

## **WORKPLACE BULLYING EXPERIENCE AND TURNOVER INTENTIONS AMONG NURSES IN HOSPITALS IN SOUTH-WEST NIGERIA**

**Kadijat Bolanle Lasisi<sup>1</sup>, Zaccheaus Olufunminiyi Olonade<sup>2</sup>, Adebayo Samson Odebode<sup>3\*</sup>, Solomon Ojo<sup>4</sup>, Aanu Celinah Timi-Eweje<sup>5</sup> & Lateef Oyewale Shittu<sup>6</sup>**

<sup>1-6</sup>Department of Employment Relations and Human Resource Management, Osun State University, Osogbo, Nigeria

\*adebayour2040@gmail.com

**ABSTRACT:** Bullying is a major issue affecting service delivery and the effectiveness of nurses in Nigeria. However, the study examined workplace bullying experiences and turnover intentions among nurses in hospitals in South-western Nigeria. The study data were collected using a structured questionnaire. Purposive sampling technique was used to select hospitals in the South-west region of Nigeria, in which a total of six hundred and twenty-two (622) nurses were randomly selected for the study. Descriptive and inferential statistics were used to analyse the data collected. The collected data were analysed at 0.05 alpha level. The results of the study showed that bullying significantly influenced turnover intentions among nurses in hospitals in South-western Nigeria ( $F(1, 418) = 5.708, p < .005$ ). It was concluded that workplace bullying experience was a predictor of turnover intentions, and that selected hospitals should formulate and implement a comprehensive workplace anti-bullying policy that clearly defines bullying behaviours and outlines its consequences for perpetrators.

**Keywords:** Workplace Bullying, Turnover Intentions, Nurse, Hospital

### **INTRODUCTION**

Over the years, a considerable and rising body of research has developed, suggesting that workplace bullying is a prevalent and costly phenomenon. Health workers perform better when a harmonious working environment exists within and across groups of health professionals. Specifically, workplace bullying, which negatively impacts on health workers' performance, has been identified as a major problem among nurses in many hospitals. Bullying at work is a significant psychosocial risk factor in nearly every workplace worldwide (Teo et al., 2021). It is a significant public concern that is gaining more attention due to reports from a variety of nations and professions. Bullying at work is a very serious form of violence that includes actions like harassment, offense, and social exclusion (Zhang et al., 2023). It transcends industries and professions, with healthcare settings being particularly susceptible due to their high-pressure environments and hierarchical dynamics.

Among healthcare workers, nurses are disproportionately affected, as they operate at the frontline of care delivery, often in environments characterized by limited resources, high patient loads, and emotionally charged interactions. In Nigeria, these systemic challenges are compounded by infrastructural inadequacies, poor remuneration, and an overburdened healthcare workforce,

creating an environment where workplace bullying can thrive (Adebayo, Olatunji, & Awoniyi, 2021). Bullying can also spring up from supervisors, coworkers, or other healthcare professionals who are frequently marked by heavy workloads, hierarchical structures, and stressful working situations. Workplace bullying refers to the repeated, intentional mistreatment of an employee by colleagues, supervisors, or even clients, resulting in physical, psychological, or occupational harm. Such behaviours include verbal abuse, professional undermining, social exclusion, and intimidation, often perpetuated by power imbalances within the workplace (Einarsen et al., 2020; Olweus, 2021). These negative interactions lead to lasting consequences for the victim and the organization, ranging from mental health challenges to reduced productivity and workplace morale. Nurses in Nigeria are particularly vulnerable to workplace bullying due to the demanding nature of their profession. As the backbone of healthcare delivery, nurses perform critical roles that require constant interaction with patients, families, and colleagues under often stressful and resource-limited conditions. However, turnover intention has been perceived to be an employee's conscious and deliberate willingness to leave their current job. According to Abdul Latif et al. (2022), turnover intention is described as an employee's purposeful and conscious choice to leave the company. Interestingly, the desire to leave is a prerequisite for real turnover, which has significant financial and operational implications for businesses (Duarte & Silva, 2023). Service delivery organisations are particularly vulnerable to the detrimental effects of high staff turnover rates since they rely significantly on human capital for quality and job satisfaction (Alkandari et al., 2023). It is a critical issue in healthcare management. High turnover intentions among nurses can exacerbate the already existing shortage of healthcare professionals, disrupt continuity of care, and increase operational costs for hospitals. When workplace bullying persists without effective institutional interventions, it can significantly increase nurses' intentions to resign or migrate to other health systems where work environments are perceived as more supportive (Favaro et al., 2021).

