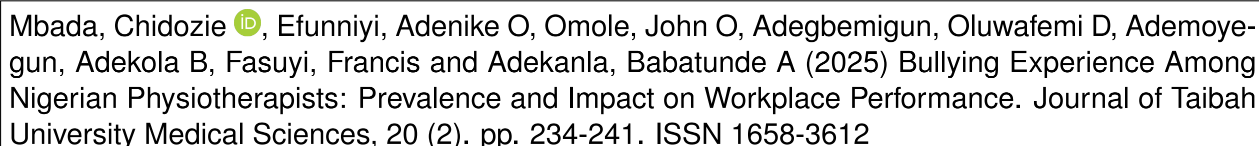
Manchester Metropolitan University

e-space

Manchester Metropolitan University's Research Repository

Please cite the Published Version



Mbada, Chidozie, Efunniyi, Adenike O, Omole, John O, Adegbemigun, Oluwafemi D, Ademoyegun, Adekola B, Fasuyi, Francis and Adekanla, Babatunde A (2025) Bullying Experience Among Nigerian Physiotherapists: Prevalence and Impact on Workplace Performance. Journal of Taibah University Medical Sciences, 20 (2). pp. 234-241. ISSN 1658-3612

DOI: https://doi.org/10.1016/j.jtumed.2025.03.002

Publisher: Elsevier

Version: Published Version

Downloaded from: https://e-space.mmu.ac.uk/639223/

Usage rights: BY-NC-ND Creative Commons: Attribution-Noncommercial-No Derivative Works 4.0

Additional Information: This is an open access article which first appeared in Journal of Taibah University Medical Sciences

Enquiries:
If you have questions about this document, contact openresearch@mmu.ac.uk. Please include the URL of the record in e-space. If you believe that your, or a third party's rights have been compromised through this document please see our Take Down policy (available from https://www.mmu.ac.uk/library/using-the-library/policies-and-guidelines)

Journal of Taibah University Medical Sciences (2025) 20(2), 234–241

Taibah University

Journal of Taibah University Medical Sciences

www.sciencedirect.com

Original Article

Bullying experience among Nigerian physiotherapists: Prevalence and impact on workplace performance

Chidozie E. Mbada, PhD [a], Adenike O. Efunniyi, BMR (PT) [b], John O. Omole, MSc [c], Oluwafemi D. Adegbemigun, MSc [d], Adekola B. Ademoyegun, PhD [e,*], Francis Fasuyi, MSc [f] and Babatunde A. Adekanla, PhD [g]

[a] *Department of Health Professions, Manchester Metropolitan University, United Kingdom*
[b] *Department of Physiotherapy, Olabisi Onabanjo University Teaching Hospital, Sagamu, Nigeria*
[c] *Department of Physiotherapy, Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife, Nigeria*
[d] *Department of Physical Therapy, College of Public Health and Health Professions, University of Florida, Florida, USA*
[e] *Department of Physiotherapy, Osun State University Teaching Hospital, Osogbo, Nigeria*
[f] *Department of Kinesiology, Nutrition and Dietetics, College of Natural Health Science, University of Northern Colorado, Colorado, USA*
[g] *Department of Physiotherapy, University College Hospital, Ibadan, Nigeria*

Received 22 November 2024; revised 27 January 2025; accepted 14 March 2025;

الملخص

أهداف البحث: يُعدّ التنمر في مجال تعليم وممارسة العلاج الطبيعي قضية مهمة لم تحظ باهتمام كاف في الأدبيات. هدفت هذه الدراسة إلى تقييم مدى انتشار حالات التنمر وتأثيرها على الأداء الوظيفي لدى مختصي العلاج الطبيعي النيجيريين، مع تحديد العوامل الاجتماعية والديموغرافية المرتبطة بحالات التنمر.

طرق البحث: شارك في هذه الدراسة سبعة وتسعون أخصائي علاج طبيعي من ستة مستشفيات اتحادية مختارة بشكل مقصود في جنوب غرب نيجيريا. وُزّع كُتيّب تعليمي في البداية على المشاركين الموافقين لتوضيح مفهوم التنمر كمفهوم نفسي واجتماعي. بعد ذلك، قُيّمت تجارب التنمر وتأثيرها على الأداء الوظيفي باستخدام استبيانات ذاتية مُعتمدة. كما جُمعت بيانات حول الخصائص الاجتماعية والديموغرافية وخصائص العمل للمشاركين.

