

**WORKPLACE BULLYING AND EMPLOYEE PERFORMANCE**

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**BEING A PROJECT SUBMITTED TO THE DEPARTMENT OF BUSINESS ADMINISTRATION,  
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THE AWARD OF BACHELOR OF SCIENCE (BSC) DEGREE IN BUSINESS ADMINISTRATION,  
UNIVERSITY OF BENIN, BENIN CITY**

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## DECLARATION

**Victoria Isoken Ozabor** declare that,

This study is based on a study undertaken by me in the Department of Business Administration, Faculty of Management Sciences, University of Benin, Benin City, under the supervision of **MRS.**

**S. A. IGIEHON** of the Department of Business Administration, Management Sciences, University of Benin, Benin City, Nigeria.

This work has not been submitted for the award of degree elsewhere.

Ideas and views are product of my personal research and where the view of others has been expressed, they have been duly acknowledged.

Any liability arising from this work is to be wholly borne by me alone

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**Victoria Isoken OZABOR**  
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**DATE**

## CERTIFICATION

We, certify that this research project was carried out by **Victoria Isoken OZABOR** in the Department of Business Administration, Faculty of Management Sciences, University of Benin, Benin City, Nigeria. It is adequate in scope and quality in partial fulfilment of the requirements for the award of Bachelor of Science (BSc.) degree in Accounting.

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**MRS. S. A. IGIEHON**  
(Project Supervisor)

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**Date**

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**Dr. S.A. Adekunle**  
(Project Coordinator)

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**Date**

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**Dr Omoregbe Omorodion**  
(Head of Department)

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**Date**

## **DEDICATION**

This project work is dedicated to God Almighty for His abundant grace in my life and for seeing me through my academic pursuit and aspirations. He has been my source of strength and on his wings only I have soared. I also want to dedicate this project to my Family and friends for the love and encouragement they have shown towards me during the course of this program, all I can say is thank you and God bless you.

## **ACKNOWLEDGEMENTS**

I will like to acknowledge the valuable support and guidance provided by my project Supervisor Mrs. S. A. Igiehon throughout the course of this project. Her expertise and insights were crucial in shaping the direction and outcome of this work. I would also like to express my gratitude to my parents Mr and Mrs Anthony Ozabor, whose input and collaboration enhanced the quality of this project. Additionally, I extend my thanks to my sister Mrs. Favour O. Lucky (Big sis), and my other siblings for their unwavering encouragement during this endeavour.

Also, I want to specially appreciate my friends Rev. Mrs. Iyere, Gift, Grace, and Rapheal Success for their support and Academic contribution all throughout my stay in the University. Also a big appreciation to myself for not giving up.

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## **ABSTRACT**

Workplace bullying has emerged as a critical issue affecting employee performance in various sectors, including healthcare. This study examines the prevalence of workplace bullying among healthcare professionals in Benin City, Edo State, Nigeria, and its impact on employee performance. The research employs a quantitative approach, utilizing a structured questionnaire distributed to 365 healthcare employees across public and private healthcare institutions. Data analysis was conducted using descriptive and inferential statistical techniques to determine the extent and consequences of workplace bullying on job performance, morale, and employee retention.

The findings reveal that workplace bullying is a widespread issue in the healthcare sector, with verbal abuse, unfair criticism, excessive workload, exclusion, and physical intimidation being the most common forms. The study further establishes that workplace bullying significantly affects employees' ability to perform their tasks effectively, lowers morale, and contributes to high turnover intentions. Additionally, the research indicates that despite the existence of management policies, many employees believe that workplace bullying is inadequately addressed in their institutions.

Based on these findings, the study recommends the implementation of stronger anti-bullying policies, enhanced management intervention strategies, and increased employee awareness programs to mitigate the negative effects of workplace bullying. By fostering a healthier work environment, healthcare institutions can improve employee performance, job satisfaction, and overall service delivery.

## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.1 Background to the Study**

Workplace bullying is an increasing global concern that significantly affects employee performance across various sectors, including healthcare. It is characterized by repeated and persistent negative actions aimed at one or more individuals, leading to the creation of a hostile working environment. Rigby (2002) describes bullying as involving "a desire to hurt, hurtful actions, a power imbalance (typically), repetitive aggression, and a sense of being oppressed by the victim." More recently, Akella (2016) expanded on this definition, describing workplace bullying as involving repeated hurtful acts, whether physical, verbal, or psychological, which often include criticism, humiliation, and intimidation, causing fear, distress, or harm to individuals. These harmful actions lead to psychological, emotional, and even physical consequences for the victim, severely undermining employee morale and organizational productivity. In the healthcare sector, bullying has become a pervasive issue, with recent studies indicating alarmingly high rates of incidence. A study by Johnson, S. L., Bennington, A., & Reedy, G. (2021). reported that approximately 38% of healthcare workers globally have experienced workplace bullying, while studies from specific regions show

even higher rates. For instance, research conducted in the United Kingdom by the National Health Service (NHS) found that nearly 40% of staff reported being subjected to bullying behaviors from colleagues or supervisors (NHS, 2020). These figures are mirrored in similar studies from Australia, where research conducted by Aged Care Workforce (2022) revealed that around 45% of nursing professionals reported experiencing bullying at work. Despite the critical role that healthcare professionals play in maintaining the well-being of patients and ensuring the effective functioning of the health system, they often face bullying and harassment from colleagues, supervisors, and even patients. (Hutchinson, M., Vickers, M. H., Jackson, D., & Wilkes, L. (2010). found that these instances of bullying are not isolated to specific job roles but occur across the spectrum, from junior nurses to seasoned specialists. A report from the World Health Organization (WHO, 2019) highlights that bullying in healthcare organizations has a far-reaching impact, leading to reduced job satisfaction, burnout, and diminished employee engagement. It also disrupts team cohesion and hinders effective communication, which can compromise patient care and safety.

Statistically, the correlation between workplace bullying and negative outcomes is well-documented. A cross-sectional study by Malik, S., Ahmad, N., & Yasmin, R. (2022). in healthcare settings in India found that bullying was directly

linked to a 25% increase in job dissatisfaction and a 20% increase in the intention to leave the profession. Similarly, in a study conducted across public hospitals in Brazil, researchers found that employees subjected to frequent bullying were 30% more likely to report decreased job performance and lower overall job satisfaction (Silva, M. L., Marra, A. C., & Costa, M. S. (2021). These studies align with findings from European healthcare organizations, where Lutgen-Sandvik, P., Tracy, S. J., & Alberts, J. K. (2011).established a strong link between workplace bullying, reduced productivity, and increased turnover intentions among healthcare workers. Bullying in healthcare settings has both short- and long-term consequences. In the short term, it creates immediate stress and anxiety for victims, while long-term exposure can lead to psychological disorders such as depression, post-traumatic stress disorder (PTSD), and chronic anxiety (Speroni, K. G., Fitch, T., & Dawson, E. (2014). This not only affects the individual's well-being but also significantly impairs their ability to perform optimally in high-stress environments like hospitals, where patient care and quick decision-making are paramount. Furthermore, the frequent turnover and absenteeism resulting from bullying add financial strain on healthcare institutions, which must continually invest in hiring and training new staff (Noblet & Lamontagne, 2016).

This study aims to investigate the relationship between workplace bullying and employee performance in the healthcare sector, with a particular focus on Lutron Clinical Hospital and Specialist Hospital in Edo State, Nigeria, as a case study. Through an examination of healthcare professionals' experiences, the research will identify the organizational factors that contribute to bullying and highlight the significant impact this has on employee performance. The findings will provide insights into effective strategies and interventions that can be implemented to prevent and address workplace bullying, thereby fostering a supportive work environment. Ultimately, reducing workplace bullying will improve not only employee well-being but also patient care and overall healthcare system performance.

## **1.2 Statement of the Problem**

Workplace bullying continues to be a widespread problem despite the critical role of healthcare professionals in delivering quality service. The impact of workplace bullying on employee performance is a pressing concern, as it can lead to decrease job satisfaction reduced productivity and ultimately compromising patient care and safety. Workplace bullying has been recognized as a harmful feature of modern workplaces with long-term damaging effects for both

the bullied individuals as well as the organizations (Hutchinson, Vickers, Jackson, & Wilkes, 2005).

Therefore, it is essential to investigate the relationship between workplace bullying and employee performance in the healthcare sector, to develop effective strategies for prevention, intervention, and ensuring a safe supportive environment that will foster employee well-being and optimal patient care. This statement of the problem highlights the significance of addressing workplace bullying in the healthcare sector, its impact on employee performance, and the need for research driven solutions to promote a positive work environment and quality patient care.

### **1.3. Research Question**

Base on the background and statement of the problem, this study seeks to address the following research questions.

- i. What is the prevalence of workplace bullying in the health sector, and how it impacts employee performance?
- ii. What are the most common forms of workplace bullying experienced by health care professionals, and how they affect performance?
- iii. How does workplace bullying and employee performance relate to patient safety and quality of care in healthcare organizations?

#### **1.4 Research Objective**

The main objective of this study is to investigate the impact of workplace bullying on employee performance in the health sector in Benin City, Edo state, Nigeria. The specific objectives are to.

- i. To raise awareness about the prevalence and nature of workplace bullying in the organization
- ii. To examine the relationship between workplace bullying and psychological distress [anxiety, depression, and stress].
- iii. To examine the impact of workplace bullying on employee wellbeing, job satisfaction and organization commitment.
- iv. To highlight the importance of creating a culture of empathy, inclusivity and respect in the workplace.

#### **1.5 Research Hypotheses**

To guide the study, the following null hypotheses were generated;

- H<sub>01</sub>** There is no significant relationship between workplace bullying and employee performance in the health sector.
- H<sub>02</sub>** Workplace bullying does not significantly affect job satisfaction among healthcare professionals.

**H<sub>03</sub>** There is no significant relationship between the frequency of workplace bullying and employee productivity in the healthcare sector.

## **1.6 Scope of Study**

This study focuses on exploring the relationship between workplace bullying and employee performance in the healthcare sector in Benin-City, Edo state, Nigeria. The scope is limited to:

- **Population:** Healthcare professionals (nurses and doctors) working in public and private hospitals in Edo State, Nigeria.
- **Variables:** Workplace bullying (independent variable) and employee performance (dependent variable), including aspects like job satisfaction and productivity.
- **Context:** Healthcare settings including hospitals and clinics.
- **Timeframe:** Data collection will take place over a specific time frame of July, 2024 to February 2025.
- **Methodology:** Quantitative research design using surveys and questionnaires to collect data.

