but also contribute to high turnover rates, reduced productivity, and a decline in patient care quality.

Despite growing awareness of these issues, many healthcare institutions lack effective policies to address them, leaving nurses vulnerable to repeated abuse and ethical distress. The absence of a supportive work environment forces many nurses to suffer in silence, with research showing that more than half of nurses in high-stress environments experience significant mental health issues, including depression and burnout. In Nigeria, where nurse shortages are already a major concern, the increasing rate of dissatisfaction has led to a growing trend of migration, with thousands of nurses leaving the country annually in search of better working conditions (Arinze-Onyia et al., 2021). If these challenges are not addressed, the nursing workforce will continue to dwindle, further straining an already overburdened healthcare system.

This study seeks to examine the extent to which patient bullying behavior and mistreatment affects nurses' mental health and job performance in a tertiary healthcare institution in Benin City. By highlighting the impact of these factors, the study aims to provide insights that can inform policies and interventions to create a safer, more supportive workplace for nurses.

1.3 RESEARCH OBJECTIVES

This study aims to assess the perceived impact of patient bullying behavior and mistreatment on nurses' mental health and job performance in a tertiary healthcare institution in Benin City, Edo State. Specifically it is set;

1. To assess the prevalence of nurse bullying in a tertiary healthcare institution in Benin City, Edo State.
2. To examine the impact of patient mistreatment on nurses' mental health in a tertiary healthcare institution in Benin City, Edo State.
3. To Investigate how mistreatment affects nurses' job performance in a tertiary healthcare institution in Benin City, Edo State.

1.4 RESEARCH QUESTIONS

1. What is the prevalence of nurse bullying in a tertiary healthcare institution in Benin City, Edo State?
2. How does mistreatment by patients affect nurses' mental health in a tertiary healthcare institution in Benin City, Edo State?
3. In what ways does mistreatment impact nurses' job performance in a tertiary healthcare institution in Benin City, Edo State?

1.5 HYPOTHESIS

1. There is a significant relationship between the prevalence of nurse bullying and level of job performance among nurses in a tertiary healthcare institution in Benin City, Edo State.

1.6 SIGNIFICANCE OF THE STUDY

This study is significant as it sheds light on the impact of workplace stressors such as patient bullying behavior and mistreatment on nurses' mental health and job performance.

Understanding these issues is crucial for improving the work environment in healthcare settings, ensuring nurses remain motivated and mentally well to provide quality patient care.

For nurses, the study provides insights into the prevalence of workplace challenges and their effects, emphasizing the need for coping strategies and institutional support. Addressing these challenges can enhance job satisfaction, reduce burnout, and improve overall well-being.

For hospital administrators and policymakers, the study offers data-driven evidence that can inform the development of policies aimed at reducing workplace mistreatment, promoting ethical practices, and fostering a safer and more supportive work environment. Strengthening policies against bullying and abuse can improve nurse retention rates and enhance healthcare service delivery.

For healthcare researchers, this study will contribute to the growing body of literature on nurse well-being, workplace mistreatment in healthcare. The findings can serve as a foundation for future research exploring interventions and solutions to these persistent challenges.

Ultimately, by addressing these workplace issues, this study can lead to improved working conditions for nurses, better patient outcomes, and a more resilient healthcare system in Nigeria.

1.7 SCOPE OF THE STUDY

The scope of the study is delimited to nurses working at the University of Benin Teaching Hospital, Benin City, Edo State.

1.8 OPERATIONAL DEFINITION OF TERMS

1. Nurse Bullying: Refers to repeated and intentional negative behaviors directed at nurses within the workplace by patients. These behaviors include verbal abuse, humiliation, exclusion, threats, and intimidation.

2. Patient Mistreatment: Defined as any hostile or inappropriate behavior from patients or their relatives toward nurses, encompassing verbal insults, physical aggression, and psychological threats.

3. Mental Health: Refers to the emotional and psychological condition of nurses, specifically symptoms of stress, anxiety, depression, and emotional exhaustion.

4. Job Performance: Describes the extent to which nurses successfully fulfill their professional duties, including the delivery of quality patient care, task completion, and professional conduct.

5. Tertiary Healthcare Institution: A specialized hospital that provides advanced medical care, including the University of Benin Teaching Hospital, where the study is conducted, defined by its role in training healthcare professionals and handling complex medical cases.

CHAPTER TWO

LITERATURE REVIEW

2.0 INTRODUCTION

A literature review is a search and evaluation of the available literature in a given subject or chosen topic area. Literature in this study was reviewed under the following subheadings; conceptual review, theoretical framework, empirical review and summary of literature review.

2.1 CONCEPTUAL REVIEW

2.1.1 Concept of Bullying and Mistreatment in Healthcare Settings

Bullying and mistreatment in healthcare settings have become pervasive occupational risks, particularly for nurses who constitute the largest segment of the health workforce and often serve as the primary point of contact between the patient and the health system. The concepts of bullying and mistreatment encompass a spectrum of behaviors ranging from verbal abuse and intimidation to physical assault and emotional manipulation. According to the International Council of Nurses (2021), bullying involves repeated and intentional actions meant to cause humiliation, distress, or harm, whereas mistreatment includes both isolated and recurring instances of disrespectful or hostile behaviors that compromise the dignity and psychological safety of the nurse (Ajuwa et al., 2024). These behaviors may come from colleagues, superiors, or more commonly, from patients and their relatives who feel frustrated or disempowered by their health conditions or the perceived inefficiencies in the healthcare system.

Within healthcare environments, particularly high-pressure settings such as emergency rooms, psychiatric units, and surgical wards, the nurse-patient relationship can become strained by unmet expectations, miscommunication, and emotional volatility. Nurses may encounter patients or their relatives who yell, issue threats, question their competence, or even physically assault them in moments of heightened distress (Alzoubi et al., 2021). This form of mistreatment is not always overt; it can also manifest subtly through sarcastic remarks, passive-aggressive behavior, or persistent non-cooperation. What makes bullying and mistreatment by patients uniquely challenging is the power dynamic involved—while patients are considered vulnerable and deserving of empathy, nurses are expected to absorb the emotional weight of care delivery without compromising professionalism. As a result, many incidents of patient-initiated abuse go unreported or are dismissed as “part of the job” (Lee et al., 2024)

Globally, the incidence of patient-related bullying and mistreatment toward nurses is alarmingly high. The World Health Organization (WHO) estimates that between 8% and 38% of healthcare workers suffer physical violence at some point in their careers, while an even greater percentage are subjected to verbal aggression. A survey conducted by the American Nurses Association in 2020 revealed that more than 55% of registered nurses had experienced verbal or physical mistreatment from patients within a 12-month period (Amin et al., 2024). Similarly, a UK-based National Health Service (NHS) report highlighted that over 60% of nurses had faced some form of abuse, particularly verbal attacks, from patients or visitors. These aggressive encounters are often compounded by factors such as understaffing, long waiting times, and patient dissatisfaction, leading to increased vulnerability for nursing staff (Ajuwa et al., 2024).

In developing countries, including Nigeria, the problem is further intensified by systemic shortcomings in the healthcare sector. Resource scarcity, overwhelming patient loads, long

queues, and limited infrastructure often heighten patients' frustration, making nurses the easiest targets for their grievances (Arinze-Onyia et al., 2020). Several studies conducted in Nigerian tertiary hospitals have documented high levels of verbal abuse, physical intimidation, and disrespect toward nurses, particularly among patients who feel neglected or perceive delays in treatment (Anikwe et al., 2021). In a study conducted in a South-Western Nigerian tertiary institution, over 70% of nurses reported having been verbally abused by patients within a six-month period, with many expressing psychological exhaustion and feelings of helplessness (Ajuwa et al., 2024). In Benin City, tertiary facilities like the University of Benin Teaching Hospital (UBTH) are not immune to this trend. Nurses in such institutions often deal with not only critically ill patients but also agitated family members who lack proper information about their loved ones' health status and expect instant responses, regardless of the hospital's workload or limitations (Amin et al., 2024).

Another troubling aspect of patient-initiated mistreatment is its normalization within hospital culture. Many healthcare workers, especially nurses, are socialized into believing that abuse is an inevitable part of clinical practice. This normalization often discourages the reporting of incidents and reinforces a cycle of silence, further eroding nurses' morale and psychological well-being (Wang et al., 2025). Institutional mechanisms for reporting abuse are either lacking or underutilized, partly due to the perception that patients must always be treated with unconditional patience and understanding, even in the face of aggression. This creates an ethical dilemma for nurses who must balance empathy with self-preservation, often at great personal cost (Lee et al., 2024).

Moreover, patient-initiated mistreatment has significant implications for healthcare delivery and professional sustainability. Persistent exposure to such hostile behaviors can lead to emotional detachment, compassion fatigue, and a breakdown in the therapeutic nurse-patient relationship. It also contributes to higher turnover rates among nurses, increased absenteeism,

and a decline in the overall quality of care (Arinze-Onyia et al., 2021). The psychological effects, including anxiety, depression, burnout, and post-traumatic stress disorder (PTSD), can have long-lasting consequences on nurses' ability to perform their duties effectively. These outcomes underscore the urgent need to address bullying and mistreatment not only as ethical concerns but also as public health priorities with profound implications for workforce stability and patient safety (Amin et al., 2024; Sodimu et al., 2024).

In light of these realities, the concept of bullying and mistreatment by patients must be repositioned as a critical issue warranting institutional attention and intervention. While patients' emotional responses to illness and suffering are valid, it is equally important to protect healthcare workers from abuse and create systems that ensure mutual respect and accountability. This includes developing clear policies, implementing supportive reporting structures, and fostering a work culture that prioritizes the psychological safety of nurses. As this study aims to explore, understanding nurses' perceptions of the impact of such mistreatment is essential for designing responsive and sustainable strategies that enhance both caregiver well-being and patient care outcomes in Nigerian healthcare settings.

Definition of Bullying, Harassment, and Mistreatment

Bullying, harassment, and mistreatment are interconnected but distinct concepts that reflect various forms of hostile behaviors experienced in the workplace, including healthcare environments. Bullying is defined as repeated, unreasonable actions directed toward an individual or group that are intended to intimidate, degrade, humiliate, or undermine the target (International Labour Organization, 2020; Sodimu et al., 2024). In the nursing profession, bullying often involves persistent negative acts, such as ridicule, sabotage, exclusion, or verbal aggression, which are meant to emotionally destabilize the victim (Wang et al., 2024).

Harassment, on the other hand, is typically characterized by any unwelcome behavior—verbal, non-verbal, or physical—that creates a hostile or offensive work environment. It may be sexual, racial, psychological, or based on one’s social identity, and is considered harassment even if it occurs once, particularly when severe. In the healthcare context, harassment from patients or their families may include inappropriate touching, sexually suggestive remarks, racial slurs, or repeated invasion of personal space (Amin et al., 2024).

Mistreatment is a broader term that encompasses both bullying and harassment and includes any behavior that shows disrespect, undermines professional dignity, or causes emotional or physical harm. In nursing, mistreatment by patients may range from rude comments and complaints to threats, humiliation, and even physical assault. It is important to note that while workplace bullying is commonly associated with peer-to-peer or hierarchical relationships (e.g., nurse-on-nurse or doctor-on-nurse), patient-initiated mistreatment has become increasingly recognized as a significant form of workplace aggression, often overlooked in organizational policies (Sodimu et al., 2024).

Forms and Examples of Patient-Initiated Bullying and Mistreatment

Patient-initiated bullying and mistreatment can manifest in a variety of forms, ranging from subtle to overt. These behaviors are often reactive and stem from dissatisfaction with services, fear, anxiety, or the stress associated with illness and hospitalization. Common forms include:

- **Verbal Abuse:** This is the most frequently reported form of mistreatment, and it includes shouting, insulting remarks, belittling, name-calling, blaming, and aggressive questioning. A nurse might be told, “You are useless,” or be shouted at for perceived delays (Anikwe et al., 2021).