النتائج: وجدت الدراسة أن معدل انتشار حالات التنمر بلغ 40.2%. من بين المتأثرين، تعرّض 51.3% للتنمر العمودي، و12.8% للتنمر الجانبي، و35.9% لكلا النوعين. كان التنمر العمودي ممارسًا بشكل رئيسي من قِبل المدراء الطبيين (15.8%)، والاستشاريين (15.8%)، والمسؤولين الطبيين (31.6%). وارتبطت تجارب التنمر بأداء عمل سلبي (40.2%) وضعف العمل الجماعي مع غيرهم من المتخصصين الصحيين (61.6%). وكان هناك ارتباط كبير بين مستوى تجربة التنمر والأداء الوظيفي (χ^2 = 84.718، p = 0.001).

الاستنتاجات: يعاني أخصائيو العلاج الطبيعي النيجيريون من انتشار كبير للتنمر الجانبي والعمودي، مما يؤثر سلبًا على أدائهم في العمل وعلاقاتهم مع مقدمي الرعاية الصحية الآخرين. إن معالجة هذه المشكلة أمر بالغ الأهمية لتوفير بيئة عمل صحية وتفاعلات مهنية أفضل.

الكلمات المفتاحية: تجربة التنمر؛ نيجيريا؛ العلاج الطبيعي؛ الأداء الوظيفي;

Abstract

Objectives: Bullying in physiotherapy education and practice is a significant issue that has received limited attention in the literature. This study assessed the prevalence and impact of bullying experiences on work performance among Nigerian physiotherapists, while also identifying the sociodemographic factors associated with these bullying experiences.

Methods: Ninety-seven physiotherapists from six purposively selected federal hospitals in South-West Nigeria participated in this study. An educational pamphlet was initially provided to consenting respondents to clarify the concept of bullying as a psychosocial construct. Subsequently, bullying experiences and their impact on work performance were assessed using validated self-administered questionnaires. Data on sociodemographic

* Corresponding address: Department of Physiotherapy, Osun State University Teaching Hospital, PMB 5000, Osogbo, Nigeria.
E-mail: aademoyegun@gmail.com (A.B. Ademoyegun)

Peer review under responsibility of Taibah University.

Production and hosting by Elsevier

1658-3612 © 2025 The Authors. Published by Elsevier B.V. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/). https://doi.org/10.1016/j.jtumed.2025.03.002

and work characteristics of the respondents were also collected.

Results: The study found a 40.2 % prevalence of bullying experiences. Of those affected, 51.3 % experienced vertical bullying, 12.8 % lateral bullying, and 35.9 % both forms. Vertical bullying was primarily perpetrated by chief medical directors (15.8 %), consultants (15.8 %), and medical officers (31.6 %). Bullying experiences were associated with negative work performance (40.2 %) and poor teamwork with other health professionals (61.6 %). There was a significant association between the level of bullying experience and work performance ($\chi^2 = 84.718$, $p = 0.001$).

Conclusions: Nigerian physiotherapists experience a high prevalence of lateral and vertical bullying, which negatively impacts their work performance and relationships with other healthcare providers. Addressing this issue is crucial for a healthier work environment and better professional interactions.

Keywords: Bullying experience; Nigeria; Physiotherapy; Work performance

© 2025 The Authors. Published by Elsevier B.V. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).

Introduction

Bullying is a form of coercion, persecution, or oppression directed at individuals or groups, often perpetrated by those in positions of authority.[1] It leads to harassment and emotional trauma.[1] Bullying perpetrators use various tactics, both verbal and nonverbal, to manipulate their victims into submission.[2] This behaviour can begin subtly and escalate over time.[1] The persistent nature of bullying is exacerbated by the fact that it often goes unreported by victims. This contributes to its prevalence in various environments, including the healthcare sector.[3] Despite global awareness, the negative impacts of bullying remain significant, as perpetrators frequently operate within institutional guidelines, making it difficult for victims to report their experiences.[2,4]

Workplace bullying is a widespread issue across organisations.[5] Perpetrators often justify their behaviour as serving institutional goals, believing that their authority gives them the right to act oppressively toward subordinates.[6] Factors that contribute to workplace bullying include perceived threats, personal emotional issues, interpersonal differences, power dynamics, and professional hierarchies.[2,4] As bullying becomes more frequent, it undermines the victim's self-esteem and can lead to burnout due to constant criticism and humiliation.[2,4] Victims of bullying may initially resist but often give in to the oppressive environment.[4] The negative consequences of workplace bullying are substantial, resulting in absenteeism, reduced productivity, increased human errors, and a lack of trust in the organisation's ability to deliver quality services.[7] Additionally, bullying can lead to a diversion of organisational resources towards compensating victims or training new recruits, as experienced staff may leave due to their experiences.[2] These impacts are particularly significant in the healthcare sector, where employees work directly with patients.[8]

While there is extensive literature on workplace bullying within the healthcare sector, especially among nurses, midwives, physicians, and dental practitioners,[3,6] there is a notable lack of studies that focus specifically on the physiotherapy profession. This study assessed the prevalence and impact of bullying experiences (i.e., vertical and lateral) on work performance among Nigerian physiotherapists, while also identifying the sociodemographic factors associated with these bullying experiences.