### **Statement of the Problem**

At the organisational level, workplace bullying contributes to increased absenteeism, higher turnover rates, and reduced job satisfaction, all of which undermine workforce stability and productivity. Workplace bullying has increasingly become a significant occupational hazard in the healthcare sector, particularly among nurses who often work in high-pressure environments characterised by heavy workloads, long working hours, and hierarchical professional structures. Workplace bullying includes repeated acts such as verbal abuse, intimidation, humiliation, exclusion, and unfair work assignments directed at an individual over time. These behaviours can create a hostile work environment that negatively affects nurses' psychological well-being, professional performance, and overall job satisfaction (Einarsen et al., 2020). This can spur their desire to leave, which has significant financial and operational implications for organisations (Duarte & Silva, 2023).

## **LITERATURE REVIEW**

### ***Concept of Workplace Bullying***

Bullying is a multifaceted phenomenon characterized by repeated negative actions directed toward an individual, resulting in harm, distress, or discomfort. In general, bullying involves an imbalance

of power, in which the perpetrator exerts control over the victim through intimidation, humiliation, or aggression (Einarsen et al., 2020). The World Health Organization (WHO) defines bullying as “the repeated exposure, over time, to negative actions on the part of one or more other persons” (WHO, 2020). Similarly, workplace bullying can be defined as a situation where a worker is, for a long time period, exposed to persistent negative mistreatment, consisting of frequent and constant criticism and person-related physical, verbal, or psychological violence (Galanis, 2024).

### *Types of Bullying*

#### *Physical Bullying*

Physical bullying involves acts of aggression that cause harm or threaten harm, such as hitting, pushing, or other physical attacks. While physical bullying is often easier to identify due to its overt nature, it can have severe long-term effects on both the physical and emotional well-being of the victim. For instance, in Nigerian healthcare settings, physical bullying might manifest when senior staff physically intimidate junior nurses, potentially leading to both psychological trauma and physical harm (Adebayo, Olatunji, & Awoniyi, 2021). This type of bullying is more obvious but can still have lasting consequences for nurses who experience it.

#### *Verbal Bullying*

Verbal bullying consists of derogatory comments, name-calling, and other persistent negative remarks designed to humiliate or degrade the victim. This form of bullying can be just as damaging, if not more so, than physical bullying, as it directly attacks the victim’s self-esteem and mental health. In Nigerian hospitals, verbal bullying often occurs in hierarchical environments where junior nurses are publicly belittled by supervisors or patients, creating an atmosphere of fear and humiliation. Such verbal abuse can significantly diminish a nurse’s self-worth and lead to long-term emotional distress (Smith & Thompson, 2021).

#### *Relational Bullying*

Relational bullying, also known as relational aggression or social bullying, involves actions aimed at harming a person’s social relationships or reputation. It can include spreading rumors, deliberately excluding individuals from social or work-related groups, and publicly embarrassing or humiliating the victim. Relational aggression is a form of indirect or covert aggression aimed at harming an individual's social standing or peer relationships rather than through overt physical confrontation. This type of behaviour includes tactics such as gossiping, spreading rumors, and social exclusion, which can significantly impact the emotional well-being of victims. These tactics cause emotional distress and undermine the victim’s social standing, often leading to long-term social and psychological consequences (Voulgaridou & Kokkinos, 2023).

#### *Psychological Bullying*

Psychological bullying, or emotional bullying, is less overt and often involves subtle tactics such as exclusion, gossip, and persistent undermining of the victim’s confidence. It can be difficult to

detect, as it frequently takes the form of passive-aggressive behavior or covert manipulation. In Nigerian healthcare contexts, psychological bullying may occur when colleagues or superiors undermine a nurse's professional competence through gossip or deliberate exclusion from decision-making processes, which can have devastating effects on the victim's confidence and mental health (Einarsen et al., 2020).

### ***Turnover Intention***

Employee turnover refers to the situation where an employee leaves an organization. It can be classified as voluntary when the employee decides to terminate the working relationship, or as involuntary when the employer decides (Lazzari et al., 2022). Turnover intention refers to an employee's conscious and deliberate willingness or plan to leave their current organization in the near future. It represents the psychological state in which employees consider quitting their job, and it is widely regarded as the most immediate predictor of actual employee turnover in organizations (Jalil et al., 2024). Turnover intentions correspond to employees' willingness to leave the organisation and begin the search for a new workplace. According to Basariya and Ahmed (2019), it may occur when an employee intends to leave their job, but their turnover has not yet taken place; it is only contemplated and planned. However, Duarte and Silva (2023) noted that turnover intention does not always lead to an actual exit from the organisation.

### ***Theoretical Review***

The Job Demand-Control (JDC) Model, developed by Karasek (1979), serves as the theoretical framework for this study to explain the antecedents and consequences of workplace bullying among nurses in the healthcare sector. The JDC model posits that job strain results from the interaction between job demands and job control. Job demands refer to psychological stressors such as workload, time pressure, and emotional demands, while job control refers to the worker's autonomy in decision-making and their ability to utilize skills in the workplace. High job demands paired with low job control lead to job strain, which can create conditions conducive to workplace bullying (Karasek, 1979; Bakker & Demerouti, 2007).

The theory's relevance to workplace bullying lies in its ability to explain how the workplace environment influences interpersonal dynamics. Nurses in high-demand, low-control settings are more likely to experience bullying due to the stress-induced breakdown of workplace relationships (Notelaers et al., 2010). In healthcare, where job demands such as patient care and emotional labor are significant, and job control is often limited, the JDC model provides a critical lens to examine the structural antecedents of bullying behaviors (Hogh et al., 2011).

Moreover, the JDC model aligns with this study's focus on the consequences of bullying, such as workplace stress. High job demands increase strain, making individuals more vulnerable to the psychological effects of bullying, including negative affectivity and mental health challenges (Einarsen et al., 2020). For instance, workers in high-strain jobs are more likely to experience work stress as well as emotional exhaustion, a core component of burnout, as highlighted by Bakker and Demerouti (2007). The JDC model serves as a critical theoretical lens for understanding the interplay between workplace conditions, bullying behaviors and their outcomes in healthcare.

*Empirical Review*

Olabisi et al. (2021) examined workplace bullying and the mental health of clinical nurses at a federal medical hospital in the Southwest of Nigeria. The study aimed to determine the level of workplace bullying experienced by clinical nurses and their mental health status in a federal medical hospital in Southwest Nigeria. Methodologically, the study used a cross-sectional descriptive design. The target population of the study was nurses at Federal Medical Centre, Owo, Ondo State, from which 186 nurses were randomly selected using a balloting sampling technique. The findings revealed that the majority of respondents experienced workplace bullying.

Nwaneri (2017) investigated workplace bullying among nurses working in tertiary hospitals in Enugu, southeast Nigeria: Implications for health workers and job performance. The study adopted a cross-sectional survey research design. The target population of the study comprises nurses in tertiary hospitals in Enugu, Southeast Nigeria. Two hundred and eighty-six nurses participated in the study. The study utilised a structured questionnaire to collect data for the study. Findings of the study revealed that workplace bullying was highly prevalent among the nurses, with 82.6% reported they had been victims of one or more bullying behaviours in the preceding six-month period. It was concluded that workplace bullying is widespread among nurses in tertiary hospitals in Enugu, with most nurses reporting exposure to negative acts.

Salin (2013) investigates the gendered nature of workplace bullying in nursing and other female-dominated professions. A mixed-methods study involving surveys and interviews with 450 nurses across five countries. Female nurses were more likely to report relational bullying, such as exclusion and gossip, while male nurses experienced bullying related to gender stereotypes, according to the study findings. Hierarchical structures and lateral violence were identified as significant contributors. The study concluded that addressing gendered experiences of bullying requires tailored interventions that consider cultural and organizational dynamics.

Ojo et al. (2021) explore the influence of emotional intelligence on work-life balance and job stress among academic staff in Obafemi Awolowo University, Nigeria. A total of 120 staff who teach at Obafemi Awolowo University, Nigeria, were purposively selected and participated in the study. Data were collected using a structured questionnaire and analysed using descriptive and inferential statistics. The study's findings showed that emotional intelligence significantly influences work-life balance and job stress. It was concluded that emotional intelligence significantly influenced work-life balance and job stress in Obafemi Awolowo University.

Laschinger et al. (2016) examine the relationship between workplace bullying, work stress, and burnout among Canadian nurses. A longitudinal study design with data collected at two time points from 500 nurses using validated scales for bullying, stress, and burnout. The Findings showed that workplace bullying was strongly associated with increased emotional exhaustion and reduced personal accomplishment. Stressful working conditions further exacerbated the relationship between bullying and burnout. According to the study, interventions aimed at reducing workplace stress will help mitigate the effects of bullying on nurse burnout.

## METHODOLOGY

The research adopted the descriptive survey research design. The independent variable is turnover intention, while the dependent variable is workplace bullying experience. The study population comprises selected nurses in hospitals in Southwest Nigeria. Respondents in this study are nurses from selected hospitals in the Southwest, Nigeria. A structured questionnaire was used in this study, divided into three sections. Sections A, B and C. Section A consists of biodata of the respondents. Section B focused on the experience of bullying. This scale contains information related to bullying. This section assessed workplace bullying using a 21-item Workplace Bullying Scale. The scale measures both person-related and work-related bullying behaviours, with responses rated on a five-point Likert scale (1 = Never to 5 = Daily). The scale demonstrated good reliability, with Cronbach's alpha of 0.87. Section C consists of the turnover intention questionnaire, a 25-item instrument developed by Nwaneri et al. (2017), which assesses employee turnover intention. This scale uses a five-point Likert response format, with options ranging from 1 (strongly disagree) to 5 (strongly agree). The reliability coefficient of the scale is 0.87. The data collected through the structured questionnaire were analysed using both descriptive and inferential statistics. However, out of six hundred and twenty-two (622) copies of the questionnaire administered, four hundred and nineteen (419) were used. Descriptive statistics were used to analyse demographic data, while the inferential statistics were used to analyse the stated hypothesis. Linear regression was used to test the stated hypothesis. The research hypothesis was tested at 0.05 alpha level.

## RESULT

Workplace bullying experiences will significantly influence nurses' turnover intentions in hospitals in South-West Nigeria. The hypothesis was tested by Linear regression. The results are shown in the tables below:

**Table 1: A Summary Table of Linear Regression Showing Contributions of Workplace Bullying to Turnover Intention**

Model	R	R Square	Adjusted R-Square	Std. Error of the Estimate
1	.116 <sup>a</sup>	.013	.011	1.913

*a. Predictors: (Constant), Workplace Bullying*

The model summary table (Table 1) presents the regression analysis examining the influence of workplace bullying on turnover intention among nurses. The result shows an R value of 0.116, indicating a weak positive relationship between workplace bullying and turnover intention. The R-squared value of 0.013 means that workplace bullying explains about 1.3% of the variation in turnover intention among the nurses surveyed. Although this percentage is small, it still suggests that workplace bullying contributes slightly to nurses' intention to leave their jobs.

**Table 2: A Summary Table Showing the Linear Regression Showing the F-Ratio of the Predictive Influence of Workplace Bullying on Turnover Intention among Nurses in Hospitals in South-West Nigeria**

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	20.878	1	20.878	5.708	.017 <sup>b</sup>
	Residual	1528.922	418	3.658		
	Total	1549.800	419			

*a. Dependent Variable: Turnover Intention*

*b. Predictors: (Constant), Workplace Bullying*

The results displayed in Table 2 indicated a significant prediction of Turnover Intention by the Workplace Bullying variable. The F-statistic  $F(1, 418) = 5.708$ , with a p-value  $< 0.05$ , indicates that the overall regression model is statistically significant in terms of its goodness of fit. This is supported by the fact that the calculated F-statistic ( $F_{cal}$ ) surpasses the critical F-value ( $F_{tab}$ ).

**Table 3: A Summary Table of Linear Regression Showing the Individual Contribution of Workplace Bullying to Turnover Intention among Nurses in Hospitals in South-West Nigeria**

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	16.189	1.138		14.221	.000
	Workplace Bullying	.039	.016	.116	2.389	.017

*a. Dependent Variable: Turnover Intention*

Table 3 presents the individual contribution of the predictor variable. Specifically, the workplace bullying variable exhibited a moderate contribution with a Beta coefficient of .116, accompanied by a p-value less than .05 and a t-value of 2.389. This contribution is statistically significant in relation to turnover intention. Consequently, the null hypothesis is rejected while the alternative hypothesis is accepted, leading to the conclusion that workplace bullying experience significantly influenced turnover intention among nurses in hospitals in South-West Nigeria.

## DISCUSSION OF FINDINGS

This study examined the effect of workplace bullying experience on turnover intention among nurses in selected hospitals in South-West, Nigeria. The hypothesis stated that workplace bullying experience will not influence turnover intention. The results of the study rejected this hypothesis. The result revealed that workplace bullying experience significantly influenced turnover intention among nurses in hospital in South-West, Nigeria. The findings aligned with Nwaneri's (2017) study, which noted that workplace bullying significantly influenced turnover intention among nurses in hospitals in South-East, Nigeria. Also, this study was consistent with Jahner's (2011) study, which examined the relationship between workplace bullying among nurses. The study found that

workplace bullying is a major determinant of nurses' effectiveness. The result of this study also affirmed the assertion of Olabisi et al. (2021), who noted that bullying experience significantly affects nurses' mental health.

### **Conclusion**

The study concludes that workplace bullying is a significant and persistent problem among nurses working in hospitals in the Southwest of Nigeria, with substantial implications for their intention to leave their jobs. The findings indicate that nurses who experience repeated bullying are likely to develop turnover intentions. The strong relationship between bullying and turnover intentions underscores the urgent need for hospital management and policymakers to address the hostile work environment. However, creating supportive and respectful workplace cultures is not only essential for nurses' well-being but also critical to sustaining high-quality healthcare delivery.

### **Recommendations**

Based on the findings of the study. The study therefore recommended that:

- i. The management of the selected hospitals should formulate and implement a comprehensive workplace anti-bullying policy. These policies should clearly define bullying behaviours, outline their consequences for perpetrators, and emphasise zero tolerance for harassment and intimidation within healthcare settings.
- ii. Workplace bullying prevention should be incorporated into healthcare policy and professional nursing standards to promote nurse retention and improve the quality of healthcare services.
- iii. Regular anonymous reporting systems, leadership training, and conflict resolution frameworks should be considered; these would not only reduce bullying in the workplace but also promote a good working environment, especially among nurses in the healthcare centres.

### **Contributions to Knowledge**

This research work has contributed to existing literature by providing empirical evidence on workplace bullying experience and turnover intentions among nurses in selected hospitals in southwest Nigeria. This study enriches the literature, especially in Nigeria, by highlighting its effects on nurses' intentions. Empirically, the study established the significant relationship between workplace bullying experiences and turnover intentions among nurses in Southwest, Nigeria, by demonstrating that exposure to bullying increases nurses' intention to quit their jobs.

### **References**

Abdul-Latif, N. J., Ibrahim, R. Z., Saputra, J., & Abu Talib, J. (2022). Determinants of turnover intentions of Malaysian academicians. In *Handbook of research on the complexities and strategies of occupational stress* (pp. 131–147). IGI Global.

- Adebayo, A., Olatunji, O., & Awoniyi, S. (2021). Workplace bullying in Nigerian hospitals: A growing concern. *Journal of Health Management*, 23(1), 25–36.
- Alkandari, I., Alsaeed, F., Al-Kandari, A., Alsaber, A., Ullah, K., Hamza, K., & Alqatan, A. (2023). Determinants of employee's turnover intention. *Journal of Governance & Regulation*, 12(4), 29–37. <https://doi.org/10.22495/jgrv12i4art3>
- Craig, W., & Pepler, D. (2007). Relational bullying: A form of aggression in youth. *Journal of Youth and Adolescence*, 36(5), 734–746. <https://doi.org/10.1007/s10964-007-9209-2>
- Dhabhar, F. S. (2018). The short-term stress response—Mother nature's mechanism for enhancing protection and performance under conditions of threat, challenge, and opportunity. *Frontiers in Neuroendocrinology*, 49, 175–192. <https://doi.org/10.1016/j.yfrne.2018.03.004>
- Duarte, A. P., & Silva, V. H. (2023). Satisfaction with internal communication and hospitality employees' turnover intention: Exploring the mediating role of organizational support and job satisfaction. *Administrative Sciences*, 13(10), 226.
- Einarsen, S., Hoel, H., Zapf, D., & Cooper, C. L. (2020). *Bullying and harassment in the workplace: Developments in theory, research, and practice* (3rd ed.). CRC Press.
- Favaro, A., Wong, C., & Oudshoorn, A. (2021). Relationships among empowerment, workplace bullying and job turnover intention of new graduate nurses. *Journal of Clinical Nursing*, 30(9–10), 1273–1284.
- Galanis, P., Moisoglou, I., Katsiroumpa, A., & Sourtzi, P. (2024). Workplace bullying, job burnout, and turnover intention among nurses. *AIMS Public Health*, 11(2), 614–627. <https://doi.org/10.3934/publichealth.2024030>
- Jahner, J. (2011). *Building bridges: An inquiry into horizontal hostility in nursing culture and the use of contemplative practices to facilitate cultural change*.
- Kim, Y., & Kao, D. (2014). A meta-analysis of turnover intention predictors among U.S. child welfare workers. *Children and Youth Services Review*, 47, 214–223. <https://doi.org/10.1016/j.childyouth.2014.09.015>
- Laschinger, H. K. S., & Fida, R. (2014). Impact of workplace mistreatment on patient safety risk and nurse-assessed patient outcomes. *Journal of Nursing Administration*, 44(5), 284–290. <https://doi.org/10.1097/NNA.0000000000000068>
- Lazzari, M., Alvarez, J. M., & Ruggieri, S. (2022). Predicting and explaining employee turnover intention. *International Journal of Data Science and Analytics*, 14, 279–292. <https://doi.org/10.1007/s41060-022-00326-3>
- Mobley, W. H., Griffeth, R. W., Hand, H. H., & Meglino, B. M. (1979). Review and conceptual analysis of the employee turnover process. *Psychological Bulletin*, 86(3), 493–522. <https://doi.org/10.1037/0033-2909.86.3.493>
- Nwaneri, A. C., Onoka, A. C., & Onoka, C. A. (2017). Workplace bullying among nurses working in tertiary hospitals in Enugu, southeast Nigeria: Implications for health workers and job performance. *Journal of Nursing Education and Practice*, 7(2), 69–78. <https://doi.org/10.5430/jnep.v7n2p69>

- Ojo, S., Opaleye, A. O., & Akpunne, B. C. (2021). Influence of emotional intelligence on work-life balance and job stress among academic staff in Obafemi Awolowo University, Nigeria. *Redeemer's University Journal of Management and Social Sciences*, 4(1), 1–12.
- Olabisi, O. I., Ajiboye, T. A., Azeez, F. O., Ejidokun, A., & Yusuff, J. (2021). Workplace bullying and mental health of clinical nurses in a federal medical hospital in Southwest Nigeria. *LAUTECH Journal of Nursing*, 8(1), 55–60.
- Pettinger, R. (2002). *Stress management*. Capstone Publishing.
- Rodwell, J., & Demir, D. (2010). The effects of workplace bullying on nurses' well-being and work engagement. *Nursing Outlook*, 58(5), 303–310. <https://doi.org/10.1016/j.outlook.2010.06.002>
- Salin, D. (2013). *Workplace bullying among business professionals: Prevalence, organizational antecedents and gender differences*. Swedish School of Economics and Business Administration.
- Stelmaschuk, S. (2010). *Workplace bullying and emotional exhaustion among registered nurses and non-nursing unit-based staff* (Senior honors thesis, Bachelor of Science in Nursing).
- Teo, S. T. T., Nguyen, D., Trevelyan, F., Lamm, F., & Boocock, M. (2021). Workplace bullying, psychological hardiness, and accidents and injuries in nursing: A moderated mediation model. *PLOS ONE*, 16(1), e0244426. <https://doi.org/10.1371/journal.pone.0244426>
- Tett, R. P., & Meyer, J. P. (1993). Job satisfaction, organizational commitment, turnover intention, and turnover: Path analyses based on meta-analytic findings. *Personnel Psychology*, 46(2), 259–293. <https://doi.org/10.1111/j.1744-6570.1993.tb00874.x>
- Voulgaridou, I., & Kokkinos, C. M. (2023). Relational aggression in adolescents across different cultural contexts: A systematic review of the literature. *Adolescent Research Review*, 8(2), 457–480. <https://doi.org/10.1007/s40894-023-00207-x>
- Yaribeygi, H., Panahi, Y., Sahraei, H., Johnston, T. P., & Sahebkar, A. (2017). The impact of stress on body function: A review. *EXCLI Journal*, 16, 1057–1072. <https://doi.org/10.17179/excli2017-480>
- Zhang, B., Yan, L., Cao, M., & Xu, C. (2023). Workplace bullying in nursing: Findings from a rapid review of the literature. *International Healthcare Review*, 1(7). <https://doi.org/10.56226/51>