- **Threats and Intimidation:** Patients or their relatives may threaten legal action, job loss, or physical harm. In some cases, nurses have reported patients threatening to “deal with them outside” the hospital environment (Sodimu et al., 2024).
- **Physical Violence:** Though less common than verbal abuse, physical attacks such as slapping, pushing, biting, and in some extreme cases, assault with objects, do occur. Nurses working in emergency units and psychiatric wards are at heightened risk (Arinze-Onyia et al., 2020).
- **Sexual Harassment:** Nurses, especially females, have reported inappropriate sexual comments, lewd jokes, suggestive stares, or even unwanted touching by male patients or visitors (Isara et al., 2024).
- **Manipulative and Passive-Aggressive Behaviors:** Some patients use sarcasm, non-cooperation, or emotional blackmail to demean or control nurses. For example, refusing to take medication unless a specific nurse administers it or intentionally misreporting care interactions to superiors (Wang et al., 2025).
- **Discrimination and Stigmatization:** Nurses may face racially charged comments, religious discrimination, or age/gender-based insults, especially in diverse societies or multi-ethnic settings (Douglas & Enikaoselu, 2021).

Such behaviors do not only undermine the emotional well-being of nurses but can also compromise patient safety and treatment outcomes. Unfortunately, many nurses internalize these behaviors as part of their job responsibilities, resulting in underreporting and normalization of abuse.

Prevalence and Patterns Globally and in Nigeria

Globally, studies have shown that healthcare workers, especially nurses, are at a disproportionately high risk of mistreatment. According to a report by the World Health Organization (2022), approximately 38% of health workers worldwide experience physical violence at some point in their careers, while more than 67% report experiencing verbal abuse or threats from patients or their families (Amin et al., 2024). The International Council of Nurses also highlights that over 60% of nurses globally encounter some form of mistreatment each year, with many cases going unreported due to stigma or institutional neglect (Isara et al., 2024).

In high-income countries, the burden remains significant. In the United States, a 2021 survey by the Occupational Safety and Health Administration (OSHA) reported that 75% of workplace assaults occur in healthcare settings, with nurses representing the majority of victims (Zafar et al., 2022). A study conducted in the United Kingdom's NHS (National Health Service) revealed that nearly 70% of nurses had experienced verbal abuse from patients within the past year, and about 10% had been physically assaulted (Amin et al., 2024).

The situation in low- and middle-income countries, including Nigeria, is even more alarming due to systemic challenges such as staff shortages, poor healthcare infrastructure, and lack of strict enforcement of workplace violence policies. In a multi-center study conducted across Nigerian tertiary hospitals, over 76% of nurses reported experiencing verbal abuse from patients or their relatives, while 21% reported physical threats or assaults (Arinze-Onyia et al., 2021). In a study conducted in South-East Nigeria, it was reported that 43% of nurses had been physically attacked by patients within the previous 12 months, with many describing the institutional response as inadequate (Sodimu et al., 2023)

In Benin City, particularly in tertiary institutions such as the University of Benin Teaching Hospital (UBTH), anecdotal evidence and unpublished institutional records suggest that cases of patient-initiated mistreatment are frequent, particularly in overburdened units like the emergency department, maternity ward, and surgical units. Nurses in these settings often face aggressive behavior from frustrated patients who may have waited for hours without being attended to or from relatives who feel neglected. Despite the psychological burden associated with such abuse, formal documentation remains scarce due to fear of victim-blaming and a lack of clear protocols for addressing patient misconduct (Aghariagbonse et al., 2025).

The patterns emerging across both global and Nigerian contexts highlight the urgent need for healthcare systems to recognize and address patient-initiated bullying and mistreatment as legitimate threats to nurses' safety, mental health, and professional efficacy. Without systemic interventions, such as staff training, legal protection, and institutional reporting mechanisms, the trend is likely to continue unchecked, compromising both workforce morale and the quality of patient care.

2.1.2 Nurses' Mental Health and Emotional Well-being

Mental health is a fundamental component of overall health and well-being, yet it remains one of the most neglected aspects of healthcare, particularly among healthcare workers themselves. Nurses, by the nature of their profession, are continually exposed to emotionally taxing environments, high workloads, ethical dilemmas, and in many cases, hostile or abusive interactions with patients and their relatives (Wang et al., 2025). Mental health among nurses refers to their psychological, emotional, and social well-being, encompassing their ability to cope with workplace stressors, build healthy relationships, perform effectively, and recover from adversity. Emotional well-being, a related concept, includes feelings of self-worth, job satisfaction, purpose, and the ability to manage emotions in high-pressure clinical settings (Zafar et al., 2025).

The importance of mental health in the nursing workforce cannot be overstated. Nurses are often the first and last point of contact for patients, providing not only medical care but also emotional support, advocacy, and reassurance. However, the emotional labor involved in constantly giving of oneself, often in the face of difficult and traumatic circumstances, can lead to psychological depletion. Factors such as long shifts, inadequate staffing, moral distress, fear of medical errors, and exposure to patient suffering and death are already known to exert a significant psychological toll. When this professional burden is compounded by mistreatment or bullying—especially from those they are meant to care for—it becomes an even greater risk to their emotional resilience and mental stability (Oyetunde & Brown, 2021, Sodimu et al., 2023).

Globally, the mental health status of nurses has become a topic of increasing concern. A meta-analysis by the International Journal of Nursing Studies (2022) reported that more than 30% of nurses worldwide experience symptoms of anxiety, 22% show signs of depression, and nearly 40% report moderate to high levels of occupational burnout (Babatunde & Ojo, 2021). The COVID-19 pandemic further exacerbated these issues, exposing nurses to unprecedented levels of psychological strain, with many facing patient aggression fueled by fear, misinformation, and health system breakdowns. In high-income countries like the United States, Canada, and Australia, studies have shown that nurses working in emergency departments and intensive care units are particularly at risk for mental health disorders due to the high acuity and emotional intensity of their roles (Isara et al., 2024).

In African countries, including Nigeria, the mental health of nurses remains an under-researched and under-prioritized area despite the growing evidence of psychological distress within the profession (Babatunde & Ojo, 2021). Many Nigerian nurses operate in under-resourced and overcrowded facilities, often without the necessary support systems to help them cope with emotional challenges. Studies conducted in Nigerian tertiary hospitals have

documented high levels of occupational stress, emotional exhaustion, and burnout among nurses, especially in urban health centers such as those in Lagos, Abuja, and Benin City (Isara et al., 2024). These conditions are further worsened by repeated exposure to verbal abuse, physical threats, and disrespect from patients and their families. Unfortunately, many of these nurses do not seek mental health support due to cultural stigma, lack of institutional structures, or fear of being perceived as weak or unprofessional (Amin et al., 2024).

Moreover, the consequences of poor mental health among nurses extend beyond the individual to the broader healthcare system. Nurses experiencing anxiety, depression, or burnout are more likely to make clinical errors, experience reduced motivation, and have diminished interpersonal skills, all of which directly affect the quality of patient care. Emotional distress also leads to increased absenteeism, job dissatisfaction, and higher rates of turnover, further straining an already overstretched health workforce (Wang et al., 2025). In environments like tertiary health institutions in Nigeria, where human resources for health are already limited, the psychological instability of nurses can lead to a ripple effect that compromises patient outcomes, increases healthcare costs, and diminishes public trust in the health system (Sodimu et al., 2023).

Furthermore, nurses' mental health is often influenced by the absence of protective policies and institutional interventions. In many Nigerian hospitals, there are limited structures for mental health screening, employee assistance programs, or debriefing sessions following traumatic events. Instead, nurses are expected to persevere through adversity without acknowledgment or support. This contributes to a toxic culture of silence and emotional suppression, where psychological issues remain hidden until they manifest in more severe forms, such as substance abuse, chronic absenteeism, or even suicidal ideation. In some cases, the repeated emotional trauma associated with patient abuse can lead to symptoms similar to

Post-Traumatic Stress Disorder (PTSD), further impairing nurses' functioning and emotional regulation (Babaei et al., 2021).

To safeguard nurses' mental health and emotional well-being, healthcare institutions must begin to adopt a more proactive and compassionate approach. This includes establishing mechanisms for reporting and addressing mistreatment, promoting mental health awareness, providing access to psychological counseling, and creating a workplace culture where emotional expression is not stigmatized. Equally important is the need for leadership to recognize that the well-being of nurses is not a peripheral issue, but a central determinant of patient safety and system efficiency (Isara et al., 2024). For institutions like the University of Benin Teaching Hospital, integrating mental health support into occupational health programs could be a crucial step toward fostering a healthier, more resilient nursing workforce.

In conclusion, mental health and emotional well-being are critical to the sustainability and effectiveness of the nursing profession. The emotional demands of nursing, when intensified by mistreatment and bullying from patients, can lead to serious mental health challenges that undermine both personal well-being and professional performance. Addressing these issues requires institutional commitment, policy reform, and a cultural shift toward empathy, support, and mental health prioritization within healthcare environments.

2.1.3 Job Performance of Nurses

Definition of Job Performance

Job performance in the nursing profession is a multi-dimensional concept that reflects a nurse's ability to provide competent care while navigating the complexities of a healthcare environment. It is not limited to technical skills and clinical competence alone; it also encompasses emotional intelligence, communication, teamwork, and the ability to manage

stress (Gudonyte & Palinauskene, 2023). Nurses are required to perform a wide range of tasks, including direct patient care, health promotion, administration of medications, and responding to emergency situations. As healthcare becomes more complex, the performance of nurses increasingly plays a pivotal role in ensuring positive patient outcomes. High performance among nurses translates to better quality of care, improved patient satisfaction, and enhanced healthcare delivery (Aghariagbonse et al., 2024). On the other hand, suboptimal job performance can lead to negative consequences such as medical errors, lower patient satisfaction, and, in some cases, patient mortality. In tertiary healthcare institutions, where the severity of medical conditions is typically higher, nurses' job performance is essential in ensuring that patients receive timely, high-quality care across all stages of treatment (Nduka & Okafor, 2021).

The comprehensive nature of job performance also means it involves subjective and objective aspects. While clinical skills are easily measurable through performance evaluations, interpersonal skills and emotional well-being are more difficult to quantify yet equally essential for successful job performance. When nurses demonstrate high levels of competence, they are often able to manage patient care more efficiently, collaborate effectively with colleagues, and maintain a positive attitude in the face of demanding circumstances (Oyetunde & Brown, 2021). Conversely, poor job performance can stem from a variety of factors, such as high workloads, stress, inadequate support, or workplace mistreatment. Therefore, understanding the factors that contribute to job performance is crucial to improving both nurse well-being and patient care outcomes (Lines et al., 2021).

Determinants of Job Performance

The factors that influence the job performance of nurses can be broadly categorized into intrinsic and extrinsic determinants. Intrinsic factors relate to personal attributes, while

extrinsic factors involve environmental, organizational, and external elements. These factors work together to shape a nurse's ability to provide high-quality care and their engagement with their professional responsibilities (Aghariagbonse et al., 2024).

1. Intrinsic Factors:

- **Clinical Competence:** A nurse's level of expertise and clinical skill is one of the most significant determinants of job performance. This includes knowledge of medical procedures, pharmacology, diagnostic skills, and the ability to make accurate clinical judgments (Banakhar et al., 2021). Nurses who demonstrate competence are more likely to handle complex patient care situations effectively, reducing the risk of errors and improving patient outcomes. Continuous education and exposure to advanced practices also contribute to maintaining and enhancing clinical competence (Arinza-Onyia et al., 2021).
- **Emotional Intelligence (EI):** Emotional intelligence, which includes self-awareness, self-regulation, motivation, empathy, and social skills, plays an essential role in the way nurses manage relationships with patients, families, and colleagues. Nurses with high EI are able to navigate challenging emotional situations, reduce conflicts, and offer compassionate care (Olorunfemi et al., 2025). EI is particularly important in the nursing profession, where nurses often encounter highly stressful, emotionally charged situations that require calmness and empathy. High EI leads to more effective communication, increased resilience, and improved stress management, all of which contribute to better job performance (Sodimu et al., 2023).
- **Resilience and Coping Mechanisms:** Nurses face emotionally and physically demanding work environments. Resilience, or the ability to cope effectively with stress and adversity, is crucial for sustaining job performance over time (Choi & Yoon, 2025). Nurses who possess strong coping strategies are better equipped to manage the emotional toll of the job, recover from stressful situations, and remain committed to their duties. Nurses who struggle with

coping may experience burnout, which can lead to a decline in performance and an increased risk of making errors (Amin et al., 2024).

2. Organizational Factors:

- **Work Environment:** The physical and emotional work environment plays a significant role in determining job performance. Adequate staffing, safe and well-equipped facilities, and a supportive atmosphere are essential for nurses to deliver high-quality care. When nurses face challenges such as understaffing, overcrowded wards, or outdated equipment, their ability to perform their duties can be severely hindered (Botngard et al., 2024). Moreover, when the work environment is characterized by high stress, inadequate resources, or poor safety protocols, it can lead to increased burnout, job dissatisfaction, and performance declines. An optimal work environment supports nurses by providing the necessary tools, resources, and conditions to perform their duties effectively and efficiently (Nduka & Okafor, 2021).

- **Leadership Support:** Effective leadership is one of the cornerstones of a positive work environment. Strong leadership provides nurses with direction, motivation, and recognition, all of which are critical for sustaining high job performance. Leaders who actively engage with their teams, offer constructive feedback, and advocate for their nurses' well-being help to foster an environment where nurses feel valued and supported. This leads to higher levels of engagement, reduced turnover, and improved performance. Conversely, a lack of leadership support can result in confusion, demoralization, and poor job performance (Isara et al., 2024).

- **Organizational Culture:** A hospital's organizational culture—the values, beliefs, and behaviors promoted by leadership—directly impacts nurse job performance. A culture that values collaboration, respect, continuous learning, and professional development encourages nurses to perform to the best of their ability. In contrast, a toxic work culture, characterized

by poor communication, lack of recognition, and unprofessional behavior, can lead to disengagement, high turnover, and diminished job performance (Aghariagbonse et al., 2024).

3. External Factors:

- **Patient Load:** The nurse-patient ratio is a critical determinant of job performance. When nurses are responsible for too many patients, their ability to provide individualized care becomes compromised. High patient loads increase stress, decrease the time available for each patient, and can result in rushed care, leading to errors and reduced job satisfaction. The relationship between high patient load and decreased nurse performance has been well-documented in research, showing that lower nurse-patient ratios correlate with better outcomes for both nurses and patients (Isara et al., 2024).

- **Training and Development:** Nurses who have access to ongoing training and professional development opportunities tend to perform better in their roles. Regular updates on the latest healthcare practices, technological advancements, and evidence-based procedures allow nurses to provide the most current and effective care. Training in areas such as time management, patient communication, and stress management also supports nurses in handling the demands of the profession. Conversely, a lack of professional development opportunities can lead to stagnation, decreased confidence, and a decline in job performance (Aghariagbonse et al., 2024).

Impact of Mistreatment on Job Performance

Mistreatment by patients can significantly affect the job performance of nurses. Research indicates that nurses who experience verbal or physical abuse from patients face increased emotional distress, leading to a decline in job performance. The impact of mistreatment on job performance is multifaceted and can manifest in various ways:

1. Emotional and Psychological Toll: Constant exposure to mistreatment can result in emotional exhaustion, leading to burnout. Nurses who experience this emotional strain may struggle to maintain focus on their tasks, reducing their ability to provide high-quality care. Studies have shown that nurses who face patient mistreatment are more likely to suffer from anxiety, depression, and stress-related disorders, all of which negatively impact their performance. The emotional toll of mistreatment can also cause nurses to develop a negative attitude towards their work, further diminishing their engagement and effectiveness (Zafar et al., 2022).

2. Diminished Job Satisfaction: Nurses who are mistreated by patients often experience a decrease in job satisfaction. When nurses feel disrespected, undervalued, or unsupported, they are less likely to be motivated to perform at their best. Job satisfaction is closely linked to performance, as nurses who enjoy their work and feel appreciated are more likely to go above and beyond in their patient care duties. Conversely, when job satisfaction decreases due to mistreatment, nurses may become disengaged, leading to lower job performance and a higher likelihood of seeking employment elsewhere (Arinze-Onyia et al., 2021).

3. Decreased Empathy and Patient Interaction: Mistreatment from patients can lead to emotional exhaustion and a decrease in empathy, one of the most important qualities in nursing. Nurses who are emotionally drained may find it difficult to connect with patients on a personal level, which can negatively impact their ability to provide compassionate care. A lack of empathy can also reduce patient satisfaction, as patients expect to be treated with dignity and respect. In the long run, reduced empathy can harm the therapeutic relationship between nurses and patients, ultimately affecting patient outcomes (Jobnpaul et al., 2024).

4. Reduced Decision-Making Abilities: Nurses experiencing mistreatment are more likely to experience cognitive overload, which can impair their decision-making abilities. Decision-

making is a critical component of nursing practice, as nurses must make quick, accurate judgments about patient care. The stress and emotional strain caused by mistreatment can hinder a nurse's ability to think clearly and make sound decisions, increasing the likelihood of medical errors and poor patient outcomes (Ahuwa et al., 2024).

Consequences of Reduced Job Performance

The reduction in job performance due to mistreatment has far-reaching consequences for both the individual nurse and the broader healthcare system. The consequences can be categorized into personal, organizational, and patient-related outcomes.

1. Personal Consequences:

- **Burnout:** Nurses who experience sustained mistreatment are more susceptible to burnout, which is characterized by emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment. Burnout not only reduces job performance but can also result in long-term health issues such as chronic fatigue, anxiety, and depression. The high rates of burnout in the nursing profession have been well-documented and are often linked to increased turnover and a decline in care quality (Ajuwa et al., 2024).
- **Mental Health Issues:** The mental health consequences of mistreatment are profound, with many nurses developing symptoms of depression, anxiety, and post-traumatic stress disorder (PTSD). These issues can have long-term effects on a nurse's personal well-being and job performance. Nurses with mental health challenges often struggle to manage the emotional demands of their roles, leading to disengagement and decreased productivity (Aghariagbonse et al., 2023).
- **Job Dissatisfaction and Turnover:** Nurses who are subjected to mistreatment may experience significant job dissatisfaction, which can lead to higher turnover rates. The loss of experienced nurses due to mistreatment exacerbates staffing shortages, leading to further

pressure on remaining staff and declining job performance across the institution. Job turnover also incurs significant costs related to recruitment and training of new staff, placing additional strain on healthcare organizations (Aghariagbonse et al., 2023).

2. Organizational Consequences:

- **Decreased Productivity:** Nurses who are mistreated by patients may demonstrate lower levels of productivity. Reduced energy, disengagement, and burnout result in slower responses to patient needs and a diminished ability to contribute to team efforts. These factors collectively reduce the overall productivity of the nursing team, affecting the quality of care provided to patients (Ajuwa et al., 2024).
- **Increased Absenteeism:** The emotional toll of mistreatment can lead to increased absenteeism. Nurses who feel mentally and emotionally drained may take more sick leave or request time off to recover. This absenteeism disrupts the continuity of patient care, creating gaps in staffing that further reduce the quality of care provided. Inadequate staffing due to absenteeism also puts additional pressure on the remaining nurses, further compromising their performance (Sodimu et al., 2023).
- **High Staff Turnover and Recruitment Issues:** The psychological and emotional impact of mistreatment leads to higher staff turnover. Nurses who leave the profession or switch institutions due to mistreatment create gaps that are difficult to fill. Recruitment challenges further strain healthcare organizations, as finding qualified, experienced nurses becomes increasingly difficult. High turnover also reduces the continuity of care, which is critical in maintaining quality standards (Arinze-Onyia et al., 2021).

3. Patient-Related Consequences:

- **Decreased Quality of Care:** The ultimate consequence of reduced job performance is a decline in the quality of patient care. Nurses who are emotionally exhausted, disengaged, or

stressed are less likely to provide the level of care that patients require. This can lead to missed assessments, delayed interventions, and increased medical errors (Alnaeem et al., 2025)

- **Increased Medical Errors:** Emotional exhaustion and burnout make nurses more susceptible to making mistakes, which can have serious consequences for patient safety. Medical errors, including incorrect medication administration and failure to perform timely assessments, can lead to adverse patient outcomes and a decline in overall patient health (Ebrahim et al., 2023).
- **Reduced Patient Satisfaction:** Patients are likely to perceive when nurses are emotionally distant or disengaged due to mistreatment. This can negatively affect the nurse-patient relationship, leading to reduced patient satisfaction and a diminished sense of trust in the healthcare system (Ben-Aharon et al., 2022).

2.2 THEORETICAL REVIEW

Theoretical frameworks provide essential insight into understanding the psychological processes at play when nurses experience bullying and mistreatment in healthcare settings. For this study, the Transactional Model of Stress and Coping, developed by Lazarus and Folkman (1984), offers a robust theoretical foundation for examining how nurses perceive and respond to workplace violence (Cronin & Duffin, 2025). This model highlights the dynamic interaction between individuals and their environment, emphasizing the process of stress appraisal and coping strategies that influence mental health and job performance.

2.2.1 Transactional Model of Stress and Coping

The Transactional Model of Stress and Coping posits that stress is a result of an individual's evaluation of an event as either threatening, challenging, or neutral, and the corresponding resources available to manage it. In the context of workplace bullying and mistreatment, the model is particularly relevant as it addresses how nurses perceive aggressive behaviors from

patients or their families, and how they cope with these stressors. According to the model, stress occurs when individuals perceive an imbalance between the demands placed upon them (e.g., aggressive behavior from patients) and their ability to cope with these demands (e.g., lack of support or insufficient coping resources) (Bit-Lian et al., 2025).

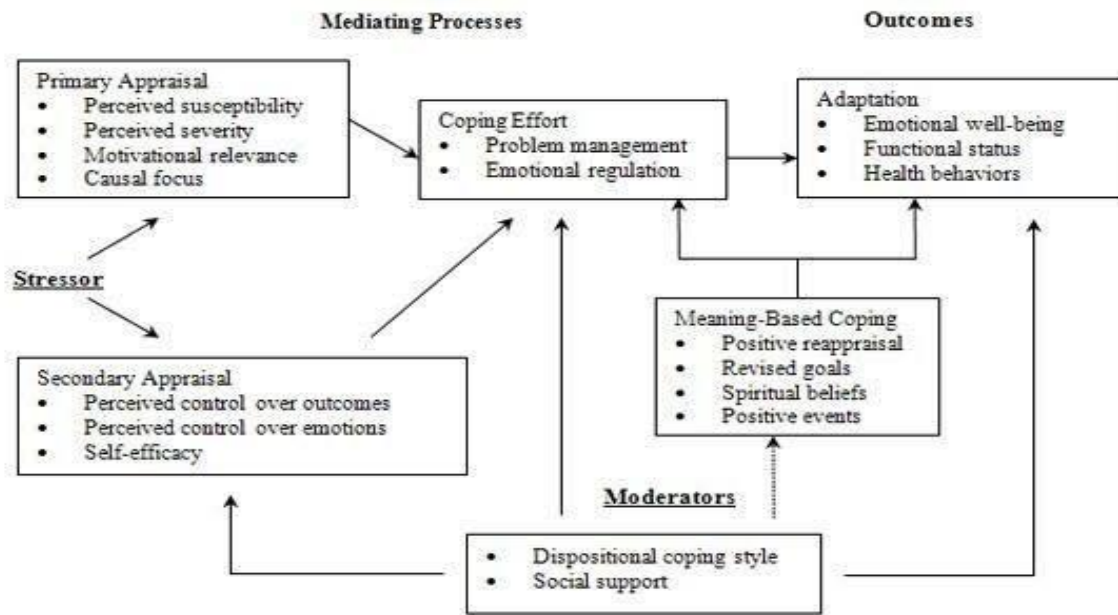


Fig 2.1 Schematic Illustration of the Transactional Model of Stress and Coping

The model distinguishes between two key processes: primary appraisal and secondary appraisal.