Materials and Methods

Of the 106 physiotherapists invited to participate, 97 completed the cross-sectional survey, resulting in a 91.5 % response rate. All respondents were licensed physiotherapists working in selected tertiary healthcare facilities across the six States in South-West Nigeria: Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife (Osun State); University College Hospital, Ibadan (Oyo State); Lagos University Teaching Hospital, Idi-Araba (Lagos State); Federal Medical Centre, Abeokuta (Ogun State); Federal Medical Centre, Owo (Ondo State); and Federal Medical Centre, Ido (Ekiti State). One facility was selected from each of the States based on the hospital's size and the number of physiotherapy staff employed.

Eligibility criteria included being clinical physiotherapists employed in the selected hospitals for at least 6 months before the study. Consultant physiotherapists or clinical specialist advisers in any of the selected hospitals were excluded from the study. Ethical approval for this study was obtained from the Research and Ethics Committee of the Institute of Public Health, Obafemi Awolowo University, Ile-Ife, Nigeria (IPHOAU/12/729). Administrative approval was also obtained from the respective heads of departments of the participating hospitals. The purpose of the study was explained to each respondent, and written informed consent was obtained before data collection.

A self-administered questionnaire, developed from two related studies by Bairy et al.[9] and Dilek and Aytolan,[10] was utilised to assess bullying experiences among the physiotherapists. To enhance understanding of bullying as a construct, an instructional pamphlet was provided to respondents, which had been used in a previous study.[9] Respondents were instructed to read the pamphlet before completing the questionnaire. The questionnaire contains three sections (Appendix 1). The first part of the questionnaire (sections 1 and 2) included questions regarding bullying experiences, sources of bullying, and strategies for dealing with bullying, while the second part (section 3) seeks information on how bullying affects work performance. The primary question, derived from Hicks,[11] was: "In this post, have you been subjected to persistent behaviour by others which has eroded your professional confidence or self-esteem"? The remaining items on the bullying experience questionnaire utilised a six-point Likert scale (0 = never experienced to 5 = always experienced). The total points obtained from the scale were divided by the number of questions,

with a final score of ≥ 1 indicating that the respondent had experienced intentional bullying at work. In this study, "vertical bullying" was defined as hostile behaviours directed at a healthcare worker by a superior, while "lateral bullying" referred to hostile behaviours received from colleagues.[12] Additionally, the impact of bullying experiences on work performance was assessed using a questionnaire developed by Hutchinson et al.[13] and Johnston et al.[14] Responses were rated on a scale from 0 (no impact) to 4 (very negative impact). A panel of experts, including senior academics and clinicians, tested the questionnaires for face validity. The questionnaires were also examined for test–rest reliability and internal consistency.

Data analysis

Descriptive statistics, including mean, standard deviation, frequency, and percentages, were employed to summarise the data. Pearson's chi-squared tests were conducted to investigate factors associated with bullying experiences. Data analysis was performed using the Statistical Package for the Social Sciences (SPSS) for Windows, version 16.0 (SPSS Inc., Chicago, IL, USA), with an alpha level set at 0.05.

Results

The mean age of the respondents was 30.4 ± 7.70 years. Most respondents were aged 20–24 (30.9 %) and in the junior cadre (69 %). Bullying was reported by 39 respondents (40.2 %), with 51.3 % experiencing vertical bullying and 12.8 % lateral bullying (Table 1).

Respondents' perceptions regarding the personality traits of bullying perpetrators are summarised in Table 2. A majority (95.9 %) believed "it is better to settle a dispute based on fairness rather than feelings (emotion)," and 73.2 % supported "it is always better to confront issues head-on." Among bullying victims, 36.3 % favoured fairness in dispute resolution, 61.5 % supported direct confrontation, and 35.9 % disagreed with confronting issues directly (Table 2). The most frequently reported impacts of bullying were isolation from work (15.5 %), aggression towards professional status (15.5 %), and attacks on personality (14.5 %). A small percentage of respondents (2.1 %) reported "always experiencing direct negative behaviour" (Table 3). The most common behaviours reported under isolation from work, professional status, and personality attacks included: "having the decisions and recommendations you have made criticised and rejected" (15.5 %), "being held responsible for negative results of work done with others" (15.5 %), and "having someone speak about you in a belittling and demeaning manner in the presence of others" (14.5 %). The majority of those who reported positive bullying experiences indicated negative impacts on their teamwork with other health professionals (61.6 %), while the least affected area was relations with supervisors (46.1 %) (Table 4).