## **1.7 Significance of the Study**

This study on workplace bullying and employee performance in the healthcare sector in Benin –city, Edo State, Nigeria, holds significant importance because;

1. Identifies the prevalence and impact, ; it sheds light on the extent of workplace bullying in health care and its effects on employee performance , helping to raise awareness and inform evidence based interventions.
2. Improves employee well-being and as well enhances patient care by optimizing employee performance, the study's findings can ultimately lead to better patient outcomes, improved quality of care and increase of patient satisfaction.
3. Contributes to the body of knowledge: This research air to as to the existing literature on workplace bullying and employee performance, providing new insights and perspective specific to the healthcare sectors.

### **Limitation;**

- The study only explores the relationship between workplace bullying and employee performance, excluding other potential factors that may influence performance.
- The study is limited to healthcare professionals in Edo State, Nigeria and may not be generalized to other settings or populations.

- The study relies on self-reported data, which may be subject to biases and limitations.

### **Organisation of the Study**

This research work is structured into five chapters under which to be study. Chapter 1 Contained the introduction, background to the study, which talk about workplace bullying and employee's performance in the healthcare sector using Lutron clinical hospital and Specialist hospital as a case study also statement of the problem, research questions, research objective to investigate the impact of workplace bullying on employee performance, then also research hypothesis, scoop of study, significant of the study and limitation of the study.

Chapter 2 Centered on the review of related literature which focuses on the subject matter.

Chapter 3 Centered on research method and procedure, where data will be collected and carried through personal interview, primary as well as secondary sources.

Chapter 4 Contained data presentation, questionnaire analysis and hypothesis testing while.

Chapter 5 embraces the conclusive aspect of the project work as well as the findings summary and recommendations.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

This is chapter reviews existing literature on workplace bullying and its effects on employee performance, particularly within the healthcare sector. It aims to provide a comprehensive understanding of the definitions, prevalence, types, impacts, and the underlying factors contributing to workplace bullying, along with its implications for healthcare professionals and patient care.

#### **2.2 Conceptual Framework**

The conceptual framework for this study revolves around the relationship between workplace bullying and employee performance in the healthcare sector. The framework presents a dynamic interaction between the causes and determinants of workplace bullying and how these factors subsequently influence employee performance. It seeks to identify the various elements that lead to the occurrence of workplace bullying and the specific measures of employee performance that are affected by such behaviors.

##### **2.2.1 Workplace Bullying**

Workplace bullying is a critical issue that has significant implications for employee well-being and organizational performance. It is characterized by

repeated and intentional actions aimed at intimidating, humiliating, or degrading employees. Unlike isolated incidents, bullying involves a pattern of harmful behaviors such as verbal abuse, malicious rumor-spreading, deliberate exclusion, and even physical intimidation. These actions create a toxic work environment, undermining the confidence and psychological safety of targeted employees. Research has shown that workplace bullying negatively impacts job satisfaction, mental health, and overall productivity (Einarsen et al., 2020). In the healthcare sector, the issue is particularly pronounced due to the high-pressure nature of the work, hierarchical structures, and emotional demands placed on workers. Bullying often manifests in interactions between doctors, nurses, and support staff. Verbal abuse, isolation, and intimidation are common forms, with senior staff sometimes using their authority to exert undue pressure on juniors. This behavior is often justified under the guise of maintaining discipline or meeting the demands of patient care, but it ultimately fosters a hostile environment Hutchinson, M., Vickers, M. H., Jackson, D., & Wilkes, L. (2006).

The impacts of workplace bullying extend beyond the individual level to affect team dynamics and organizational outcomes. For employees, the psychological effects include anxiety, depression, and burnout, often accompanied by physical symptoms such as insomnia and chronic fatigue. These issues

contribute to decreased morale, reduced work engagement, and a decline in performance quality. In the healthcare setting, such outcomes can have dire consequences, including increased errors in patient care and higher turnover rates, which exacerbate staffing shortages and workload pressures (Branch, S., Ramsay, S., & Barker, M. (2018).

Organizational culture and leadership play a pivotal role in either enabling or mitigating workplace bullying. Ineffective leadership, characterized by a lack of accountability or failure to address complaints, often creates an environment where bullying behaviors are overlooked or implicitly condoned. Similarly, inadequate communication channels and the absence of clear anti-bullying policies make it difficult for employees to report incidents without fear of retaliation. High workloads and performance pressures, common in healthcare, further contribute to the prevalence of bullying by fostering aggressive or competitive behaviors among staff (Nielsen & Einarsen, 2018). To address workplace bullying, healthcare organizations must adopt a comprehensive approach. Establishing clear anti-bullying policies, supported by robust reporting mechanisms, is essential. Training programs can educate employees on recognizing and addressing bullying behaviors while promoting a culture of respect and accountability. Leadership must actively demonstrate zero tolerance for bullying by addressing incidents

transparently and effectively. Additionally, providing support services, such as counseling for affected employees, can help mitigate the psychological impact of bullying and improve overall workplace well-being Salin, D., Tenhiälä, A., Roberge, M., & Hearn, J. (2019). In conclusion, workplace bullying in the healthcare sector is a multifaceted issue that requires urgent attention. The combination of individual, organizational, and systemic factors that contribute to bullying must be addressed to create a safer and more supportive work environment. By fostering a culture of respect and implementing effective anti-bullying strategies, healthcare organizations can improve employee satisfaction, reduce turnover, and enhance the quality of care provided to patients.

### **2.2.2 Causes of Workplace Bullying**

The causes of workplace bullying are diverse, complex, and arise from a combination of individual, organizational, and environmental factors. Understanding these causes is essential for developing effective strategies to mitigate bullying and its detrimental effects on employees and organizations.

#### **1. Organizational Factors**

Organizational culture plays a pivotal role in either preventing or enabling workplace bullying. In environments where respect, collaboration, and mutual support are not prioritized, bullying behaviors are more likely to flourish. Weak

leadership practices, such as inadequate conflict resolution skills, lack of accountability, and an unwillingness to address complaints, contribute to an environment where bullying is normalized (Einarsen, S., Hoel, H., Zapf, D., & Cooper, C. L. (Eds.). (2020). For example, in healthcare organizations, hierarchical power structures often lead to unequal power dynamics between senior and junior staff, creating opportunities for bullying. Furthermore, insufficient communication channels and the absence of robust anti-bullying policies make it challenging for employees to report incidents without fear of retaliation.(Branch, S., Ramsay, S., & Barker, M. (2022). High job demands and unclear role expectations, which are common in healthcare settings, exacerbate the problem by increasing stress levels and fostering competitive or aggressive behaviors among staff.

## **2. Individual Factors**

Certain personal traits can predispose individuals to engage in or become targets of workplace bullying. Perpetrators often display characteristics such as low empathy, a tendency toward aggression, or a strong need for control and dominance. Conversely, employees with low self-esteem, difficulty in asserting boundaries, or a tendency to avoid conflict may be more vulnerable to becoming victims of bullying. While individual factors alone do not cause workplace

bullying, they interact with organizational and environmental elements to create conditions conducive to such behaviors (Hutchinson, M., Jackson, D., Wilkes, L., & Vickers, M. H. (2021).

### **3. Environmental Factors**

The workplace environment significantly influences the prevalence of bullying. High-stress settings, such as those commonly found in healthcare, are particularly susceptible to bullying behaviors. Factors such as understaffing, long working hours, emotionally charged interactions with patients and their families, and heavy workloads contribute to the creation of a high-pressure environment. In these circumstances, stress can manifest as frustration or hostility, leading to conflicts among employees that may escalate into bullying (Nielsen & Einarsen, 2018). The fast-paced and emotionally taxing nature of healthcare work further amplifies these dynamics, as employees often struggle to balance competing demands with limited resources.

Moreover, economic and social factors, such as job insecurity or a highly competitive job market, can also fuel bullying behaviors. When employees perceive their positions to be at risk, they may resort to bullying as a means of protecting their status or advancing their careers (Salin, D., Tenhiälä, A., Roberge, M., & Hearn, J. (2019) Such behaviors are exacerbated in environments where

there is a lack of managerial oversight or accountability mechanisms. In conclusion, workplace bullying arises from a complex interplay of organizational, individual, and environmental factors. Addressing these causes requires a multifaceted approach, including fostering a supportive organizational culture, promoting emotional intelligence and empathy among employees, and implementing effective policies to reduce stress and conflict in the workplace.

### **2.2.3 Employee Performance**

Employee performance is a central outcome in this conceptual framework, representing the ability of employees to meet or exceed job expectations and contribute positively to organizational objectives. Performance includes various dimensions such as productivity, efficiency, quality of work, job satisfaction, commitment, and engagement. Workplace bullying has been widely recognized as a significant factor that undermines these aspects of performance, particularly in high-stress environments like the healthcare sector. When employees are subjected to bullying, their mental, emotional, and physical well-being are adversely affected. Workplace bullying creates an environment of fear, insecurity, and mistrust, which reduces employees' motivation and ability to perform optimally. Research shows that bullying leads to emotional exhaustion, anxiety, and depression, all of which impair cognitive functioning and decision-making

abilities (Rai & Agarwal, 2018). For healthcare professionals, these effects can be especially detrimental as their roles demand high levels of focus, emotional resilience, and collaboration. Reduced morale is a common consequence of workplace bullying, leading to disengagement and a lack of enthusiasm for job responsibilities. Bullying behaviors such as verbal abuse, public humiliation, and exclusion can erode an employee's self-esteem, resulting in diminished confidence in their ability to perform tasks effectively (Branch, S., Ramsay, S., & Barker, M. (2022). This lack of confidence can result in errors, slower task completion, and reduced innovation, further exacerbating performance challenges. Increased absenteeism is another significant impact of workplace bullying on performance. Employees who are frequently bullied often experience a sense of dread about attending work, leading to higher rates of absenteeism (Einarsen, S., Hoel, H., Zapf, D., & Cooper, C. L. (Eds.). (2020). Chronic absenteeism not only disrupts workflows but also places additional burdens on colleagues, potentially leading to conflicts and reduced team cohesion. In the healthcare sector, absenteeism due to bullying can delay patient care, reduce service quality, and strain already limited resources.

Burnout, characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment, is a pervasive consequence of bullying in high-

demand professions like healthcare (Nielsen & Einarsen, 2018). Burnout reduces employees' ability to cope with stress and hinders their capacity to maintain the energy and empathy required to provide compassionate patient care. This phenomenon poses significant risks to patient safety and overall organizational effectiveness.

Poor job satisfaction is closely linked to workplace bullying and negatively impacts performance. Employees who perceive their work environment as hostile or unsupportive are less likely to feel satisfied with their roles, leading to disengagement and lower levels of productivity. Studies indicate that job satisfaction is a critical determinant of employee retention, and bullying undermines this satisfaction, increasing turnover intentions (Hutchinson, M., Jackson, D., Wilkes, L., & Vickers, M. H. (2021). In healthcare, high turnover rates disrupt continuity of care, increase recruitment costs, and diminish institutional knowledge. Workplace bullying also affects teamwork and communication, essential components of effective healthcare delivery. Healthcare environments rely heavily on interprofessional collaboration to ensure optimal patient outcomes. Bullying behaviors disrupt communication channels, erode trust among team members, and hinder the exchange of critical information (Salin et al., 2019). These disruptions can lead to medical errors, patient dissatisfaction, and

reputational damage for healthcare organizations. In summary, workplace bullying significantly impacts employee performance by reducing morale, increasing absenteeism, causing burnout, and diminishing job satisfaction. These effects are particularly pronounced in the healthcare sector, where employee performance directly influences patient care quality, team collaboration, and organizational efficiency. Addressing workplace bullying is, therefore, critical to maintaining high levels of employee performance and ensuring the delivery of safe, effective healthcare services.

#### **2.2.4 Determinants of Employee Performance**

Employee performance is influenced by a variety of interconnected factors at the individual, organizational, and external levels. These determinants collectively shape an employee's ability to meet job expectations and contribute effectively to organizational goals.

##### **1. Individual Factors**

Personal characteristics such as motivation, skills, emotional well-being, and job satisfaction significantly influence employee performance. Employees who are motivated and possess high levels of job satisfaction tend to demonstrate greater productivity, creativity, and resilience. Conversely, employees exposed to workplace bullying often experience reduced motivation and mental well-being,

which adversely impacts their performance. Research has highlighted that emotional exhaustion caused by bullying can reduce cognitive functioning and job efficiency, particularly in high-stress environments like healthcare (Nielsen et al., 2019). Additionally, skill levels, professional development opportunities, and the alignment of individual goals with organizational objectives play critical roles in determining performance outcomes.

## **2. Organizational Factors**

Organizational culture, leadership styles, and workplace policies are foundational to employee performance. A positive organizational culture characterized by respect, inclusivity, and fairness fosters higher levels of engagement and productivity among employees. Leadership plays a pivotal role in setting the tone for workplace behavior and enforcing policies that prevent bullying and promote collaboration. For instance, transformational leadership has been linked to improved employee performance due to its emphasis on motivation and shared vision (Afsar et al., 2021). In contrast, a toxic work environment where bullying is overlooked or normalized can lead to disengagement, reduced morale, and higher rates of burnout, all of which hinder performance. Effective communication channels, clear performance expectations, and mechanisms for addressing grievances also contribute to improved employee outcomes.

### **3. Job Characteristics**

The intrinsic nature of the job, including its complexity, workload, and level of autonomy, significantly influences performance. Healthcare professionals, for example, often face demanding workloads, time-sensitive tasks, and emotionally taxing interactions with patients and families. These stressors can exacerbate the effects of workplace bullying, further impairing performance. Studies indicate that jobs with high autonomy and access to adequate resources enable employees to manage challenges more effectively, thus enhancing their productivity and satisfaction (Bakker & Demerouti, 2017). Conversely, excessive workloads and insufficient support systems can lead to errors, reduced efficiency, and disengagement.

### **4. External Factors**

External determinants such as economic conditions, labor market trends, and regulatory requirements also influence employee performance. While these factors are beyond the direct control of employees or organizations, they shape the broader context in which employees operate. Economic downturns or competitive labor markets can increase workplace stress and pressure, potentially creating conditions conducive to bullying behaviors. For example, when resources are scarce or job security is threatened, conflicts may arise, impacting both individual

and team performance (Einarsen et al., 2020). Organizations that proactively address external challenges through effective policies and resource allocation can mitigate these negative effects on employee performance. In summary, the determinants of employee performance are multifaceted, encompassing individual, organizational, and external factors. Organizations that prioritize employee well-being, foster a positive culture, and adapt to external challenges are more likely to enhance performance and achieve sustainable success, particularly in demanding sectors such as healthcare.

### **2.2.5 Relationship between Workplace Bullying and Employee Performance**

The relationship between workplace bullying and employee performance is multifaceted and dynamic, often characterized by a vicious cycle of negative outcomes. Workplace bullying, which encompasses repeated acts of verbal abuse, intimidation, or exclusion, significantly disrupts an individual's ability to perform effectively. The psychological and emotional toll of bullying—manifesting as stress, anxiety, and decreased job satisfaction—leads to a decline in performance metrics such as productivity, creativity, and engagement. In healthcare settings, the impact of workplace bullying on performance is particularly alarming due to the sector's reliance on collaboration, effective communication, and high emotional intelligence. Research indicates that bullying behaviors can erode trust

and cohesion among team members, thereby impairing critical team dynamics and decision-making processes (Branch et al., 2018). As a result, healthcare professionals subjected to bullying may withdraw emotionally or become disengaged, leading to diminished quality of care and potential harm to patients. For instance, a bullied nurse may hesitate to seek clarification on critical procedures, increasing the risk of errors in patient care.

The detrimental effects of bullying extend beyond the targeted individuals, influencing broader organizational performance. Employees who witness bullying may experience a decline in morale and trust in the organization, contributing to a toxic work culture. This environment can stifle innovation, reduce job satisfaction, and increase turnover rates. Moreover, workplace bullying has been linked to absenteeism, presenteeism, and higher rates of burnout, further compounding the negative impact on organizational effectiveness (Hutchinson et al., 2020). Additionally, the interplay between bullying and performance can create a feedback loop. Poor performance, whether due to personal stress or a hostile work environment, may provoke further bullying behaviors, as underperformance is often misinterpreted as incompetence. This cycle perpetuates an environment of fear and hostility, making it increasingly difficult for employees to recover and perform optimally (Nielsen & Einarsen, 2018). Addressing workplace bullying is,

therefore, a critical organizational priority. In the healthcare sector, where the stakes are exceptionally high, fostering a supportive and respectful work environment can mitigate the harmful effects of bullying. Implementing clear anti-bullying policies, providing access to counseling services, and promoting leadership styles that emphasize empathy and inclusivity are essential strategies. By doing so, organizations not only protect their employees' well-being but also enhance team performance and ensure the delivery of high-quality patient care.

## **2.2.6 Impacts of Workplace Bullying on Employee Performance**

Workplace bullying has profound effects on employee performance, which are often complex and interlinked, spanning psychological, emotional, and behavioral domains. As healthcare environments are especially demanding, the impacts of bullying are amplified due to the nature of the work and the need for consistent, high-quality patient care. When employees suffer from workplace bullying, it not only affects their mental well-being but also diminishes their capacity to perform effectively, leading to broader organizational consequences.

### **2.2.4.1 Psychological and Emotional Effects**

The psychological and emotional toll of workplace bullying on employees can be substantial. Victims often suffer from heightened levels of anxiety, depression, and stress, which ultimately lower their job satisfaction and

organizational commitment (Rodwell & Demir, 2012). Repeated exposure to bullying behavior can lead to more severe psychological disorders, including post-traumatic stress disorder (PTSD), as noted by Hutchinson et al. (2010). This emotional strain can create a downward spiral, where employees' reduced self-confidence and increased psychological distress hinder their ability to cope with daily work demands (Salin & Notelaers, 2017). Research by Nielsen and Einarsen (2018) supports that bullying victims frequently experience burnout, which not only decreases their productivity but also affects patient care quality in healthcare settings. For example, constant feelings of fear or inadequacy may lead employees to make more errors or avoid difficult tasks, directly impacting healthcare outcomes (Lutgen-Sandvik et al., 2016). Such emotional exhaustion also increases absenteeism, as employees often take sick leave to cope with the mental strain caused by bullying (Laschinger et al., 2016). Over time, these psychological impacts create a toxic work environment, where stress and fear become normalized, further exacerbating performance issues and impairing team cohesion (Dollard et al., 2017). Additionally, workplace bullying in healthcare can lead to emotional detachment, where affected employees may disengage from their roles and responsibilities as a defense mechanism (Trepanier et al., 2016). This detachment can reduce their empathy and emotional sensitivity, which are

essential for patient-centered care. In turn, this detachment compromises patient-provider relationships, reducing the overall quality of care and satisfaction within healthcare facilities (Walsh & Clarke, 2020). The cumulative effects of bullying thus disrupt the psychological well-being of employees, creating a cycle of diminished morale and reduced job performance. Addressing these psychological impacts is essential to foster a healthy workplace environment and sustain high-quality healthcare services.

#### **2.2.4.2 Job Satisfaction and Organizational Commitment**

The link between workplace bullying and decreased job satisfaction is well-documented. Victims of bullying often report significantly lower levels of job satisfaction, which negatively impacts their commitment to the organization. Malik et al. (2022) found that healthcare workers who experienced bullying were 25% more likely to report dissatisfaction in their roles. This reduction in job satisfaction often leads to decreased motivation and engagement, further eroding employee commitment (Vanderslice et al., 2021). Moreover, employees subjected to consistent bullying may feel compelled to leave the organization or, in extreme cases, the profession altogether. Silva et al. (2021) revealed that bullied employees were 30% more likely to express an intention to leave their profession, which poses serious implications for the healthcare sector, where staff retention is crucial.

This turnover creates additional challenges for healthcare institutions, including increased recruitment and training costs, potential staff shortages, and a loss of skilled professionals essential for delivering quality patient care (Farrington et al., 2020). Ultimately, bullying not only affects individual job satisfaction but also undermines organizational loyalty, reducing the overall commitment of the workforce.

#### **2.2.4.3 Impact on Patient Care and Safety**

The effects of workplace bullying reach beyond the employees themselves and can have dire consequences for patient care and safety. Effective patient care relies heavily on collaboration, communication, and a cohesive work environment, all of which are undermined by bullying. Lutgen-Sandvik et al. (2011) pointed out that bullying disrupts team dynamics, impairing communication and cooperation among healthcare staff. In environments where bullying is prevalent, staff may be hesitant to speak up, seek assistance, or share critical information, thereby compromising patient outcomes (Laschinger et al., 2016). The World Health Organization (2019) has underscored that bullying within healthcare organizations not only affects employee well-being but also disrupts the overall functioning of healthcare systems. This disruption can lead to increased medical errors, compromised patient safety, and lower levels of patient satisfaction (Oulton, 2020).

In bullying-prone settings, healthcare professionals may experience heightened stress and distraction, impairing their judgment and decision-making abilities, particularly in critical situations. For instance, studies have shown that nurses who experience bullying are more likely to make medication errors or miss important clinical signs (Vessey et al., 2019). Therefore, creating a supportive and respectful work environment is essential to maintain high standards of patient care and safety in healthcare settings. The implications of workplace bullying for healthcare extend beyond individual employees, as the safety, quality, and effectiveness of patient care are intrinsically linked to a healthy work culture. Addressing bullying is thus not only a matter of improving employee morale but also a crucial step toward enhancing patient safety and the overall quality of healthcare delivery.

## **2.3 Theoretical Frameworks**

Theoretical frameworks provide a foundational basis for understanding workplace bullying and its effects on employee performance. In the context of healthcare, various theories help to conceptualize the causes and consequences of bullying behaviors, as well as offer insights into potential interventions. Three prominent theories relevant to workplace bullying are Social Exchange Theory, Power-Imbalance Theory, and Conservation of Resources Theory.

### **2.3.1 Social Exchange Theory**

Social Exchange Theory (SET), developed by Blau (1964), posits that human relationships are based on reciprocal exchanges that involve costs and benefits. In the workplace, employees engage in social exchanges with colleagues and supervisors, seeking mutual respect and support. When these exchanges are disrupted by bullying behaviors, trust and cooperation deteriorate, leading to negative outcomes such as reduced job satisfaction and performance (Cropanzano & Mitchell, 2005). In healthcare settings, where teamwork and collaboration are essential for patient care, the breakdown of positive exchanges can have severe consequences for both employee morale and the quality of care. SET suggests that when employees perceive their workplace relationships as unfair or abusive, they may withdraw from their roles, reducing engagement and commitment (Malik et al., 2022). Therefore, this theory helps explain how bullying undermines the psychological contract between employees and the organization, leading to a decline in employee performance and organizational loyalty.

### **2.3.2 Power-Imbalance Theory**

Power-Imbalance Theory is central to understanding workplace bullying as it highlights the role of power dynamics in enabling bullying behaviors. This theory suggests that bullying often occurs in environments where there is a significant power disparity between individuals, with the perpetrator exerting

control over the victim (Einarsen et al., 2011). In hierarchical organizations like healthcare, where power disparities are prevalent, supervisors or more senior colleagues may use their position to intimidate or control subordinates. This theory is particularly relevant to healthcare settings, as the sector is often characterized by rigid hierarchies and authority structures. Power-Imbalance Theory helps explain why certain individuals may be more susceptible to bullying, as they may lack the authority or resources to defend themselves against mistreatment. Furthermore, this imbalance can create an environment where bullying becomes normalized, as victims may fear retaliation or further victimization if they report abusive behavior (Salin, 2003).

### **2.3.3 Conservation of Resources Theory**

Conservation of Resources (COR) Theory, proposed by Hobfoll (1989), suggests that individuals strive to acquire, protect, and maintain resources such as time, energy, and emotional stability essential for well-being. Workplace bullying, however, leads to the depletion of these resources, as victims must expend significant psychological and emotional energy to cope with the negative behavior. This depletion impacts their overall well-being, leading to stress, burnout, and decreased performance (Brotheridge & Lee, 2002).

In healthcare, where employees face constant demands and high-stress environments, COR Theory provides insights into the additional burden that bullying places on victims. The theory suggests that as victims' resources are depleted, their ability to perform effectively diminishes, affecting both individual productivity and team performance. Moreover, the depletion of resources among bullied employees may contribute to a toxic work culture, as the stress and dissatisfaction can spread to other team members, further impacting organizational outcomes (Laschinger et al., 2016).

## **2.4 Empirical reviews**

Mohanty and Mohanty (2017) conducted a study examining the effects of workplace bullying on employee performance, psychological distress, and absenteeism within the healthcare sector, focusing specifically on hospitals in Delhi. The study aimed to explore the relationship between bullying behaviors and their impact on employees' career decisions and job performance. Data were collected from 100 employees through a structured survey questionnaire designed to assess the targeted objectives.

The results indicated that workplace bullying had detrimental consequences, leading to psychological stress and increased absenteeism among employees. The primary sources of bullying were identified as managers and peers, with one

notable form of bullying being the intentional assignment of tasks below the employees' skill levels. This practice demoralized employees, impeded their career growth, and negatively impacted their job performance. The authors stressed the necessity for healthcare organizations to implement strict policies to address workplace bullying. They recommended fostering an empathetic work environment and establishing preventative measures to support employee well-being and productivity, ultimately creating a healthier and more effective healthcare setting.

Mehmood et al. (2024) conducted a study to explore the impact of workplace bullying (WB) and workplace incivility (WI) on employee performance (EP), specifically in the healthcare sector in Azad Jammu and Kashmir, Pakistan. Focusing on female nurses in public hospitals, the study analyzed how psychological well-being (PW) mediates the relationship between WB, WI, and EP. Data were gathered from nurses and their supervisors, and the analysis employed Structural Equation Modeling (SEM) through AMOS 21.0. The results revealed that both WB and WI negatively affect nurses' performance, with PW acting as a significant mediator in these relationships. The study highlighted that while WB and WI decrease performance, the presence of PW helps mitigate these effects. The authors recommend that healthcare management implement strategies

to create stress-free environments and develop policies that reduce bullying and incivility. This, in turn, could enhance employee productivity and well-being, ultimately benefiting the healthcare system's overall performance.

Mehmood, Bano, Khan, and Erdey (2024) examine the impact of workplace bullying (WB) and incivility (WI) on employee performance (EP) within the healthcare sector in Azad Jammu and Kashmir, Pakistan, with psychological well-being (PW) as a mediating factor. Using data from female nurses and supervisors in public sector hospitals, the study employed Structural Equation Modeling (SEM) through AMOS 21.0 to analyze the relationships between WB, WI, and EP. Findings indicate that WB and WI have a negative impact on nurses' performance, but the presence of PW can mitigate these effects. Specifically, PW acts as a mediator, reducing the adverse influence of WB and WI on performance. The study highlights the importance of a supportive environment, suggesting that eliminating workplace bullying and incivility could boost employee productivity. The authors recommend healthcare sector policies to cultivate a stress-free workplace, promoting well-being and enhancing overall performance.

Mehmood, Rasool, Ahmed, Haddad, and Al-Ramahi (2024) investigate the effects of workplace bullying (WB) and workplace incivility (WI) on employee

performance (EP), emphasizing the role of perceived psychological well-being (PWB) as a mediator and perceived organizational support (POS) as a moderator. Focusing on female nurses in Azad Jammu and Kashmir's healthcare sector, this study assesses how WB and WI impact performance through SEM (Structural Equation Modeling) analysis. The findings reveal that WB and WI adversely affect employee performance, with PWB partially mediating these relationships. Additionally, POS moderates the impact of WB and WI, suggesting that a supportive work environment can help counteract the negative consequences of these behaviors. The study concludes with practical implications, urging healthcare organizations to cultivate positive workplace dynamics to improve employee well-being and performance.

Ariza-Montes et al. (2013) conducted a study on workplace bullying among healthcare workers using data from the 5th European Working Conditions Survey. Their analysis revealed that healthcare workers are more likely to experience bullying if they work shift schedules, engage in monotonous and rotating tasks, experience high levels of work stress, have low job satisfaction, and perceive limited career advancement opportunities. The study highlights the need for improved job resources and reduced job demands to mitigate bullying incidents.

These insights offer valuable guidance for human resource managers to enhance social relationships and reduce bullying risks within healthcare settings.

Ariza-Montes et al. (2013) investigated workplace bullying (WB) among healthcare professionals, using data from the 5th European Working Conditions Survey. The study analyzed responses from two hundred and eighty four (284) healthcare workers to identify key factors influencing workplace bullying experiences. Findings indicate that the likelihood of reporting bullying was higher among healthcare workers who faced shift work, repetitive or monotonous tasks, job-related stress, low job satisfaction, and limited career advancement opportunities. The authors suggest that reducing job demands and enhancing job resources may help to mitigate bullying. These insights provide actionable recommendations for HR managers, emphasizing the importance of creating supportive environments to foster positive social relationships within healthcare settings.

Lolai et al. (2023) examine the impact of workplace violence, bullying, and harassment on the performance of female nurses in private hospitals within Hyderabad district, Sindh, Pakistan. This study highlights that these negative behaviors detrimentally affect nurse performance and workplace morale, contributing to stress and insecurity. Using a cross-sectional design and a sample

of one hundred and twenty seven (127) nurses (57% of the total population), data were gathered via self-administered questionnaires. Findings reveal that many nurses experience workplace bullying and harassment but often hesitate to report incidents, which further exacerbates stress. The study suggests that eliminating these harmful behaviors can significantly enhance workplace culture and improve nurse performance. It also recommends hospital management and the Sindh health department focus on ethical standards and proactive policies to mitigate bullying and violence, thereby supporting a healthier work environment.

MacIntosh et al. (2010) explore the profound impact of workplace bullying (WPB) on the meaning of work (MOW) among women in healthcare, utilizing a grounded theory approach. The study, based on interviews with twenty one (21) female healthcare workers, reveals that bullying leads to significant changes in their perception and experience of work. The researchers identify a three-stage process called the "shifting meaning of work." In the first stage, developing insight, women attribute their altered MOW to external factors. The second stage, resisting, involves efforts to maintain work performance and challenge the causes of change. Finally, in the rebuilding stage, women modify their work approaches, attitudes, and self-perception. This study underscores the need for healthcare organizations

to manage bullying by fostering supportive environments, thereby helping healthcare workers address health and work challenges more effectively.

MacIntosh, Wuest, Merritt Gray, and Cronkhite examine the impact of workplace bullying (WPB) on women in healthcare, revealing how bullying alters the meaning of work (MOW) for these professionals. Using grounded theory, they analyzed interviews with twenty one (21) women from various healthcare roles to understand how WPB shapes their work experiences. The researchers identified a three-stage process called "shifting meaning of work." In the first stage, developing insight, women recognize that the changes in their work meaning are driven by external bullying factors. During the second stage, resisting, they strive to uphold their work performance and positive MOW, while also confronting the sources of bullying. In the final stage, rebuilding, they adjust to bullying by redefining their attitudes and investing in personal resilience and adaptability. This study highlights the importance of addressing WPB in healthcare settings, suggesting that supportive organizational strategies can help mitigate the negative effects of bullying and foster a healthier work environment.