1. Primary Appraisal: This is the initial evaluation of an event to determine its significance. In the case of workplace bullying or mistreatment, nurses may assess whether the incident is harmful, threatening, or challenging. If a nurse perceives an incident of mistreatment as harmful or threatening to their well-being or job security, it can lead to higher levels of stress

and a sense of helplessness. However, if the nurse perceives the incident as a challenge, they may be more likely to adopt coping strategies aimed at addressing the situation.

2. Secondary Appraisal: After assessing the situation, nurses then evaluate their available resources to cope with the stressor. This includes their psychological resources (such as resilience and emotional regulation), social support (e.g., colleagues, managers), and organizational resources (e.g., training, policies). If the nurse perceives that they have adequate resources to cope with the bullying or mistreatment, they may experience less psychological distress and perform their job more effectively. On the other hand, if the nurse believes that they lack the resources to manage the stressor, they may experience greater psychological strain and reduced job performance.

The model suggests that coping strategies are key to mitigating the negative effects of stress. Lazarus and Folkman identify two main types of coping: problem-focused coping and emotion-focused coping.

- Problem-focused coping involves addressing the source of the stress directly, such as reporting the mistreatment to management, seeking resolution, or finding ways to alter the situation. In the context of workplace violence, nurses may engage in problem-focused coping by advocating for changes in workplace policies or seeking interventions to reduce aggressive patient behaviors.
- Emotion-focused coping entails managing the emotional response to stress, rather than changing the stressor itself. Nurses may rely on emotional regulation techniques such as seeking emotional support from colleagues, engaging in relaxation techniques, or distancing themselves emotionally from the situation. While emotion-focused coping may provide short-term relief, if the source of the mistreatment is not addressed, it may not prevent the negative psychological impact in the long term.

The Transactional Model of Stress and Coping underscores the importance of an individual's appraisal and coping resources in determining their response to stressors like bullying and mistreatment. For nurses, the ability to effectively cope with such stressors can influence their mental health outcomes, such as anxiety, depression, or burnout, as well as their job performance. Nurses who possess strong coping strategies and social support networks may experience fewer adverse psychological effects and maintain higher job performance, even in the face of mistreatment. In contrast, nurses with limited coping resources may experience severe psychological distress, leading to negative consequences such as absenteeism, decreased job satisfaction, and lower quality of care for patients.

2.2.2 Application of Theory to the Study

The Transactional Model of Stress and Coping is particularly useful for understanding how nurses cope with the stress and trauma associated with bullying and mistreatment by patients. This theoretical framework will guide the analysis of nurses' perceptions of mistreatment and the coping mechanisms they employ to manage such stressors. In the context of this study, the model offers a comprehensive view of how workplace bullying impacts nurses' mental health and job performance.

1. Primary Appraisal of Bullying and Mistreatment: Nurses' initial responses to mistreatment by patients will be analyzed using the concept of primary appraisal. The study will investigate how nurses evaluate such incidents as threatening or challenging, and how these perceptions influence their stress levels. For example, nurses may perceive a patient's aggressive behavior as a threat to their emotional well-being, potentially leading to anxiety and burnout. Alternatively, nurses who perceive mistreatment as a challenge may adopt more active coping strategies, such as seeking support or addressing the issue with management.

2. Secondary Appraisal and Coping Resources: The study will explore how nurses assess their available resources to cope with the stress of bullying and mistreatment. Nurses with strong social support networks, access to mental health resources, and effective organizational policies may experience less distress and maintain higher levels of job satisfaction. On the other hand, nurses with limited support or inadequate resources may experience greater psychological strain, leading to job dissatisfaction, burnout, and reduced quality of care for patients.

3. Coping Strategies and Mental Health Outcomes: The study will also examine the coping strategies that nurses use to deal with the emotional consequences of mistreatment. Problem-focused coping, such as reporting incidents of mistreatment or seeking institutional changes, may help mitigate the negative impact of bullying. Conversely, emotion-focused coping, such as withdrawing emotionally or seeking solace from colleagues, may provide temporary relief but may not address the root cause of the mistreatment. The study will assess how these coping mechanisms affect nurses' mental health, job performance, and overall well-being.

By applying the Transactional Model of Stress and Coping, this study aims to understand the complex relationship between workplace bullying, nurses' stress responses, and the impact on their mental health and job performance. The theory will provide a valuable framework for exploring the various factors that influence how nurses perceive and cope with mistreatment, offering insights into how interventions can be designed to improve their well-being and work satisfaction.

2.3 EMPIRICAL REVIEW

ASSESS THE PREVALENCE OF NURSE BULLYING IN A TERTIARY HEALTHCARE INSTITUTION.

Kumari et al. (2022) explored the prevalence of workplace bullying (WPB) among healthcare professionals (HCPs) in tertiary care hospitals in Pakistan, emphasizing the widespread nature of this issue. Conducted from May to October 2020, the cross-sectional study utilized a validated Negative Acts Questionnaire-Revised (NAQ-R) to assess the occurrence of WPB. A total of 449 healthcare professionals participated, with 72.4% of the sample being female and 27.6% male. The majority were house officers or first-year trainees who had completed their MBBS (n = 252, 56.1%), while residents undergoing specialty training made up the remaining 43.9% (n = 197). The study revealed that 41% of participants had experienced bullying, with 29% identifying as being bullied and 30% reporting no exposure to bullying. Males (53%) and residents (48%) reported higher rates of bullying compared to females (38%) and house officers (36%). These findings, which remained consistent even when applying a self-reported definition of WPB, highlight the pervasive nature of workplace bullying, particularly affecting male and resident healthcare professionals. The study calls for greater attention to workplace bullying in healthcare settings, advocating for preventive measures and interventions aimed at reducing this harmful behavior.

Ramesh et al. (2021) examined the prevalence of workplace bullying among nurses at a tertiary care hospital in Bangalore, recognizing the growing concern of bullying in the healthcare sector and its impact on nurses' quality of life and performance. The study was conducted among 300 staff nurses working in inpatient services, with a sample selected through computer-generated random numbers based on records from the Chief of Nursing Services. Data were collected using a self-administered questionnaire that included socio-demographic factors and the Negative Acts Questionnaire-Revised (NAQ-R). Of the 297 respondents, 26.9% reported being victims of bullying in the past six months. Among those who experienced bullying, 80% faced work-related bullying, 60% were subjected to person-related bullying, and 21.3% experienced physical intimidation. The findings highlight the

prevalence of workplace bullying among nurses and underscore its negative effects on both professional performance and personal well-being. The study calls for measures to address bullying and improve the working environment for nurses in healthcare settings.

Aly et al. (2024) investigated the prevalence, contributing factors, and consequences of workplace bullying against nurse managers, addressing a gap in the literature on bullying within this particular group. A descriptive correlational study was conducted with 135 nurse managers using a self-reported questionnaire that included scales for workplace bullying, leadership, workplace culture, workplace justice, trust, job demand and control, job satisfaction, and stress. Data were analyzed using SPSS, with Spearman's rho correlation and logistic regression to explore relationships between variables. The findings revealed a high prevalence of workplace bullying (64.7%) directed at nurse managers by staff nurses, leaders, and colleagues. Contributing factors included ineffective leadership, high workload, low job control, workplace injustice, distrust, and weak organizational culture. The study identified stress and job dissatisfaction as major consequences of bullying. The authors concluded that high rates of bullying against nurse managers can lead to serious adverse effects on their well-being, emphasizing the need for healthcare leaders to address environmental factors, such as promoting authentic leadership and fostering a supportive organizational culture, to mitigate bullying in healthcare settings.

EXAMINE THE IMPACT OF PATIENT MISTREATMENT ON NURSES' MENTAL HEALTH IN A TERTIARY HEALTHCARE INSTITUTION.

Amoadu et al. (2024) conducted a scoping review to examine how psychosocial safety climate (PSC) influences workplace mistreatment and the mental health of workers. Using Arksey and O'Malley's guidelines, the researchers systematically searched databases including PubMed, Scopus, Web of Science, JSTOR, Google, and Google Scholar, focusing

on peer-reviewed studies that utilized the PSC-12, PSC-8, or PSC-4 measurement tools. A total of 38 studies met the inclusion criteria. The findings revealed that higher PSC levels are associated with reduced workplace mistreatment—such as bullying, harassment, and abuse—and improved psychological outcomes, including resilience, hope, and well-being. Conversely, low PSC was linked to heightened psychological distress, emotional exhaustion, depression, and cognitive weariness. The review also found that PSC acts as a buffer and mediates the relationship between health-centric leadership and mental health challenges. Notably, the protective effect of PSC against depressive symptoms appeared stronger among female workers. The authors concluded that promoting a strong PSC through supervisor training, respectful workplace policies, resource allocation, and open communication can significantly reduce mistreatment and enhance worker well-being and job satisfaction.

Lanz and Tedone (2025) conducted a time-lagged study to investigate how mistreatment by patients and their families during the COVID-19 pandemic influences nurses' intentions to leave the profession, with a focus on the mediating role of work fatigue. A total of 152 direct care nurses in the U.S. participated by completing three waves of online surveys over six weeks. The findings revealed that mistreatment had an indirect impact on nurses' intention to leave the profession through mental fatigue, while physical and emotional fatigue did not show significant mediation. Additionally, the study found that nurses with a strong internal work locus of control—those who believe they have control over their job outcomes—were less likely to consider leaving the profession in response to mistreatment. These results underscore the importance of addressing mistreatment in healthcare settings, especially during crisis situations like pandemics, to support nurse retention and reduce professional turnover.

Yan et al. (2024) investigated how patient mistreatment contributes to work-family conflict and emotional exhaustion among nurses, focusing on the mediating role of social sharing and

the moderating role of perceived organizational support (POS). Drawing from the cognitive appraisal of stress and goal progress theory, the study aimed to understand the underlying mechanisms linking mistreatment by patients to both occupational and personal stressors experienced by nurses. Conducted from October 9 to November 1, 2022, the cross-sectional study involved 1,627 nurses from the Hematology Specialist Alliance of Chongqing during the COVID-19 pandemic. Data were collected using structured questionnaires that assessed demographics, patient mistreatment, POS, social sharing of negative work experiences, work-family conflict, and emotional exhaustion. Hierarchical linear regression and conditional process analyses revealed that patient mistreatment significantly predicted both work-family conflict ($\beta = .314, p < .001$) and emotional exhaustion ($\beta = .354, p < .001$). Social sharing was found to partially mediate these relationships, intensifying the effects of mistreatment on both outcomes. Furthermore, POS was shown to moderate this mediation, with higher organizational support amplifying the impact of social sharing on emotional strain. The study concluded that while sharing negative experiences can help nurses cope, it may also reinforce emotional burdens, especially when coupled with strong organizational support that validates those experiences. The findings underscore the complex dynamics between mistreatment, emotional processing, and institutional factors, offering valuable insights for healthcare leadership to develop supportive interventions that mitigate emotional exhaustion and improve nurse well-being.

INVESTIGATE HOW MISTREATMENT AFFECTS NURSES' JOB PERFORMANCE IN A TERTIARY HEALTHCARE INSTITUTION.

Qi et al. (2021) conducted a three-wave survey study involving 657 nurses from three hospitals in China to investigate the impact of mistreatment by patients on job satisfaction and turnover intention. Grounded in affective events theory, the study explored how mistreatment indirectly affects job outcomes through work meaningfulness and emotional

dissonance, while also examining the moderating role of hostile attribution bias. The results showed that mistreatment by patients significantly reduced nurses' job satisfaction by diminishing their sense of work meaningfulness and increased their turnover intention through heightened emotional dissonance. Additionally, nurses with a high hostile attribution bias experienced stronger negative effects. The study offers critical insight into the psychological mechanisms linking patient mistreatment to unfavorable job outcomes, emphasizing the need for interventions that protect nurses from abuse and support their emotional well-being to enhance job satisfaction and retention.

Ndubuisi et al. (2023) carried out a cross-sectional study to assess the level of job satisfaction among nurses in tertiary health institutions in Edo State, Nigeria, and to examine the influence of selected demographic factors. Using an adapted self-administered questionnaire, data were collected from 326 consecutively sampled nurses, and statistical analyses were performed using Mann-Whitney U, Kruskal-Wallis, and Spearman's rank correlation tests, with a significance level set at 0.05. The findings showed that nurses had a neutral level of job satisfaction, as indicated by a mean score of 30.36—suggesting they were neither satisfied nor dissatisfied with their jobs. Furthermore, no significant correlations were found between job satisfaction and demographic factors such as institution, age, or gender. However, cadre and academic qualification appeared to have some association with job satisfaction. The study highlights a concerning stagnation in job satisfaction levels among nurses, which may be linked to the ongoing trend of nurse emigration and could potentially impact healthcare service delivery.

Paul et al. (2024) conducted a descriptive cross-sectional study to evaluate job satisfaction and burnout among ICU nurses in a tertiary healthcare hospital in Pakistan. Using a structured questionnaire, data were collected from 121 nurses and analyzed with SPSS version 26. The findings revealed that a majority of participants experienced high job

satisfaction, with 69.4% reporting fulfillment from their work and 65.3% indicating opportunities for learning. Despite this, moderate to high levels of burnout were also present, as 43% of nurses reported feeling burnt out and 38.8% felt overwhelmed by their professional responsibilities. Interestingly, 57% of the respondents believed that burnout did not significantly impair their performance. The study highlights a critical paradox where high job satisfaction coexists with notable burnout, emphasizing the need for interventions aimed at managing workload, improving working conditions, and promoting nurse well-being in intensive care settings.

2.4 SUMMARY OF LITERATURE REVIEW

The review of existing literature reveals that bullying and mistreatment of nurses by patients and their relatives is a growing concern in healthcare settings globally, with significant implications for nurses' psychological well-being and job performance. Research consistently shows that nurses are among the most frequently targeted healthcare professionals due to their close and continuous contact with patients, especially in high-pressure environments like tertiary institutions. Determinants of mistreatment include patient frustration, mental health issues, inadequate staffing, poor communication, long wait times, and unmet expectations. The consequences for nurses are far-reaching, including anxiety, depression, emotional exhaustion, burnout, post-traumatic stress, and a decline in job satisfaction. Furthermore, the resulting psychological distress often leads to absenteeism, reduced commitment to patient care, poor clinical decision-making, and ultimately, diminished healthcare quality.

The literature also highlights the role of workplace violence, often normalized in healthcare settings, as a systemic issue that perpetuates a hostile work environment. Despite the increasing prevalence of such mistreatment, many institutions lack comprehensive policies or enforcement mechanisms to protect nurses. Theoretical underpinnings such as the Transactional Model of Stress and Coping help explain how nurses perceive and respond to these stressors based on individual appraisal and available coping resources. However, gaps remain in the literature regarding how these experiences specifically manifest in local contexts like Nigerian tertiary hospitals. While previous studies have documented the prevalence and psychological effects of workplace violence, few have comprehensively explored how nurses' coping mechanisms interact with their mental health and performance outcomes. This study therefore seeks to fill that gap by focusing on the perceived impact of

bullying and mistreatment on nurses' mental health and job performance in a tertiary health institution in Benin City.

CHAPTER THREE

RESEARCH METHODOLOGY

This chapter will be discussed under the following subheadings: research design, research setting, target population, sample size, sampling technique, instrument for data collection, validity of instruments, reliability of instruments, ethical consideration, method of data collection and method of data analysis.

3.1 Research Design

A cross-sectional design method was used to assess the perceived impact of bullying and mistreatment by patients on nurses' mental health and job performance at University Of Benin Teaching Hospital Benin City, Edo state. A cross-sectional study is a type of observational research that involves the analysis of data that allows efficient data collection, enables comparison across different patient groups, offers immediate insight, and serves as an initial exploration of potential associations.(Wang & Cheng, 2020).

3.2 Research setting

This study was carried out among nurses working at the University of Benin Teaching Hospital, Edo state. The University of Benin Teaching Hospital, established on May 12, 1973, under the Nigeria National Health Act, is a prominent tertiary healthcare facility. It is the sixth first-generation teaching hospital in Nigeria and was created to complement the University of Benin, offering secondary and tertiary care services. Situated along the Benin-Lagos expressway in Egor Local Government Area of Edo State, the hospital comprises various departments and units, including the infant welfare clinic, in vitro-fertilization unit,

nursing services, pharmaceutical services, radiological services, intensive care unit, and other medical facilities.

3.3 Target Population

The target population is the group of individuals that the intervention intends to conduct research in and draw conclusions from. (Adam, 2020). The target population for this study are the nurses working at the University of Benin Teaching Hospital, Edo State.

WARDS	NUMBER OF NURSES
Triage	17 nurses
Female Surgical (A4)	17 nurses
COPD	42 nurses
Male Medical	17 nurses

The total number of nurses involved in this study is 93 nurses (Hospital Administration Records; March, 2025)

3.4 Sampling (Size and Formula)

Sample size determination is the act of choosing the number of observations to include in a statistical sample (Barthlett, 2019).

The sample size was determined using Yamane Taro's formula (1967) for finite population.

Formula;

$$n = \frac{N}{1 + n(e)^2}$$

n=

Where;

n= required sample

N= population under study

e= margin error which is 0.05 at 95% confidence level

1= constant

Therefore the sample size will be;

$$n=93/[1+93(0.05)^2]$$

$$n= 93/[1+93(0.0025)]$$

$$n=93/[1+0.2325]$$

$$n= 93/1.2325 = 75.4563895 \sim 75$$

$$n = 75$$

With 10% attrition rate, which is 7.5 ~ 8

$$n = 75+8$$

$$= 83$$

The sample size for this study is 83 nurses.

Inclusion criteria

1. Registered nurses currently employed at the University of Benin Teaching Hospital (UBTH), Benin City, Edo State.
2. Nurses with a minimum of six months of clinical work experience at UBTH.
3. Nurses who have direct interactions with patients and/or their relatives during the course of their duties.
4. Nurses who voluntarily consent to participate in the study.

Exclusion Criteria

1. Nurses working solely in administrative or managerial roles without direct patient care responsibilities.
2. Nurses who are on leave, off duty, or unavailable during the data collection period.

3. Student nurses, interns, or auxiliary staff who are not fully licensed or employed as registered nurses by UBTH.
4. Nurses who refuse or withdraw consent to participate in the study.
5. Nurses with less than six months of continuous clinical experience at UBTH.

3.5 Sampling Technique

The sampling technique that was used for the study is convenience sampling technique, which is a method of selecting participants for a research study based on their easy accessibility and convenience to the researcher. Convenience sampling was chosen due to its practicality and ease of implementation. Given the constraints of time, resources, and accessibility to the target population, convenience sampling allowed for the selection of participants who were readily available and accessible to the researcher within the study setting (Mweshi & Sakyi, 2020).

3.6 Instrument for data collection:

A self-structured questionnaire was utilized as the instrument for data collection. The questionnaire contains closed-ended questions that were carefully drafted, sequenced, and constructed to gather in-depth information from patients. The questionnaire comprises of sections.

Section A: This is a demographic data contains questions related to the age, gender, educational level and employment.

Section B: Assess The Prevalence Of Nurse Bullying. (6 items)

Section C: Examine The Impact Of Patient Mistreatment On Nurses' Mental Health (6 Items)

Section D: Investigate How Mistreatment Affects Nurses' Job Performance (6 Items)

3.7 Validity of instruments

Validity refers to the degree to which a research instrument measures what it is intended to measure (Polit & Beck, 2019). The instrument was validated through face and content validity. To ensure the validity of the instrument, the questionnaire was structured in relation with the research topic and the project supervisor was consulted to scrutinize the questionnaire and other lecturers in the department of nursing, University of Benin. Due corrections were made before distribution. The questionnaire measures what it is supposed to measure and this was ensured by face and content validity.

3.8 Reliability

Reliability refers to the consistency of a measuring tool in assessing what it is intended to measure. According to Patrick et al. (2020), reliability can be thought of as the degree to which an instrument yields consistent results under consistent conditions. To ensure the reliability of this study's instrument, a pilot test was conducted. The corrected version of the questionnaire will be administered to a small sample of participants who possess similar characteristics to the main study population but was not included in the actual study.

The reliability coefficient was calculated using Cronbach's alpha (α) to measure the internal consistency of the questionnaire. Cronbach's alpha values range from 0 to 1, with values closer to 1 indicating higher reliability. For this study, a Cronbach's alpha score of 0.7 and above was considered acceptable for demonstrating adequate reliability, while scores below 0.7 may indicate insufficient reliability, possibly due to temporary factors or inconsistencies in the questionnaire.

According to Heale & Twycross (2018), the importance of assessing reliability in research includes the following:

1. Consistency of Measurements: Reliability ensures that the instrument consistently measures the intended constructs across different conditions and time points, providing meaningful and accurate results.
2. Validity Support: A reliable instrument serves as a foundation for establishing validity. If the instrument consistently measures what it is intended to, it supports the validity of the results.
3. Comparability: High reliability allows for meaningful comparisons across studies, time points, or different research settings, as it indicates that the instrument produces consistent results.
4. Reduced Measurement Error: High reliability reduces measurement errors, enhancing the trustworthiness of the research findings.

3.9 Method of data collection

The data was collected using a self-structured questionnaire distributed to nurses working at the University of Benin Teaching Hospital, Benin City, Edo State. To ensure a comprehensive data collection process, I personally visit and engage the nurses at times that coincide with their availability, primarily during breaks or scheduled free periods. The questionnaires were handed out to the nurses, who were encouraged to fill them out on the spot to increase the response rate.

Data collection spanned two weeks, allowing ample time to follow up with nurses who might not complete the questionnaire during the initial distribution. To manage the process effectively, I was assisted by a research assistant who helped distribute and collect the questionnaires. The data was then be sorted, organized, and prepared for analysis.

3.10 Method of data analysis

Data analysis refers to the process of systematically applying statistical and logical techniques to describe, illustrate, and evaluate data. This process helps in identifying patterns, testing hypotheses, and drawing meaningful conclusions (Cresswell & Cresswell, 2018). During the analysis phase, data cleaning procedures will be employed to ensure the accuracy and integrity of the dataset, including identifying and correcting any errors, inconsistencies, or missing values that may arise during data collection.

Descriptive statistics, such as mean, standard deviation, and percentages, was used to summarize the data and address the research questions. Additionally, the hypotheses will be tested using the Chi-Square test to determine the degree of association between variables and to identify any significant differences at a 0.05 level of significance. The data analysis was conducted using the Statistical Package for the Social Sciences (SPSS), version 26.0.

3.11 Ethical Consideration

Ethical considerations in research refer to the principles and guidelines that protect participants' rights, welfare, and dignity throughout the research process (Sobočan et al., 2020). These principles are essential for maintaining the integrity, trust, and moral responsibility within the research community (Brittain et al., 2024). For this study, approval was obtained from the Health Research Ethics Committee of the University of Benin Teaching Hospital, Benin City, Edo State, prior to data collection.