The level of bullying experience was significantly associated with work performance ($\chi^2 = 84.718$, $p = 0.001$). The rates of low and high levels of bullying were 8.2 % and 14.4 %, respectively, with all respondents acknowledging that bullying negatively impacted their work performance. There were no significant associations between respondents' personal characteristics and bullying experiences, nor the level of bullying experiences ($p > 0.05$). Results of the chi-

Table 1: General characteristics of the participants (n = 97).

Variable	Frequency	%
Age (yr)		
20–24	30	30.9
25–29	19	19.6
30–34	19	19.6
35–39	15	15.5
40–44	9	9.3
>44	5	5.2
Gender		
Male	52	53.6
Female	45	46.4
Marital status		
Single	50	53.6
Married	47	46.4
Work status		
Director	0	0
Deputy Director	3	3.1
Asst. Director	7	7.2
Chief Physiotherapist	8	8.2
Principal Physiotherapist	6	6.2
Senior Physiotherapist	6	6.2
Physiotherapist	20	20.6
Corp Physiotherapist	7	7.2
Intern Physiotherapist	40	41.2
Workplace		
OAU Teaching Hospital	18	18.6
Federal Medical Center, Owo	15	15.5
Federal Medical Center, Ido	11	11.3
University College Hospital	26	26.3
Lagos University Teaching Hospital	20	20.6
Federal Medical Center, Abeokuta	7	7.2
Prevalence and pattern of bullying		
Bullying experience		
Yes	39	40.2
No	58	59.8
Bullying type		
Vertical	20	51.3
Lateral	5	12.8
Both forms	14	35.9
Intraprofessional bullying		
Director	6	17.6
Deputy Director	4	11.8
Asst. Director	7	20.6
Chief Physiotherapist	1	2.9
Principal Physiotherapist	7	20.6
Senior Physiotherapist	5	14.7
Physiotherapist	3	8.8
Intern Physiotherapist	1	2.9
Interprofessional bullying		
Chief Medical Director	3	15.8
Consultant	3	15.8
Senior Registrar	1	5.3
Medical Officer	6	31.6
Director of Nursing	1	5.3
Matron	4	21.1
Radiographer	1	5.3

Table 2: Personality trait of a bully among the participants (n = 97).

Among all participants (n = 97) Statement	Agree n (%)	Uncertain n (%)	Disagree n (%)
1. It is better to settle a dispute on the basis of fairness rather than feelings (emotion)	93 (95.9)	1 (1.0)	3 (3.1)
2. It is always better to confront an issue head-on	71 (73.2)	14 (14.4)	12 (12.4)
3. A superior should always be tough on a subordinate	12 (12.4)	24 (24.7)	61 (62.9)
4. Justice is more important than mercy	41 (42.3)	33 (34.0)	23 (23.7)
5. It is not important that one should like and be liked at work	38 (39.2)	18 (18.6)	41 (42.3)
6. There is no need to get tense or upset while giving negative feedback	67 (69.1)	17 (17.5)	13 (13.4)
7. Overall job satisfaction is good	69 (71.1)	19 (19.6)	9 (9.3)
Among the victims of bullying (n = 39)			
1. It is better to settle a dispute on the basis of fairness rather than feelings (emotion)	36 (92.3)	0 (0.0)	3 (7.7)
2. It is always better to confront an issue head-on	24 (61.5)	1 (2.6)	14 (35.9)
3. A superior should always be tough on a subordinate	4 (10.3)	8 (20.5)	27 (69.2)
4. Justice is more important than mercy	17 (43.6)	12 (30.8)	10 (25.6)
5. It is not important that one should like and be liked at work	18 (46.2)	6 (15.4)	15 (38.5)
6. There is no need to get tense or upset while giving negative feedback	31 (79.5)	3 (7.7)	5 (12.8)
7. Overall job satisfaction is good	26 (66.7)	9 (23.1)	4 (10.3)

Table 3: Impact of bullying experiences on isolation from work, professional status, personality, and negative behaviour (n = 97).

Statement	FE n (%)	RE n (%)	NE n (%)
Bullying experiences resulting from isolation at work			
Being treated in your workplace as if you aren't seen and don't exist	7 (7.2)	55 (56.7)	35 (36.1)
Not being able to get an answer to your request for a meeting and to talk	11 (11.3)	60 (61.9)	26 (26.8)
Having your responsibilities taken from you and given to others in lower positions	7 (7.2)	46 (47.4)	44 (45.4)
Not being given an opportunity to prove yourself	12 (12.4)	54 (55.7)	31 (32.0)
Not being informed about organised social meetings	13 (13.4)	46 (47.4)	38 (39.2)
Having your decisions and recommendations criticised and rejected	15 (15.5)	52 (53.6)	30 (30.9)
Being inspected by others in lower positions	8 (8.3)	39 (40.2)	50 (51.5)
Frequently being interrupted while speaking	6 (6.2)	59 (60.8)	32 (33.0)
Being pressured to quit your job or change your workplace	7 (7.2)	33 (34.0)	57 (58.8)
Having information, documents, and material hidden that are needed for your job	10 (10.3)	34 (35.1)	53 (54.6)
Bullying experiences resulting from attack on professional status			
Always having errors found in your work and work results	11 (11.3)	68 (70.1)	18 (18.6)
Being held responsible for an unfair workload	13 (13.4)	58 (59.8)	26 (26.8)
Being held responsible for the negative results of work done by others	15 (15.5)	47 (48.5)	35 (36.1)
Being blamed for things you are not responsible for	10 (10.3)	49 (50.5)	38 (39.2)
Always having your professional adequacy questioned in the work you do	9 (9.3)	50 (51.5)	38 (39.2)
Considering the work you have done as lacking value and importance	8 (8.2)	47 (48.5)	42 (43.3)
Always having your performance evaluated negatively	9 (9.3)	47 (48.5)	41 (42.3)
Feeling like you and your work are being controlled	10 (10.3)	55 (56.7)	32 (33.0)
Being forced to do a job that will negatively affect your self-confidence	6 (6.2)	46 (47.4)	45 (46.4)
Bullying experiences resulting from attack on personality			
Facing behaviours such as slamming a fist onto the table	7 (7.2)	36 (37.1)	54 (55.7)
Having untrue things said about you	13 (13.4)	49 (50.5)	35 (36.1)
Being verbally threatened	10 (10.3)	42 (43.3)	45 (46.4)
Having someone speak about you in a belittling and demeaning manner in the presence of others	14 (14.4)	57 (58.8)	26 (26.8)
Having someone behave in a demeaning manner (using body language) towards you in the presence of others	10 (10.3)	58 (59.8)	29 (29.9)
Having false rumours said about your private life	9 (9.3)	38 (39.2)	50 (51.5)
Having unfair reports written about you	8 (8.2)	37 (38.1)	52 (53.6)
Having someone suggest that you are not psychologically well	2 (2.1)	28 (28.9)	67 (69.1)
Bullying experiences resulting from direct negative behaviours			
Having physical violence used	0 (0.0)	23 (23.7)	74 (76.3)
Harming your personal things	1 (1.0)	24 (24.7)	72 (74.2)
When you enter an area, others knowingly leaving that area	2 (2.1)	29 (29.9)	66 (68.0)
Preventing or forbidding co-workers from talking to you	2 (2.1)	25 (25.8)	70 (72.2)

Table 4: Frequency of distribution of impact of bullying experience on work performance (n = 39).

Impact	Positive impact n (%)	No impact n (%)	Negative impact n (%)
Motivation at work	6 (15.4)	10 (25.6)	23 (59.0)
Energy level	5 (12.8)	12 (30.8)	22 (56.4)
Commitment to the organisation	7 (17.9)	10 (25.6)	22 (56.4)
Concentration on work	7 (17.9)	11 (28.2)	21 (53.8)
Efficiency at work	6 (15.4)	12 (30.8)	21 (53.8)
Relationships with co-workers	11 (28.2)	6 (15.4)	22 (56.4)
Relationships with supervisors	14 (35.9)	7 (17.9)	18 (46.2)
Desire to establish a career	9 (23.1)	10 (25.6)	20 (51.2)
Team work	9 (23.1)	6 (15.4)	24 (61.5)
Time spent at work	7 (17.9)	12 (30.8)	20 (51.3)
Time management	8 (20.5)	10 (25.6)	21 (53.8)
Relationship with patients	8 (20.5)	11 (28.2)	20 (51.3)

squared test showing the association between bullying experiences and sociodemographic and workplace characteristics, as well as the level of bullying experiences alongside these characteristics, are presented in Appendix 2 and 3, respectively.

Discussion

This study assessed the prevalence, correlates, and impact of vertical and lateral bullying experiences on work performance among Nigerian physiotherapists. The prevalence of bullying experiences in this study was 40.2 %, which aligns with rates reported in studies among nurses in the United States, where prevalence rates of 31 %[15] and 44 %[16] have been documented. However, comparing these rates is complicated by methodological differences in defining "bullying" and the absence of a standardised measurement tool. For instance, Azodo et al.[17] reported a 31.9 % rate of workplace "violence" against dental professionals in Nigeria, but this does not equate to bullying unless specifically operationalised as such. The term "workplace bullying" may not be universally applicable, as other related concepts such as "escalated incivility," "harassment," "mobbing," and "violence" exist in the literature.[18]

While workplace bullying can be subtle, its perception varies across contexts.[19] The high rate of bullying observed in this study may be attributed to the lack of effective anti-bullying policies and regulations within Nigeria's health sector. Additionally, the blurred lines between exercising authority to achieve organisational goals and engaging in bullying behaviours may further entrench oppressive practices against subordinates. Notably, the term "workplace bullying" is not commonly used in Nigeria; "harassment" is more prevalent, as many organizations have policies addressing this issue in their staff manuals. The International Labour Organisation, a leading authority on global labour standards, does not explicitly mention "workplace bullying" in its declaration of fundamental principles and rights at work. Instead, it addresses "violence and stress at work" as a threat to productivity and decent work.[18] Unfortunately, efforts to enforce occupational safety and health codes in Nigeria face numerous challenges, including political influences that undermine the need for robust legislative action.[20]

This study also found that junior cadre physiotherapists were particularly vulnerable to lateral bullying, primarily perpetrated by superiors, especially those in senior or directorate positions. This aligns with existing literature indicating that junior staff and trainees in the health sector often experience bullying.[5,21] Ismail et al.[5] and Samsudin et al.[21] noted that younger employees with less experience are more likely to face hostile behaviours from their more seasoned colleagues. Other studies have similarly shown that newly employed junior workers, lacking experience and skill acquisition, are often targeted by both overzealous superiors and more experienced peers.[7,22] Tehrani[22] specifically highlighted that over 50 % of health workers reported being bullied by supervisors.

Moreover, the physiotherapists in this study reported experiencing vertical bullying, particularly from management staff, including the chief medical directors (CMDs). In Nigeria's healthcare sector, CMDs oversee medical supervision and regulation, while the Director of Administration handles administrative duties. Conflicts and perceived suppression between physiotherapists and physician-led hospital management have been documented, with physiotherapists and other health workers engaging in industrial actions against what they perceive as physician dominance in the sector. Mbada et al.[23] emphasised that the hegemonic tendencies of the medical profession have been highlighted in recent conflicts regarding salary disparities between physicians and other health workers. The insistence of physicians on maintaining the existing salary structure, bolstered by their influence in the upper echelons of power, underscores their dominance in the healthcare sector.[24] This dominance has led to public disagreements between the Nigeria Society of Physiotherapy and the Nigeria Medical Association on various issues, including hospital leadership, promotion, and job evaluation.[25]

Other findings from this study indicated that various hospital staff, including consultants, medical officers, directors of nursing, and matrons, was identified as perpetrators of bullying towards physiotherapists. Physiotherapists often perceive nurses as bullies when conflicts arise, particularly when nurses assert themselves beyond their expected roles. Conversely, many nurses believe that physiotherapists lack understanding of the daily demands and the rights to independent decision-making inherent in their roles, including rehabilitation responsibilities.[26] However, the distinct roles of these professions

should typically result in fewer conflicts between them. Additionally, this study revealed that physiotherapists experienced bullying from radiographers, patients, and their relatives. Previous research has shown that patients and their families are common perpetrators of workplace violence in the health sector.[17] A study in dentistry identified patients as bullies, linking this behaviour to factors such as long waiting times, unexpected appointment cancellations, unsatisfactory treatment outcomes, excessive alcohol consumption, mental health issues, and high treatment costs.[17] Anecdotally, the bullying experiences reported by physiotherapists in this study may stem from long wait times and dissatisfaction with treatment outcomes.

Overall, the opinions of physiotherapists in this study suggest that “thinkers” outnumber “feelers,” with many believing it is better to resolve disputes based on fairness rather than emotions. A significant number also agreed that confronting issues directly is preferable and that superiors should maintain a tough stance towards subordinates. These attitudes indicate that physiotherapists may have the potential to engage in bullying behaviours themselves. As noted by Bairy et al.,[9] “thinkers could turn out to be tomorrow’s bullies”.

While literature on managing workplace bullying is limited, there is no consensus on the most effective methods for addressing bullying and conflict. Various conflict management strategies have been proposed.[6] For instance, avoidance strategies may be employed for minor conflicts, with the hope that they will resolve independently. Accommodating strategies are often used when one party wishes to maintain peace or perceives the issue as minor. This study also indicated that a small number of respondents who reported being bullied experienced direct negative behaviours. Verbal abuse has long been recognised as the most prevalent form of workplace violence globally.[1,2,6]

The study found high scores for bullying experiences among physiotherapists across four subscales: isolation from work, attack on professional status, attack on personality, and direct negative behaviour. These findings suggest that physiotherapists feel isolated, perceive their professional status and personality as under attack, and experience direct negative behaviours. The persistence of such behaviours can drain the coping resources of victims.[1,6] The cumulative effects of stigmatisation can lead to decreased job concentration, job dissatisfaction, and increased self-isolation, making individuals more vulnerable to bullying.[8] Factors such as social isolation and passive aggressive behaviour have been identified as forms of workplace bullying.[6]

This study also revealed that bullying experiences negatively impacted teamwork with other health professionals and relationships with patients. Furthermore, bullying affected energy levels, concentration, efficiency, and motivation at work. The literature presents varied findings regarding the relationship between bullying experiences and work performance.[4] Keashly and Jagatic[27] noted that increased exposure to hostile workplace behaviour correlates with greater negative effects. Studies have shown that teamwork, which is critical in healthcare, is often threatened by bullying.[4,7] Unchecked bullying within teams can lead to avoidable medical errors and unsatisfactory patient outcomes.[7] Interestingly, some physiotherapists reported that their bullying experiences served as a motivational force, pushing them towards self-development and success, thereby making bullying less likely.

This study found that age, gender, marital status, and work status did not significantly influence the likelihood of being bullied. These contradict findings suggesting that women are often easier targets for bullying perpetrators and that women in positions of authority may bully their female colleagues more than men do.[2] However, some studies have indicated no significant differences in workplace bullying experiences between men and women.[28] It is important to note that men and women may experience different forms of bullying, with men more likely to suffer physical abuse and women, particularly in nursing, more prone to verbal abuse.[3] The male-dominated work environment and differing interpersonal styles may contribute to the varying perceptions of workplace bullying between genders.

Younger employees are generally at a higher risk of experiencing harassment and bullying.[28] Awai et al.[29] noted that younger employees experienced more bullying than their older counterparts. However, Ortega et al.[28] found no significant relationship between age and workplace incivility. Research show that workplace bullies outrank their victims, suggesting that the hierarchical nature of workplaces contributes to bullying behaviours,[5,21] and that bullying from supervisors is often more damaging than bullying from colleagues.[5,21] Cortina et al.[30] found that younger entrants to organisations (typically aged 20−29 years) often hold lower status in terms of pay and job security, creating a power imbalance conducive to bullying. This relational powerlessness is a core factor in victimisation.[5,21]

Limitations

A key limitation of this study is its cross-sectional design, which restricts the ability to draw definitive conclusions regarding the causal relationship between bullying experiences and work performance. This limitation was compounded by the potential for recall bias or misclassification of what constitutes a “bullying experience.”

Conclusion

Nigerian physiotherapists experience significant rates of both lateral and vertical bullying, regardless of their socio-demographic or work characteristics. The experiences of bullying reported in this study have detrimental effects on work performance and relationships with other healthcare providers. This study underscores the urgent need for effective policies and interventions to address workplace bullying in the Nigerian healthcare sector, particularly among physiotherapists. By fostering a supportive and respectful work environment, healthcare institutions can enhance the well-being and performance of their staff.

Source of funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Conflict of interest

The authors have no conflict of interest to declare.

Ethical approval

This study was approved by the health research ethics committee, Institute of Public Health, Obafemi Awolowo University, Ile-Ife (IPHOAU/12/729).

Acknowledgments

The authors gratefully acknowledge all of the respondents' who took part in this study.

Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.jtumed.2025.03.002.

Authors contributions

Conception and design of study: CEM. Acquisition of data: CEM, AOE, JOO, ODA, ABA, FF, and BAA. Analysis and/or interpretation of data: CEM, AOE, and ABA. Drafting of the manuscript: CEM, AOE, JOO, ODA, ABA, FF, and BAA. All authors reviewed and approved the final draft of the manuscript.

References

1. Akanni OO, Olashore AA, Osasona SO, Uwadiae E. Predictors of bullying reported by perpetrators in a sample of senior school students in Benin City, Nigeria. **S Afr J Psychiatr 2020**; 26(0): a1359.
2. Fapohunda TM. Managing workplace bullying. **J Hum Resour Manag 2013**; 1(3): 39–47.
3. Galanis P, Moisoglou I, Katsiroumpa A, Mastrogianni M. Association between workplace bullying, job stress, and professional quality of life in nurses: a systematic review and meta-analysis. **Healthcare 2024**; 12(6): 623.
4. Özer G, Escartín J. The making and breaking of workplace bullying perpetration: a systematic review on the antecedents, moderators, mediators, outcomes of perpetration and suggestions for organizations. **Aggress Violent Behav 2023**; 69: 101823.
5. Ismail H, Dawam D, Aris NAM, Yew SQ, Ahmad H, David CCH, et al. Personality traits and workplace bullying among contract trainee doctors in Malaysia. **Heliyon 2024**; 10(1):e23625.
6. Kumari A, Kaur T, Ranjan P, Chopra S, Sarkar S, Baitha U. Workplace violence against doctors: characteristics, risk factors, and mitigation strategies. **J Postgrad Med 2020**; 66(3): 149–154.
7. Afolaranmi TO, Hassan ZI, Gokir BM, Kilani A, Igboke R, Ugwu KG, et al. Workplace bullying and its associated factors among medical doctors in residency training in a tertiary health institution in plateau state Nigeria. **Front Public Health 2021**; 9: 812979.
8. Ariza-Montes A, Muniz NM, Montero-Simó MJ, Araque-Padilla RA. Workplace bullying among healthcare workers. **Int J Environ Res Publ Health 2013**; 10: 3121–3139.
9. Bairy KL, Thirumalaikolundusubramanian P, Sivagnanam G, Saraswathi S, Sachidananda A, Shalini A. Bullying among trainee doctors in Southern India: a questionnaire study. **J Postgrad Med 2007**; 53(2): 87–90.
10. Dilek Y, Aytolan Y. Development and psychometric evaluation of workplace psychologically violent behaviours instrument. **J Clin Nurs 2008**; 17(10): 1361–1370.
11. Hicks B. Time to stop bullying and intimidation. **Hosp Med 2000**; 61(6): 428–431.
12. Waschgler K, Ruiz-Hernández JA, Llor-Esteban B, Jiménez-Barbero JA. Vertical and lateral workplace bullying in nursing: development of the hospital aggressive behaviour scale. **J Interpers Violence 2013**; 28(12): 2389–2412.
13. Hutchinson M, Jackson D, Wilkes L, Vickers M. A new model of bullying in the nursing workplace: organizational characteristics as critical antecedents. **Adv Nurs Sci 2008**; 31(2): E60–E71.
14. Johnston M, Phanhtharath P, Jackson BS. The bullying aspect of workplace violence in nursing. **JONA's Healthc Law, Ethics, Regul 2010**; 12(2): 36–42.
15. Simons S, Sauer P. An exploration of the workplace bullying experience: coping strategies used by nurses. **J Nurses Profess Develop 2013**; 29(5): 228–232.
16. Quine L. Workplace bullying in nurses. **J Health Psychol 2001**; 6(1): 73–84.
17. Azodo CC, Ezeja EB, Ehikhamenor EE. Occupational violence against dental professionals in southern Nigeria. **Afr Health Sci 2011**; 11(3): 486–492.
18. International Labour Organization. Code of practice on workplace violence in service sectors and measures to combat this phenomenon. MEVSWS-COP-2003-10-0201-1-EN.Doc/v2.
19. León-Pérez JM, Escartín J, Giorgi G. The presence of workplace bullying and harassment worldwide. In: D'Cruz P, Noronha E, Notelaers G, Rayner C, editors. *Concepts, approaches and methods. Handbooks of workplace bullying, emotional abuse and harassment, vol. 1*. Singapore: Springer; 2021.
20. Umeakafor N, Isaac D, Jones K, Umeadi B. Enforcement of occupational safety and health regulations in Nigeria: an exploration. **Eur Sci J 2014**; 3: 93–104.
21. Samsudin EZ, Isahak M, Rampal S, Rosnah I, Zakaria MI. Workplace bullying among junior doctors in Malaysia: a multicentre cross-sectional study. **Malays J Med Sci 2021**; 28(2): 142–156.
22. Bullying N Tehrani. A source of chronic post-traumatic stress? British. **J Guidance Counselling 2004**; 32(3): 357–366.
23. Mbada CE, Ojetola KD, Adedoyin RA, Okafor UAC, Johnson OE, Ogundele AO, et al. Nigerian physiotherapists' perception of direct access and patients' self-referral. **Nigerian J Med Rehabilitat 2015**; 18(1): 27.
24. The Nations Newspapers. *Salary disparity threatens workers in health sector – by Dupe Olaoye-Osinkolu*; 2018. Accessed on the 22nd of December, http://thenationonlineng.net/salary-disparity-threatens-workers-in-health-sector/.
25. Nigeria Society of Physiotherapy. *Position paper of the Nigeria society of physiotherapy (NSP) on current happenings in the Nigeria health sector*; 2014.
26. Dalley J, Sim J. Nurses' perceptions of physiotherapists as rehabilitation team members. **Clin Rehabil 2001**; 15(4): 380–389.
27. Keashly L, Jagatic K. American perspectives on workplace bullying. In: EinarsenS Hoel H, