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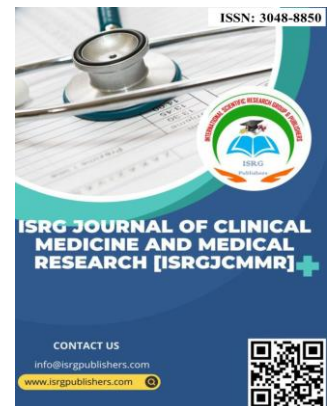
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Workplace Bullying Experiences and Coping Mechanisms and Its Effect in the Performances of Nurses Working in Various Healthcare Settings

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Abstract

This study examined workplace bullying, coping mechanisms, and job performance among nurses across diverse healthcare settings in Palawan. Specifically, it described the demographic profile of respondents, identified the forms of workplace bullying experienced, determined the coping strategies employed, and analyzed the relationship between bullying and nurses' work performance. A descriptive quantitative research design was utilized, incorporating descriptive, correlational, and comparative approaches to provide a comprehensive analysis of the variables. Data were collected using a structured and validated questionnaire administered to nurses from an academic institution, a government health office, and a private hospital.

Findings revealed that the majority of respondents were in their early to mid-career stages, with stable employment and diverse clinical roles. Workplace bullying was present but generally manifested in subtle forms, particularly mild verbal, emotional, and social behaviors, while professional and cyberbullying were rarely experienced. Despite its relatively low frequency, workplace bullying demonstrated a significant negative effect on nurses' job performance, particularly in terms of efficiency and productivity. In response, nurses primarily utilized self-directed coping strategies such as task-focused engagement, emotional detachment, and avoidance behaviors. Formal reporting and support-seeking mechanisms were less frequently employed, suggesting possible organizational or cultural barriers to disclosure and intervention.

The study concludes that even mild forms of workplace bullying can adversely affect nurses' professional functioning and overall well-being. It highlights the need for healthcare institutions to strengthen anti-bullying policies, promote supportive work environments, and encourage the use of formal coping and reporting systems. These measures are essential in fostering a safe, respectful, and productive workplace for nurses.

Keywords: workplace bullying, nurses, coping mechanisms, job performance

INTRODUCTION

This chapter presents the background of the study, the statement of the problem, the significance of the study, scope and delimitations, and definition of terms.

Background of the Study

Workplace bullying emerged as a persistent and damaging phenomenon in healthcare institutions globally, with nurses frequently becoming primary targets due to their frontline roles and hierarchical organizational structures. Defined as repeated, health-harming mistreatment by one or more employees through verbal abuse, offensive conduct, or work interference (Yıldırım et al., 2022), bullying in the nursing profession undermined the quality of patient care, threatened employee well-being, and compromised institutional performance.

In recent years, trends in nursing literature highlighted the increasing incidence of workplace bullying across healthcare settings, both in public and private institutions. The COVID-19 pandemic further intensified stressors in healthcare, amplifying vulnerability to bullying due to increased workloads, resource shortages, and emotional fatigue (Al-Ghabeesh et al., 2021). These factors created fertile ground for power struggles, scapegoating, and lateral violence among healthcare workers, with nurses often bearing the brunt of these pressures.

Contemporary research also showed that workplace bullying was not only an interpersonal issue but also a systemic concern rooted in organizational culture, leadership styles, and staffing patterns (Sauer et al., 2023). Bullying manifested in various forms, such as exclusion, humiliation, undue criticism, or professional sabotage, often resulting in psychological distress, burnout, decreased job satisfaction, and even intent to leave the profession (Chen et al., 2021).

Despite the growing body of international literature on bullying in nursing, there remained a significant gap in localized, qualitative studies that explored the lived experiences of nurses within specific sociocultural and institutional contexts. Particularly in the Philippine healthcare setting, limited research addressed the coping mechanisms employed by nurses when confronted with bullying behaviors, making it difficult for policy-makers and administrators to design effective, culturally sensitive interventions (Galanis et al., 2024).

Moreover, while several studies identified common coping strategies such as seeking peer support, avoidance, or organizational reporting (Ahmed et al., 2022), there was insufficient empirical evidence examining how these coping mechanisms varied depending on institutional type, professional experience, or individual resilience.

This study sought to fill this research gap by systematically examining the experiences of workplace bullying among nurses in healthcare institutions in Palawan and identifying the coping mechanisms they adopted in response. By doing so, the study aimed to generate nuanced insights that could inform evidence-based strategies for nurse protection, institutional policy reform, and mental health support. It also contributed to the broader discourse on occupational health and safety within high-pressure service professions.

In aligning with current trends in occupational and health psychology, the study emphasized the importance of promoting positive work environments, implementing zero-tolerance policies

on workplace bullying, and cultivating organizational cultures rooted in respect, equity, and psychological safety (Sung et al., 2025). As the demand for healthcare professionals continued to rise amid global health crises and aging populations, addressing workplace bullying became not only a matter of ethics and well-being, but also a strategic imperative for the sustainability of healthcare systems.

Statement of the Problem

This study aimed to examine workplace bullying experiences and coping mechanisms and its effect in the performance of nurses working in various healthcare settings.

Specifically, it sought to answer the following questions:

1. What is the demographic profile of the nurses in terms of:
 - a. age;
 - b. sex;
 - c. civil status;
 - d. educational attainment;
 - e. years of clinical experience;
 - f. employment status;
 - g. current position;
 - h. unit assignment; and
 - i. type of healthcare institution?
2. What forms of workplace bullying are experienced by nurses in healthcare institutions in terms of:
 - a. verbal bullying;
 - b. emotional bullying;
 - c. social bullying;
 - d. professional bullying; and
 - e. cyberbullying?
3. How does workplace bullying affect the job performance of the nurses?
4. What coping mechanisms do nurses employ in dealing with workplace bullying?
5. Is there a significant relationship between the demographic profile of the respondents and the coping mechanisms they employ?
6. Is there a significant relationship between nurses' job performance and the coping mechanisms they employ?
7. Is there a significant difference in the forms of workplace bullying experienced by nurses when grouped according to their demographic profile?
8. Is there a significant difference in the perceived contributing factors to workplace bullying among nurses when grouped according to their demographic profile?

Significance of the Study

Understanding the workplace bullying experiences and coping mechanisms of nurses is vital in promoting a healthy, respectful, and supportive work environment within healthcare institutions. The results of the study will be beneficial to the following:

Department of Health. The study would provide the department of data-driven insights into workplace bullying among nurses, a critical issue affecting the healthcare workforce. These findings can inform the development of national policies, standards, and programs that promote safe and supportive work environments in healthcare institutions. Ultimately, it supports the DOH's mandate

to ensure the welfare of health workers and enhance the quality of healthcare delivery across the country.

Hospital Administrators. This study would provide evidence-based insights into the prevalence, causes, and impacts of workplace bullying among nurses. The findings can guide the development of effective policies and interventions to foster a safe, respectful, and supportive work environment. By addressing bullying and supporting nurses' well-being, administrators can improve staff retention, morale, and the overall quality of patient care.

Nursing Organizations. They will benefit from the study by gaining a clearer understanding of the challenges nurses face related to workplace bullying. The findings can guide advocacy efforts, training programs, and policy recommendations to protect and empower their members. This will strengthen the organizations' role in promoting ethical practice, professional development, and the overall welfare of the nursing workforce.

Nursing Academe. They would benefit from the study by gaining valuable insights into real-world challenges nurses face, which can be integrated into nursing education and training. The findings can inform curriculum enhancements focused on workplace readiness, resilience, and professional conduct. This will better prepare future nurses to recognize, prevent, and manage bullying in clinical settings.

Nurses. This study will benefit nurses by giving voice to their experiences and highlighting the emotional, psychological, and professional impacts of workplace bullying. It will help them better understand effective coping strategies and empower them to seek support and assert their rights. Ultimately, the study promotes a safer and more respectful work environment that supports nurses' well-being and professional growth.

Future researchers. They could utilize the findings as a foundational reference for further exploration of workplace bullying in healthcare settings. It provides empirical data and identified gaps that can guide more in-depth, comparative, or intervention-based studies. Additionally, the study contributes to the growing body of local literature, encouraging continued academic inquiry into nurse well-being and organizational dynamics.

Scope and Limitation

This study focused on exploring the workplace bullying experiences and coping mechanisms of nurses employed in selected healthcare institutions. It specifically examined the forms of bullying encountered by nurses, the perceived contributing factors that led to such incidents, and the emotional, psychological, and professional impacts of these experiences. The study also investigated the coping strategies employed by nurses and how these varied based on demographic and professional variables. The research was confined to registered nurses working in both public and private healthcare facilities within the specified area. Data collection was conducted through validated survey instruments and, where applicable, semi-structured interviews to gain in-depth insights. The study did not include other healthcare personnel such as doctors, midwives, or administrative staff, and it did not evaluate institutional policies or legal procedures related to workplace bullying, although these were discussed in context.

While this study aimed to provide valuable insights into the workplace bullying experiences and coping mechanisms of nurses, several limitations were acknowledged. First, the findings were based on self-reported data, which could have been influenced by personal perceptions, recall bias, or the respondents' willingness to disclose sensitive experiences. The subjective nature of bullying and individual interpretations of behavior may also have affected the consistency of responses. Second, the study was limited to a selected number of healthcare institutions within a specific geographic area, which may not have fully represented the experiences of nurses in other areas or institutional settings. Additionally, the research did not account for the perspectives of other healthcare professionals, such as doctors or administrators, whose behaviors or actions may have influenced bullying dynamics. Lastly, while coping mechanisms were explored, the study did not measure their long-term effectiveness or psychological outcomes over time, which would have required longitudinal research.

Definition of Terms

The following terms were defined conceptually and operationally to provide clarity and ensure a common understanding of the key variables used in this study.

Age. Referred to the length of time that a person had lived, typically measured in years since birth. In this study, age referred to the chronological age of the nurse respondents, which was categorized into specific age brackets as indicated in the survey questionnaire.

Civil Status. Referred to the legal marital condition of an individual, such as single, married, widowed, or separated. In this study, civil status referred to the marital classification of the nurse respondents as reported in the demographic section of the questionnaire.

Coping Mechanisms. Referred to the cognitive and behavioral strategies used by individuals to manage stress, adversity, or difficult situations. In this study, coping mechanisms referred to the strategies employed by nurses to manage or respond to workplace bullying, as measured through selected items in the coping strategies section of the questionnaire.

Current Position. Referred to the specific job role or professional designation held by an employee within an organization. In this study, current position referred to the professional role of the nurse respondents in their healthcare institution (e.g., staff nurse, charge nurse, or nurse supervisor).

Cyberbullying. Referred to aggressive or harmful behaviors conducted through digital platforms such as social media, messaging applications, or electronic communication intended to intimidate or harass an individual. In this study, cyberbullying referred to workplace bullying behaviors experienced by nurses through digital communication platforms, as measured through survey items included in the bullying assessment tool.

Educational Attainment. Referred to the highest level of education completed by an individual. In this study, educational attainment referred to the highest academic qualification obtained by the nurse respondents (e.g., Bachelor of Science in Nursing, with master's units, master's degree, or doctorate).

Emotional Bullying. Referred to behaviors that caused psychological distress, such as humiliation, intimidation, or persistent criticism directed toward an individual. In this study,

emotional bullying referred to bullying behaviors experienced by nurses that affected their psychological well-being, as measured through the emotional bullying indicators in the questionnaire.

Employment Status. Referred to the nature of an individual's work arrangement within an organization. In this study, employment status referred to whether the nurse respondents were employed on a permanent, contractual, temporary, or part-time basis.

Healthcare Institution. Referred to an organization that provided medical, nursing, or health-related services to individuals and communities. In this study, healthcare institution referred to the type of facility where the nurse respondents were employed, such as government hospitals, private hospitals, satellite clinics, and the city health office.

Job Performance. Referred to the effectiveness with which job duties and responsibilities were carried out by an employee in achieving organizational goals. In this study, job performance referred to the self-reported level of work effectiveness of nurses in performing their clinical responsibilities, as measured through the job performance scale in the survey instrument.

Professional Bullying. Referred to workplace behaviors that undermined an individual's professional role, competence, or career development. In this study, professional bullying referred to acts that negatively affected the professional practice of nurses, such as unfair work assignments or unjust criticism, as measured through the professional bullying items in the questionnaire.

Sex. Referred to the biological classification of individuals as male or female based on physiological characteristics. In this study, sex referred to the biological category of the nurse respondents as indicated in the demographic profile section of the questionnaire.

Social Bullying. Referred to behaviors intended to damage a person's social relationships, reputation, or sense of belonging within a group. In this study, social bullying referred to experiences of exclusion, gossip, or social isolation encountered by nurses in the workplace, as measured through the social bullying indicators in the survey instrument.

Unit Assignment. Referred to the specific clinical department or area where a nurse performed their duties within a healthcare facility. In this study, unit assignment referred to the hospital or healthcare department where the nurse respondents were assigned (e.g., emergency unit, intensive care unit, or medical-surgical ward).

Verbal Bullying. Referred to the use of spoken or written words intended to insult, threaten, or demean another individual. In this study, verbal bullying referred to offensive or hostile verbal interactions experienced by nurses in the workplace, as measured through the verbal bullying items included in the survey questionnaire.

Workplace Bullying. Referred to repeated, health-harming mistreatment of an employee by one or more individuals through behaviors such as intimidation, humiliation, or verbal abuse. In this study, workplace bullying referred to the forms of bullying experienced by nurses in healthcare institutions, including verbal, emotional, social, professional, and cyberbullying, as assessed through the workplace bullying questionnaire.

Years of Clinical Experience. Referred to the total length of time a nurse had practiced in a clinical healthcare setting. In this study,

years of clinical experience referred to the total number of years the nurse respondents had worked in clinical nursing practice, as indicated in the demographic profile section of the questionnaire.

REVIEW OF RELATED LITERATURE AND STUDIES

This chapter contains a variety of readings from literature and studies undertaken in both international and domestic settings that will be considered relevant to the current topic.

Demographic characteristics significantly influence nurses' experiences of workplace bullying and the coping mechanisms they employ in response to stressful workplace situations. Understanding these characteristics enables researchers and healthcare administrators to identify vulnerable groups and develop targeted interventions aimed at reducing bullying and improving nurses' well-being. According to Laschinger and Fida (2020), demographic variables such as age, sex, educational attainment, years of experience, and employment status may shape how nurses perceive, experience, and respond to workplace bullying behaviors.

Age is commonly associated with professional experience, emotional maturity, and coping capacity. Younger nurses are generally considered more vulnerable to workplace bullying because of their limited clinical exposure and lower hierarchical positions within healthcare organizations. Laschinger and Fida (2020) reported that newly graduated nurses frequently experienced higher levels of workplace incivility and bullying compared with more experienced nurses. Early-career nurses often lack the confidence and professional authority needed to confront negative workplace behaviors effectively. Conversely, older nurses with extensive clinical experience may possess greater self-confidence, stronger professional networks, and more refined interpersonal skills that enable them to manage workplace conflicts more effectively.

Sex also plays a significant role in workplace bullying experiences because the nursing profession remains predominantly female. Gender dynamics within healthcare organizations may influence interpersonal relationships, communication patterns, and exposure to bullying behaviors. Although female nurses comprise the majority of participants in workplace bullying studies, male nurses may experience unique forms of discrimination or marginalization due to gender stereotypes within female-dominated work environments. Zhang et al. (2026) explained that male nurses may encounter bullying behaviors associated with social exclusion, stereotyping, or questioning of professional competence, which can negatively affect professional identity and workplace engagement.

Civil status may likewise influence nurses' coping mechanisms and support systems. Married nurses often benefit from stronger emotional and social support networks that may help them manage occupational stress and bullying experiences more effectively. In contrast, single nurses may depend more heavily on workplace relationships for emotional support and stress management. Variations in social support systems may therefore influence the psychological effects of workplace bullying and the coping strategies nurses adopt in response to stressful workplace conditions (Hawkins et al., 2021).

Educational attainment is another important demographic factor associated with workplace bullying experiences and coping capacity. Nurses with higher educational qualifications may demonstrate greater professional confidence, communication

competence, and awareness of organizational policies related to workplace conflict management. Research has shown that nurses with advanced academic preparation frequently exhibit stronger leadership abilities, problem-solving skills, and assertiveness, which may help them respond more effectively to bullying situations and advocate for healthier workplace environments (Jang et al., 2024).

Years of professional experience significantly affect nurses' competence, confidence, and authority within healthcare organizations. Nurses with limited experience may feel less empowered to challenge bullying behaviors or report workplace conflicts because of fear of retaliation or professional consequences. In contrast, experienced nurses may possess stronger organizational influence, broader professional networks, and greater confidence in addressing workplace issues. These factors may reduce their vulnerability to bullying and improve their ability to cope with interpersonal conflicts (Johnson, 2021).

Employment status and job position also contribute significantly to workplace experiences among nurses. Staff nurses, probationary employees, and contractual personnel may be more vulnerable to workplace bullying because of limited job security, reduced organizational authority, and lower hierarchical positions within healthcare institutions. According to Giorgi et al. (2020), organizational hierarchy and power imbalances are major contributing factors to workplace bullying in healthcare settings. Nurses occupying managerial or leadership positions often possess greater autonomy, authority, and influence in addressing workplace conflicts and implementing anti-bullying policies. Similarly, Trépanier et al. (2021) emphasized that employees with lower organizational power are more likely to experience psychological distress and reduced organizational commitment when exposed to bullying behaviors. These findings suggest that organizational hierarchy plays a critical role in shaping interpersonal interactions, workplace culture, and exposure to bullying within healthcare organizations.

The clinical unit where nurses are assigned may further influence exposure to workplace bullying. High-stress environments such as emergency departments, intensive care units, and psychiatric units often involve emotionally demanding situations, heavy workloads, and rapid decision-making processes. According to Spector et al. (2021), nurses working in high-intensity clinical areas are more likely to encounter workplace violence, bullying, and interpersonal conflict due to the stressful nature of patient care and frequent exposure to emotionally charged situations. These demanding working conditions may heighten interpersonal tensions and contribute to the occurrence of bullying behaviors among healthcare personnel.