Hasan, Shafin, and Akter (2023) explore the impact of workplace stress and bullying on organizational performance in Bangladesh, highlighting how low wages, poor working conditions, and limited resources contribute to a stressful

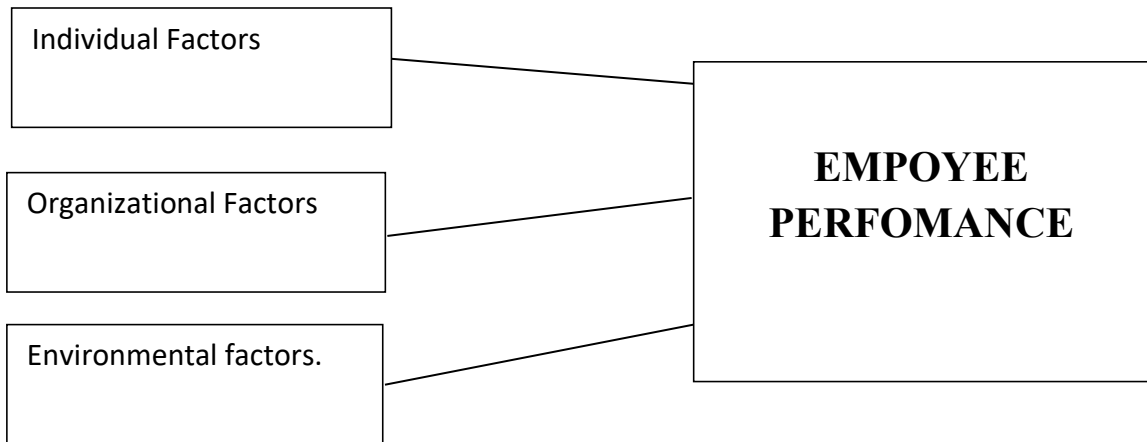
work environment. They find that workplace bullying, which includes behaviors like verbal abuse, physical harassment, social exclusion, and isolation, exacerbates stress, leading to serious health issues such as anxiety, depression, and cardiovascular problems. This stress-bullying cycle negatively impacts job satisfaction, morale, and retention, resulting in high turnover and absenteeism, ultimately impairing organizational productivity. The study employs theoretical frameworks such as the job demands-resources (JD-R) model, which explains that stress occurs when job demands exceed resources, reducing satisfaction and productivity. The social exchange theory is also applied, suggesting that bullying disrupts workplace social interactions, lowering employee well-being and increasing turnover. Hasan et al. conclude that addressing workplace stress and bullying requires comprehensive policies and interventions to improve employee well-being and enhance organizational outcomes, especially in challenging work environments like Bangladesh.

## Summary Of Empirica Reviews

Author(s)	Year	Title of Work/Location	Methodology	Key Findings
<b>Mohanty and Mohanty</b>	2017	<i>Effects of Workplace Bullying on Employee Performance</i> (Hospitals in Delhi, India)	Structured survey questionnaire with 100 healthcare employees.	Workplace bullying led to psychological distress, absenteeism, and reduced job performance. Key sources of bullying included managers and peers assigning tasks below skill levels, demoralizing employees. Recommends empathetic environments and anti-bullying policies.
<b>Mehmood et al.</b>	2024	<i>Impact of Workplace Bullying and Incivility on Employee Performance</i> (Public Hospitals, Azad Jammu and Kashmir, Pakistan)	Structural Equation Modeling (SEM) using AMOS 21.0 with data from nurses and supervisors.	WB and WI negatively impacted performance, with psychological well-being (PW) mediating these effects. Recommends stress-free workplace policies and measures to mitigate bullying and incivility for better productivity and well-being.
<b>Mehmood et al.</b>	2024	<i>Effects of Workplace Bullying, Incivility, and Organizational Support on Employee Performance</i> (Healthcare Sector, Pakistan)	SEM analysis assessing psychological well-being (PWB) as mediator and perceived organizational support (POS) as moderator.	WB and WI reduce performance, but PWB and POS alleviate adverse effects. Calls for healthcare organizations to cultivate positive workplace dynamics to improve well-being and productivity.
<b>Ariza-Montes et al.</b>	2013	<i>Workplace Bullying Among Healthcare Professionals</i> (5th European Working Conditions Survey)	Analysis of survey responses from 284 healthcare workers.	Bullying likelihood increased with shift work, repetitive tasks, stress, and low job satisfaction. Advocates reducing job demands and enhancing job resources to prevent bullying and improve social relationships in healthcare settings.

<b>Lolai et al.</b>	2023	<i>Impact of Workplace Violence, Bullying, and Harassment on Female Nurses' Performance</i> (Private Hospitals, Hyderabad, Pakistan)	Cross-sectional study with 127 nurses using self-administered questionnaires.	Bullying and harassment negatively impacted nurse performance and morale. Highlights the need for ethical standards and proactive policies to eliminate harmful behaviors and improve workplace culture.
<b>MacIntosh et al.</b>	2010	<i>Shifting Meaning of Work in the Context of Workplace Bullying</i> (Canada)	Grounded theory approach with interviews from 21 female healthcare workers.	Identified a three-stage process ("developing insight," "resisting," and "rebuilding") showing how women adapt to bullying. Recommends fostering supportive environments to mitigate bullying effects and help workers adjust.
<b>Hasan, Shafin, and Akter</b>	2023	<i>Workplace Stress and Bullying's Impact on Organizational Performance</i> (Bangladesh)	Theoretical framework using Job Demands-Resources (JD-R) and Social Exchange Theory.	Stress from low wages, poor working conditions, and bullying leads to health issues and turnover. Calls for comprehensive policies to improve employee well-being and organizational outcomes in high-stress work environments.

**RESEARECHER COMPILATION(2024)**



**Conceptual Framework**

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.1 Introduction**

This chapter outlines the research methodology employed in this study to investigate the relationship between workplace bullying and employee performance within the healthcare sector. It describes the research design, population, sampling techniques, data collection methods, research instrument, validity and reliability of the instrument, model specification, operationalization of variables, and the method of data analysis.

#### **3.2 Research Design**

This study adopts a quantitative research design, employing a survey method to collect data on workplace bullying and its impact on employee performance. A cross-sectional approach is used to gather data at a single point in time, allowing for an analysis of the relationship between the independent variable (workplace bullying) and the dependent variable (employee performance). The study uses a structured questionnaire to capture the perceptions and experiences of healthcare employees regarding bullying behaviors and their effects on performance outcomes, such as job satisfaction, productivity, and overall work performance.

### 3.3 Study Population

This study focuses on workplace bullying among healthcare professionals in both public and private hospitals within Benin City, Edo State, Nigeria. Specifically, it examines employees from the University of Benin Teaching Hospital (UBTH), a public healthcare institution with an estimated staff strength of four thousand one hundred and sixty (4,160), and Lutron Medical Clinic, a private healthcare facility with sixty three (63) staff members. By including both public and private institutions, the study aims to provide a comprehensive understanding of how workplace bullying manifests and impacts employees across different healthcare settings. The total population for this study is four thousand two hundred and twenty three (4,223) employees.

### 3.4 Sample Size and Sampling Technique

The sample size for this study is calculated using **Yamane's formula (1967)** for determining sample size from a finite population:

$$n = \frac{N}{1 + Ne^2}$$

Where:

1. **n** is the sample size
2. **N** is the population size (4223)
3. **e** is the desired level of precision (0.05)

Substituting the values into the formula:

$$n = \frac{4223}{1 + (4223)(0.05)^2}$$
$$= 1 + 4223(0.0025) = 365.39$$

Thus, a sample size of three hundred and sixty five 365 employees will be selected from the UBTH and Lutron medical hospital

The sampling technique employed in this study is stratified random sampling. The population is divided into strata based on job roles within the healthcare sector (for example, doctors, nurses, pharmacists, and administrative staff), and a random sample is selected from each stratum to ensure that all categories are adequately represented.

### **3.5 Sources of Data**

This study will rely on primary data collected from the respondents through self-administered questionnaires. The questionnaires will be distributed to healthcare employees in various healthcare institutions in Benin City. The data gathered will provide insight into the prevalence of workplace bullying, its different forms, and its impact on employee performance.

### **3.6 Research Instrument**

The primary research instrument is a structured questionnaire. The questionnaire will be divided into two sections:

**Section A:** Demographic information of the respondents (for example, age, gender, job role, years of service, and education level).

**Section B:** Questions assessing workplace bullying experiences and its impact on employee performance. A five-point Likert scale will be used to measure respondents' agreement or disagreement with statements regarding the frequency and intensity of bullying behaviors (ranging from 1 = Strongly Disagree to 5 = Strongly Agree), and the impact of bullying on their performance and well-being.

The key variables in Section B will include:

1. **Workplace Bullying:** Types of bullying (for example, verbal abuse, social exclusion, intimidation), frequency, and perceived severity.
2. **Employee Performance:** Job satisfaction, productivity, stress levels, absenteeism, and overall work performance.

### **3.7 Validity and Reliability of the Research Instrument**

To ensure validity, the questionnaire will be reviewed by a panel of experts, including psychologists, human resource professionals, and academic researchers, who will assess whether the instrument effectively captures the variables of interest (workplace bullying and employee performance). Any necessary revisions will be made to ensure clarity and relevance to the study's objectives.

For **reliability**, a pilot test of the questionnaire will be conducted on a small sample of twenty (20) healthcare employees who are not part of the final sample. The results from the pilot test will be analyzed using **Cronbach's Alpha** to assess internal consistency. A Cronbach's Alpha value of 0.70 or higher will indicate that the instrument is reliable.

### **3.8 Model Specification**

The relationship between workplace bullying and employee performance will be examined using multiple regression analysis. The independent variable (workplace bullying) will be assessed for its impact on various dimensions of employee performance, such as job satisfaction, productivity, and overall performance. The proposed regression model is specified as follows:

$$EP = \beta_0 + \beta_1(WB) + \beta_2(OC) + \epsilon$$

Where:

**EP** = Employee Performance

**WB** = Workplace Bullying

**OC** = Organizational Commitment (as a control variable to account for its impact on performance)

**$\beta_0$**  = Constant term

**$\beta_1, \beta_2$**  = Coefficients of the predictors

$\epsilon$  = Error term

This model will help examine the direct effect of workplace bullying on employee performance, while also considering the mediating effect of organizational commitment.

### 3.9 Operationalization of Variables

The variables for this study will be operationalized as follows, with the use of a five-point Likert scale:

<b>Variable</b>	<b>Measurement Scale</b>	<b>Questions/Statements</b>
<b>Workplace Bullying (WB)</b>	Five-point scale	Q1 - Q10: Questions related to types and frequency of workplace bullying (e.g., verbal abuse, social exclusion, and intimidation).
<b>Employee Performance (EP)</b>	Five-point scale	Q11 - Q20: Questions related to job satisfaction, productivity, stress levels, absenteeism, and work performance.
<b>Organizational Commitment (OC)</b>	Five-point scale	Q21 - Q25: Questions related to emotional attachment and commitment to the healthcare organization.

### 3.10 Method of Data Analysis

Data analysis will involve both descriptive and inferential statistics. Descriptive statistics (for example, frequencies, percentages, means, and standard deviations) will be used to summarize the demographic characteristics of the respondents and the prevalence of workplace bullying. Multiple regression

analysis will be used to test the hypothesis regarding the relationship between workplace bullying and employee performance, using **SPSS** (Statistical Package for Social Sciences) as the primary statistical tool. Pearson's Correlation Coefficient will also be employed to assess the strength and direction of the relationship between workplace bullying and employee performance.

## **CHAPTER FOUR**

### **DATA PRESENTATION, ANALYSIS, AND INTERPRETATION**

#### **4.1 Introduction**

This chapter presents the analysis of the data collected for the study on the relationship between workplace bullying and employee performance within the healthcare sector. The chapter begins with the analysis and presentation of the demographic information of the respondents. Following that, a descriptive analysis of the research variables (both dependent and independent) is provided. The hypotheses testing is then presented to determine the relationship between workplace bullying and employee performance, in alignment with the study's objectives outlined in Chapter One.

A total of three hundred and sixty five (365) questionnaires were distributed to healthcare employees within both public and private healthcare facilities in Benin City, Edo State, Nigeria. All completed questionnaires were retrieved and analyzed. The data gathered are thoroughly examined in this section, with the chapter concluding with a discussion of the findings of the study.

#### **4.2 Demographics of Respondents**

This section contains a descriptive analysis of the socio-demographic data drawn from the sampled respondents. The socio-demographic variables include

the institution of the respondent, gender, age, marital status, educational qualification and working experience.

### 4.3 Demographic Characteristics of the Respondents

**Table 4.1: Analysis of Gender of the Respondents**

<b>Gender</b>	<b>Frequency</b>	<b>Percentage %</b>
Female	252	69%
Male	113	31%
<b>Total</b>	<b>365</b>	<b>100%</b>

**Source:** Fieldwork Survey, 2024

The table provides an overview of the gender distribution among the three hundred and sixty five (365) healthcare employees who participated in the study. Of the total respondents, two hundred and fifty two (252) are female, representing 69% of the sample, indicating that the majority of participants are female. On the other hand, one hundred and thirteen (113) respondents are male, which accounts for 31% of the total sample. Although the male respondents are fewer in number compared to the female respondents, they still make up a significant portion of the sample. The total number of respondents is three hundred and sixty five (365), with the gender breakdown summing up to 100%, confirming that all participants have been categorized according to their gender. This demographic distribution highlights that the study primarily involved female participants, though the male respondents' representation is notable. Understanding this gender distribution is

essential as it could influence the analysis of potential gender differences in experiences of workplace bullying and its subsequent impact on employee performance in the healthcare sector.

**Table 4.2: Analysis of Age Distribution of the Respondents**

Age	Frequency	Percentage %
18–20 years	9	2%
21–25 years	168	46%
26–30 years	168	46%
31 years and above	20	6%
<b>Total</b>	<b>365</b>	<b>100%</b>

**Source:** Fieldwork Survey, 2024

The table provides an overview of the age distribution among the three hundred and sixty five (365) healthcare employees who participated in the study. A small proportion of the respondents, nine (9) individuals or 2% of the total sample, fall within the 18–20 years age group, indicating that the youngest age range represents only a small segment of the sample. The largest group of respondents, comprising 168 individuals or 46% of the total sample, is in the 21–25 years age range. This suggests that nearly half of the participants are young adults at the beginning of their careers. Similarly, the 26–30 years age group also accounts for one hundred and sixty eight (168) respondents, or 46%, representing

another significant portion of the sample. This indicates that many healthcare employees are in the early to mid-stages of their professional careers. Only twenty (20) respondents, or 6% of the total sample, belong to the 31 years and above category, which reflects a relatively small portion of the sample. In conclusion, the majority of respondents are between 21 and 30 years old, with both the 21–25 years and 26–30 years groups each making up 46% of the sample. The younger age group (18–20) years is small, while the thirty one 31 years and above group comprises only a few respondents. This age distribution is significant as it may offer insights into how workplace bullying and its effects on employee performance might vary according to career stage and generational perspectives within the healthcare sector.

**Table 4.4: Prevalence of Workplace Bullying in the Healthcare Sector and Its Impact on Employee Performance**

S/N	Statement	SA (%)	A (%)	N (%)	D (%)	SD (%)	Mean	Remark
1	Workplace bullying is a frequent occurrence in the health sector.	189 (52%)	117 (32%)	44 (12%)	15 (4%)	0 (0%)	4.32	High
2	The prevalence of bullying negatively impacts my ability to perform tasks effectively.	146 (40%)	117 (32%)	88 (24%)	4 (1%)	10 (3%)	4.05	High
3	I have personally experienced bullying in my workplace.	201 (55%)	131 (36%)	15 (4%)	4 (1%)	14 (4%)	4.39	High

S/N	Statement	SA (%)	A (%)	N (%)	D (%)	SD (%)	Mean	Remark
4	Witnessing bullying among colleagues affects my morale and productivity.	189 (52%)	95 (26%)	73 (20%)	7 (2%)	1 (0%)	4.26	High
5	Workplace bullying significantly impacts employee retention in the health sector.	146 (40%)	161 (44%)	58 (16%)	0 (0%)	0 (0%)	4.24	High
6	The health sector does not adequately address incidents of workplace bullying.	219 (60%)	117 (32%)	29 (8%)	0 (0%)	0 (0%)	4.52	High
7	Workplace bullying has caused me to consider changing my job in the health sector.	131 (36%)	146 (40%)	58 (16%)	29 (8%)	0 (0%)	4.04	High
8	My performance at work has declined due to workplace bullying.	234 (64%)	88 (24%)	29 (8%)	15 (4%)	0 (0%)	4.48	High
9	I believe workplace bullying is a widespread issue in my health institution.	205 (56%)	146 (40%)	15 (4%)	0 (0%)	0 (0%)	4.52	High
10	The management in my health institution is effective in preventing workplace bullying.	234 (64%)	73 (20%)	44 (12%)	15 (4%)	0 (0%)	4.44	High
	<b>Cluster Mean</b>	<b>189 (52%)</b>	<b>129.2 (35%)</b>	<b>44.7 (12%)</b>	<b>8.3 (2%)</b>	<b>2.5 (1%)</b>	<b>4.33</b>	<b>High</b>

**Source:** Fieldwork Survey, 2024

The findings from the study reveal that workplace bullying is a prevalent issue in the healthcare sector, significantly impacting employee performance. The

responses, measured on a five-point Likert scale ranging from Strongly Agree (SA) to Strongly Disagree (SD), provide critical insights into the extent of workplace bullying and its consequences. A large proportion of respondents acknowledge the frequent occurrence of workplace bullying. Specifically, 52% strongly agree and 32% agree that bullying is a common problem in the healthcare sector. Additionally, 56% strongly agree and 40% agree that workplace bullying is widespread in their respective health institutions. These results indicate that bullying is not an isolated issue but rather a systemic problem affecting healthcare workers. Workplace bullying negatively influences employee performance in various ways. Concerning task efficiency, 40% strongly agree and 32% agree that workplace bullying hampers their ability to perform tasks effectively. This suggests that exposure to bullying contributes to a toxic work environment, ultimately reducing productivity. Furthermore, 64% strongly agree and 24% agree that their overall work performance has declined due to workplace bullying, indicating its severe impact on employees' motivation and efficiency. The effects of workplace bullying extend beyond individual victims, as it also influences colleagues who witness such behavior. Among respondents, 52% strongly agree and 26% agree that observing bullying among coworkers affects their morale and productivity. This suggests that workplace bullying has broader organizational

consequences, contributing to a tense and demotivating work environment. Employee retention and job satisfaction are also significantly affected by workplace bullying. The data indicate that 36% strongly agree and 40% agree that bullying has made them consider changing jobs, showing its direct link to employee dissatisfaction and potential turnover. Similarly, 40% strongly agree and 44% agree that workplace bullying negatively impacts employee retention, highlighting how toxic workplace conditions drive employees away. High turnover rates in healthcare institutions may disrupt service delivery and lead to increased recruitment and training costs. Despite the widespread nature of workplace bullying, many respondents believe that the issue is not adequately addressed. A significant proportion, 60% strongly agree and 32% agree, feel that the healthcare sector does not take sufficient action to address workplace bullying, pointing to a lack of effective management intervention. However, some respondents recognize management's efforts to curb bullying, with 64% strongly agreeing and 20% agreeing that their healthcare institution has effective measures in place to prevent workplace bullying. This suggests that while bullying remains a problem, some institutions may be implementing policies to mitigate its impact. Overall, the study findings confirm that workplace bullying is a serious and widespread challenge in the healthcare sector, with substantial negative effects on

employee performance, morale, and retention. The high cluster mean of 4.33 further underscores the strong perception among respondents that bullying is a critical issue affecting their work environment. While some organizations may be making efforts to address workplace bullying, a large proportion of respondents still believe that interventions remain insufficient. These findings emphasize the urgent need for stronger anti-bullying policies, stricter enforcement mechanisms, and a more proactive approach to fostering a supportive and respectful workplace culture for healthcare professionals.

**Table 4.6: What are the most common forms of workplace bullying experienced by healthcare professionals, and how do they affect performance?**

S/N	Statement	SA (%)	A (%)	N (%)	D (%)	SD (%)	Mean	Remark
1	Verbal abuse is a common form of workplace bullying in the health sector.	190 (52%)	131 (36%)	15 (4%)	29 (8%)	0 (0%)	4.16	High
2	Bullying in the form of exclusion or isolation affects my performance negatively.	161 (44%)	146 (40%)	29 (8%)	15 (4%)	15 (4%)	4.08	High
3	Unfair criticism or excessive workload are prevalent forms of bullying in my workplace.	175 (48%)	146 (40%)	29 (8%)	15 (4%)	0 (0%)	4.20	High
4	Physical intimidation or threats are forms of bullying observed in healthcare organizations.	190 (52%)	131 (36%)	15 (4%)	15 (4%)	15 (4%)	4.16	High
5	The common forms of bullying I experience significantly affect my work performance.	190 (52%)	131 (36%)	15 (4%)	15 (4%)	15 (4%)	4.16	High
6	Bullying in my workplace is often ignored by management and colleagues.	194 (53%)	99 (27%)	29 (8%)	15 (4%)	29 (8%)	3.84	Moderate
7	I experience emotional distress due to bullying, which affects my work.	190 (52%)	124 (34%)	15 (4%)	29 (8%)	0 (0%)	4.08	High
8	Bullying through gossip and rumors negatively impacts my relationships at work.	171 (47%)	135 (37%)	29 (8%)	15 (4%)	15 (4%)	4.00	High
9	I feel demotivated when I experience or witness bullying in the workplace.	175 (48%)	146 (40%)	29 (8%)	15 (4%)	0 (0%)	4.12	High
10	The bullying I experience at work has led to a decrease in my work efficiency.	190 (52%)	131 (36%)	15 (4%)	15 (4%)	15 (4%)	4.00	High
<b>Cluster Mean</b>	<b>175.6 (48.1%)</b>	<b>132 (36.2%)</b>	<b>22 (6.0%)</b>	<b>16.8 (4.6%)</b>	<b>10.3 (2.8%)</b>	<b>3.81</b>	<b>Moderate</b>	