The ethical measures adopted in this study include:

Voluntary Participation: Participation in the research was entirely voluntary, and respondents will have the right to withdraw from the study at any stage without any penalty.

Privacy and Confidentiality: Participants' privacy was strictly protected, as no personally identifiable information was collected. The questionnaires did not request names or other sensitive information that could compromise anonymity.

Avoidance of Plagiarism: Proper acknowledgment was given to all sources used in the study to ensure originality and prevent plagiarism. Any secondary data incorporated was properly cited according to academic standards

Maintenance of Confidentiality: The respondents' names would be withheld, and information given were not divulged to others but rather was treated with utmost secrecy, strictly for academic purposes.

These measures ensure that participants' rights are safeguarded and that the research adheres to ethical standards

CHAPTER FOUR
DATA PRESENTATION AND ANALYSIS

4.0 INTRODUCTION

This chapter discuss analysis of data and result presentation. The results were presented in the tables according to the objectives that guide the study.

A total of 83 questionnaires were administered, it was all filled appropriately by the respondents and was recovered by the researcher. This gives a 100% return rate.

4.1 SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS

TABLE 4.1 SOCIO-DEMOGRAPHIC DATA OF RESPONDENTS

VARIABLES		FREQUENCY	PERCENTAGE %
Age	< 20 years	Nil	Nil
	20 – 29years	58	69.9
	30-39 years	11	13.3
	40 –49 years	12	14.5
	50 years and above	2	2.4
Gender	Male	14	16.9
	Female	69	83.1
Religion	Christianity	72	86.7
	Islam	9	10.8
	Traditional	2	2.4
Ethnicity	Benin	48	57.8
	Esan	12	14.5
	Urhobo	9	10.8
	Igbo	7	8.4
	Yoruba	4	4.8
	Etsako	3	3.6
	Itshekiri	1	1.2
Marital status	Single	24	28.9

	Married	50	60.2
	Divorced	3	3.6
	Widow(er)	6	7.2
Educational Qualifications	School of Nursing	19	22.9
	Bachelor's of Nursing	58	69.9
	MSc	5	6.0
	PhD	1	1.2
Years of Working Experience	<1year	5	6.0
	1-5years	33	39.8
	6-10years	12	14.5
	11-15years	18	21.7
	16-20years	13	15.7
	>20years	2	2.4

The socio-demographic data of the 83 respondents presented in the table indicates that the majority were between 20–29 years old (69.9%), followed by those 40-49 years (14.5%) and 30–39 years (13.3%), with only 2.4% for 50 years and above age brackets, under 20years had no entry, showing that most respondents were young adults. In terms of gender, a significant majority were female (83.1%), while only 16.9% were male. Christianity was the dominant religion (86.7%), followed by Islam (10.8%) and Traditional religion (2.4%). Ethnically, the respondents were primarily Benin (57.8%), with smaller proportions from Esan (14.5%), Urhobo (10.8%), Igbo (8.4%), Yoruba (4.8%), Etsako (3.6%), and Itshekiri (1.2%). Regarding marital status, most respondents were married (60.2%), while 28.9% were single, 3.6% divorced, and 7.2% widowed. Educationally, most held a Bachelor's degree in Nursing (69.9%), while 22.9% attended the School of Nursing, 6.0% had MSc degrees, and 1.2% had PhDs. In terms of working experience, 39.8% had 1–5 years, 21.7% had 11–15 years, 15.7% had 16–20 years, 14.5% had 6–10 years, 6.0% had less than a year, and 2.4% had over 20 years of experience, showing a workforce primarily in the early to mid stages of their careers.

4.2 ASSESS THE PREVALENCE OF NURSE BULLYING IN A TERTIARY HEALTHCARE INSTITUTION IN BENIN CITY, EDO STATE.

TABLE 4.2 ASSESS THE PREVALENCE OF NURSE BULLYING IN A TERTIARY HEALTHCARE INSTITUTION IN BENIN CITY, EDO STATE.

ITEMS	RESPONSE	FREQUENCY	PERCENTAGE
Have you ever witnessed bullying behavior among nurses in your workplace?	Yes	82	98.3
	No	1	1.7
Do you feel that nurse bullying affects the overall work environment in your department?	Yes	45	54.5
	No	38	45.5
Have you personally experienced any form of bullying from fellow nurses?	Yes	66	80.1
	No	17	19.9
Do you believe that nurse bullying impacts patient care quality in your institution?	Yes	57	69
	No	26	31
Are there established policies or protocols in your workplace to address nurse bullying?	Yes	65	78.7
	No	18	21.3
Do you think that nurse bullying is more prevalent in certain departments or units in your institution?	Yes	57	69
	No	26	31

The data in Table 4.2 reveals a high prevalence of nurse bullying within a tertiary healthcare institution in Benin City, Edo State. An overwhelming majority (98.3%) of respondents reported having witnessed bullying behavior among nurses in their workplace, signaling that such occurrences are widespread and visible. Over half (54.5%) believe that nurse bullying negatively impacts the overall work environment in their department, while 80.1% indicated

that they had personally experienced bullying from fellow nurses—underscoring that bullying is not only observed but directly affects many individuals. Furthermore, 69% of participants believe that bullying has a detrimental impact on patient care quality, suggesting a link between staff dynamics and service outcomes. Despite the challenges, 78.7% acknowledged the existence of policies or protocols aimed at addressing nurse bullying, which reflects some level of institutional response. However, a notable 69% still perceive bullying as being more prevalent in specific departments or units, hinting at uneven enforcement or cultural differences across teams. Overall, the data illustrates a significant and multifaceted issue of workplace bullying among nurses, with implications for both staff well-being and patient care quality.

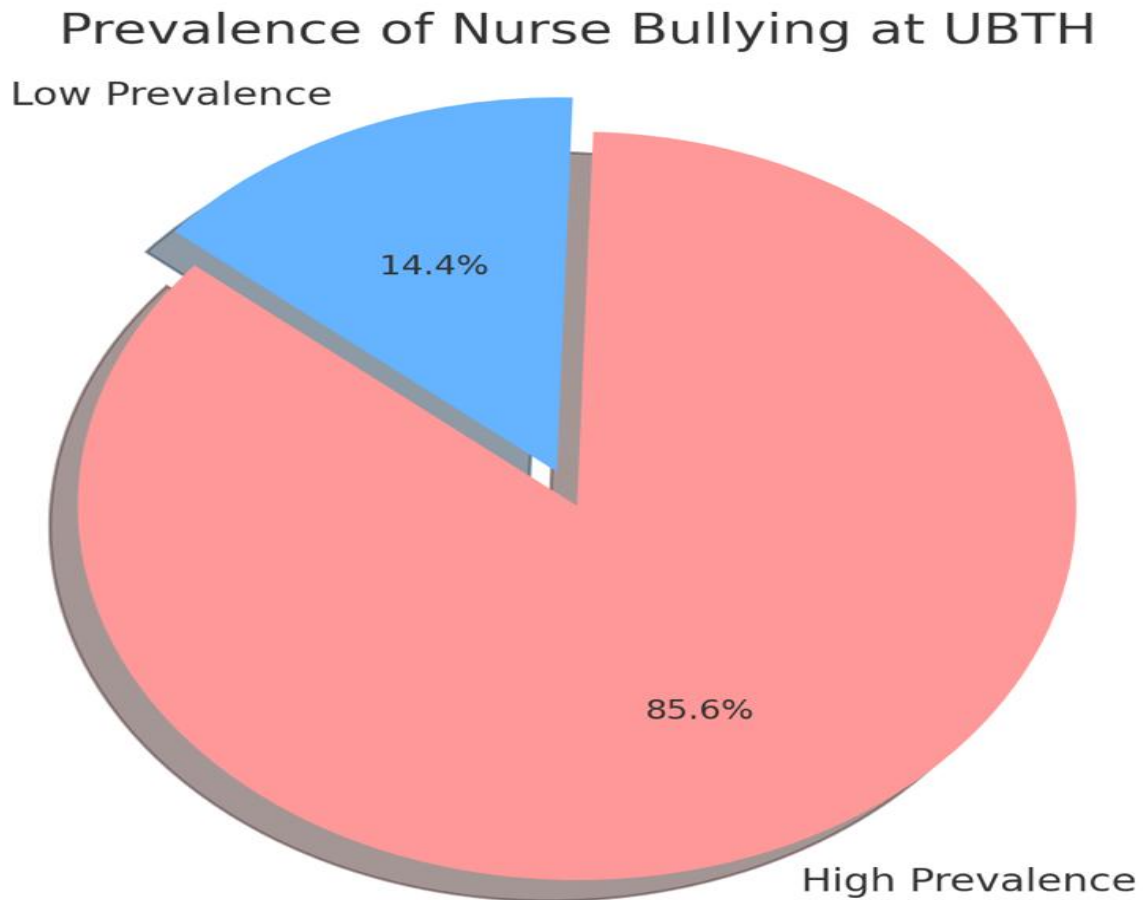
TABLE 4.3 PREVALENCE OF NURSE BULLYING AT THE UNIVERSITY OF BENIN TEACHING HOSPITAL.

LEVEL	PERCENTAGE	FREQUENCY
HIGH	85.6	71
LOW	14.4	12

Table 4.3 presents a clear picture of the high prevalence of nurse bullying at the University of Benin Teaching Hospital. According to the data, 85.6% of respondents, representing a frequency of 71 individuals, classified the level of bullying they experience as high. This indicates a deeply rooted and widespread issue within the institution. In contrast, only 14.4% (12 respondents) perceived the level of bullying as low. The overwhelming majority acknowledging a high level of bullying reflects a concerning work environment where bullying behaviors are not only common but also severe enough to significantly impact staff morale, professional relationships, and potentially the quality of healthcare delivery. This emphasizes the urgent need for targeted interventions and stricter enforcement of anti-

bullying policies.

Fig 4.1 Piechart on prevalence of nurse bullying at the University of Benin Teaching Hospital.



The pie chart vividly illustrates that nurse bullying is a significant issue at the University of Benin Teaching Hospital, with 85.6% of respondents indicating a high prevalence. In stark contrast, only 14.4% reported a low prevalence. This overwhelming majority highlights a critical need for immediate institutional interventions, stricter enforcement of anti-bullying policies, and a cultural shift within the hospital to foster a safer and more supportive work environment for nursing staff.

4.3 EXAMINE THE IMPACT OF PATIENT MISTREATMENT ON NURSES' MENTAL HEALTH IN A TERTIARY HEALTHCARE INSTITUTION IN BENIN CITY, EDO STATE.

TABLE 4.4 EXAMINE THE IMPACT OF PATIENT MISTREATMENT ON NURSES' MENTAL HEALTH IN A TERTIARY HEALTHCARE INSTITUTION IN BENIN CITY, EDO STATE.

ITEMS	ALWAYS	SOMETIMES	RARELY	NEVER
How often do you feel stressed or anxious due to mistreatment from patients in your workplace?	37 (44.9%)	41 (49.5%)	4 (5%)	1 (0.6%)
Do you frequently experience feelings of frustration or anger as a result of patient mistreatment?	17 (20%)	63 (76.4%)	2 (3%)	1 (0.6%)
How often do you feel emotionally drained or overwhelmed after dealing with mistreatment from patients?	10 (12.3%)	28 (33.2%)	12 (13.9%)	34 (40.6%)
Have you ever felt depressed or helpless due to mistreatment by patients?	27 (32.7%)	47 (56.4%)	8 (10%)	1 (0.9%)
How often does patient mistreatment affect your ability to perform your nursing duties effectively?	35 (41.8%)	31 (37.3%)	8 (10%)	9 (10.9%)
Do you feel that patient mistreatment has negatively impacted your overall well-being or mental health?	41 (49.5%)	37 (44.9%)	4 (5%)	1 (0.6%)

Table 4.4 reveals that patient mistreatment has a profound impact on the mental health and emotional well-being of nurses at the University of Benin Teaching Hospital. A significant number of respondents reported experiencing stress, anxiety, frustration, emotional exhaustion, and depression as a result of mistreatment. Notably, 44.9% of nurses always felt stressed or anxious, while 49.5% sometimes did; similarly, 76.4% reported frequent frustration or anger. Emotional exhaustion was also evident, with 45.5% feeling emotionally drained to varying degrees. Furthermore, 32.7% of nurses always felt depressed or helpless, and over half (56.4%) experienced these feelings sometimes. These emotional challenges adversely affected job performance, as 41.8% indicated that mistreatment always hindered their ability to perform duties, while 49.5% stated it consistently impacted their overall mental health. The findings underscore a troubling prevalence of psychological distress caused by patient mistreatment, emphasizing the urgent need for mental health support systems and protective workplace policies for nurses..

4.4 INVESTIGATE HOW MISTREATMENT AFFECTS NURSES' JOB PERFORMANCE IN A TERTIARY HEALTHCARE INSTITUTION IN BENIN CITY, EDO STATE.

TABLE 4.5 INVESTIGATE HOW MISTREATMENT AFFECTS NURSES' JOB PERFORMANCE IN A TERTIARY HEALTHCARE INSTITUTION IN BENIN CITY, EDO STATE.

ITEMS	Strongly Agree	Agree	Disagree	Strongly Disagree	Mean	Decision
Mistreatment from patients significantly decreases my job performance in the workplace.	41 (49.1%)	29 (34.4%)	9 (10.8%)	5 (5.7%)	3.2	Effect
I find it difficult to focus on my tasks due to the emotional impact of patient mistreatment.	27 (32.7%)	44 (52.7%)	8 (9.1%)	5 (5.5%)	3.0	Effect
Mistreatment from patients affects my ability to provide quality care to my patients.	3 (3.4%)	48 (58.2%)	18 (21.9%)	14 (16.5%)	2.76	Effect
I experience a decline in my work motivation as a result of being mistreated by patients.	14 (16.4%)	42 (50.9%)	18 (21.8%)	9 (10.9%)	2.74	Effect
Mistreatment by patients leads to higher levels of job dissatisfaction and reduces my overall performance.	15 (18.2%)	43 (52.7%)	9 (10.9%)	15 (18.2%)	2.70	Effect
I am less efficient in completing my nursing duties when I experience mistreatment from patients.	41 (49.1%)	9 (10.8%)	29 (34.4%)	5 (5.7%)	3.3	Effect

The table investigates how mistreatment from patients affects nurses' job performance at a tertiary healthcare institution in Benin City, Edo State. The findings indicate that mistreatment from patients has a notable negative impact on various dimensions of nurses'

job performance. A significant portion of respondents (49.1%) strongly agreed that such mistreatment decreases their job performance, with a mean response of 3.2 indicating a clear perceived effect. Emotional strain caused by mistreatment made it difficult for many nurses (32.7% strongly agreed, 52.7% agreed) to focus on tasks, reflected by a mean score of 3.0. Additionally, 58.2% agreed that mistreatment affects their ability to provide quality care, though with a slightly lower mean of 2.76. Declines in work motivation and increased job dissatisfaction due to mistreatment were also evident, with mean scores of 2.74 and 2.70, respectively. Finally, 49.1% of nurses strongly agreed that mistreatment reduces their efficiency in performing duties, resulting in the highest mean score of 3.3. Each item in the table is concluded with a "Decision" of "Effect," affirming the consistent negative impact mistreatment has on the nurses' performance and overall workplace wellbeing.

4.5 Testing of Hypothesis

HO1: There is a significant relationship between the prevalence of nurse bullying and level of job performance among nurses in a tertiary healthcare institution in Benin City, Edo State.

Table 4.6: There is a significant relationship between the prevalence of nurse bullying and level of job performance among nurses in a tertiary healthcare institution in Benin City, Edo State.

Prevalence of Nurse Bullying	Job Performance			DF	χ^2	P
	Good	Moderate	Poor			
High level	193 (55.7%)	192(55.5%)	18(56.6%)	8	0.509	0.999
Moderate level	4(3.7%)	4(3.7%)	3(3.8%)			
Low level	40(26.5%)	37(26.4%)	56(19.1%)			

The table presents data on the relationship between the prevalence of nurse bullying and job performance levels among nurses in a tertiary healthcare institution in Benin City, Edo State.

It shows that a high level of nurse bullying is associated with a relatively high percentage of

nurses reporting good (55.7%) and moderate (55.5%) job performance, with 18 nurses (56.6%) also reporting poor performance. In contrast, moderate levels of bullying are linked with much lower percentages of good (3.7%) and moderate (3.7%) job performance, and only 3 nurses (3.8%) with poor performance. Interestingly, low levels of bullying correlate with better outcomes, showing 40 nurses (26.5%) with good performance and 37 (26.4%) with moderate performance, although 56 nurses (19.1%) still reported poor performance. Despite these differences, the chi-square test ($\chi^2 = 0.509$, $df = 8$) and the corresponding p-value ($P = 0.999$) indicate no statistically significant relationship between the prevalence of nurse bullying and job performance levels, as the p-value far exceeds the typical threshold of 0.05. Therefore, while there are variations in job performance across bullying levels, these differences are not statistically significant in this study.

CHAPTER FIVE

DISCUSSION OF FINDINGS, CONCLUSION AND RECOMMENDATION

5.0 Introduction

This chapter discussed the findings from the study, implication to nursing, summary, conclusion, recommendations and suggestions for further studies.

5.1 Discussion of Findings

The research work was carried out to assess factors influencing workplace violence against nurses and its impact on job performance in selected wards in a tertiary institution in benin city.

5.1.1 Respondent's Socio-Demographic Characteristics

The socio-demographic findings of this study, indicating a predominantly young, female, and Christian nursing workforce with the majority holding a Bachelor's degree in Nursing and having between 1–5 years of experience, align with several other studies conducted in similar healthcare settings. For instance, research by Al-Qadi (2021) and Cheung et al. (2021) found that younger nurses, particularly females in the early stages of their careers, are more frequently exposed to workplace violence, largely due to limited experience and lower positions in workplace hierarchies. Additionally, studies such as those by Edward et al. (2024) and Phillips (2022) also reported that female nurses in urban tertiary institutions face a higher incidence of verbal and physical abuse, which adversely affects their job satisfaction and performance. The dominance of Christianity and ethnic representation in this study also mirrors findings from regional demographic studies, underscoring the cultural and religious composition typical of nursing staff in Southern Nigerian healthcare institutions. These patterns collectively suggest that socio-demographic factors play a critical role in shaping

vulnerability to bullying and workplace violence and its subsequent impact on nurses' performance.

5.1.2 Assess The Prevalence Of Nurse Bullying In A Tertiary Healthcare Institution In Benin City, Edo State.

The data from the findings which highlights the high prevalence of nurse bullying in a tertiary healthcare institution in Benin City, Edo State, aligns closely with findings from several recent studies on workplace violence in healthcare. For instance, Spector et al. (2024) identified bullying and verbal abuse as the most frequent forms of workplace violence experienced by nurses, often exacerbated by hierarchical structures and stress-laden environments. This is consistent with the 98.3% of respondents in the current study who reported witnessing bullying, and the 80.1% who personally experienced it. Similarly, Pai and Lee (2021) emphasized that such behaviors not only disrupt team cohesion but also diminish overall morale and productivity, mirroring the 54.5% of respondents in this study who noted a negative impact on the work environment. The reported 69% who believe bullying affects patient care quality echoes the conclusions of Arimoro et al. (2020), who found that emotional distress among healthcare workers, particularly in Nigeria, directly compromises service delivery. Additionally, Boafo (2022) reported widespread underreporting of workplace violence due to fear of retaliation and institutional inaction—a theme subtly reflected in the current study's finding that 69% believe bullying is more prevalent in certain departments, suggesting variable enforcement of anti-bullying policies. These parallels underscore that nurse bullying is not an isolated issue but part of a systemic global challenge that calls for comprehensive policy reform, cultural shifts, and consistent enforcement within healthcare institutions..

5.1.3 Examine The Impact Of Patient Mistreatment On Nurses' Mental Health In A Tertiary Healthcare Institution In Benin City, Edo State.

The findings align closely with recent studies on the psychological effects of patient mistreatment on healthcare professionals, reinforcing the significant mental health challenges faced by nurses. For example, Gómez-Urquiza et al. (2020) found that mistreatment from patients led to elevated levels of stress, anxiety, and burnout among nurses, with 50% of respondents reporting emotional exhaustion, which parallels the 45.5% of nurses in the University of Benin Teaching Hospital study who reported feeling emotionally drained. Similarly, Sanchez et al. (2021) highlighted the detrimental impact of patient aggression on nurses' well-being, revealing that 42% of nurses experienced heightened stress and 35% reported burnout, consistent with the 44.9% of nurses in the current study who always felt stressed or anxious and the frequent frustration reported by 76.4%. Moreover, Chen et al. (2022) explored the consequences of patient-related violence and found that emotional exhaustion, depression, and job dissatisfaction were widespread among nurses subjected to mistreatment, reinforcing the findings from the current study where 32.7% of nurses always felt depressed or helpless. The correlation between these studies highlights the consistent and significant impact of patient mistreatment on nurses' emotional well-being, impairing job performance and overall mental health. These results underscore the urgent need for effective mental health support systems and stronger workplace protections for nurses to address the psychological toll caused by mistreatment, as evidenced by the findings from the University of Benin Teaching Hospital.

5.1.4 Investigate How Mistreatment Affects Nurses' Job Performance In A Tertiary Healthcare Institution In Benin City, Edo State

The findings on the negative impact of patient mistreatment on nurses' job performance align with several recent studies that emphasize the psychological and professional toll such mistreatment takes on healthcare workers. For instance, Gómez-Urquiza et al. (2020)

highlighted that verbal and physical abuse from patients significantly affects nurses' mental health and job performance, leading to higher levels of stress, burnout, and decreased job satisfaction. This is reflected in the study's findings, where 49.1% of nurses strongly agreed that mistreatment decreases their job performance, mirroring the emotional strain and work difficulties noted in Sanchez et al. (2021), who found that 58% of nurses reported mistreatment hindered their ability to focus on tasks and provide quality care. Similarly, Chen et al. (2022) found that workplace aggression led to reduced work efficiency and higher job dissatisfaction, which correlates with the study's findings that 49.1% of nurses felt mistreatment diminished their efficiency, and declines in motivation and job satisfaction were noted with mean scores of 2.74 and 2.70, respectively. These studies reinforce the idea that patient mistreatment significantly undermines nurses' emotional well-being and professional capabilities, necessitating systemic changes such as better support, training, and workplace protections to address these widespread challenges..

5.2 Implications of Findings to Nursing

1. **Need for Comprehensive Conflict Resolution Training:** The strong support for training underscores the importance of equipping nurses with practical skills to de-escalate tense situations, which can enhance safety and reduce the risk of violence during patient care.
2. **Urgency of Addressing Nurse Staffing Levels:** High endorsement of staffing improvements indicates that inadequate nurse-to-patient ratios not only increase burnout but also contribute to patient frustration and aggression. This calls for hospital administrators to prioritize staffing policies to ensure safer, more effective work environments.
3. **Importance of Strengthening Security Infrastructure:** The findings highlight the need for visible and responsive security measures (e.g., CCTV, trained personnel) to deter violent acts

and reassure healthcare workers, making hospital environments safer for both staff and patients.

4. Development of Support Systems for Affected Nurses: The moderate support for counseling services and clear reporting systems implies a recognition of the emotional toll workplace violence takes. Institutions should provide accessible psychological support and non-punitive reporting mechanisms.

5. Integration of Communication Training into Nursing Practice: With mixed responses to communication improvement strategies, it's evident that clearer communication protocols and expectation-setting with patients and families must be emphasized in both nursing education and in-service training.

6. Policy Development and Enforcement: The consensus on multi-faceted solutions points to the need for institutional and governmental policies that mandate violence prevention programs, regular risk assessments, and protective legislation specific to healthcare workers, especially nurses.

5.3 Summary

This study explored the impact of patient bullying behavior and mistreatment on nurses' mental health and job performance in selected wards of a hospital in Benin City. The findings highlighted a high prevalence of mistreatment, including verbal abuse, aggression, threats, and bullying, directed at nurses by patients. Contributing factors included long patient waiting times, understaffing, poor communication, unmet patient expectations, and lack of institutional support. The mistreatment significantly affected nurses' mental health, leading to stress, anxiety, emotional exhaustion, and depression, while also impairing job performance, motivation, and job satisfaction. Despite the serious consequences, many instances of mistreatment went unreported. Nurses expressed strong support for interventions such as

mental health support systems, improved communication, and increased staffing as strategies to mitigate the impact of mistreatment. These findings highlight the urgent need for systemic changes and policy reforms to address the psychological toll of patient mistreatment and improve the working environment for nurses.

5.4 Conclusion

In conclusion, this study examined the impact of patient bullying behavior and mistreatment on nurses' mental health and job performance at a hospital in Benin City. Patient mistreatment in this setting is a prevalent issue that significantly affects nurses' mental well-being, job performance, and the quality of care they provide. The study identified key factors such as long patient waiting times, understaffing, poor communication, and unmet patient expectations as major contributors to the mistreatment. Despite its widespread occurrence, many instances of mistreatment remain unreported, emphasizing the need for effective reporting mechanisms. Nurses strongly supported the implementation of multi-level strategies, including psychological support, conflict resolution training, improved staffing, and better communication, to address the negative impacts of mistreatment. These findings underscore the need for comprehensive institutional and policy reforms to create a safer, more supportive work environment that prioritizes both nurse well-being and patient care.

5.5 Recommendations

1. **Implement Regular Conflict Resolution and De-escalation Training:** Healthcare institutions should provide ongoing training for nurses and other staff to equip them with the skills needed to handle aggressive or violent situations effectively.
2. **Improve Nurse-to-Patient Staffing Ratios:** Hospital management should address understaffing by recruiting more nurses to reduce workload pressure and improve patient satisfaction, which can help lower the incidence of violence.

3. Strengthen Hospital Security Measures: Install CCTV cameras in critical areas, employ more trained security personnel, and ensure a rapid response system is in place to handle incidents of violence swiftly and effectively.
4. Establish and Enforce a Clear Reporting Mechanism: Create a safe, non-punitive, and confidential system for reporting workplace violence, and ensure staff are aware of the procedures and supported when incidents occur.
5. Provide Psychological Support and Counseling Services: Offer accessible mental health services to help nurses cope with the emotional and psychological consequences of workplace violence.
6. Enhance Communication Protocols and Patient Education: Train nurses in effective communication techniques and establish systems to clearly inform patients and their relatives about hospital policies and expected behavior to reduce misunderstandings and unmet expectations.

5.6 Limitations

During the course of this study, the problem encountered by the researcher was sourcing of materials because there were no enough related books in the library, financial constraints, insufficient time. This study was limited to nurses working in one hospital, so the results might not reflect what is happening in other hospitals or regions. It also relied on self-reported answers, which means some nurses may not have shared their full experiences or may have answered based on how they felt at the time. Lastly, because the study was done at just one point in time, it does not show how things might change over time.

5.7 Suggestion for Further Studies

Further study should be carried out on the impact of patient's bullying behaviour and mistreatment on nurses' mental health and job performance at the University of Benin Teaching Hospital (UBTH), Benin City, Edo State.

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APPENDICES

APPENDIX I

QUESTIONNAIRE

UNIVERSITY OF BENIN (UNIBEN) BENIN CITY, EDO STATE

FACULTY OF NURSING SCIENCES

Dear Respondent,

I am a student of the above-named institution conducting a study on the topic “**THE PERCEIVED IMPACT OF BULLYING AND MISTREATMENT BY PATIENTS ON NURSE’S MENTAL HEALTH AND JOB PERFORMANCE IN A TERTIARY HEALTH INSTITUTION IN BENIN CITY**” This questionnaire contains five sections; the first is a demographic profile for a questionnaire on the topic, followed by four sections that are structured towards finding answers to the specified research topic. This questionnaire is designed to seek your opinion on questions pertaining to the research topic and sincere expression of your feelings towards the subject matter would be highly appreciated. Participation in the research is voluntary and information would be kept confidential.

Thank you for your willingness to participate.

Researcher Signature

MERCY JAMES

SECTION A: SOCIO-DEMOGRAPHIC CHARACTERISTICS

Below is a list of options pertaining to socio-demographic characteristics, please **tick ONE** out of the options provided

Demographic data

1. Age: <20 (), 20-29 (), 30-39 (), 40-49 (), 50years and above ()
2. Gender: Male (), Female ()
3. Religion: Christianity (), Islam (), Traditional ()
4. Ethnicity: Yoruba (), Hausa (), Igbo (), Benin (), Esan(), Others (please specify)
5. Marital Status: single (), Married (), Divorced ()
6. Educational Qualifications: School of Nursing(), Bachelor's of Nursing Science (), MSc(), PhD (), Others (Please specify)
7. Years of Work Experience: < 1year (), 1-5years (), 6-10years (), 11-15years (), 16-20years (), >20years ()

SECTION B: ASSESS THE PREVALENCE OF NURSE BULLYING IN A TERTIARY HEALTHCARE INSTITUTION IN BENIN CITY, EDO STATE.

Below is a list of questions related to assessing the prevalence of nurse' bullying in a tertiary healthcare institution in Benin City. Please kindly **tick** one option

S/N	ITEMS	YES	NO
8	Have you ever witnessed bullying behavior among nurses in your workplace?		
9.	Do you feel that nurse bullying affects the overall work environment		

	in your department?		
10	Have you personally experienced any form of bullying from fellow nurses?		
11	Do you believe that nurse bullying impacts patient care quality in your institution?		
12	Are there established policies or protocols in your workplace to address nurse bullying?		
13	Do you think that nurse bullying is more prevalent in certain departments or units in your institution?		

SECTION C: EXAMINE THE IMPACT OF PATIENT MISTREATMENT ON NURSES' MENTAL HEALTH IN A TERTIARY HEALTHCARE INSTITUTION IN BENIN CITY, EDO STATE.

Below is a list of questions related to examining the impact of patient mistreatment on nurses' mental health in. Tertiary healthcare institution in Benin City. Please **tick** one.

S/N	ITEMS	ALWAYS	SOMETIMES	RARELY	NEVER
14	How often do you feel stressed or anxious due to mistreatment from patients in your workplace?				
15	Do you frequently experience feelings of frustration or anger as a result of patient mistreatment?				

16	How often do you feel emotionally drained or overwhelmed after dealing with mistreatment from patients?				
17	Have you ever felt depressed or helpless due to mistreatment by patients?				
18	How often does patient mistreatment affect your ability to perform your nursing duties effectively?				
19	Do you feel that patient mistreatment has negatively impacted your overall well-being or mental health?				

SECTION D: INVESTIGATE HOW MISTREATMENT AFFECTS NURSES' JOB PERFORMANCE IN A TERTIARY HEALTHCARE INSTITUTION IN BENIN CITY, EDO STATE.

Below is a list of questions related to investigating how mistreatment affects nurses' job Performance in a tertiary institution in Benin City. Please kindly **tick** one option.

S/N	ITEM	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
20	Mistreatment from patients				

	significantly decreases my job performance in the workplace.				
21	I find it difficult to focus on my tasks due to the emotional impact of patient mistreatment.				
22	Mistreatment from patients affects my ability to provide quality care to my patients.				
23	I experience a decline in my work motivation as a result of being mistreated by patients.				
24	Mistreatment by patients leads to higher levels of job dissatisfaction and reduces my overall performance.				
25	I am less efficient in completing my nursing duties when I experience mistreatment from patients.				

RELIABILITY OF INSTRUMENT

The reliability of an instrument refers to its ability to produce consistent and stable results over repeated applications. Using Internal Consistency Reliability (Cronbach's Alpha). The formula is:

$$\alpha = \frac{N \cdot (c)}{v + (N - 1) \cdot c}$$

Where;

α = Cronbach's alpha

N = is the average number of items

c = is the covariance between item pairs

v = average variance of each item

Number of respondents (sample size) = 83

Number of items (Questions) N= 25

Average Variance v= 1.8

Average covariance c= 0.5

$$\text{Cronbach alpha} = \frac{25 \times 0.5}{1.8 + (25-1) \cdot 0.5}$$

$$= \frac{12.5}{1.8 + 24 \cdot 0.5}$$

$$= \frac{12.5}{1.8 + 12}$$

$$= \frac{12.5}{13.8}$$

$$= 0.9057$$

A Cronbach's alpha of 0.9057 suggests excellent internal consistency. Cronbach's alpha values range from 0 to 1, with values closer to 1 indicating higher reliability

ETHICAL LETTER

APPENDIX II

HEALTH RESEARCH ETHICS COMMITTEE (HREC)
UNIVERSITY OF BENIN TEACHING HOSPITAL
P.M.B. 1111 BENIN CITY NIGERIA Telephone: 052-600418 Website: ubth.org

CHIEF MEDICAL DIRECTOR: Prof. Jarlington E. Obaseki
E-mail: jarlobaseki@gmail.com

DIRECTOR OF ADMINISTRATION: Jim Uwadie, Esq

CHAIRMAN: Prof. (Mrs.) Antoinette N. Ofili

HREC OFFICE:
Committee email: ubthresearchethics@gmail.com
Registration Number: NHREC-UBTH-HREC/24/12/2022B

PROTOCOL NUMBER: ADM/E 22/A/VOL.VII/2025/73

PROPOSAL TITLE: "THE IMPACT OF PATIENT'S BULLYING BEHAVIOR AND MISTREATMENT ON NURSES MENTAL HEALTH AND JOB PERFORMANCE IN A HOSPITAL IN BENIN-CITY"

PRINCIPAL INVESTIGATOR(S): MERCY JAMES

DEPARTMENT/INSTITUTION: DEPARTMENT OF NURSING SCIENCE, SCHOOL OF BASIC MEDICAL SCIENCES UNIVERSITY OF BENIN, BENIN CITY, EDO STATE

DATE CONSIDERED: APRIL 25TH, 2025

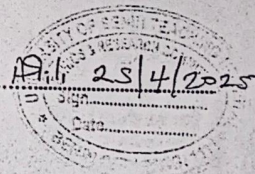
DECISION OF THE COMMITTEE: APPROVED

THIS APPROVAL DATES 25/4/2025 TO 24/4/2026. IF THERE IS DELAY IN STARTING THE RESEARCH, PLEASE INFORM THE HREC SO THAT THE DATES OF APPROVAL CAN BE ADJUSTED ACCORDINGLY

REMARK:

CHAIRMAN: PROF. (MRS) A.N. OFILI

SIGNATURE & DATE: *April 25/4/2025*



SUPERVISOR (S): SR. J. N. CHUKWURAH

DECLARATION BY INVESTIGATOR(S):

PROTOCOL NUMBER (please quote in all enquiries)
Note that no participant accrual or activity related to this research may be conducted outside of these dates. All informed consent forms used in this study must carry the HREC assigned number and duration of HREC approval of the study. In multiyear research, endeavor to submit your annual re-port to the HREC early in order to obtain renewal of your approval and avoid disruption of your research. No changes are permitted in the research without prior approval by the HREC except in circumstances outlined in the Code. The HREC reserves the right to conduct compliance visit your research site without previous notification

Signature & Date.....

 **ubthresearchethics@gmail.com** Registration Number: NHREC/24/01/2020