Similarly, the type of healthcare institution may influence organizational culture and workplace relationships. Large tertiary hospitals commonly operate within complex hierarchical systems that may increase opportunities for workplace conflict and power imbalance. Giorgi et al. (2020) emphasized that organizational culture, leadership style, and communication patterns significantly affect the prevalence of workplace bullying within healthcare settings. In contrast, smaller healthcare institutions may foster more collaborative interpersonal relationships despite challenges associated with staffing shortages and workload pressures. These findings suggest that both clinical assignment and institutional structure are important factors influencing nurses' workplace experiences and vulnerability to bullying behaviors.

Workplace bullying is increasingly recognized as a major occupational hazard in healthcare settings. Nurses, who constitute the largest proportion of healthcare professionals globally, frequently work in environments characterized by high workloads, emotional stress, and complex hierarchical structures. According to Johnson (2021), these workplace conditions may foster interpersonal conflict and contribute to the emergence of bullying behaviors, including verbal abuse, intimidation, humiliation, social exclusion, and professional sabotage. Similarly, Nielsen and Einarsen (2021) explained that workplace bullying is strongly associated with numerous adverse outcomes, including psychological distress, anxiety, burnout, reduced job satisfaction, decreased organizational commitment, and impaired work performance among nurses. These negative consequences not only affect nurses' well-being but may also compromise healthcare quality and patient safety within clinical settings.

Several scholars have documented the widespread prevalence of workplace bullying in nursing across various healthcare systems worldwide. Hutchinson and Jackson (2022) reported that workplace bullying prevalence among nurses ranged from 20% to more than 60%, depending on the study location and measurement approach utilized. Similarly, Al-Mugheed et al. (2022) found that many nurses experienced bullying behaviors from supervisors, colleagues, and other healthcare personnel, highlighting workplace bullying as a persistent organizational problem that threatens nurses' psychological well-being and professional functioning.

Research conducted by Giorgi et al. (2020) further demonstrated that organizational culture and leadership style significantly influence the prevalence of workplace bullying. Healthcare institutions characterized by ineffective communication, poor managerial support, and weak organizational structures were more likely to report higher rates of bullying behaviors. Additionally, Spector et al. (2021) emphasized that bullying and workplace violence directed toward nurses may also originate from patients and family members, particularly in emergency and psychiatric care settings, thereby contributing to emotional exhaustion and occupational stress.

Recent studies continue to reveal alarming prevalence rates of workplace bullying among nurses globally. Liu et al. (2020) reported that nearly half of participating nurses in an international survey experienced some form of workplace bullying within the previous year. Similarly, Kim and Park (2021) found that approximately 45% of hospital nurses in their study experienced bullying at least once during their professional careers. Their findings emphasized the significant influence of leadership style, staffing adequacy, and organizational climate on bullying prevalence.

Workplace bullying has consistently been associated with severe psychological consequences among nurses. Nielsen and Einarsen (2021) explained that prolonged exposure to workplace bullying may contribute to depression, anxiety, emotional exhaustion, and reduced self-esteem. Similarly, Al-Omari et al. (2022) found that bullied nurses reported significantly higher levels of burnout, stress, and job dissatisfaction than nurses who had not experienced bullying behaviors.

Furthermore, Jang, Jang, and Chang (2024) identified emotional intelligence and supportive organizational culture as important protective factors against workplace bullying. Nurses working in

positive organizational climates with strong leadership structures were less likely to experience negative workplace behaviors.

Workplace bullying also negatively affects organizational outcomes and patient care quality. Galanis et al. (2024) reported that bullying contributed significantly to disengagement behaviors and decreased work motivation among nurses. Likewise, Trépanier et al. (2021) found that employees exposed to workplace bullying demonstrated lower organizational commitment and stronger intentions to leave their jobs. These findings are particularly concerning given the global nursing shortage and high turnover rates in healthcare institutions.

In addition to affecting nurses individually, workplace bullying may compromise patient safety and healthcare quality. Laschinger et al. (2020) explained that workplace bullying disrupts teamwork, communication, and collaboration among healthcare personnel, thereby increasing the risk of medical errors and negatively affecting patient outcomes. Similarly, Houck and Colbert (2022) concluded that bullying behaviors within healthcare teams reduced productivity and impaired the quality of nursing care delivered to patients.

Coping mechanisms play an essential role in helping nurses manage workplace bullying experiences. According to the coping theory of Lazarus and Folkman (1984), coping strategies may be categorized into problem-focused coping and emotion-focused coping. Problem-focused coping involves directly addressing the source of stress, whereas emotion-focused coping aims to regulate emotional responses to stressful situations.

Recent studies have identified various coping strategies utilized by nurses experiencing workplace bullying. Yang et al. (2025) found that nurses commonly sought social support from colleagues, reported incidents to supervisors, enhanced professional competence, and developed emotional resilience to cope with bullying behaviors. Similarly, Hawkins et al. (2021) reported that nurses frequently relied on social support systems and peer assistance when confronted with workplace bullying.

Resilience has also emerged as an important protective factor in workplace bullying research. Zhao et al. (2023) found that nurses with higher resilience levels demonstrated greater ability to cope with workplace stressors, maintain job performance, and adapt positively despite exposure to bullying behaviors. These findings highlight the importance of resilience-building interventions and organizational support systems in promoting nurses' psychological well-being and professional functioning.

Social bullying, often referred to as relational or exclusionary bullying, targets nurses' workplace relationships and social connectedness. It manifests through gossip, ostracism, exclusion from meetings or collaborative opportunities, and intentional isolation from professional networks. Research shows that social bullying negatively affects team cohesion, peer support, and communication—critical components of effective nursing practice (Spence Laschinger & Fida, 2020). Nurses who are socially marginalized are less likely to participate in team discussions, take initiative, or collaborate in patient care, which can compromise care quality and workflow efficiency. Professional bullying, by contrast, targets nurses' competence, autonomy, or career trajectory. This form of bullying can include repeated criticism of clinical decisions, withholding opportunities for professional development, micromanagement, or assigning unrealistic work expectations. Such behaviors undermine nurses' role identity,

engagement, and initiative, creating environments where nurses are unable to maximize their skills or exercise clinical judgment effectively (Kim & Park, 2021; Fang et al., 2024). Cyberbullying represents a more recent phenomenon in nursing, where digital platforms such as email, messaging apps, and social media are used to intimidate or harass nurses. Cyberbullying allows perpetrators to maintain anonymity, extend harassment beyond working hours, and magnify stress, which in turn affects nurses' focus, emotional stability, and work performance (Zhang et al., 2026; Zhao et al., 2023).

The consequences of workplace bullying for nurses' job performance are profound. Across types of bullying, empirical studies demonstrate consistent negative impacts on psychological well-being, professional confidence, motivation, and engagement. Nurses exposed to persistent bullying frequently experience emotional exhaustion, role conflict, and decreased job satisfaction, which collectively reduce productivity and increase the risk of errors in patient care (Galanis et al., 2024; Houck & Colbert, 2022; Ebrahimzadeh et al., 2026). Verbal and emotional bullying diminish attention and concentration, impairing nurses' ability to make timely clinical decisions (Paustian-Underdahl et al., 2025; White et al., 2025). Social and professional bullying disrupt collaboration and erode professional identity, leading to disengagement from workplace tasks and reluctance to participate in team-based care (Spence Laschinger & Fida, 2020; Kim & Park, 2021). Cyberbullying compounds these challenges by introducing persistent stressors that affect both personal and professional spheres, contributing to fatigue and decreased job performance (Zhang et al., 2026; Zhao et al., 2023). Overall, the literature highlights a clear negative correlation between workplace bullying intensity and nursing performance, emphasizing its significance as an organizational and patient safety concern.

In response to workplace bullying, nurses employ a range of coping mechanisms to mitigate its harmful effects. According to Lazarus and Folkman's (1984) transactional model of stress and coping, these strategies can be broadly categorized as problem-focused or emotion-focused. Problem-focused coping involves direct actions to address the source of stress, including reporting bullying incidents to supervisors or human resources, enhancing professional competence, and advocating for organizational interventions such as anti-bullying policies or conflict resolution training (Paustian-Underdahl et al., 2025; Fang et al., 2024; Galanis et al., 2024). Emotion-focused coping, by contrast, aims to manage the psychological impact of bullying. Nurses frequently rely on social support from colleagues, mentors, or family members, engage in resilience-building practices such as mindfulness and stress management, or employ avoidance strategies, such as disengaging from perpetrators or minimizing exposure to hostile interactions (White et al., 2025; Zhao et al., 2023). While avoidance may provide temporary relief, studies suggest that adaptive coping strategies combining problem-focused and emotion-focused methods are most effective in preserving job performance and psychological well-being (Spence Laschinger & Fida, 2020; Tong et al., 2025).

Importantly, the effectiveness of coping strategies is influenced by organizational culture and leadership. Supportive work environments with clear reporting mechanisms, strong managerial support, and policies addressing workplace bullying enhance nurses' ability to employ adaptive coping strategies. Conversely, unsupportive or hierarchical workplace structures may force nurses

into maladaptive coping patterns, such as silent endurance or chronic disengagement, which exacerbate stress and reduce performance (Giorgi et al., 2020; Zhang et al., 2026). This evidence underscores the interdependence of individual coping mechanisms and systemic support structures in mitigating the negative consequences of workplace bullying.

The literature consistently indicates that workplace bullying is a pervasive and multidimensional issue within the nursing profession, encompassing verbal, emotional, social, professional, and cyber forms of aggression. According to Giorgi et al. (2020), workplace bullying negatively affects organizational culture, interpersonal relationships, and nurses' psychological well-being. Similarly, Nielsen and Einarsen (2021) emphasized that persistent exposure to bullying behaviors contributes to emotional distress, burnout, reduced self-esteem, and diminished job satisfaction among healthcare professionals. These forms of mistreatment collectively impair nurses' professional confidence, teamwork, communication, and ability to perform clinical responsibilities effectively.

The literature further reveals that nurses employ diverse coping mechanisms to manage workplace bullying and its psychological effects. According to Yang et al. (2025), nurses commonly utilize strategies such as formal incident reporting, professional skill enhancement, emotional resilience development, and seeking social support from colleagues and supervisors. Likewise, Zhao et al. (2023) found that resilience significantly improves nurses' ability to adapt positively to stressful workplace conditions and maintain work performance despite exposure to bullying behaviors. However, some nurses also adopt avoidance strategies, which may provide temporary emotional relief but may not effectively address the underlying organizational causes of workplace bullying.

The cumulative evidence underscores the urgent need for both individual and organizational interventions to address workplace bullying in healthcare settings. Effective anti-bullying policies, supportive leadership, positive organizational culture, open communication systems, and resilience-building programs are essential in protecting nurses' psychological well-being, strengthening coping mechanisms, improving job performance, and ensuring the delivery of safe and high-quality patient care.

Synthesis

The review of literature highlights that workplace bullying is a pervasive, multifaceted, and deeply consequential issue within nursing practice, affecting both the psychological well-being of nurses and their professional performance. Workplace bullying encompasses verbal, emotional, social, professional, and cyber forms, each with distinct characteristics yet all contributing to a hostile work environment that undermines nurses' confidence, engagement, and effectiveness. Verbal bullying, including persistent insults, shouting, and derogatory remarks, directly impairs concentration, decision-making, and task efficiency, leading to reduced productivity and increased risk of errors in patient care. Emotional bullying, manifested through humiliation, intimidation, and undermining behaviors, compromises nurses' psychological stability and self-efficacy, resulting in fatigue, burnout, and absenteeism. Social bullying, which targets relational networks and peer interactions, produces isolation and marginalization, impairing teamwork and collaboration that are critical for safe and effective patient care. Professional bullying undermines competence, autonomy, and career progression, fostering role conflict, decreased engagement, and diminished

professional identity. Cyberbullying extends harassment through digital channels, blurring work-life boundaries, intensifying stress, and further reducing performance.

The literature consistently demonstrates a negative relationship between workplace bullying and job performance. Nurses exposed to repeated or intense bullying report lower job satisfaction, reduced motivation, and impaired cognitive and emotional functioning, all of which compromise their ability to deliver high-quality care. Bullying behaviors also disrupt teamwork, communication, and organizational cohesion, creating systemic challenges that extend beyond individual performance. These findings indicate that workplace bullying is not only an interpersonal issue but also a critical organizational and patient safety concern, requiring both preventive and remedial strategies.

In response to workplace bullying, nurses employ a variety of coping mechanisms to mitigate its harmful effects. Problem-focused strategies, such as reporting incidents, enhancing professional competence, and advocating for organizational interventions, are used to directly address sources of stress. Emotion-focused strategies, including seeking social support, engaging in resilience-building practices, and selectively disengaging from perpetrators, help nurses manage the psychological impact of bullying. Evidence suggests that coping strategies are most effective when employed adaptively and in combination, enabling nurses to maintain psychological well-being and preserve job performance. Organizational culture and leadership also play a critical role in coping effectiveness, as supportive environments enhance the use of proactive strategies, whereas unsupportive or hierarchical workplaces may encourage maladaptive coping behaviors.

From a synthesis perspective, several key insights emerge. Workplace bullying is complex and multidimensional, with both direct and indirect effects on nurses' professional functioning and organizational outcomes. The negative impacts of bullying are amplified when multiple types occur simultaneously or persist over time, creating a cumulative burden on mental health and work performance. Coping mechanisms serve as critical mediators that can buffer the harmful effects of bullying, with adaptive strategies enhancing resilience, engagement, and clinical efficacy. Additionally, organizational support is essential to both preventing bullying and enabling effective coping, underscoring the interdependence between individual and systemic factors in mitigating workplace bullying.

The integrated evidence emphasizes the urgent need to examine not only the prevalence and types of workplace bullying but also the ways in which nurses' coping strategies and organizational context influence the relationship between bullying and job performance. This synthesis provides a solid foundation for investigating workplace bullying experiences, coping mechanisms, and their effects on nurses' performance across healthcare settings, while highlighting the importance of interventions that support both nurses and patient care outcomes.

Theoretical Framework

Patricia Benner's Novice to Expert Theory relates to this study by highlighting the role of clinical experience and professional competence in shaping nurses' vulnerability to workplace bullying and their ability to cope. Nurses at the novice or advanced beginner stage may be more susceptible to verbal, social, or professional bullying due to limited confidence, lack of familiarity with

workplace norms, or insufficient clinical skills, which can negatively affect their job performance. Conversely, nurses at competent, proficient, or expert levels have greater experience and decision-making ability, allowing them to identify bullying behaviors, employ adaptive coping strategies, and maintain professional performance despite adverse workplace conditions. By framing years of clinical experience and professional growth as key factors, this theory helps explain the differential impact of workplace bullying on nurses' performance and underscores the importance of considering demographic variables when studying bullying experiences and coping mechanisms.

Dorothea Orem's Self-Care Deficit Nursing Theory is applicable to this study as it conceptualizes workplace bullying as a stressor that can create deficits in nurses' psychological and emotional self-care. Nurses experiencing repeated harassment or emotional abuse may suffer from stress, anxiety, and burnout, which impair their ability to maintain personal well-being and professional functioning. Coping mechanisms, including seeking social support, practicing stress management, or reporting incidents, can be seen as forms of self-care that help restore balance and protect job performance. This theory frames coping not just as a behavioral response but as a necessary intervention to address the negative impact of bullying on nurses' health and professional effectiveness, supporting the study's focus on how coping strategies mediate the relationship between bullying and job performance.

Sister Callista Roy's Adaptation Model is relevant to the study because it views nurses as adaptive systems responding to environmental stressors, such as workplace bullying, to maintain psychosocial and professional balance. In this framework, bullying acts as a stimulus that challenges nurses' emotional and professional equilibrium, prompting adaptive responses in the form of coping strategies. Problem-focused coping, such as reporting incidents or enhancing professional competence, and emotion-focused coping, such as seeking social support or practicing resilience, are adaptive mechanisms that allow nurses to preserve job performance and well-being. This theory provides a lens for understanding the dynamic interaction between nurses and their work environment, emphasizing that the effectiveness of coping strategies depends not only on individual resilience but also on organizational support, making it directly relevant to examining the interplay between bullying, coping, and performance in various healthcare settings.

Social Learning Theory relates to this study by explaining how bullying behaviors and coping strategies are influenced by the social and organizational environment. Nurses may observe bullying behaviors from supervisors or colleagues and either adopt similar negative behaviors or learn to avoid conflict based on these social models. Likewise, coping strategies are also influenced by observing how peers respond to bullying, whether through confrontation, avoidance, or seeking support. This theory highlights the role of organizational culture and peer dynamics in shaping both the prevalence of workplace bullying and the strategies nurses employ to cope with it, supporting the study's examination of environmental and social factors that impact nurses' experiences and responses.

Stress and Coping Theory is applicable to this study because it frames workplace bullying as a transactional stressor in which nurses' perception of the threat and available resources determines the impact on psychological and professional functioning. Coping strategies, whether problem-focused or emotion-focused, mediate

the relationship between bullying and job performance, helping nurses manage stress and maintain effectiveness in the workplace. This theory provides a conceptual foundation for exploring how nurses interpret and respond to bullying, highlighting the importance of individual appraisal, resource availability, and adaptive coping in mitigating negative outcomes. It supports the study's focus on the interplay between workplace stressors, coping mechanisms, and job performance, emphasizing both personal and environmental factors in understanding nurses' experiences.

Conceptual Framework

This study is anchored on the premise that nurses' job performance is influenced by a dynamic interaction of demographic characteristics, workplace bullying experiences, and coping mechanisms within healthcare environments. Drawing from Stress and Coping Theory (Lazarus and Folkman, 1984), the framework posits that workplace bullying serves as an occupational stressor, while coping mechanisms function as adaptive or maladaptive responses that influence professional outcomes. The conceptual framework further integrates insights from Benner's Novice to Expert Theory, Roy's Adaptation Model, Orem's Self-Care Deficit Theory, and Social Learning Theory to explain variations in nurses' experiences and responses to workplace stressors.

The demographic characteristics of nurses serve as foundational variables that influence both exposure to workplace bullying and the coping strategies employed. Variables such as age, sex, civil status, educational attainment, years of clinical experience, employment status, current position, unit assignment, and type of healthcare institution are considered significant determinants of nurses' workplace experiences. These characteristics shape nurses' professional maturity, confidence, social support systems, and organizational positioning, which in turn affect their vulnerability to bullying and their capacity to manage workplace stressors. Consistent with Benner's Novice to Expert Theory, nurses with limited clinical experience are more likely to experience vulnerability due to lower professional autonomy and confidence, whereas more experienced nurses may demonstrate greater resilience and adaptive capacity.

The workplace bullying experiences represent the central occupational stressor in this study. These include verbal bullying, emotional bullying, social bullying, professional bullying, and cyberbullying. Each form of bullying contributes uniquely to the deterioration of nurses' psychological well-being and professional functioning. Verbal and emotional bullying directly affect nurses' emotional stability, concentration, and decision-making abilities, while social bullying undermines teamwork and interpersonal relationships within healthcare teams. Professional bullying disrupts role identity, autonomy, and career development, whereas cyberbullying extends workplace harassment beyond physical boundaries, intensifying psychological strain. Collectively, these bullying experiences create a hostile work environment that negatively influences job satisfaction, motivation, and performance.

The coping mechanisms constitute the mediating processes through which nurses respond to workplace bullying. Guided by Stress and Coping Theory, these mechanisms are categorized into problem-focused coping and emotion-focused coping strategies. Problem-focused coping involves direct actions aimed at addressing the source of stress, such as reporting bullying incidents, seeking administrative intervention, or enhancing professional competence. Emotion-focused coping, on the other hand, includes strategies

such as seeking social support, emotional regulation, resilience-building, and psychological distancing from stressors. The effectiveness of these coping mechanisms is influenced by both individual factors and organizational support systems. Adaptive coping strategies are expected to mitigate the negative effects of bullying, while maladaptive coping may exacerbate stress and reduce performance.

The job performance of nurses serves as the dependent variable in this framework. It reflects the efficiency, effectiveness, and quality of nursing care delivery. Job performance is assumed to be directly and indirectly affected by workplace bullying and coping mechanisms. Exposure to bullying is expected to negatively influence job performance by increasing psychological distress, reducing motivation, and impairing cognitive functioning. However, effective coping mechanisms may buffer these negative effects and help maintain or improve performance despite adverse workplace conditions.

The framework further recognizes that demographic characteristics may not only directly influence job performance but may also moderate nurses' experiences of bullying and their coping responses. Similarly, coping mechanisms are conceptualized as a critical intervening process that determines the extent to which workplace bullying translates into diminished job performance. This highlights the interconnected and transactional nature of the variables, where individual, organizational, and behavioral factors interact to shape outcomes. Generally, illustrates that nurses' job performance is the outcome of a complex interplay between personal characteristics, exposure to workplace bullying, and coping responses. It underscores that workplace bullying is not merely an interpersonal issue but a systemic occupational hazard that requires both individual resilience and organizational intervention. By examining these relationships, the study aims to provide empirical evidence that can guide the development of targeted interventions, strengthen workplace policies, and enhance the well-being and performance of nurses in diverse healthcare settings.

Research Paradigm Independent Variable Dependent Variable

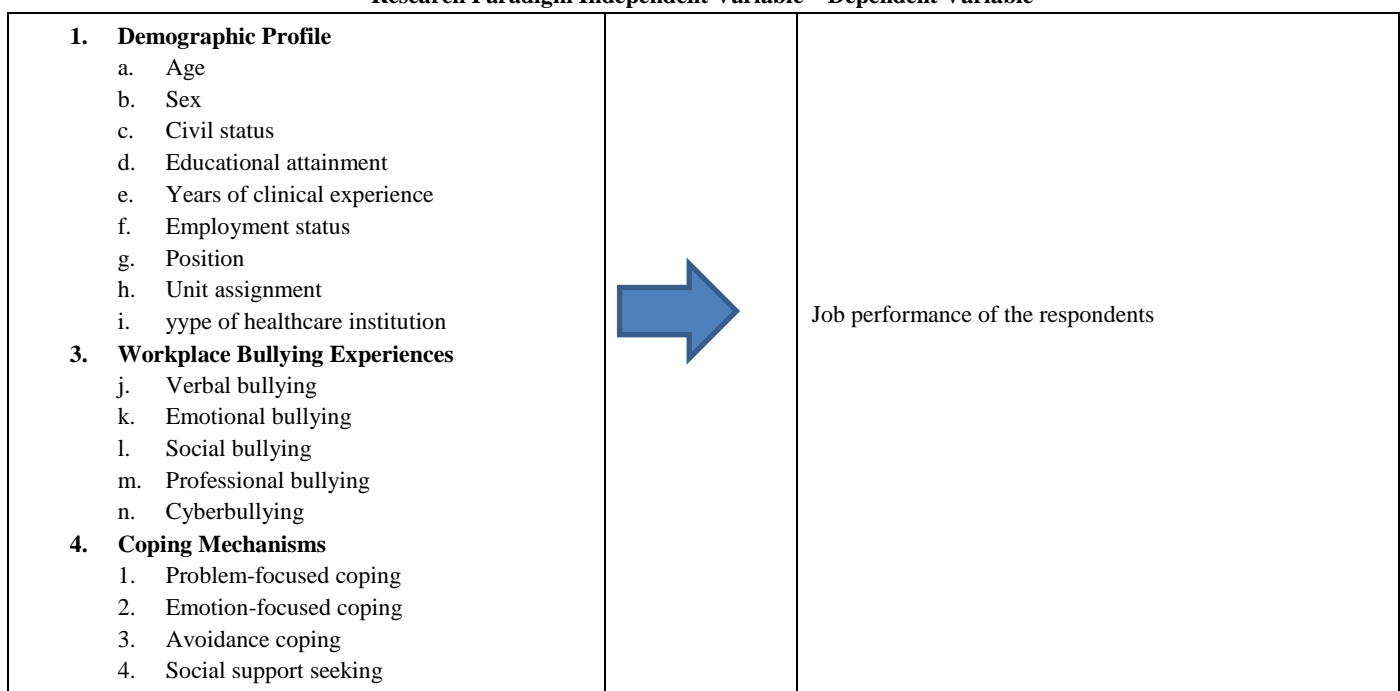


Figure 2. Research Paradigm

Figure 1 presents the conceptual paradigm of the study, illustrating the relationship between the independent variables and the dependent variable. The independent variables include the demographic characteristics of nurses, workplace bullying experiences, and coping mechanisms. The demographic characteristics consist of age, sex, civil status, educational attainment, years of clinical experience, employment status, current position, unit assignment, and type of healthcare institution. Workplace bullying is categorized into verbal, emotional, social, professional, and cyberbullying, while coping mechanisms include problem-focused coping, emotion-focused coping, avoidance coping, and seeking social support.

The model posits that workplace bullying experiences and coping mechanisms directly influence nurses' job performance, which serves as the dependent variable. Additionally, demographic characteristics may influence both exposure to workplace bullying and the coping mechanisms employed by nurses. Furthermore,

coping mechanisms function as an intervening factor that may mediate the effects of workplace bullying on job performance. This paradigm provides a comprehensive framework for understanding how individual, occupational, and behavioral factors interact to affect nurses' performance in various healthcare settings.

METHODOLOGY

This chapter presents the research design, locale, participant, instrumentation, data collection and analysis procedure, and ethical considerations that the study will utilize.

Research Design

This study employed a descriptive quantitative research design, which was appropriate for systematically examining the demographic profile of nurses, the types of workplace bullying they experienced, their coping mechanisms, and their work performance. Descriptive quantitative research allowed for the collection of numerical data that could be analyzed statistically to identify trends, patterns, relationships, and differences among variables without manipulating the study environment. This design

was ideal for this study because it provided an objective, evidence-based assessment of workplace phenomena, enabling the researcher to explore the prevalence of bullying, the coping strategies used, and the impact on nurses' professional performance.

Descriptive statistics were used to summarize and present the basic characteristics of the respondents and study variables. These included frequency counts, percentages, means, and standard deviations to describe demographic profiles (age, sex, civil status, educational attainment, years of clinical experience, employment status, current position, unit assignment, type of healthcare institution), forms of workplace bullying (verbal, emotional, social, professional, cyber), coping mechanisms, and levels of work performance. This method was essential for providing a clear, comprehensive picture of the sample and the prevalence and intensity of workplace bullying and coping behaviors among nurses.

Correlational analysis was employed to examine relationships among variables, particularly how coping mechanisms related to demographic factors and work performance. Depending on the data distribution, Pearson's correlation coefficient was used for normally distributed interval/ratio data, while Spearman's rank correlation was applied for ordinal or non-normally distributed data. This approach allowed the study to determine the strength and direction of associations without implying causation, which was appropriate for identifying factors that influenced nurses' coping strategies and job performance in response to workplace bullying.

Research Locale

The study was conducted in three distinct clinical settings to capture a broad and representative perspective of nurses' experiences with workplace bullying, coping mechanisms, and work performance. These settings included a private academic institution, a government health service facility, and a private hospital.

The selection of these three varied clinical settings was deliberate, as it allowed the study to examine how workplace bullying manifested and how coping strategies were employed across different healthcare environments. The academic setting provided insight into nursing educators or clinical instructors who interacted with students and staff, highlighting potential stressors and coping mechanisms unique to teaching and training roles. The government health office represented public health facilities, where nurses faced challenges related to resource limitations, administrative pressures, and community health demands. The hospital setting provided the perspective of nurses working in direct patient care, where high workloads, hierarchical structures, and patient interactions influenced both exposure to bullying and coping behaviors.

By including multiple settings, the study ensured comparative analysis of bullying experiences and coping mechanisms, enabling the identification of patterns that may have been influenced by organizational structure, work environment, and type of healthcare institution. This multi-site approach strengthened the generalizability and applicability of the findings, allowing the results to inform policies, interventions, and support systems tailored to diverse nursing contexts within the province of Palawan.

Research Sampling

The sample size for this study was determined using a total population or census-based approach, complemented by purposive sampling to ensure that nurses from the three selected clinical settings were adequately represented. The total population of nurses in each setting was identified through coordination with human resource offices and department heads. This approach ensured that the study included participants who could provide meaningful and reliable insights into workplace bullying, coping mechanisms, and work performance.

The resulting sample was proportionally allocated according to the number of eligible nurses in each setting. This method ensured representative participation across all settings, capturing the diversity of experiences and coping strategies while maintaining statistical reliability, allowing the study's findings to inform targeted interventions and policies for nurses in various healthcare environments. A total of one hundred (100) nurses served as participants of this study.

Research Instrument

The primary instrument for this study was a structured quantitative questionnaire. This instrument was designed to collect standardized data on four key areas: the demographic profile of the respondents, the extent and types of workplace bullying experienced, the coping mechanisms employed, and the perceived work performance of nurses. The questionnaire allowed for objective measurement of the study variables and facilitated statistical analysis to identify patterns, correlations, and differences among respondents.

The questionnaire was divided into four parts. Part I collected demographic information, including age, sex, civil status, educational attainment, years of clinical experience, employment status, current position, unit assignment, and type of healthcare institution. Part II measured the extent of workplace bullying across five domains: verbal, emotional, social, professional, and cyberbullying, using a four-point Likert scale ranging from "Never" to "Always." Part III assessed coping mechanisms, including problem-focused strategies (e.g., reporting, task management) and emotion-focused strategies (e.g., seeking support, stress-relief activities), also using a four-point Likert scale. Part IV evaluated nurses' work performance, including task completion, quality of care, adaptability, collaboration, and professional commitment, measured on a four-point Likert scale ranging from "Strongly Disagree" to "Strongly Agree."

Before administration to respondents, several preparatory steps were undertaken to ensure the instrument's validity, reliability, and clarity. First, the questionnaire underwent content and face validation by experts in nursing, organizational behavior, and research methodology to ensure that all items accurately reflected the constructs being measured and were understandable to respondents. Second, a pilot testing was conducted with a small group of nurses who were not part of the final sample to identify any ambiguities, confusing statements, or technical issues in the questionnaire. Feedback from this pilot test was used to refine wording, formatting, and the Likert scale instructions to enhance clarity and comprehension. Third, reliability testing, such as calculating Cronbach's alpha, was performed to assess the internal consistency of the scales measuring workplace bullying, coping mechanisms, and work performance, ensuring that the instrument produced consistent and dependable results.

Once validated and refined, the questionnaire was administered to the selected respondents across the three clinical settings. Instructions for completing the questionnaire were provided clearly, and respondents were assured of confidentiality and voluntary participation. These measures were intended to encourage honest and accurate responses, minimize response bias, and ensure that the data collected were both credible and suitable for the descriptive, correlational, and comparative analyses planned in the study.

Data Collection Procedure

Data collection for this study followed a systematic, step-by-step approach to ensure accuracy, reliability, and ethical compliance. First, permission and clearance were obtained from the administration of each research site, namely Palawan Polytechnic College, City Health Office, and ACE Medical Center, including coordination with human resource departments or nursing supervisors. This ensured that the study complied with institutional policies and that respondents were properly identified according to the inclusion criteria.

Once approval was granted, the validated questionnaire was distributed to the selected respondents using purposive sampling. Each participant received a clear explanation of the study's objectives, the voluntary nature of participation, and assurances of confidentiality. Respondents were instructed on how to complete the questionnaire, including clarification of the Likert scale items for workplace bullying, coping mechanisms, and work performance. Participants were given sufficient time to answer all items thoughtfully, and the researcher or research assistants were available to address any questions or concerns without influencing responses.

After completion, the questionnaires were collected immediately or returned within a specified timeframe to ensure completeness. The collected data were then coded, tabulated, and organized systematically using spreadsheet and statistical software to facilitate analysis. Data handling strictly adhered to ethical standards, ensuring that all responses were anonymized, stored securely, and used exclusively for research purposes. This procedure guaranteed that the data reflected the true experiences of nurses across the three clinical settings and provided a solid foundation for the descriptive, correlational, and comparative analyses conducted in the study.

Statistical Analysis of Data

The data collected from the respondents were analyzed using a combination of descriptive, correlational, comparative, and reliability statistical tools to address the objectives of the study. These tools were selected to provide a comprehensive understanding of the demographic profile of nurses, the extent and types of workplace bullying experienced, coping mechanisms employed, and the relationship of these variables to work performance.

Descriptive Statistics. Descriptive statistics were used to summarize and present the basic characteristics of the respondents and study variables. These included frequency counts, percentages, means, and standard deviations. Frequency counts and percentages described the distribution of demographic variables, while means and standard deviations measured the central tendency and variability of responses related to workplace bullying, coping mechanisms, and work performance. This tool was essential for providing a clear overview of patterns and trends within the

dataset, enabling the researcher to understand the general profile of the respondents and the prevalence of bullying behaviors.

Correlational Analysis. To examine the relationships among variables, correlation coefficients were employed. Specifically, Pearson's correlation was used for variables measured at the interval or ratio level with normally distributed data, while Spearman's rank correlation was applied to ordinal or non-normally distributed variables. This analysis determined the strength and direction of the relationships between coping mechanisms, workplace bullying experiences, and work performance. Correlational analysis was appropriate for this study because it allowed the researcher to identify associations without implying causality, thereby providing insights into how different variables interacted in real-world nursing environments.

Comparative Analysis. Comparative statistical methods were used to assess differences in workplace bullying experiences, coping mechanisms, and work performance across demographic groups. For comparisons between two groups (e.g., male vs. female nurses), independent samples t-tests were employed. For comparisons among three or more groups (e.g., years of clinical experience, type of healthcare institution), one-way ANOVA was utilized. These tools allowed the researcher to explore whether factors such as age, sex, or professional experience significantly influenced the occurrence of workplace bullying, coping strategies, or work performance.

Reliability Analysis. To ensure the consistency of the measurement tools, Cronbach's alpha was computed for each scale measuring workplace bullying, coping mechanisms, and work performance. A Cronbach's alpha value of 0.70 or higher indicated acceptable internal consistency. This analysis ensured that the questionnaire items were reliable and produced stable, consistent results across respondents.

Ethical Considerations

Ethical considerations were a vital aspect of this study to ensure the protection, rights, and well-being of all participants while maintaining the integrity and credibility of the research. The study adhered strictly to the ethical principles outlined in research guidelines for human subjects, including respect for persons, beneficence, and justice.

First, informed consent was obtained from all participants prior to data collection. Respondents were provided with a clear explanation of the study's objectives, procedures, benefits, and potential risks. They were informed that participation was entirely voluntary and that they could withdraw at any time without penalty or negative consequence. This ensured that participants made a fully informed decision to participate, respecting their autonomy.

Second, confidentiality and anonymity were maintained throughout the study. Personal identifiers such as names, contact details, or workplace-specific information were not collected or disclosed. Completed questionnaires were coded, stored securely, and accessed only by the researcher and authorized research assistants. Data were reported in aggregate form to prevent identification of individual participants, thereby protecting their privacy and encouraging honest responses regarding sensitive topics like workplace bullying.

Third, the study minimized potential harm to participants. Given the sensitive nature of bullying experiences, respondents may have felt discomfort or emotional distress while completing the

questionnaire. To address this, participants were informed that they could skip any question they did not wish to answer and that counseling or support services were available if needed. The researcher ensured a supportive and non-threatening environment during data collection.

Fourth, ethical clearance was obtained from the appropriate Institutional Review Boards (IRB) or ethics committees of the participating institutions, including Palawan Polytechnic College, the City Health Office, and ACE Medical Center. Approval from these bodies verified that the study met ethical standards for research involving human participants and that the rights, safety, and welfare of respondents were protected.

Finally, the study ensured responsible use and dissemination of data. Findings were used solely for academic purposes, such as contributing to nursing research, policy development, and workplace interventions. Results were presented objectively and without bias, with the goal of enhancing understanding of workplace bullying, improving coping strategies, and supporting nurse well-being and professional performance across healthcare settings.

PRESENTATION, ANALYSIS, AND INTERPRETATION OF DATA

This chapter presents a comprehensive analysis of the statistical data gathered in response to the research questions of the study. The findings are systematically organized, analyzed, and interpreted to ensure clarity and coherence in the presentation of results. Furthermore, the outcomes of the statistical tests are critically examined and discussed in relation to the objectives of this study.

Respondents' Demographic Profiles

The following tables show the demographic profiles of the purposely selected nurse. This includes their age, sex, civil status, highest educational attainment, years of clinical experience, employment status, current position, unit assignment, and type of healthcare institution. Descriptive statistical measures, such as frequency counts, percentages, and ranking, were utilized to provide a clear, organized, and systematic description of the distribution of the respondents' demographic profiles.

Table 4.1

Respondents' Demographic Profiles in Terms of Age

Respondents' Age	Frequency (f)	Percentage (%)	Rank
23 – 27 years old	7	4.7	5 th
28 – 32 years old	12	8.0	4 th
33 – 37 years old	80	53.3	1 st
38 – 42 years old	30	20.0	2 nd
43 – 47 years old	1	0.7	6 th
48 years old and above	20	13.3	3 rd
TOTAL	150	100.0	

The data presented in Table 4.1 indicate that the majority of the respondents belong to the 33–37 years old age group, comprising

53.3 percent of the total sample. This is followed by respondents aged 38–42 years old (20.0%) and those aged 48 years old and above (13.3%). On the other hand, younger age groups such as 28–32 years old (8.0%) and 23–27 years old (4.7%) constitute a smaller proportion, while the least represented group is 43–47 years old (0.7%). These findings suggest that the respondents are predominantly in their early to mid-adulthood, indicating a workforce largely composed of nurses in their prime productive and professional years.

This age distribution implies that most of the nurses in the study are already in a stage of career maturity, where clinical competence, decision-making skills, and professional experience are more developed. Nurses within this age range are more likely to have encountered various workplace situations, including exposure to workplace bullying and the development of coping mechanisms. As such, their responses may provide more comprehensive and experience-based insights into the phenomena being studied.

In relation to workplace bullying experiences, age plays a significant role in shaping both exposure and response to such behaviors. Nurses within the 33–42 age range are more likely to have accumulated years of experience, which may influence their ability to recognize, interpret, and respond to bullying incidents more effectively compared to younger nurses. Their professional maturity and confidence may enable them to employ more adaptive coping mechanisms, assert boundaries, and seek institutional support when necessary. Conversely, younger nurses, who comprise a smaller proportion of the sample, may be more vulnerable to workplace bullying due to limited experience, lower professional confidence, and hierarchical dynamics within healthcare settings.

These findings are supported by local studies indicating that age and professional experience are important factors in workplace dynamics among Filipino nurses. Sana et al. (2022) found that nurses with greater years of experience demonstrate higher levels of perceived competence and confidence in handling workplace challenges, including interpersonal conflicts. Similarly, Feliciano (2023) reported that younger nurses in Philippine healthcare settings often experience adjustment difficulties and are more susceptible to workplace stressors due to their novice status. Furthermore, Bonito et al. (2019) emphasized that hierarchical structures in Philippine healthcare institutions may place younger or less experienced nurses at a disadvantage, making them more prone to negative workplace interactions, including bullying.

Table 4.2

Respondents' Demographic Profiles in Terms of Sex

Respondents' Sex	Frequency (f)	Percentage (%)	Rank
Male	73	48.7	2 nd
Female	77	51.3	1 st
TOTAL	150	100.0	

Table 4.2 shows that the respondents are almost evenly distributed in terms of sex, with females comprising a slightly higher proportion at 51.3 percent (77 respondents), followed closely by males at 48.7 percent (73 respondents). This near-equal distribution indicates a relatively balanced representation of both sexes in the

study, allowing for a more comprehensive examination of workplace bullying experiences and coping mechanisms across gender groups.

In the context of workplace bullying, sex is an important factor that may influence both the experience and perception of bullying behaviors among nurses. Although the difference in proportion is minimal, the slightly higher number of female respondents reflects the traditional composition of the nursing profession, which has historically been female-dominated. Studies suggest that female nurses may be more likely to report experiences of workplace bullying, particularly in the form of verbal abuse, social exclusion, and undermining behaviors. This may be attributed to gender-related workplace dynamics, communication styles, and expectations within healthcare settings. On the other hand, male nurses, while fewer in number in many contexts, may experience bullying differently, often encountering role-related stereotypes, discrimination, or challenges to their professional identity in a predominantly female profession.

These findings validate the study of Sana et al. (2022), who noted that gender plays a role in shaping workplace interactions, with female nurses more likely to report interpersonal conflicts and emotional stressors in clinical settings. This also corroborates with Labrague et al. (2017), who found that workplace bullying are prevalent among Filipino nurses, with variations in experiences influenced by demographic factors such as sex and years of experience. Moreover, Feliciano (2023) emphasized that both male and female nurses in the Philippines encounter workplace stressors, but differences in coping strategies and reporting behaviors may exist due to sociocultural expectations and gender norms.

Table 4.3

Respondents’ Demographic Profiles in Terms of Civil Status

Respondents’ Civil Status	Frequency (f)	Percentage (%)	Rank
Single	72	48.0	2 nd
Married	76	50.7	1 st
Widowed	2	1.3	3 rd
TOTAL	150	100.0	

Table 4.3 presents the civil status distribution of the respondents, showing that a slight majority are married, comprising 50.7 percent (76 respondents), while single individuals account for 48.0 percent (72 respondents). Only a minimal proportion of the sample is widowed, representing 1.3 percent (2 respondents). This distribution indicates that the respondents are almost equally divided between married and single nurses, suggesting a diverse representation of personal life circumstances within the workforce.

The analysis depicts that civil status may slightly shape how nurses experience and respond to negative workplace behaviors. Married nurses may encounter additional pressures related to balancing professional responsibilities with family obligations, which could heighten sensitivity to workplace stressors, including bullying. At the same time, having family support may serve as a protective factor, enabling them to better cope with emotional strain and workplace conflicts. In contrast, single nurses, who often have fewer familial responsibilities, may have greater flexibility in managing work demands but may also lack immediate emotional

support systems, potentially making them more vulnerable to the psychological effects of bullying. These differences suggest that civil status does not merely describe personal circumstances but may influence resilience, coping capacity, and overall workplace experience.

The results of this study corroborate the findings of Labrague and De los Santos (2020), who found that personal factors, including marital status, significantly influence nurses’ stress levels and coping mechanisms, with married nurses often demonstrating better emotional regulation due to family support systems. Additionally, Almazan et al. (2018) reported that social support—commonly stronger among married individuals—plays a crucial role in mitigating the adverse effects of workplace stress and incivility among Filipino nurses. Furthermore, Daño et al. (2021) emphasized that nurses with limited support networks are more susceptible to burnout and negative workplace experiences, including bullying, highlighting the role of personal life context in shaping workplace outcomes.

Table 4.4

Respondents’ Demographic Profiles in Terms of Highest Educational Attainment

Respondents’ Educational Attainment	Frequency (f)	Percentage (%)	Rank
Bachelor’s Degree	97	64.7	1 st
With Masteral Units	29	19.3	2 nd
Master’s Degree	23	15.3	3 rd
With Doctoral Units	1	0.7	4 th
TOTAL	150	100.0	

An examination of Table 4.4 reveals that the educational profile of the respondents is heavily concentrated at the undergraduate level, with 64.7 percent holding a bachelor’s degree. A smaller yet notable proportion consists of those pursuing graduate education, as 19.3 percent have earned master’s units and 15.3 percent have completed a master’s degree. Only a minimal fraction, 0.7 percent, reported having doctoral units. This pattern suggests that while the majority of nurses meet the standard entry-level qualification for professional practice, a segment of the workforce is actively engaged in advancing their academic credentials.

Furthermore, this distribution reflects varying levels of professional development that may shape workplace experiences, particularly in relation to bullying. This highlights that nurses with higher educational attainment, such as those with master’s degrees or ongoing graduate studies, may possess enhanced critical thinking skills, communication competence, and professional confidence. These attributes can influence how they perceive and respond to workplace bullying either by recognizing subtle forms of bullying more readily or by asserting themselves more effectively in challenging situations. Conversely, those with only a bachelor’s degree, especially if combined with fewer years of experience, may be more susceptible to hierarchical pressures and less likely to confront or report bullying behaviors. Thus, educational attainment can function as both a protective factor and a lens through which workplace interactions are interpreted.

The aforementioned findings align with the study of Cruz et al. (2017), who posited that higher educational preparation among nurses is associated with improved professional autonomy and communication skills, which are essential in managing workplace conflict and reducing vulnerability to negative interactions. In addition, this also validates the study of Labrague et al. (2018), who underscored that nurses with advanced education tend to demonstrate greater resilience and are less likely to experience adverse psychological outcomes from workplace stressors, including bullying. Continuing professional development among Filipino nurses contributes to increased self-efficacy, enabling them to better navigate organizational challenges and interpersonal tensions in clinical settings (Ramos and Valdez, 2020).

Table 4.5

Respondents' Demographic Profiles in terms of Years of Clinical Experience

Respondents' Years of Clinical Experience	Frequency (f)	Percentage (%)	Rank
Less than 1 years	13	8.7	4 th
1 – 5 years	64	42.7	1 st
6 – 10 years	37	24.7	2 nd
11 – 15 years	33	22.0	3 rd
More than 15 years	3	2.0	5 th
TOTAL	150	100.0	

Table 4.5 illustrates that a substantial proportion of the respondents are in the early stages of their professional careers, with 42.7 percent having 1–5 years of clinical experience. This is followed by those with 6–10 years (24.7%) and 11–15 years (22.0%) of experience, while only a small fraction have less than one year (8.7%) or more than 15 years (2.0%) of experience. Rather than reflecting a uniformly experienced workforce, this distribution points to a concentration of nurses in the early to mid-career phase, where individuals are still consolidating their clinical competence and professional identity.

Within the context of this study, years of clinical experience serve as a critical determinant of both exposure and vulnerability. This may indicate that nurses with fewer years of experience, particularly those within the 1–5-year bracket, may be more susceptible to bullying behaviors due to their relatively lower position in the organizational hierarchy, limited assertiveness, and ongoing adjustment to workplace demands. At this stage, they are often heavily reliant on senior staff for guidance and evaluation, which may increase their risk of being subjected to negative interactions, including intimidation or unfair treatment. In contrast, nurses with longer clinical experience are generally more familiar with workplace dynamics and may possess stronger interpersonal skills, enabling them to navigate or resist bullying more effectively. However, it is also possible that experienced nurses may be exposed to different forms of bullying, such as professional rivalry or role-related conflicts, particularly in leadership or supervisory positions.

The results of the analysis are parallel with the findings of De Castro et al. (2018), who argued that novice Filipino nurses are more likely to encounter workplace incivility and report higher

levels of stress due to their transitional status and limited coping resources. Similarly, Udani and Lorenzo (2017) highlighted that early-career nurses in the Philippines often face challenges related to workplace adaptation, making them more vulnerable to negative social behaviors, including bullying. This study also aligns with, Labrague et al. (2020), who reported that increased years of experience are associated with higher resilience and better coping strategies, which can mitigate the adverse effects of workplace stressors and interpersonal conflict.

Table 4.6

Respondents' Demographic Profiles in Terms of Employment Status

3	Frequency (f)	Percentage (%)	Rank
Regular/Permanent	106	70.7	1 st
Contractual	33	22.0	2 nd
Casual	4	2.7	3 rd
Temporary	2	1.3	5 th
Part-Time	5	3.3	4 th
TOTAL	150	100.0	

Table 4.6 shows that a significant majority of the respondents, or 70.7 percent, are employed on a regular or permanent basis. This is followed by 22.0 percent who are contractual employees, while only a small proportion are categorized as casual (2.7%), part-time (3.3%), and temporary (1.3%). This distribution suggests that most respondents occupy relatively stable employment positions within their respective healthcare institutions, although a notable segment remains under non-permanent arrangements.

Moreover, the data further highlight underlying power dynamics that may influence workplace bullying experiences. This stresses that employment status can shape not only job security but also the degree of autonomy, voice, and protection an employee perceives within the organization. Nurses holding regular or permanent positions may feel more secure in asserting themselves, reporting bullying incidents, or seeking institutional support, given their relatively stable tenure. Contrarily, those in contractual, casual, or temporary roles may experience heightened vulnerability due to job insecurity, fear of non-renewal, or limited access to organizational resources. As a result, they may be less likely to report bullying or may tolerate negative behaviors to maintain employment, thereby increasing their exposure to workplace mistreatment.

The results of this study coincide with the findings of Ramos et al. (2018), who underscored that job insecurity among contractual healthcare workers is significantly associated with increased stress and reduced willingness to report workplace concerns, including bullying. This also validates the findings of Cabigas and Magtibay (2019), who emphasized that non-regular nurses in Philippine hospitals often experience unequal treatment and limited organizational support, which may contribute to their susceptibility to workplace incivility. Furthermore, Labrague et al. (2021) reported that organizational support and job stability are key factors in reducing workplace stress and promoting psychological

well-being among Filipino nurses, suggesting that employment status plays a crucial role in shaping workplace experiences.

Table 4.7

Respondents' Demographic Profiles in Terms of Current Position

Respondents' Current Position	Frequency (f)	Percentage (%)	Rank
Clinical Instructor	49	32.7	2 nd
Staff Nurse	57	38.0	1 st
Nurse Supervisor	5	3.3	5 th
Charge Nurse	6	4.0	4 th
Nurse Attendant	1	0.7	6.5 th
Nurse Manager	1	0.7	6.5 th
Satellite Nurse	31	20.7	3 rd
TOTAL	150	100.0	

Table 4.7 presents the distribution of respondents according to their current position within the healthcare setting. The majority are staff nurses, accounting for 38.0 percent of the sample, followed by clinical instructors at 32.7 percent and satellite nurses at 20.7 percent. Smaller proportions occupy supervisory or managerial roles, including charge nurses (4.0%), nurse supervisors (3.3%), and both nurse attendants and nurse managers, each representing 0.7 percent of the total sample. This distribution reflects a workforce primarily engaged in direct patient care, education, and support roles, with fewer nurses holding leadership or administrative positions.

The distribution highlights that the current position of nurses may significantly influence both exposure to and coping with workplace bullying. This indicates that staff nurses and satellite nurses, who form the bulk of direct care providers, are often on the frontline of patient care and organizational hierarchies. Their roles make them more susceptible to bullying from colleagues, supervisors, or even patients due to workload pressures, hierarchical dynamics, and limited decision-making authority. Clinical instructors, while engaged in both teaching and clinical supervision, may experience bullying differently, often related to professional disagreements, student supervision challenges, or interdepartmental conflicts. In contrast, nurses in managerial or supervisory roles may encounter bullying in the form of professional rivalry or accountability pressures but are generally better positioned to address or mitigate such behaviors due to their authority and organizational influence.

These observations are consistent with findings by Labrague et al. (2019), who reported that staff nurses in Philippine hospitals are particularly vulnerable to workplace incivility and bullying, often related to hierarchical dynamics and workload distribution. Similarly, De Castro et al. (2018) emphasized that nurses in frontline positions experience higher levels of interpersonal stress and are more likely to use informal coping mechanisms, whereas those in leadership roles often have institutional support to manage conflicts effectively.

Table 4.8

Respondents' Demographic Profiles in Terms of Unit of Assignment

Respondents' Unit of Assignment	Frequency (f)	Percentage (%)	Rank
Academic Institution	48	32.0	1 st
Satellite Clinic	41	27.3	2 nd
Operating Room	17	11.3	3 rd
Emergency Room	10	6.7	6 th
Dialysis Unit	14	9.3	4 th
Medical Ward	13	8.7	5 th
Others	7	4.7	7 th
TOTAL	150	100.0	

Table 4.8 displays the respondents' distribution according to their unit of assignment. The largest proportion of respondents are assigned to academic institutions (32.0%), followed by satellite clinics (27.3%). Other units include the operating room (11.3%), dialysis unit (9.3%), medical ward (8.7%), emergency room (6.7%), and a small fraction categorized as "others" (4.7%). This distribution suggests that the respondents represent a diverse array of healthcare environments, spanning both clinical and educational settings.

The analysis stresses that the unit of assignment is an important factor in understanding nurses' workplace bullying experiences, as the nature and intensity of work, organizational dynamics, and interpersonal interactions vary by setting. This means that nurses in academic institutions, may encounter bullying in the form of professional disagreements, evaluation pressures, or student-related conflicts, whereas those in high-acuity clinical units such as operating rooms and emergency rooms may be exposed to stress-induced incivility or hierarchical tensions among colleagues. Satellite clinics and dialysis units, often operating with limited staff, may face resource constraints and workload-related stress that could exacerbate interpersonal conflicts. Consequently, the unit of assignment shapes both the type and frequency of bullying experiences, as well as the coping strategies that nurses employ.

Local studies corroborate the influence of unit assignment on workplace dynamics. Labrague et al. (2019) reported that nurses working in high-pressure clinical environments in the Philippines, such as emergency and operating rooms, experience higher levels of workplace incivility compared to those in outpatient or educational settings. Similarly, De Castro et al. (2018) found that nurses in smaller or satellite units face unique stressors, including role ambiguity and isolation, which may increase their susceptibility to bullying. Moreover, Almazan et al. (2020) also emphasized that organizational context—including unit type, staffing levels, and institutional culture—plays a critical role in shaping both the incidence of workplace bullying and the effectiveness of coping mechanisms among Filipino nurses.

Table 4.9

Respondents' Demographic Profiles in Terms of Type of Healthcare Institution

Respondents' Type of	Frequency	Percentage	Rank
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Healthcare Institution	(f)	(%)	
Academe	48	32.0	3 rd
Private Hospital	52	34.7	1 st
Government Hospital	50	33.3	2 nd
TOTAL	150	100.0	

Table 4.9 illustrates the distribution of respondents according to the type of healthcare institution in which they are employed. The largest group works in private hospitals (34.7%), closely followed by government hospitals (33.3%), while those in academic institutions constitute 32.0% of the respondents. This relatively even distribution indicates that the study captures a broad spectrum of healthcare settings, encompassing clinical care in both public and private hospitals as well as educational roles in the academe.

Moreover, this study stresses that the type of healthcare institution is an important determinant in the workplace environment and can influence the prevalence and nature of bullying experiences. This implies that private hospitals often operate under competitive and high-pressure conditions where performance expectations are strict, which may increase interpersonal stress and the likelihood of hierarchical or peer-to-peer bullying. Meanwhile, government hospitals, may face challenges such as high patient volumes, staffing shortages, and bureaucratic constraints, which can create tension and conflict among staff. Academic institutions, on the other hand, may present bullying scenarios related to faculty-student interactions, professional evaluation, and collegial disagreements, which differ in nature from clinical settings. Consequently, the type of institution shapes both exposure to bullying and the coping strategies employed by nurses.

The aforementioned findings are congruent with the the observations of Santos and De Guzman (2020), who reported that nurses in private hospitals are more likely to experience workplace stress and bullying due to performance pressures and competitive environments. In contrast, public hospital nurses, while generally benefiting from structured policies, still face high patient loads and hierarchical challenges that can contribute to negative workplace interactions (Cruz et al., 2019). Additionally, Dimapilis (2018) found that nursing faculty and academic staff in the Philippines encounter unique stressors associated with administrative duties, student supervision, and professional evaluations, which may increase susceptibility to workplace bullying in academic settings.

Forms of Workplace Bullying Experienced by Nurses in Healthcare Institutions

The following tables illustrate the various forms of workplace bullying experienced by nurses in healthcare institutions, categorized into verbal bullying, emotional bullying, social bullying, professional bullying, and cyberbullying. To provide a clear and systematic analysis, descriptive statistical measures, particularly mean ratings, were utilized to quantify and interpret the frequency and intensity of these bullying experiences.

Table 4.10

Forms of Workplace Bullying Experienced by Nurses in Healthcare Institutions in Terms of Verbal Bullying

Statement	Mean	Descriptor
1. I have been shouted or spoken	1.67	Never

to harshly.		
2. I have been insulted or called derogatory names	1.68	Never
3. I have been humiliated verbally in front of others.	1.63	Never
4. I have been unfairly criticized regarding my work.	1.69	Never
5. I have been subjected to offensive jokes or remarks.	2.07	Sometimes
6. I have been yelled at for mistakes that were not mine.	2.08	Sometimes
7. I have been blamed unfairly for work-related issues	2.39	Sometimes
8. I have been spoken to in a condescending tone	1.72	Never
9. I have been threatened verbally by colleagues or supervisors.	1.47	Never
10. I have experienced repeated negative comments about my work performance.	2.22	Sometimes
Overall Mean Rating	1.86	Sometimes

Legend for the Mean: Never: 1.00 – 1.75; Sometimes: 1.76 – 2.50; Often: 2.51 – 3.25; Always: 3.26 – 4.00

Legend for the Overall Mean Rating: Very Mild: 1.00 – 1.75; Mild: 1.76 – 2.50; Moderate: 2.51 – 3.25; Severe: 3.26 – 4.00

Table 4.10 presents the nurses' experiences of verbal bullying in healthcare institutions. The analysis revealed that the highest-rated experiences include "I have been blamed unfairly for work-related issues" (M = 2.39), "I have been yelled at for mistakes that were not mine" (M = 2.08), "I have been subjected to offensive jokes or remarks" (M = 2.07), and "I have experienced repeated negative comments about my work performance" (M = 2.22). These results suggest that nurses are more likely to encounter subtle forms of verbal mistreatment, such as unfair blame, inappropriate remarks, or repeated negative feedback, rather than overt verbal aggression. Although these incidents are rare, their repeated occurrence over time can create a stressful work environment, potentially reducing self-esteem, lowering motivation, and discouraging open communication, which may indirectly affect the quality of patient care and team cohesion.

In contrast, the lowest-rated experiences, including "I have been threatened verbally by colleagues or supervisors" (M = 1.47), "I have been humiliated verbally in front of others" (M = 1.63), "I have been shouted or spoken to harshly" (M = 1.67), "I have been spoken to in a condescending tone" (M = 1.72), and "I have been unfairly criticized regarding my work" (M = 1.69), indicate that overt and aggressive verbal bullying is virtually absent. This finding demonstrates that nurses generally feel safe from direct verbal threats, public humiliation, or hostile shouting, which may reflect institutional policies, supervisory oversight, and professional cultural norms that discourage extreme verbal aggression.

The overall mean rating of 1.86 falls within the mild category, indicating that verbal bullying is generally not severe but is present

at a subtle level. While nurses may not face extreme verbal hostility, the persistent occurrence of unfair blame, inappropriate remarks, and repeated negative feedback can erode workplace morale, contribute to stress, and affect overall job performance. Likewise, mild verbal bullying can also impact nurses' coping strategies, leading some to avoid confrontation, suppress their concerns, or develop anxiety-related behaviors, which ultimately affect their well-being and patient care quality.

These findings corroborate with De Castro et al. (2018), who noted that Filipino nurses often experience low-intensity verbal aggression, such as repeated criticism or condescending remarks, more frequently than overt shouting or threats. Meanwhile, Labrague et al. (2019) similarly emphasized that subtle negative feedback, offensive jokes, and condescending tones are prevalent forms of verbal bullying in Philippine hospitals, affecting nurses' confidence, job satisfaction, and engagement. Santos and De Guzman (2020) further highlighted that even mild verbal mistreatment can diminish resilience, increase psychological stress, and reduce nurses' ability to effectively cope with workplace challenges.

These findings underscore the importance of proactive interventions. Healthcare institutions should not dismiss mild verbal bullying as inconsequential. This highlights that strategies such as implementing structured feedback systems, promoting respectful communication, providing conflict resolution training, and establishing accessible reporting mechanisms are essential. Thus, addressing verbal bullying at its early, mild stages can prevent escalation, safeguard nurses' psychological well-being, improve professional performance, and cultivate a supportive organizational culture that prioritizes respect, fairness, and effective teamwork.

Table 4.11

Forms of Workplace Bullying Experienced by Nurses in Healthcare Institutions in Terms of Emotional Bullying

Statement	Mean	Descriptor
1. I have been intimidated or threatened at work.	1.44	Never
2. I have been made to feel incompetent.	2.39	Sometimes
3. I have been belittled or demeaned regularly.	1.77	Sometimes
4. I have been ignored or treated as unimportant.	1.99	Sometimes
5. I have felt persistent pressure or harassment.	1.59	Never
6. I have been deliberately embarrassed in front of colleagues.	1.62	Never
7. I have been subjected to unfair or unreasonable expectations.	1.98	Sometimes
8. I have felt controlled or manipulated by a colleague or supervisor.	1.86	Sometimes
9. I have experienced constant worry or stress due to someone's behavior.	2.53	Often

10. I have felt emotionally drained by repeated negative treatment at work.	2.52	Often
Overall Mean Rating	1.97	Mild

Table 4.11 illustrates the respondents' experiences of emotional bullying in healthcare institutions. Based on the analysis, the items with the highest mean ratings are "I have experienced constant worry or stress due to someone's behavior" (M = 2.53) and "I have felt emotionally drained by repeated negative treatment at work" (M = 2.52). These findings indicate that nurses are most affected by the cumulative emotional impact of workplace interactions. This further underscores that repeated negative treatment, persistent worry, and the resulting emotional exhaustion suggest that even when overt intimidation is rare, the ongoing strain of subtle bullying behaviors significantly affects nurses' psychological well-being.

On the other hand, the lowest-rated items—"I have been intimidated or threatened at work" (M = 1.44), "I have felt persistent pressure or harassment" (M = 1.59), and "I have been deliberately embarrassed in front of colleagues" (M = 1.62)—indicate that direct intimidation and public humiliation are uncommon among the respondents. Similarly, the statement "I have been belittled or demeaned regularly" (M = 1.77) falls at the lower end, suggesting that nurses rarely experience consistent negative targeting in obvious ways.

The overall mean rating of 1.97, categorized as mild, suggests that emotional bullying occurs sometimes, indicating that while not pervasive, it is present enough to impact workplace dynamics. Even low-frequency emotional bullying can influence coping strategies, cause stress, and reduce resilience among nurses, potentially affecting patient care and team collaboration.

These findings align with Alonzo and Dela Cruz (2020), who found that Filipino nurses frequently experience emotional stress due to subtle workplace pressures, such as manipulation, unfair expectations, and persistent criticism, rather than overt threats. This also confirms with Santos et al. (2019), who reported that emotional exhaustion in nurses often results from repeated negative interactions and microaggressions in both private and government hospitals. Additionally, Lim and Reyes (2018) emphasized that even mild emotional bullying can accumulate over time, leading to psychological strain, reduced engagement, and compromised performance among healthcare professionals.

The results of this study imply that institutions should not only focus on preventing overt bullying but also monitor for subtle emotional abuse. Strategies such as stress management programs, mentoring, counseling services, and awareness campaigns on respectful workplace conduct can help mitigate emotional bullying. Encouraging open communication, promoting supportive leadership, and establishing mechanisms to address persistent emotional stress can preserve nurses' well-being, improve retention, and enhance the overall quality of care.

Table 4.12

Forms of Workplace Bullying Experienced by Nurses in Healthcare Institutions in terms of Social Bullying

Statement	Mean	Descriptor
1. I have been excluded from	1.99	Sometimes

workplace activities or discussions.		
2. Colleagues have ignored or avoided me intentionally.	2.17	Sometimes
3. I have been socially isolated at work.	1.97	Sometimes
4. I have been deliberately left out of meetings or group tasks.	1.93	Sometimes
5. False rumors have been spread about me.	2.61	Often
6. My colleagues have avoided collaborating with me.	1.95	Sometimes
7. I have been subjected to gossip or malicious talk.	2.56	Often
8. I have felt excluded from informal social networks at work.	1.84	Sometimes
9. I have been treated differently from other colleagues.	2.09	Sometimes
10. My contributions in group settings have been ignored or dismissed.	2.42	Sometimes
Overall Mean Rating	2.15	Mild

Table 4.12 presents the forms of social bullying experienced by nurses in healthcare institutions. Notably, the highest rated statements are obtained by “False rumors have been spread about me” (M = 2.61) and “I have been subjected to gossip or malicious talk” (M = 2.56). These findings indicate that gossip and rumor-spreading are the most prominent forms of social bullying among the respondents. Such behaviors are often subtle yet damaging, as they attack a nurse’s reputation and credibility within the workplace. Unlike direct confrontation, gossip operates informally and can spread across teams, making it difficult to detect and address, while still significantly affecting interpersonal trust and professional relationships.

Meanwhile, more nuanced forms of social distancing—such as “My colleagues have avoided collaborating with me” (M = 1.95) and “I have felt excluded from informal social networks at work” (M = 1.84)—also remain in the lower range, indicating that while some degree of interpersonal distance may occur, it is not strongly experienced across the group. However, even these mild forms of disengagement can contribute to feelings of disconnect, particularly in a profession that relies heavily on teamwork and collaboration.

Moreover, the overall mean rating of 2.15, categorized as mild, indicates that social bullying is present but not highly prevalent. However, its impact should not be underestimated. Even mild exposure to gossip and malicious talk can lead to mistrust, reduced team cohesion, and emotional distress. Nurses who become targets of rumors may experience anxiety, decreased confidence, and reluctance to engage in collaborative activities, which can ultimately affect patient care and organizational efficiency.

These findings are supported by Hutchinson, Wilkes, Vickers, and Jackson (2020), who emphasized that relational aggression, including gossip and rumor-spreading, is one of the most common

forms of bullying in nursing environments, often functioning as a covert mechanism of control. Additionally, Einarsen et al. (2020) noted that social exclusion in the workplace frequently manifests through informal channels, such as malicious talk, rather than through formal isolation. In the Philippine context, Bautista and David (2019) found that nurses are more likely to experience indirect social bullying, particularly gossip and subtle reputational attacks, which significantly influence workplace relationships and morale.

From an organizational perspective, these findings highlight the need for healthcare institutions to promote a culture of professionalism and mutual respect by discouraging gossip, strengthening team communication, and implementing policies that address relational aggression. Interventions such as team-building activities, values formation programs, and clear reporting mechanisms for social conflicts can help mitigate the effects of social bullying. By addressing these subtle yet impactful behaviors, institutions can enhance teamwork, protect nurses’ well-being, and ensure a more supportive and collaborative work environment.

Table 4.13

Forms of Workplace Bullying Experienced by Nurses in Healthcare Institutions in Terms of Professional Bullying

Statement	Mean	Descriptor
1. I have been assigned a task below or above my competency level to humiliate me.	1.46	Never
2. Important work-related information has been withheld from me.	1.39	Never
3. My professional achievements have been ignored or undermined.	1.65	Never
4. I have been unfairly denied training or professional development opportunities.	1.53	Never
5. I have been unfairly passed over for promotions.	1.61	Never
6. My ideas or suggestions have been dismissed without consideration.	1.73	Never
7. I have been given impossible deadlines to set me up for failure.	1.24	Never
8. I have been evaluated unfairly or unjustly by supervisors.	1.55	Never
9. I have been denied recognition for my contributions.	1.43	Never
10. I have experienced repeated obstruction of my professional growth.	1.55	Never
Overall Mean Rating	1.55	Very Mild

Legend for the Mean: Never: 1.00 – 1.75; Sometimes: 1.76 – 2.50; Often: 2.51 – 3.25; Always: 3.26 – 4.00

Legend for the Overall Mean Rating: Very Mild: 1.00 – 1.75; Mild: 1.76 – 2.50; Moderate: 2.51 – 3.25; Severe: 3.26 – 4.00

Table 4.13 presents the respondents' experiences of professional bullying in healthcare institutions, revealing that such behaviors are virtually absent among the nurses surveyed. The highest-rated items, although still within the "Never" category, include "My ideas or suggestions have been dismissed without consideration" (M = 1.73), "My professional achievements have been ignored or undermined" (M = 1.65), and "I have been unfairly passed over for promotions" (M = 1.61). These responses suggest that nurses rarely encounter subtle forms of professional undermining, such as having their contributions overlooked or being denied minor professional considerations.

The lowest-rated experiences, including "I have been given impossible deadlines to set me up for failure" (M = 1.24), "Important work-related information has been withheld from me" (M = 1.39), and "I have been denied recognition for my contributions" (M = 1.43), indicate that overt professional sabotage is virtually nonexistent. Nurses generally feel secure in their professional roles, with fair access to work-related information, appropriate assignments, and recognition for their accomplishments. This reflects positively on the organizational culture, highlighting effective management practices, equitable task allocation, and a supportive work environment that discourages professional mistreatment.

The overall mean rating of 1.55 falls under the very mild category, demonstrating that professional bullying is not a significant issue in the respondents' workplaces. While isolated instances of dismissing ideas or minor undervaluation may occur, they are not prevalent enough to constitute a pervasive workplace problem. This suggests a professional environment where nurses' skills, competencies, and achievements are generally respected, allowing them to focus on providing quality patient care and pursuing career growth without fear of deliberate professional harm.

These findings are consistent with De Castro et al. (2018), who echoed that professional bullying was found to be rare among Filipino nurses, particularly in healthcare institutions with structured promotion and professional development policies. Similarly, Labrague et al. (2019) observed that nurses in well-managed hospitals report very low incidences of being assigned tasks beyond their competence to humiliate them or being obstructed in their professional growth. Furthermore, Santos and De Guzman (2020) highlighted that organizational support and clear communication about roles and career progression significantly reduce the likelihood of professional bullying, fostering a culture of fairness and professional respect.

Table 4.14
Forms of Workplace Bullying Experienced by Nurses in Healthcare Institutions in Terms of Cyberbullying

Statement	Mean	Descriptor
1. I have received offensive or threatening messages through emails or messaging apps.	1.20	Never
2. Negative comments about me have been posted on workplace online platforms.	1.23	Never
3. I have been embarrassed through social media or	1.25	Never

online work group.		
4. I have been excluded from online communications intentionally.	1.28	Never
5. Colleagues or supervisors have shared private or sensitive information about me online.	1.36	Never
6. I have been subjected to inline ridicule or mocking by coworkers.	1.25	Never
7. I have received repeated emails or messages intended to intimidate me.	1.11	Never
8. I have been the target of harmful online posts related to my work.	1.13	Never
9. My online contributions or ideas have been unfairly criticized publicly.	1.11	Never
10. I have experienced deliberate misrepresentation of my work online.	1.21	Never
Overall Mean Rating	1.21	Very Mild

Legend for the Mean: Never: 1.00 – 1.75; Sometimes: 1.76 – 2.50; Often: 2.51 – 3.25; Always: 3.26 – 4.00

Legend for the Overall Mean Rating: Very Mild: 1.00 – 1.75; Mild: 1.76 – 2.50; Moderate: 2.51 – 3.25; Severe: 3.26 – 4.00

Table 4.14 shows the respondents' experiences of cyberbullying in healthcare institutions, highlighting the extremely low prevalence of such incidents. Across all items, the mean ratings are consistently below 1.40, with the lowest being "I have received repeated emails or messages intended to intimidate me" (M = 1.11) and "My online contributions or ideas have been unfairly criticized publicly" (M = 1.11). The minimal occurrence of repeated intimidating messages implies that nurses feel secure in their digital communications, and the lack of public criticism of online contributions suggests a respectful professional digital culture, where ideas can be shared without fear of ridicule.

Other items, including "Negative comments about me have been posted on workplace online platforms" (M = 1.23), indicate that offensive remarks in official digital forums are rare, which has the implication that online workspaces maintain professionalism and constructive interaction. Similarly, "I have been embarrassed through social media or online work group" (M = 1.25) suggests that nurses are generally protected from public online humiliation, reinforcing psychological safety and confidence in online communication. Finally, the item "Colleagues or supervisors have shared private or sensitive information about me online" (M = 1.36) shows that confidentiality is largely respected, implying that trust in institutional digital practices is maintained.

The overall mean rating of 1.21, categorized as very mild, demonstrates that cyberbullying is virtually absent among the respondents. This finding may be attributed to the structured use of

institutional digital platforms, clear policies regarding electronic communications, and a strong emphasis on professional etiquette within the healthcare setting. The negligible presence of cyberbullying also reflects the ongoing awareness among Filipino nurses and healthcare administrators about maintaining professional conduct in online interactions.

Consequently, these findings indicate that the digital environment for nurses is predominantly safe and professional. This implies that healthcare institutions can continue to leverage digital communication and online collaboration without significant risk of cyberbullying, but should maintain proactive policies and monitoring to prevent potential future incidents. Moreover, the very low incidence of cyberbullying supports the idea that workplace culture and institutional governance play a critical role in mitigating online harassment, promoting both staff well-being and productivity. This means that organizations should maintain clear policies on acceptable digital behavior, provide training on cybersecurity and respectful online conduct, and establish reporting mechanisms for potential incidents.

The aforementioned findings align with Magtibay et al. (2021), who posited that Filipino nurses experienced minimal cyberbullying, particularly in hospitals with formal electronic communication protocols. This also coincides with Cruz and Valencia (2020), who found that online harassment in healthcare settings in the Philippines was infrequent due to strong institutional regulations and professional digital etiquette. This study also conforms with the findings of Dela Cruz and Santos (2019), who emphasized that preventive measures, including digital literacy programs and online behavior guidelines, are effective in minimizing cyberbullying among nurses, promoting a safe and productive work environment.

Effects of Workplace Bullying to the Job Performance of the Nurses

The following table presents the effects of workplace bullying on the job performance of nurses. To determine the strength and direction of the relationship between the variables, correlation coefficient was utilized, with a 0.05 level of significance as the basis for statistical decision-making. Furthermore, regression analysis was employed to assess whether the extent of workplace bullying significantly predicts nurses' job performance.

Table 4.15

Effects of Workplace Bullying to the Job Performance of the Nurses

Beta (β)	R	R ²	Adjusted R ²	P-value	Interpretation
-0.76	0.78	0.6084	0.6028	0.0017**	Significant

Legend: **Significant at 0.05 level of significance

Table 4.15 presents the effect of workplace bullying on the job performance of nurses using regression analysis. The results reveal a strong negative effect (β = -0.76), indicating that workplace bullying substantially decreases nurses' job performance. The correlation coefficient (R = 0.78) suggests a strong relationship between workplace bullying and job performance, while the coefficient of determination (R² = 0.6084) and adjusted R² (0.6028) indicate that approximately 60.28% of the variance in job performance can be explained by workplace bullying. This implies

that workplace bullying is a major contributing factor influencing nurses' performance in the workplace.

Furthermore, the p-value (0.0017) is less than the 0.05 level of significance, confirming that the observed relationship is statistically significant and not due to chance. These findings clearly demonstrate that increased exposure to workplace bullying leads to a considerable decline in nurses' efficiency, productivity, and overall work outcomes, highlighting that workplace bullying is not merely associated with performance but has a direct and substantial detrimental effect on how nurses carry out their professional responsibilities.

The findings carry significant implications for nursing management and healthcare organizations. Given that workplace bullying explains a large proportion of the variation in job performance, healthcare institutions must prioritize the development and enforcement of anti-bullying policies, supportive leadership practices, and a positive work environment. Addressing workplace bullying can lead to improved nurse performance, enhanced patient care outcomes, and increased organizational effectiveness. Nurse administrators should implement proactive strategies such as conflict management training, counseling services, and accessible reporting mechanisms to mitigate bullying behaviors. Failure to address workplace bullying may result in decreased productivity, increased absenteeism and turnover, and compromised quality of care, ultimately affecting the overall healthcare delivery system.

These results are supported by existing literature which consistently demonstrates the adverse impact of workplace bullying on nurses' performance. For instance, Mahmoud et al. (2020) found that workplace bullying has a significant negative effect on nurses' job performance, reducing their efficiency and work effectiveness. Similarly, Galanis et al. (2024) reported that workplace bullying is strongly associated with increased job stress and burnout, which consequently impair nurses' professional functioning and performance. Moreover, studies have shown that bullying creates a hostile and stressful work environment that diminishes productivity and overall professional quality of life, further reinforcing the present findings that workplace bullying is a critical determinant of job performance among nurses.

Respondents' Coping Mechanisms in Dealing with Workplace Bullying

The following tables illustrate the coping mechanisms employed by nurses in dealing with workplace bullying. To describe these coping strategies, descriptive statistical measures, particularly mean ratings, were utilized to provide a clear and systematic analysis of the respondents' responses.

Table 4.16

Respondents' Coping Mechanisms in Dealing with Workplace Bullying

Statement	Mean	Descriptor
1. I focus on my tasks and try to emotionally detach from the bullying situation.	3.03	Often
2. I engage in stress-relief activities such as exercise, meditation, or hobbies.	2.97	Often

3.	I avoid interaction with the person involved in bullying.	2.94	Often
4.	I confront the person who bullied me in a professional manner.	2.09	Sometimes
5.	I discuss my experiences with my supervisor or manager.	2.00	Sometimes
6.	I seek advice from colleagues on how to handle bullying situations.	1.93	Sometimes
7.	I talk to family or friends for emotional support.	1.73	Never
8.	I keep a personal record of bullying incidents for future reference.	1.52	Never
9.	I seek counseling or professional psychological support.	1.42	Never
10.	I request reassignment or transfer to another unit to avoid the bully.	1.37	Never

Legend for the Mean: Never: 1.00 – 1.75; Sometimes: 1.76 – 2.50; Often: 2.51 – 3.25; Always: 3.26 – 4.00

Table 4.16 describes the respondents' coping mechanisms in dealing with workplace bullying. Overall, the results indicate that nurses tend to rely more on personal and avoidance-based coping strategies rather than formal or support-seeking approaches. The highest-rated coping mechanism is "I focus on my tasks and try to emotionally detach from the bullying situation" (M = 3.03), followed by engaging in stress-relief activities such as exercise, meditation, or hobbies (M = 2.97), and avoiding interaction with the person involved in bullying (M = 2.94). These findings suggest that nurses commonly manage bullying by maintaining professionalism, emotionally distancing themselves from the perpetrator, and engaging in self-care to mitigate the psychological impact of negative workplace interactions.

On the other hand, more direct and organizational coping strategies were only practiced sometimes, such as confronting the bully in a professional manner (M = 2.09), discussing experiences with supervisors (M = 2.00), and seeking advice from colleagues (M = 1.93). Notably, the least utilized coping mechanisms were those involving external or formal support systems, including talking to family or friends (M = 1.73), keeping records of bullying incidents (M = 1.52), seeking counseling or psychological support (M = 1.42), and requesting reassignment or transfer (M = 1.37), all interpreted as "Never." This pattern underscores a marked reluctance among nurses to formally report bullying or seek structured support, suggesting barriers such as fear of retaliation, lack of confidence in management responsiveness, or an organizational culture that does not encourage reporting.

The findings suggest that nurses may prefer to manage workplace bullying internally rather than through formal channels, possibly due to fear of retaliation, lack of trust in management, or an organizational culture that discourages reporting. While personal

coping strategies such as emotional detachment and stress management may provide temporary relief, they do not address the root cause of bullying. Consequently, healthcare institutions should strengthen support systems by promoting open communication, ensuring confidentiality in reporting mechanisms, and providing accessible psychological and managerial support. Encouraging a culture where nurses feel safe to report bullying and seek help is essential to effectively address workplace bullying and improve both staff well-being and job performance

These findings are consistent with those of Einarsen et al. (2020) and Keashly and Neuman (2018), which show that nurses frequently adopt avoidance-based strategies, such as emotional detachment and self-care, when organizational support is limited or ineffective. This also supports the findings of Purpora and Blegen (2015), which further emphasize that emotional detachment as a coping strategy, while protective in the short term, is insufficient for resolving bullying and may lead to long-term negative consequences for both staff well-being and patient care outcomes. Moreover, Hogh, Hoel, and Carneiro (2017) highlight that underutilization of formal support mechanisms often reflects organizational climates that fail to adequately protect and empower victims of bullying, reinforcing the need for systemic interventions.

Relationship between the Respondents' Demographic Profiles and their Coping Mechanisms

The succeeding table examines the relationship between the demographic profile of the respondents and the coping mechanisms they employ. To test whether the relationship are statistically significant, various inferential measures were employed. For age and years of experience, Spearman Rho coefficient was employed. Likewise, for civil status, educational attainment, employment status, current position, unit of assignment, and type of healthcare institution, Kruskal Wallis was employed whereas for sex, Mann-Whitney test was utilized. All inferential analyses were tested using 0.05 level of significance.

Table 4.17

Relationship between the Respondents' Demographic Profiles and their Coping Mechanisms

Profiles	P-value	Interpretation
Age	0.0012**	Significant
Sex	0.1109	Not Significant
Civil Status	0.2061	Not Significant
Educational Attainment	0.0852	Not Significant
Years of Clinical Experience	0.0073**	Significant
Employment Status	0.1649	Not Significant
Current Position	0.0922	Not Significant
Unit Assignment	0.1054	Not Significant

Type of Healthcare Institution	0.2016	Not Significant
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Legend: **Significant at 0.05 level of significance

Table 4.17 presents the relationship between the respondents' demographic profiles and the coping mechanisms they employ in dealing with workplace bullying. The results indicate that age ($p = 0.0012$) and years of clinical experience ($p = 0.0073$) have a significant relationship with nurses' coping strategies. This suggests that older nurses and those with more clinical experience are more likely to adopt effective coping mechanisms such as task-focused strategies, stress-relief activities, or emotional detachment. In contrast, other demographic variables, including age ($p=0.1109$), civil status ($p = 0.2061$), educational attainment ($p = 0.0852$), employment status ($p = 0.1649$), current position ($p = 0.0922$), unit assignment ($p = 0.1054$), and type of healthcare institution ($p = 0.2016$), were found not to have a significant relationship with coping mechanisms. This implies that these aspects of nurses' profiles do not substantially influence the strategies they use to manage workplace bullying.

The findings carry important implications for nursing management and organizational policy. The significance of age and experience highlights that personal and professional maturity may influence how nurses cope with workplace stressors, while other demographic factors appear less influential. Therefore, interventions aimed at improving coping strategies should consider tailoring support and training programs according to experience levels. Additionally, the lack of significant associations with other demographic factors underscores the need for healthcare institutions to implement universal anti-bullying policies, organizational support systems, and counseling services that are accessible to all nurses regardless of position, department, or institution type. Such measures would ensure that all staff are equipped to manage bullying effectively and maintain high standards of patient care.

These results are supported by prior studies. Einarsen, S. et al. (2020) emphasized that older and more experienced healthcare professionals tend to adopt adaptive coping mechanisms, such as problem-focused strategies and emotional regulation, when faced with workplace bullying. Conversely, factors such as civil status, educational level, or institutional assignment were not consistently associated with coping, consistent with findings by Hogh, A. et al. (2017), highlighting that organizational culture and support systems play a more decisive role than demographic characteristics in shaping nurses' coping strategies.

Relationship between the Respondents' Job Performance and their Coping Mechanisms

The succeeding table presents the relationship between the respondents' job performance and the coping mechanisms they employ. To determine whether this relationship is statistically significant, Spearman's rank-order correlation was conducted. In addition, simple linear regression analysis was performed to examine whether the extent of coping mechanisms can predict job performance. All inferential analyses were evaluated at a 0.05 level of significance.

Table 4.18

Relationship between the Respondents' Job Performance and their Coping Mechanisms

Beta (β)	R	R ²	Adjusted R ²	P-value	Interpretation
0.65	0.63	0.3969	0.3921	0.001**	Significant

Legend: **Significant at 0.05 level of significance

Table 4.18 illustrates the relationship and predictive effect of coping mechanisms on nurses' job performance. Correlation analysis showed a strong positive relationship ($r = 0.63$, $p = 0.001$), indicating that nurses who employ more coping mechanisms tend to perform better in their professional duties. Furthermore, simple linear regression revealed that coping mechanisms significantly predict job performance ($\beta = 0.65$, $R^2 = 0.397$, $p = 0.001$). This implies that approximately 39.7% of the variance in nurses' job performance can be explained by the coping strategies they adopt.

The findings suggest that adaptive coping mechanisms, such as focusing on tasks, emotional detachment, engaging in stress-relief activities, and seeking appropriate social support, contribute meaningfully to higher job performance. This underscores the importance of supporting nurses in developing effective coping strategies to handle workplace challenges, including stress, heavy workloads, and bullying. Healthcare institutions should therefore implement programs aimed at improving stress management, resilience, and professional well-being, which can in turn enhance overall job performance and the quality of patient care.

These results align with Mahmoud et al. (2020), who found that nurses who actively employ coping strategies demonstrate higher professional efficiency and productivity. Similarly, Galanis et al. (2024) reported that stress-relief and problem-focused coping are positively associated with job satisfaction and performance. Moreover, Purpora and Blegen (2015) emphasized that effective coping mitigates the negative impact of workplace stressors on nurses' performance, highlighting the mediating role of coping strategies in maintaining professional functioning.

Differences in the Forms of Workplace Bullying when Grouped According to their Demographic Profiles

The following table examines the significant difference in the forms of workplace bullying experienced by nurses when grouped according to their demographic profile. To test whether the differences are statistically significant, various inferential measures were employed. For age, years of experience, civil status, educational attainment, employment status, current position, unit of assignment, and type of healthcare institution, Kruskal-Wallis was employed, whereas for sex, the Mann-Whitney test was utilized. All inferential analyses were tested using a 0.05 level of significance.

Table 4.19

Differences in the Forms of Workplace Bullying when Grouped According to their Demographic Profiles

Profiles	P-value	Interpretation
Age	0.0032**	Significant
Sex	0.2099	Not Significant
Civil Status	0.1617	Not Significant

Educational Attainment	0.2406	Not Significant
Years of Clinical Experience	0.0013**	Significant
Employment Status	0.2145	Not Significant
Current Position	0.1162	Not Significant
Unit Assignment	0.0118**	Significant
Type of Healthcare Institution	0.3091	Not Significant

Legend: **Significant at 0.05 level of significance

Table 4.19 depicts the differences in the forms of workplace bullying experienced by nurses when grouped according to their demographic profiles. The results reveal that age ($p = 0.0032$), years of clinical experience ($p = 0.0013$), and unit assignment ($p = 0.0118$) have a statistically significant impact on the forms of bullying experienced. This indicates that older nurses, those with more clinical experience, and those assigned to certain units report varying levels and types of workplace bullying. Conversely, sex, civil status, educational attainment, employment status, current position, and type of healthcare institution were not significantly associated with differences in bullying experiences ($p > 0.05$), suggesting that these characteristics do not substantially influence how nurses experience bullying.

The significance of age and clinical experience suggests that nurses' exposure to bullying may increase or manifest differently as they gain tenure, potentially due to hierarchical dynamics, longer exposure to workplace stressors, or generational differences in workplace interactions. Likewise, the significance of unit assignment highlights that certain departments or high-pressure units may be more prone to bullying incidents, underscoring the need for targeted interventions in these areas. On the other hand, the non-significant results for other demographics imply that anti-bullying measures should be inclusive, addressing all staff regardless of gender, marital status, educational background, or institution type.

These findings are consistent with Einarsen (2020), who noted that unit-specific work environments, such as high-intensity clinical areas, often report higher instances of bullying due to workload and hierarchical pressures. Similarly, Hogg et al. (2017) found that nurses with longer tenure may experience different forms of bullying, potentially related to power dynamics and cumulative exposure over time. This study also conforms with Cleary et al. (2018), who emphasized that interventions to mitigate workplace bullying must consider unit-specific risk factors and provide ongoing support and training to more experienced staff who may face unique challenges.

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATION

This chapter presents a comprehensive synthesis of the key findings, conclusions drawn, and recommendations proposed.

Summary of Findings

Respondents' Demographic Profiles

The majority of respondents are aged 33–37 years (53.3%), followed by 38–42 years (20.0%) and 48 years and above (13.3%), indicating a workforce largely in early to mid-adulthood. This suggests that most nurses have accumulated professional experience and are in their prime productive years, potentially influencing their exposure to workplace bullying and their use of coping mechanisms. Younger nurses represent a smaller proportion and may be more vulnerable to bullying due to limited experience. Respondents are nearly evenly distributed by sex, with females slightly higher at 51.3% compared to males at 48.7%. This balance allows for a representative understanding of workplace bullying across genders, while highlighting that gender dynamics may affect how bullying is experienced and reported. A slight majority of respondents are married (50.7%), with singles at 48.0% and widowed at 1.3%. This distribution indicates that nurses' personal life circumstances may influence resilience, emotional support, and coping strategies, as married nurses may have stronger family support, while single nurses may face greater vulnerability to workplace stressors. Most respondents hold a bachelor's degree (64.7%), followed by those with masteral units (19.3%) and master's degrees (15.3%), with very few holding doctoral units (0.7%). This suggests that while the majority meet entry-level professional qualifications, a segment is engaged in higher education, which may enhance critical thinking, confidence, and ability to cope with bullying. The largest group of respondents has 1–5 years of clinical experience (42.7%), followed by 6–10 years (24.7%) and 11–15 years (22.0%), with fewer than 1 year (8.7%) or more than 15 years (2.0%). This indicates a workforce concentrated in early to mid-career stages, where less experienced nurses may be more exposed to bullying, while experienced nurses may possess stronger coping strategies. A majority are regular/permanent employees (70.7%), followed by contractual (22.0%), with fewer casual, temporary, or part-time nurses. This suggests that job stability may provide greater security and confidence in addressing workplace bullying, whereas non-permanent employees may be more vulnerable due to job insecurity. Staff nurses form the largest group (38.0%), followed by clinical instructors (32.7%) and satellite nurses (20.7%), with fewer in supervisory or managerial roles. This distribution highlights that nurses in frontline care roles are more likely to encounter bullying due to hierarchical dynamics and workload, whereas those in leadership roles may have more authority to address such behaviors. The majority are assigned to academic institutions (32.0%) and satellite clinics (27.3%), followed by operating rooms, dialysis units, medical wards, emergency rooms, and others. This diversity indicates that the unit of assignment may influence both exposure to bullying and coping strategies, with high-pressure or understaffed units potentially experiencing more workplace conflicts. Respondents are fairly evenly distributed among private hospitals (34.7%), government hospitals (33.3%), and academic institutions (32.0%). This shows that nurses' experiences of bullying and coping mechanisms may vary depending on institutional context, with private hospitals potentially having higher stress and competitive pressures, government hospitals facing high patient loads, and academic institutions encountering evaluation-related stressors.

Forms of Workplace Bullying Experienced by Nurses in Healthcare Institutions

Nurses occasionally experience mild verbal bullying, mainly through unfair blame, inappropriate remarks, and repeated negative

feedback. Direct verbal aggression such as shouting, threats, or public humiliation is rare. These subtle behaviors can still affect morale, motivation, and workplace communication. Emotional bullying occurs sometimes, mostly through persistent worry, emotional exhaustion, and subtle pressures. Overt intimidation and public embarrassment are uncommon. Even mild emotional bullying can reduce resilience, increase stress, and impact teamwork. Social bullying is present at a mild level, primarily through gossip, rumors, and occasional exclusion from workplace interactions. Direct social isolation is less frequent. These behaviors can undermine trust, collaboration, and interpersonal relationships. Professional bullying is very rare, with nurses generally experiencing fair treatment in assignments, promotions, and recognition. Minor instances, such as ideas being dismissed, occasionally occur. Overall, the professional environment supports respect, growth, and career development. Cyberbullying is virtually absent, and nurses feel safe in digital communication and online collaboration. Offensive messages, public criticism, or misuse of private information are extremely rare. Institutional policies and professional digital etiquette maintain a secure and respectful online environment.

Effects of Workplace Bullying to the Job Performance of the Nurses

Workplace bullying has a strong negative effect on nurses' job performance, substantially reducing their efficiency and productivity. The relationship between bullying and performance is significant, indicating that bullying directly contributes to decreased work outcomes. These findings highlight the need for healthcare institutions to implement anti-bullying policies and supportive practices to protect nurses' performance and overall well-being.

Respondents' Coping Mechanisms in Dealing with Workplace Bullying

Nurses most often cope with workplace bullying by focusing on their tasks and emotionally detaching from the situation, allowing them to maintain professionalism and minimize immediate psychological stress. Engaging in stress-relief activities, such as exercise, meditation, or hobbies, and avoiding interaction with the person involved in bullying are also commonly practiced strategies, reflecting a preference for self-managed and avoidance-based coping. Formal strategies, including confronting the bully professionally, discussing experiences with supervisors, or seeking advice from colleagues, are used only occasionally, suggesting limited reliance on organizational support or structured interventions. Support-seeking behaviors that involve external assistance, such as talking to family or friends, keeping records of incidents, seeking counseling, or requesting reassignment, are rarely utilized, highlighting a tendency among nurses to manage bullying internally and potential barriers in the organizational environment that discourage formal reporting.

Conclusion

The findings of this study reveal that the nursing workforce is predominantly composed of individuals in their early to mid-career stages, characterized by adequate educational preparation, stable employment status, and diverse clinical assignments. These demographic characteristics suggest that while nurses are in their most productive and professionally active years, variations in experience, role, and employment status may influence their vulnerability to workplace bullying and their capacity to cope with such challenges. Frontline nurses, particularly those with fewer

years of experience, appear more susceptible to negative workplace interactions due to hierarchical structures and limited professional confidence.

It further establishes that workplace bullying among nurses exists primarily in subtle and indirect forms, including mild verbal, emotional, and social behaviors, rather than overt or aggressive acts. Although these manifestations are generally infrequent, their cumulative effect should not be underestimated, as they can gradually erode morale, interpersonal relationships, and overall workplace climate. Notably, professional and cyber forms of bullying are minimal, indicating the presence of generally supportive institutional policies and professional standards across healthcare settings.

Despite the relatively low occurrence of severe bullying behaviors, the study confirms that workplace bullying exerts a significant negative impact on nurses' job performance. Even mild and occasional exposure is associated with reduced efficiency, productivity, and overall work outcomes, underscoring the critical need for healthcare institutions to remain vigilant and proactive in addressing all forms of workplace incivility.

Moreover, the findings highlight that nurses predominantly rely on individual, self-regulated coping mechanisms, such as task-focused engagement, emotional detachment, and avoidance strategies. While these approaches may provide immediate relief, the limited use of formal reporting systems and organizational support structures suggests potential barriers, including fear of retaliation, lack of trust, or insufficient institutional mechanisms. This tendency to internalize and manage bullying independently may hinder long-term resolution and perpetuate a culture of silence within healthcare environments.

Recommendations

Based on the findings and conclusions of the study, the following recommendations are respectfully addressed to the appropriate stakeholders:

1. For Healthcare Institutions and Hospital Administrators. Healthcare institutions should develop, strengthen, and strictly enforce comprehensive anti-bullying policies that clearly define various forms of workplace bullying, including subtle verbal, emotional, and social behaviors, along with standardized reporting procedures and appropriate disciplinary actions.
2. For Nursing Administrators and Nurse Leaders. Nursing administrators should cultivate a culture of openness, respect, and psychological safety by promoting professional communication and implementing a zero-tolerance policy toward any form of workplace incivility, regardless of severity.
3. For Healthcare Institutions, Nursing Educators, and Human Resource Departments. Regular training programs and seminars on workplace bullying, conflict resolution, emotional intelligence, and professional ethics should be conducted to enhance awareness and equip nurses with appropriate interpersonal and coping skills.
4. For Nurse Managers, Clinical Supervisors, and Senior Nurses. Mentorship and preceptorship programs should be reinforced, particularly for newly hired and less experienced nurses, to provide guidance, strengthen

professional confidence, and reduce vulnerability to bullying within hierarchical healthcare environments.

5. For Healthcare Organizations and Human Resource Management Offices. Healthcare organizations should establish confidential, accessible, and non-retaliatory reporting systems to encourage nurses to formally report bullying incidents without fear, thereby improving organizational response, transparency, and accountability.
6. For Healthcare Institutions and Employee Wellness Committees. Institutions should provide accessible mental health support services, such as counseling, peer support groups, and employee assistance programs, to help nurses manage stress and cope more effectively with workplace challenges.
7. For Hospital Management and Occupational Health Units. Wellness and stress management programs, including mindfulness activities, physical fitness initiatives, and work-life balance interventions, should be integrated into the workplace to mitigate the adverse effects of bullying on nurses' job performance and overall well-being.
8. For Nurse Managers, Supervisors, and Department Heads. Leadership development and management training should be provided to nurse managers and supervisors to strengthen their ability to identify, prevent, and address workplace bullying promptly, objectively, and fairly, especially among frontline nursing staff.
9. For Quality Assurance Offices and Hospital Administrators. Regular assessment of workplace climate through surveys, feedback mechanisms, and organizational evaluations should be conducted to monitor the prevalence of bullying, assess the effectiveness of interventions, and identify areas requiring continuous improvement.
10. For Future Researchers and Nursing Scholars. Future researchers should further investigate the barriers that limit nurses from utilizing formal support systems and explore effective strategies that promote reporting behaviors, organizational trust, resilience, and long-term anti-bullying interventions across diverse healthcare settings.

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APPENDICES

APPENDIX A

CERTIFICATION OF READINESS FOR DEFENSE



Republic of the Philippines
PALAWAN STATE UNIVERSITY
Puerto Princesa City



GRADUATE SCHOOL

Certification of Readiness for Final Defense

April 14, 2026

TERESITA D. TAJOLOSA, PhD
Dean, Graduate School
This University
Manalo Campus, Puerto Princesa City

Dear Dr. Tajolosa,

This certifies that I have seen the final thesis of MS. LENNIE VEE M. LAMPA titled: "**WORLPLACE BULLYING EXPERIENCES AND COPING MECHANISMS AND ITS EFFECT IN THE PERFORMANCES OF NURSES WORKING IN VARIOUS HEALTHCARE SETTINGS**" and attest to its readiness in content and in mechanics. The final thesis therefore is considered ready for defense. It is requested that proposal/final defense be scheduled.

Yours sincerely,

A stylized signature of Otelio H. Juanzo, Jr. in black ink.

OTELIO H. JUANZO, JR., MSN
Adviser

Attested by:

A stylized signature of Prof. Shirley M. Dangan in black ink.

PROF. SHIRLEY M. DANGAN
English / Language Edit

Cc:
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March 24, 2026

DRA. JANICE DALE PORTALES
Chief of Hospital, ACE Hospital
Puerto Princesa City, Palawan

THRU: MS. SHELLY REGALADO
Chief Nurse

Dear Dra. Portales;

Greetings in Peace!

Mission

The Palawan State University is committed to upgrade the people's quality of life by providing education opportunities through excellent instruction, research and innovation, extension, production services, and transnational collaborations.

I, **LENNIE VEE M. LAMPA**, a Master of Science in Nursing Major in Medical and Surgical Nursing student at Palawan State University Graduate School, is currently working on my Research titled **“WORLPLACE BULLYING EXPERIENCES AND COPING MECHANISMS AND ITS EFFECT IN THE PERFORMANCES OF NURSES WORKING IN VARIOUS HEALTHCARE SETTINGS”**.

The aim of this study is to investigate the experiences of workplace bullying among nurses working in various healthcare settings, and to understand the coping mechanisms they employ in response to such challenges. It seeks to explore how bullying behaviors affect nurses' psychological well-being, job satisfaction, and overall performance, while also examining the effectiveness of different coping strategies in mitigating these negative impacts. Furthermore, the study aims to compare bullying experiences and coping responses across different healthcare environments, thereby providing a comprehensive view of the issue. Ultimately, the research intends to generate evidence-based recommendations for organizational policies and interventions that can reduce workplace bullying, strengthen nurses' resilience, and enhance their professional performance.

The respondents of this study are nurses working in various healthcare settings such as hospitals, clinics, and health centers. There will be no name of hospital and staff nurses that will be mentioned in the final paper. The anonymity of the respondents and hospitals will be assured and gathered information will be kept confidential. Moreover, the results of this undertaking will not reflect to you as the Chief of the Hospital nor to the Nurses in the hospitals.

In view with this, I would like to request permission to be allowed and be given with approval to conduct the study in your institution through a face to face gathering of data from April 01 to 31, 2026. Attached are the research protocol and instrument to be used.

I am looking forward for your approval on this matter. Rest assured that the results of this study will be communicated into your office.

Respectfully yours,

MS. LENNIE VEE M. LAMPA, RN (SGD)
MSN Student

Noted by:

APPENDIX C

LETTER TO THE CITY HEALTH OFFICER



Republic of the Philippines
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March 24, 2026

DR. RICARDO B. PANGANIBAN, MD, RN, RMT
City Health Officer II
City Health Office
Puerto Princesa City, Palawan

Dear Dr. Panganiban;

Greetings in Peace!

I, **LENNIE VEE M. LAMPA**, a Master of Science in Nursing Major in Medical and Surgical Nursing student at Palawan State University Graduate School, is currently working on my Research titled **“WORLPLACE BULLYING EXPERIENCES AND COPING MECHANISMS AND ITS EFFECT IN THE PERFORMANCES OF NURSES WORKING IN VARIOUS HEALTHCARE SETTINGS”**.

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The respondents of this study are nurses working in various healthcare settings such as hospitals, clinics, and health centers. There will be no name of institution and staff nurses that will be mentioned in the final paper. The anonymity of the respondents and City Health Office will be assured and gathered information will be kept confidential. Moreover, the results of this undertaking will not reflect to you as the Chief of the Hospital nor to the Nurses in the City Health Office.

In view with this, I would like to request permission to be allowed and be given with approval to conduct the study in your institution through a face to face gathering of data from April 01 to 31, 2026. Attached are the research protocol and instrument to be used.

I am looking forward for your approval on this matter. Rest assured that the results of this study will be communicated into your office.

Respectfully yours,

MS. LENNIE VEE M. LAMPA, RN (SGD)
MSN Student

Noted by:

PROF. OTELIO H. JUANZO JR. (SGD)
Research Adviser



Management System
ISO 9001:2015



Palawan State University, Manalo Campus, Puerto Princesa City, Palawan, 5300, Philippines
+63-48 4342707 | gs@psu.edu.palawan.edu.ph | www.psu.palawan.edu.ph

LETTER TO THE COLLEGE PRESIDENT



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March 24, 2026

MR. ERIC HENRY I. ALTERADO
 President, Palawan Polytechnic College Inc.
 Puerto Princesa City, Palawan

Dear ~~Mr. Alterado~~:

Greetings in Peace!

I, **LENNIE VEE M. LAMPA**, a Master of Science in Nursing Major in Medical and Surgical Nursing student at Palawan State University Graduate School, is currently working on my Research titled **“WORLPLACE BULLYING EXPERIENCES AND COPING MECHANISMS AND ITS EFFECT IN THE PERFORMANCES OF NURSES WORKING IN VARIOUS HEALTHCARE SETTINGS”**.

The aim of this study is to investigate the experiences of workplace bullying among nurses working in various healthcare settings, and to understand the coping mechanisms they employ in response to such challenges. It seeks to explore how bullying behaviors affect nurses' psychological well-being, job satisfaction, and overall performance, while also examining the effectiveness of different coping strategies in mitigating these negative impacts. Furthermore, the study aims to compare bullying experiences and coping responses across different healthcare environments, thereby providing a comprehensive view of the issue. Ultimately, the research intends to generate evidence-based recommendations for organizational policies and interventions that can reduce workplace bullying, strengthen nurses' resilience, and enhance their professional performance.

The respondents of this study are nurses working in various healthcare settings such as hospitals, academe, and health centers. There will be no name of institution and clinical instructors that will be mentioned in the final paper. The anonymity of the respondents and school will be assured and gathered information will be kept confidential. Moreover, the results of this undertaking will not reflect to you as the President of the College nor to Clinical Instructors in the School.

In view with this, I would like to request permission to be allowed and be given with approval to conduct the study in your institution through a face to face gathering of data from April 01 to 31, 2026. Attached are the research protocol and instrument to be used.

I am looking forward for your approval on this matter. Rest assured that the results of this study will be communicated into your office.

Respectfully yours,

MS.LENNIE VEE M. LAMPA, RN (SGD)
 MSN Student

Noted by:


PROF. OTELIO H. JUANZO JR.(SGD)
 Research Adviser



Palawan State University, Manalo Campus, Puerto Princesa City, Palawan, 5300, Philippines


APPENDIX E

LETTER TO THE EXPERT FOR CONTENT VALIDATION



Palawan State University
Philippines

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February 10, 2026

PROF. JOYCE ANN T. HERNANDO
Faculty, College of Nursing and Health Sciences
Palawan State University

Dear Ma'am;

Greetings in the Name of the Most Merciful and Most Gracious!


I, **MS. LENNIE VEE M. LAMPA**, a Master of Science in Nursing major in Medical and Surgical Nursing student at Palawan State University Graduate School, is currently working on my Research Proposal titled **"Workplace Bullying Experiences and Coping Mechanisms and Its Effect in the Performance of Nurses Working in Various Healthcare Settings"**.

The primary objective of this study is to determine the extent of workplace bullying experienced by nurses, the coping mechanisms they employ, and the effect of such bullying on their work performance across various healthcare settings. Specifically, the study aims to describe the demographic profile of nurses, identify the forms of workplace bullying they experience—including verbal, emotional, social, professional, and cyberbullying—determine the coping strategies they utilize in response to these experiences, assess their level of work performance, examine the relationships between the forms of bullying and both their coping mechanisms and work performance, and, based on the findings, recommend institutional interventions and support systems to address workplace bullying and promote a positive and supportive work environment for nurses.


In view with this, I would like to request your time to be one of the experts that will validate the content of my instrument. Your expertise will greatly help in the clarity of the instrument. I am looking forward for your approval and due recognition will be assured. Attached herewith is the copy of the instrument.

Thank you.

Sincerely yours,


MS. LENNIE VEE M. LAMPA
MSN Student

Noted by:


PROF. OTELIO H. JUANZO JR.
Research Adviser



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February 10, 2026

PROF. JOHNARD B. REBATO
 Faculty, College of Nursing and Health Sciences
 Palawan State University

Dear Sir,

Greetings in the Name of the Most Merciful and Most Gracious!

I, **MS. LENNIE VEE M. LAMPA**, a Master of Science in Nursing major in Medical and Surgical Nursing student at Palawan State University Graduate School, is currently working on my Research Proposal titled *"Workplace Bullying Experiences and Coping Mechanisms and Its Effect in the Performance of Nurses Working in Various Healthcare Settings"*.

The primary objective of this study is to determine the extent of workplace bullying experienced by nurses, the coping mechanisms they employ, and the effect of such bullying on their work performance across various healthcare settings. Specifically, the study aims to describe the demographic profile of nurses, identify the forms of workplace bullying they experience—including verbal, emotional, social, professional, and cyberbullying—determine the coping strategies they utilize in response to these experiences, assess their level of work performance, examine the relationships between the forms of bullying and both their coping mechanisms and work performance, and, based on the findings, recommend institutional interventions and support systems to address workplace bullying and promote a positive and supportive work environment for nurses.

In view with this, I would like to request your time to be one of the experts that will validate the content of my instrument. Your expertise will greatly help in the clarity of the instrument. I am looking forward for your approval and due recognition will be assured. Attached herewith is the copy of the instrument.

Thank you.

Sincerely yours,


MS. LENNIE VEE M. LAMPA
 MSN Student

Noted by:


PROF. OTELIO H. HUANZO JR.
 Research Adviser

*Received
 2-10-2024*

APPENDIX F

CERTIFICATE OF CONTENT VALIDATION



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CERTIFICATION

This is to certify that the undersigned had checked the content validity of the questionnaire for the research study entitled **"WORKPLACE BULLYING EXPERIENCES AND COPING MECHANISMS AND ITS EFFECT IN THE PERFORMANCE OF NURSES WORKING IN VARIOUS HEALTHCARE SETTINGS"**.

As far as content validation is concerned, there is a constructive alignment between the items included in the research questionnaire and the identified research problems. Furthermore, the statements in the said instrument were clearly stated and presented in a logical manner. Hence, this questionnaire may now be subjected to pilot testing for internal consistency and reliability.


PROF. JOHNARD B. REBATO
Name & Signature

Assistant Professor III
Designation

Date



Palawan State University, Manalo Campus, Puerto Princesa City, Palawan
5300, Philippines ☎ +63-48 4342707 📧 gs@psu.edu.ph palawan.edu.ph
🌐 www.psu.palawan.edu.ph



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This is to certify that the undersigned had checked the content validity of the questionnaire for the research study entitled **"WORKPLACE BULLYING EXPERIENCES AND COPING MECHANISMS AND ITS EFFECT IN THE PERFORMANCE OF NURSES WORKING IN VARIOUS HEALTHCARE SETTINGS"**.

As far as content validation is concerned, there is a constructive alignment between the items included in the research questionnaire and the identified research problems. Furthermore, the statements in the said instrument were clearly stated and presented in a logical manner. Hence, this questionnaire may now be subjected to pilot testing for internal consistency and reliability.


PROF. JOYCE ANN T. HERNANDO
Name & Signature

Assistant Professor I
Designation

2/23/24
Date





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This is to certify that the undersigned had checked the content validity of the questionnaire for the research study entitled **"WORKPLACE BULLYING EXPERIENCES AND COPING MECHANISMS AND ITS EFFECT IN THE PERFORMANCE OF NURSES WORKING IN VARIOUS HEALTHCARE SETTINGS"**.

As far as content validation is concerned, there is a constructive alignment between the items included in the research questionnaire and the identified research problems. Furthermore, the statements in the said instrument were clearly stated and presented in a logical manner. Hence, this questionnaire may now be subjected to pilot testing for internal consistency and reliability.


PROF. JAIRUS L. KATON
 Name & Signature

Assistant Professor III
 Designation

3-19-26

Date



APPENDIX G

LETTER REQUEST FOR ETHICAL CLEARANCE



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March 16, 2026

PROF. JOEL C. ESTACIO
Chair, Research Ethics Committee
Don Mariano Marcos Memorial State University

Dear Prof. Estacio;

Greetings in the Name of the Most Merciful and Most Gracious!


I, **MS. LENNIE VEE M. LAMPA**, a Master of Science in Nursing Major in Medical and Surgical Nursing student at Palawan State University Graduate School, is currently working on my Research Proposal titled **"Workplace Bullying Experiences and Coping Mechanisms and Its Effect in the Performance of Nurses Working in Various Healthcare Settings"**

The primary objective of this study is to determine the extent of workplace bullying experienced by nurses, the coping mechanisms they employ, and the effect of such bullying on their work performance across various healthcare settings. Specifically, the study aims to describe the demographic profile of nurses, identify the forms of workplace bullying they experience, determine the coping strategies they utilize in response to these experiences, assess their level of work performance, examine the relationships between the forms of bullying and both their coping mechanisms and work performance, and, based on the findings, recommend institutional interventions and support systems to address workplace bullying and promote a positive and supportive work environment for nurses.

In this regard, I respectfully request the evaluation of my research proposal for ethical clearance. Your review and approval will ensure that the study adheres to the appropriate ethical standards in conducting research involving human participants.

Thank you very much for your time and consideration.

Respectfully yours,


MS. LENNIE VEE M. LAMPA
Master of Science in Nursing
Major in Medical-Surgical Nursing
Palawan State University – Graduate School

Noted by:


PROF. OTELIO H. JUANZO JR.
Research Adviser



Palawan State University, Manalo Campus, Puerto Princesa City, Palawan, 5300, Philippines
☎ +63-48 4342707 ✉ gs@psu.edu.palawan.edu.ph 🌐 www.psu.palawan.edu.ph

APPENDIX H
ETHICAL CLEARANCE



Don Mariano Marcos Memorial State University
Research Ethics
Bacnotan, La Union, Philippines
Email: rcrc@dmmmsu.edu.ph
Level I Accredited by the Philippine Health Research Ethics Board (PHREB)
Accreditation No: L1-2025-056-02

**Research Ethics
Committee**

Dr. Joel C. Estacio
(Health)
Chair

Engr. Luis A. Tattao
(Engineering and Technology)
Vice-Chair

Prof. Sherille A. Orejudos
(Health)
Member Secretary

Members:

Prof. Claudia Denise P. Barbadillo
(Social and Behavioral Sciences)

Dr. Amy P. Balcita
(ICT Education)

Prof. Led Karen R. Zamudio
(Health)

Dr. Genaro D. Omo
(Agriculture, Aquaculture and
Natural Resources)

Dr. Violeta F. Collado
(Science Education)

Prof. Sheldy M. Peralta
(Health)

Prof. Yezza E. Sindayen
(Psychology)

Prof. Charlie S. Marzan
(ICT Education)

Prof. Grace O. Davis
(Governance and Management)

Dr. Maria Consuelo W. Alicantara
(Medical)

Prof. Jouie L. Donato
(Criminal Justice Education)

External Members:

Dr. Aileen Kris S. Padilla
(Psychology)

Ptr. Epifanio D. Aduan
(Humanities and Spirituality)

Dr. Jovencio M. Milan Jr.
(Health)

Atty. Leonard S. Dulay
(Governance and Management)

Mr. Alex P. Sarmiento
(Criminal Justice Education)

Secretariat:

Engr. Rhodora S. Mortela
Erna S. Polonio, LPT

DMMMSU-RETC-F011
Rev.01 (02.15.2023)

ETHICAL CLEARANCE

May 11, 2026

This is to certify that DMMMSU Research Ethics Committee has **APPROVED** the following study protocol.

Name of Principal Investigator: **Lennie Vee M. Lampa**

Title of Study / Protocol: **Workplace Bullying Experiences And Coping Mechanisms And Its Effect In The Performance Of Nurses Working In Various Settings**

RETC Code: **2026-471-Workplace Bullying Experiences-Lampa**

The following are the responsibilities of the investigators / researchers after protocol approval:

1. Seek approval from DMMMSU Research Ethics for any protocol amendment after this date.
2. Submit SAE and SUSAR Reports to RETC when deemed necessary.
3. Submit progress report.
4. Notify DMMMSU RETC of any Protocol deviation/violation.
5. Abide by the principles of good clinical practice and ethical research
6. Comply with relevant international and national guidelines and regulations
7. Submit the **final report** after study completion using the Final Report Form (DMMMSU-RETC-F022).

This Ethical Clearance is valid until May 11, 2027.

JOEL C. ESTACIO
Chair
DMMMSU Research Ethics Committee





Don Mariano Marcos Memorial State University

Research Ethics

Bacnotan, La Union, Philippines

Email: rec@dmmmsu.edu.ph

Level I Accredited by the Philippine Health Research Ethics Board (PHREB)

Accreditation No: L1-2025-056-02

DECISION LETTER

May 11, 2026

MS. LENNIE VEE M. LAMPA
MS Nursing Student
Palawan State University



RE: Workplace Bullying Experiences And Coping Mechanisms And Its Effect In The Performance Of Nurses Working In Various Settings

RETC code: 2026-471-Workplace Bullying Experiences-Lampa

Subject: Evaluation results, findings, and recommendations

Dear *Ms. Lampa*:

This is to acknowledge receipt of your request and the following supporting documents dated March 17, 2026.

- Request Letter for Review
- Application for Ethics Review of a New Protocol Form
- Full proposal / Study protocol
- Questionnaire
- Informed Consent Form
- Curriculum Vitae
- Technical Review Approval/Compliance Matrix

After review of your initial submission documents, the REC decides to **APPROVE** your protocol. Attached with this letter is your Ethical Clearance.

Please note the responsibilities of the researchers/investigators after protocol approval. Note that failure to comply with the conditions and responsibilities may result in the withdrawal of approval of your protocol.

Very truly yours,

JOEL C. ESTACIO
Chair, Research Ethics

DMMSU-RETC-F010
Rev.00 (06.01.2021)

APPENDIX I
INFORMED CONSENT FORM



Republic of the Philippines
PALAWAN STATE UNIVERSITY
Graduate School
Puerto Princesa City

Name of Principal Investigator: LENNIE VEE M. LAMPA
Name of Organization: PALAWAN STATE UNIVERSITY
Name of Sponsor (if applicable): NOT APPLICABLE
Name of Project and Version: WORKPLACE BULLYING EXPERIENCES AND COPING MECHANISMS AND ITS EFFECT IN THE PERFORMANCE OF NURSING WORKING IN VARIOUS SETTINGS.

Part I: Information Sheet

Introduction

Workplace bullying has emerged as a persistent and damaging phenomenon in healthcare institutions globally, with nurses frequently becoming primary targets due to their frontline roles and hierarchical organizational structures. Defined as repeated, health-harming mistreatment by one or more employees through verbal abuse, offensive conduct, or work interference (Yıldırım et al., 2022), bullying in the nursing profession undermines the quality of patient care, threatens employee well-being, and compromises institutional performance.

In recent years, trends in nursing literature have highlighted the increasing incidence of workplace bullying across healthcare settings, both in public and private institutions. The COVID-19 pandemic further intensified stressors in healthcare, amplifying vulnerability to bullying due to increased workloads, resource shortages, and emotional fatigue (Al-Ghabeesh et al., 2021). These factors created fertile ground for power struggles, scapegoating, and lateral violence among healthcare workers, with nurses often bearing the brunt of these pressures.

Contemporary research also shows that workplace bullying is not only an interpersonal issue but also a systemic concern rooted in organizational culture, leadership styles, and staffing patterns (Sauer et al., 2023). Bullying can manifest in various forms, such as exclusion, humiliation, undue criticism, or professional sabotage, often resulting in psychological distress, burnout, decreased job satisfaction, and even intent to leave the profession (Chen et al., 2021; Park & Park, 2024).

Despite the growing body of international literature on bullying in nursing, there remains a significant gap in localized, qualitative studies that explore the lived experiences of nurses within specific sociocultural and institutional contexts. Particularly in the Philippine healthcare setting, limited research addresses the coping mechanisms employed by nurses when confronted with bullying behaviors, making it difficult for policy-makers and administrators to design effective, culturally sensitive interventions. Moreover, while several studies have identified common coping strategies such as seeking peer support, avoidance, or organizational reporting (Ahmed et al., 2022), there is insufficient empirical evidence examining how these coping mechanisms vary depending on institutional type, professional experience, or individual resilience.

This study seeks to fill this research gap by systematically examining the experiences of workplace bullying among nurses in healthcare institutions in Palawan, and identifying the coping mechanisms they adopt in response. By doing so, the study aims to generate nuanced insights that can inform evidence-based strategies for nurse protection, institutional policy reform, and mental health support. It also contributes to the broader discourse on occupational health and safety within high-pressure service professions.

In aligning with current trends in occupational and health psychology, the study emphasizes the importance of promoting positive work environments, implementing zero-tolerance policies on workplace bullying, and cultivating organizational cultures

DMMMSU-RETC-F039
Rev.00 (12.15.2021)

APPENDIX J
RESEARCH INSTRUMENT



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February 15, 2026

Dear Respondent;

Greetings in the Name of the Most Merciful and Most Gracious!

I, MS. LENNIE VEE M. LAMPA, a Master of Science in Nursing major in Medical and Surgical Nursing student at Palawan State University Graduate School, is currently working on my Research Proposal titled "*Workplace Bullying Experiences and Coping Mechanisms and Its Effect in the Performance of Nurses Working in Various Healthcare Settings*".

The primary objective of this study is to determine the extent of workplace bullying experienced by nurses, the coping mechanisms they employ, and the effect of such bullying on their work performance across various healthcare settings. Specifically, the study aims to describe the demographic profile of nurses, identify the forms of workplace bullying they experience—including verbal, emotional, social, professional, and cyberbullying—determine the coping strategies they utilize in response to these experiences, assess their level of work performance, examine the relationships between the forms of bullying and both their coping mechanisms and work performance, and, based on the findings, recommend institutional interventions and support systems to address workplace bullying and promote a positive and supportive work environment for nurses.

In view with this, I would like to request your time to be one of the participants for the said study. Your participation will greatly help in the attainment of the objectives of the study and in the promotion of health. I am looking forward for your participation and your anonymity is rest assured.

Thank you.

Sincerely yours,

MS. LENNIE VEE M. LAMPA (SGD)
MSN Student

Noted by:

PROF. OTELIO H. JUANZO JR. (SGD)
Research Adviser

PART II. EXTENT OF WORKPLACE BULLYING

Direction: Please indicate how often you have experienced the following behaviors in your workplace during the past 12 months. Tick 4 – Always; 3 – Often; 2 – Sometimes; 1 – Never

Constructs	Extent of Workplace Bullying			
	Always (4)	Often (3)	Some times (2)	Never (1)
a. Verbal Bullying				
1. I have been shouted at or spoken to harshly.				
2. I have been insulted or called derogatory names.				
3. I have been humiliated verbally in front of others.				
4. I have been unfairly criticized regarding my work.				
5. I have been subjected to offensive jokes or remarks.				
6. I have been yelled at for mistakes that were not mine.				
7. I have been blamed unfairly for work-related issues.				
8. I have been spoken to in a condescending tone.				
9. I have been threatened verbally by colleagues or supervisors.				
10. I have experienced repeated negative comments about my work performance.				
b. Emotional Bullying				
1. I have been intimidated or threatened at work.				
2. I have been made to feel incompetent.				
3. I have been belittled or demeaned regularly.				
4. I have been ignored or treated as unimportant.				
5. I have felt persistent pressure or harassment.				
6. I have been deliberately embarrassed in front of colleagues.				
7. I have been subjected to unfair or unreasonable expectations.				
8. I have felt controlled or manipulated by a colleague or superior.				
9. I have experienced constant worry or stress due to someone's behavior.				
10. I have felt emotionally drained by repeated negative treatment at work.				
c. Social Bullying				
1. I have been excluded from workplace activities or discussions.				
2. Colleagues have ignored or avoided me intentionally.				
3. I have been socially isolated at work.				

4. I have been deliberately left out of meetings or group tasks.				
5. False rumors have been spread about me.				
6. My colleagues have avoided collaborating with me.				
7. I have been subjected to gossip or malicious talk.				
8. I have felt excluded from informal social networks at work.				
9. I have been treated differently from other colleagues.				
10. My contributions in group settings have been ignored or dismissed.				
d. Professional Bullying				
1. I have been assigned tasks below or above my competency level to humiliate me.				
2. Important work-related information has been withheld from me.				
3. My professional achievements have been ignored or undermined.				
4. I have been unfairly denied training or professional development opportunities.				
5. I have been unfairly passed over for promotions.				
6. My ideas or suggestions have been dismissed without consideration.				
7. I have been given impossible deadlines to set me up for failure.				
8. I have been evaluated unfairly or unjustly by supervisors.				
9. I have been denied recognition for my contributions.				
10. I have experienced repeated obstruction of my professional growth.				
e. Cyberbullying				
1. I have received offensive or threatening messages through emails or messaging apps.				
2. Negative comments about me have been posted on workplace online platforms.				
3. I have been embarrassed through social media or online work groups.				
4. I have been excluded from online communications intentionally.				
5. Colleagues or supervisors have shared private or sensitive information about me online.				
6. I have been subjected to online ridicule or mocking by coworkers.				
7. I have received repeated emails or messages intended to intimidate me.				
8. I have been the target of harmful online posts related to my work.				
9. My online contributions or ideas have been unfairly criticized publicly.				

10. I have experienced deliberate misrepresentation of my work online.				
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PART III. COPING MECHANISMS

Direction: Indicate how often you use the following strategies when experiencing workplace bullying. Tick 4 – Always; 3 – Often; 2 – Sometimes; 1 – Never

Coping Mechanisms	Extent of Utilization			
	Always (4)	Often (3)	Some times (2)	Never (1)
1. I seek advice from colleagues on how to handle bullying situations.				
2. I discuss my experiences with my supervisor or manager.				
3. I talk to family or friends for emotional support.				
4. I confront the person who bullied me in a professional manner.				
5. I avoid interaction with the person involved in bullying.				
6. I keep a personal record of bullying incidents for future reference.				
7. I engage in stress-relief activities such as exercise, meditation, or hobbies.				
8. I seek counseling or professional psychological support.				
9. I request reassignment or transfer to another unit to avoid the bully.				
10. I focus on my tasks and try to emotionally detach from the bullying situation.				

PART IV. WORK PERFORMANCE

Direction: Indicate your level of agreement with the following statements regarding your work performance. Tick 4 – Strongly Agree; 3 – Agree; 2 – Disagree; 1 – Strongly Disagree

Constructs	Extent of Work Performance			
	Strongly Agree (4)	Agree (3)	Disagree (2)	Strongly Disagree (1)
1. I complete my assigned tasks on time.				
2. I maintain high quality of patient care despite workplace challenges.				
3. I remain focused and productive even when facing bullying incidents.				
4. I follow workplace policies and procedures consistently.				

5. I collaborate effectively with colleagues to accomplish work goals.				
6. I maintain professional behavior and attitude in all situations.				
7. I adapt to changes in my work environment efficiently.				
8. I meet the expectations of my supervisors regarding work output.				
9. I manage my workload effectively despite stressful situations.				
10. I demonstrate commitment and responsibility toward my professional duties.				

Thank you for your cooperation!!!

APPENDIX K
SIMILARITY TEST



Page 1 of 55 - Cover Page

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