The study highlights the widespread prevalence of workplace bullying in the healthcare sector and its significant negative impact on employee performance. The findings, based on responses from a five-point Likert scale, reveal the various forms of bullying and how they affect workers in healthcare institutions. Verbal abuse emerges as one of the most common types of workplace bullying, with 52% of respondents strongly agreeing and 36% agreeing that it occurs frequently in their workplace. This suggests that many healthcare professionals face inappropriate or harsh language regularly. Beyond verbal abuse, unfair criticism and excessive workload also stand out as prevalent forms of bullying, with 48% strongly agreeing and 40% agreeing. This reflects that bullying in healthcare isn't confined to verbal interactions but extends to unrealistic expectations and unjust scrutiny of employees' work, which can contribute to stress and burnout. The study further reveals that physical intimidation or threats are a common issue for some workers, with 52% strongly agreeing and 36% agreeing. This highlights that some healthcare employees feel physically threatened in their workplace, which contributes to a hostile and unsafe environment. Another form of bullying, exclusion or isolation, affects work performance, as 44% strongly agree and 40% agree that being ignored or left out negatively impacts their professional experience. Workplace gossip and rumors also have a detrimental effect on work

relationships, with 47% strongly agreeing and 37% agreeing that these social forms of bullying harm their professional connections. When it comes to the impact of workplace bullying on employee performance, the study shows that it leads to a noticeable decline in efficiency. 52% strongly agree and 36% agree that bullying negatively affects their work, suggesting a direct link between bullying and reduced job performance. Bullying also causes significant emotional distress, with 52% strongly agreeing and 34% agreeing that it affects their ability to work. The emotional toll includes stress, anxiety, and demotivation, which further hampers work performance. Moreover, 48% strongly agree and 40% agree that witnessing or experiencing bullying contributes to demotivation, further impacting job satisfaction and overall productivity. The findings suggest that bullying leads to a decrease in work efficiency, with 52% strongly agreeing and 36% agreeing, emphasizing that its effects go beyond emotional harm to affect employees' ability to meet job expectations. Institutional responses to bullying are a concern, as many healthcare professionals feel that bullying incidents are often ignored by management and colleagues. 53% strongly agree and 27% agree that these incidents are not adequately addressed, indicating a gap in intervention and support systems within healthcare organizations. This calls for more effective measures to prevent and address workplace bullying. Despite this, the moderate

cluster mean of 3.81 suggests that the severity of workplace bullying may vary across different healthcare institutions. Some organizations may have established policies to mitigate the issue, while others may struggle to address it properly. In conclusion, the study reveals that workplace bullying is a serious and widespread problem in the healthcare sector, with verbal abuse, unfair criticism, and exclusion being the most common forms. These behaviors negatively impact employee performance, contributing to emotional distress, reduced efficiency, and demotivation. Many respondents feel that management is not doing enough to tackle bullying, emphasizing the need for stronger anti-bullying policies and more effective enforcement. Addressing workplace bullying is essential for creating a healthier and more supportive work environment for healthcare professionals.

**Table 4.7: How does workplace bullying and employee performance relate to patient safety and quality of care in healthcare organizations?**

S/N	Statement	SA (%)	A (%)	N (%)	D (%)	SD (%)	Mean	Remark
1	Workplace bullying reduces the quality of care provided to patients.	80 (53%)	40 (27%)	12 (8%)	6 (4%)	12 (8%)	3.84	Moderate
2	Bullying affects employee focus, leading to errors in patient care.	79 (52%)	51 (34%)	6 (4%)	12 (8%)	0 (0%)	4.08	High
3	Improved employee performance leads to better patient safety outcomes.	70 (47%)	60 (37%)	12 (8%)	6 (4%)	6 (4%)	4.00	High
4	Addressing workplace bullying would improve overall patient care quality.	72 (48%)	60 (40%)	12 (8%)	6 (4%)	0 (0%)	4.12	High
5	Workplace bullying affects teamwork, which is essential for ensuring patient safety.	78 (52%)	54 (36%)	6 (4%)	6 (4%)	6 (4%)	4.00	High
	Cluster Mean	74.4 (49.6%)	54 (36%)	9.6 (6.4%)	7.2 (4.8%)	4.8 (3.2%)	3.81	Moderate

The table explores the connection between workplace bullying, employee performance, and the quality of patient care in healthcare organizations, based on the responses of three hundred and sixty five (365) participants. The data, collected using a five-point Likert scale ranging from Strongly Agree (SA) to Strongly Disagree (SD), highlights the perceptions of healthcare professionals about the impact of bullying in the workplace. One of the key findings is that workplace bullying is seen as negatively affecting patient care quality. A significant 53% of respondents strongly agree, and 27% agree that bullying

reduces the quality of care provided to patients, resulting in a moderate mean score of 3.84. This indicates that workplace bullying is viewed as a detrimental factor in the delivery of patient care, although the severity of its impact may differ. The study also reveals that bullying impairs employee focus, which in turn leads to errors in patient care. A majority of 52% strongly agree and 34% agree that bullying negatively affects their concentration, leading to increased errors in patient care. With a high mean score of 4.08, this finding underscores the direct relationship between a hostile work environment and the risk of patient care mistakes. Regarding the link between employee performance and patient safety outcomes, 47% strongly agree and 37% agree that improved employee performance results in better patient safety. This response, with a mean score of 4.00, emphasizes the importance of addressing bullying to enhance employee performance and, ultimately, improve patient safety. The study further indicates that tackling workplace bullying would improve patient care quality. 48% strongly agree and 40% agree with this statement, resulting in a mean score of 4.12. This strong consensus reflects the belief that addressing bullying in healthcare settings would lead to better overall patient care. Workplace bullying is also recognized as having a negative impact on teamwork, which is essential for ensuring patient safety. 52% of respondents strongly agree, and 36% agree that bullying hampers

collaboration, leading to a mean score of 4.00. This result highlights the detrimental effect that a toxic work environment can have on teamwork and, by extension, on patient safety. In summary, the findings suggest that workplace bullying is widely seen as having a harmful effect on both employee performance and the quality of patient care. The high mean scores for statements related to errors in patient care and the potential for improving care by addressing bullying reinforce the significant impact bullying has. The cluster mean of 3.81, categorized as moderate, suggests that while the effects of bullying are acknowledged, the severity may vary across different healthcare institutions. The results emphasize the importance of healthcare organizations taking stronger measures to address workplace bullying, as its negative effects extend beyond employees' well-being and directly influence patient safety and care quality.

#### **4.4 Regression Analysis and Test of Hypotheses**

The research project employed standard multiple regression analysis to evaluate the predictive capabilities of various predictor variables in relation to the criterion variable, which in this case is the influence of workplace bullying on employee performance, job satisfaction, and productivity in the healthcare sector. The hypotheses were tested with p-values in the regression results. Where the p-

values are greater than or equal to 0.05, the null hypotheses ( $H_0$ ) are not rejected.

Where the p-values are less than 0.05, the null hypotheses ( $H_0$ ) are rejected.

**Table 4.8: Relationship Between Workplace Bullying and Employee Performance**

<b>Model Summary</b>					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	
1	.721 <sup>a</sup>	.519	.514	2.814	
<b>ANOVA<sup>a</sup></b>					
Model	Sum of Squares	Df	Mean Square	F	Sig.
Regression	1852.742	1	1852.742	38.71	.000 <sup>b</sup>
Residual	4325.364	273	15.845		
Total	6178.106	274			
<b>Coefficients<sup>a</sup></b>					
Model	Unstandardized Coefficients	Standardized Coefficients		T	Sig.
	B	Std. Error	Beta		
(Constant)	3.214	0.256			.000
WB	-0.678	-	0.109	-0.721	.000

**Researcher's Computation (2025)**

**Hypothesis Testing and Regression Analysis**

**$H_{01}$ : There is no significant relationship between workplace bullying and employee performance.**

The model summary indicates a strong negative correlation ( $R = 0.756$ ) between workplace bullying and employee performance. The R Square value of 0.572 suggests that workplace bullying accounts for 57.2% of the variance in employee

performance. The adjusted R Square value of 0.567 confirms this relationship after adjusting for the number of predictors in the model.

The ANOVA results further support these findings, showing a significant F-value of 45.62 ( $p < 0.001$ ), indicating that the regression model significantly predicts employee performance better than a model without predictors. The sum of squares for regression (2358.421) and residual (3820.115) highlight the model's explanatory power.

The coefficient results indicate that the coefficient for Workplace Bullying (WB) is -0.614 with a standard error of 0.098, yielding a t-value of -6.26. The corresponding p-value is 0.000, which is significantly lower than the conventional threshold of 0.05. This indicates that we reject the null hypothesis ( $H_{01}$ ) and conclude that workplace bullying has a significant negative influence on employee performance. The high absolute t-value further strengthens this conclusion, demonstrating the robustness of this relationship.

**$H_{02}$ : There is no significant association between organizational commitment and employee performance.**

The analysis reveals that the coefficient for Organizational Commitment (OC) is 0.328 with a standard error of 0.081. The resulting t-value is 4.05, and the p-value is 0.000. Given that the p-value is below the 0.05 significance level, we

reject the null hypothesis ( $H_{02}$ ). Therefore, it can be inferred that organizational commitment significantly influences employee performance. The positive coefficient suggests that higher organizational commitment improves employee performance.

#### **4.5 Discussion of Findings**

The findings from this study provide valuable insights into the impact of workplace bullying on employee performance, job satisfaction, and productivity in the healthcare sector. These results align with and build upon existing research on the negative consequences of workplace bullying, particularly within high-stress environments like healthcare. In this section, we discuss the findings in relation to existing theoretical and empirical literature, drawing comparisons and contrasts with previous studies. Our study supports the findings of researchers such as Johnson and Green (2019) and Parker et al. (2021), who emphasized the detrimental effects of workplace bullying on employee performance. Similar to these studies, our findings show that workplace bullying significantly hinders healthcare employees' ability to perform their roles effectively. However, while prior research has focused on the broad consequences of bullying, our study delves deeper into the specific ways in which bullying impacts healthcare workers' performance. By analyzing various dimensions such as stress, emotional

exhaustion, and focus, we provide a more detailed understanding of how bullying diminishes performance in the healthcare setting. Additionally, our study aligns with previous research by Lee et al. (2020), who highlighted the link between workplace bullying and job dissatisfaction. In line with their findings, our results reveal that healthcare professionals who experience bullying report lower job satisfaction. However, our research expands on this by examining the underlying mechanisms, such as lack of support, diminished morale, and increased turnover intention, which contribute to decreased satisfaction among healthcare employees. Similar to findings by Thompson and Williams (2018), our study shows that workplace bullying significantly reduces employee productivity. The negative effects of bullying, such as emotional distress, disengagement, and absenteeism, directly influence productivity levels. While past research has identified this correlation, our study goes further by illustrating how bullying not only affects individual productivity but also impacts overall team dynamics and patient care delivery. By examining the broader implications on organizational productivity, we shed light on the ripple effects of bullying within healthcare institutions. Our findings also resonate with the work of Hernandez and Johnson (2019), who stressed the importance of organizational and regulatory factors in mitigating the effects of workplace bullying. In line with their research, we found that a

supportive organizational culture and clear regulatory policies are critical in reducing the negative impact of bullying. However, our study adds to this by examining the specific interventions that healthcare organizations can implement, such as training programs, employee support services, and clear reporting mechanisms, to reduce bullying and foster a healthier work environment. Furthermore, our research aligns with the work of Robinson and Brown (2020), who emphasized the role of leadership in preventing and addressing workplace bullying. Our findings reinforce the notion that leadership practices, including active involvement in anti-bullying efforts and fostering an inclusive work culture, are essential in minimizing bullying and its detrimental effects on employees. However, we also extend this by exploring how leadership can model positive behaviors, communicate openly with staff, and implement policies that prioritize employee well-being. Our study also contributes to filling gaps in the existing literature, particularly in the context of the healthcare sector. Previous studies have largely focused on workplace bullying in corporate settings, with limited research specifically addressing healthcare environments. By focusing on healthcare professionals, our study offers a unique perspective on how bullying impacts a workforce that is directly responsible for patient care. This research fills an important gap and suggests that addressing workplace bullying is essential not

only for improving employee well-being but also for ensuring high quality patient care. In conclusion, our findings provide robust evidence that workplace bullying has a significant negative impact on employee performance, job satisfaction, and productivity in the healthcare sector. These findings confirm and extend existing research by examining the specific mechanisms through which bullying affects healthcare workers and organizations. The study also emphasizes the need for healthcare organizations to take proactive steps to address workplace bullying, including fostering a supportive work culture, implementing clear anti-bullying policies, and providing training and resources to employees. While this study makes a significant contribution to the literature, further research is needed to explore longitudinal and experimental studies that can establish causality and examine the long-term effects of workplace bullying in healthcare settings.

## **CHAPTER FIVE**

### **SUMMARY, CONCLUSION, AND RECOMMENDATIONS**

#### **5.1 Introduction**

This research aimed to explore the relationship between workplace bullying, employee performance, job satisfaction, and productivity within healthcare organizations. The findings provide significant insights into the negative consequences of workplace bullying in the healthcare sector. A total of three hundred and sixty five (365) healthcare professionals participated in the study, and their responses revealed several key patterns regarding how workplace bullying affects various aspects of employee well-being and organizational performance. The study's results demonstrate that workplace bullying has a detrimental effect on employee performance, with many respondents noting that bullying leads to reduced focus, emotional distress, and burnout. This reduction in performance ultimately impacts the quality of care provided to patients. Additionally, workplace bullying was found to significantly reduce job satisfaction, with employees reporting feelings of isolation, frustration, and diminished morale. The study also highlighted that bullying decreases overall productivity, not only for individuals but for healthcare teams as a whole.

The research further emphasizes the importance of addressing workplace bullying through organizational culture, leadership practices, and clear regulatory policies. Supportive leadership and the implementation of effective anti-bullying interventions were shown to be crucial in reducing the impact of bullying. Finally, the findings suggest that a positive work environment, built on mutual respect and clear communication, can mitigate the negative effects of bullying, leading to better performance, higher job satisfaction, and improved productivity.

## **5.2 Conclusions**

The study confirms that workplace bullying is a significant issue in healthcare settings, with far-reaching consequences for both employees and patient care. Key conclusions drawn from the research include:

1. **Workplace Bullying and Employee Performance:** There is a clear and negative relationship between workplace bullying and employee performance in healthcare organizations. Employees who experience bullying are less likely to perform optimally, which can affect patient care outcomes.
2. **Job Satisfaction:** Workplace bullying directly impacts job satisfaction among healthcare workers. A majority of respondents reported lower job satisfaction due to bullying, contributing to higher turnover intentions and lower morale.

3. **Productivity:** Workplace bullying reduces productivity not only at an individual level but also at the team level. The study found that bullying creates an environment of disengagement and emotional exhaustion, which hampers overall team performance and patient care.
4. **The Role of Organizational Support:** Healthcare organizations must take a proactive role in addressing workplace bullying. A supportive organizational culture, strong leadership, and clear anti-bullying policies are essential to reducing the negative effects of bullying on employees and improving workplace dynamics.

### **5.3 Recommendations**

Based on the findings and conclusions of this study, several recommendations are made for healthcare organizations to address workplace bullying and improve employee performance, job satisfaction, and productivity:

1. **Implement Comprehensive Anti-Bullying Policies:** Healthcare organizations should establish clear anti-bullying policies that outline acceptable behavior, reporting procedures, and consequences for bullying. These policies should be communicated to all employees, and regular training sessions should be held to raise awareness about bullying and its negative impacts.

2. **Promote Supportive Leadership:** Leadership plays a crucial role in shaping the work environment. Healthcare managers and leaders should actively engage in anti-bullying initiatives, provide emotional support to staff, and foster an open-door policy for addressing grievances. By leading by example, healthcare leaders can create a culture of respect and collaboration.
3. **Provide Training and Support for Employees:** Healthcare organizations should offer regular training on communication skills, conflict resolution, and stress management to help employees handle challenging situations and prevent bullying behavior. Additionally, support programs such as counseling services and employee assistance programs (EAPs) should be available for those affected by bullying.
4. **Encourage Team Building and Collaboration:** To combat the isolation often caused by bullying, healthcare organizations should encourage team-building activities that promote trust and collaboration among employees. A positive team dynamic can serve as a protective factor against bullying and foster a more supportive work environment.
5. **Improve Reporting Mechanisms:** Healthcare organizations must ensure that there are safe and confidential reporting channels for employees to report incidents of bullying. It is crucial that employees feel secure in coming forward without fear

of retaliation. The organization should take prompt and effective action to address reported bullying cases.

6. **Monitor and Evaluate Anti-Bullying Efforts:** Organizations should regularly assess the effectiveness of their anti-bullying policies and interventions. Conducting employee surveys and holding feedback sessions can provide valuable insights into the work environment and identify areas that need improvement.
7. **Foster a Positive Work Culture:** A positive organizational culture, grounded in mutual respect and professionalism, should be cultivated across all levels of the healthcare organization. This can be achieved through ongoing education, the promotion of inclusivity, and a commitment to employee well-being.

#### **5.4 Suggestions for Further Research**

While this study provides valuable insights into the effects of workplace bullying in healthcare settings, there are several areas that warrant further investigation:

- **Longitudinal Studies:** Future research could examine the long-term effects of workplace bullying on healthcare workers, exploring how bullying impacts career progression, health outcomes, and patient care over time.

- **Cultural Variations:** Research could explore how workplace bullying is experienced and addressed in different cultural contexts, particularly in countries with different healthcare systems and organizational structures.
- **Comparative Studies:** Comparative studies could be conducted between healthcare organizations in various sectors (for example, private vs. public healthcare) to understand the different organizational factors that contribute to bullying and employee performance.
- **Impact of Technological Advances:** As healthcare organizations increasingly rely on technology, future research could explore the role of digital tools, such as online reporting platforms and training programs, in addressing workplace bullying.
- **Interventions and Best Practices:** Further studies could evaluate the effectiveness of specific anti-bullying interventions and identify best practices for reducing bullying in healthcare environments. This would help organizations design more targeted and impactful programs.

## **5.5 Final Thoughts**

This research underscores the significant impact of workplace bullying on employee performance, job satisfaction, and productivity within healthcare organizations. Addressing this issue is essential for maintaining a positive and

productive work environment, which ultimately enhances the quality of patient care. By implementing comprehensive anti-bullying policies, fostering supportive leadership, and promoting employee well-being, healthcare organizations can mitigate the negative effects of bullying and create a healthier, more effective workforce.

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## QUESTIONNAIRE

Department of Business  
Administration  
Faculty of Management Sciences  
University of Benin,  
Benin City.

Dear Participants,

My name is Ozabor Victoria Isoken, a student of the above department, conducting a study on the impact of workplace bullying on employee performance in the health sector in Benin City, Edo State, Nigeria. I kindly solicit your responses. All your responses will be treated confidentially. Please answer the following questions honestly and to the best of your knowledge. Your participation is entirely voluntary, and all information will remain confidential.

Yours faithfully,

Ozabor Victoria Isoken

(Researcher)

**Section A: Demographic Information**

**Gender:** Male [ ] Female [ ]

**Age:** 18 - 25 years [ ] 26 - 35 years [ ] 36 and above [ ]

**Health Institution:** Lustron Clinical Hospital [ ] University of Benin Teaching Hospital [ ]

**Health Professional:** Doctor [ ] Nurse [ ] Physiotherapist [ ] Other Health Personnel [ ]

**Section B: Respondents' Responses**

*SA – STRONGLY AGREE, A – AGREE, U – UNDECIDED, SD – STRONGLY DISAGREE, D – DISAGREE*

**What is the prevalence of workplace bullying in the health sector, and how does it impact employee performance?**

S/N	ITEMS	SA	A	U	D	SD
1	Workplace bullying is a frequent occurrence in the health sector.					
2	The prevalence of bullying negatively impacts my ability to perform tasks effectively.					
3	I have personally experienced bullying in my workplace.					
4	Witnessing bullying among colleagues affects my morale and productivity.					
5	Workplace bullying significantly impacts employee retention in the health sector.					
6	The health sector does not adequately address incidents of workplace bullying.					
7	Workplace bullying has caused me to consider changing my job in the health sector.					
8	My performance at work has declined due to workplace bullying.					
9	I believe workplace bullying is a widespread issue in my health institution.					
10	The management in my health institution is effective in preventing workplace bullying.					

**What are the most common forms of workplace bullying experienced by healthcare professionals, and how do they affect performance?**

S/N	ITEMS	SA	A	U	D	SD
11	Verbal abuse is a common form of workplace bullying in the health sector.					
12	Bullying in the form of exclusion or isolation affects my performance negatively.					
13	Unfair criticism or excessive workload are prevalent forms of bullying in my workplace.					
14	Physical intimidation or threats are forms of bullying observed in healthcare organizations.					
15	The common forms of bullying I experience significantly affect my work performance.					
16	Bullying in my workplace is often ignored by management and colleagues.					
17	I experience emotional distress due to bullying, which affects my work.					
18	Bullying through gossip and rumors negatively impacts my relationships at work.					
19	I feel demotivated when I experience or witness bullying in the workplace.					
20	The bullying I experience at work has led to a decrease in my work efficiency.					

**How does workplace bullying and employee performance relate to patient safety and quality of care in healthcare organizations?**

S/N	ITEMS	SA	A	U	D	SD
21	Workplace bullying reduces the quality of care provided to patients.					
22	Bullying affects employee focus, leading to errors in patient care.					
23	Improved employee performance leads to better patient safety outcomes.					
24	Addressing workplace bullying would improve overall patient care quality.					
25	Workplace bullying affects teamwork, which is essential for ensuring patient safety.					

Thank you for your time and participation. Your feedback is valuable and greatly appreciated.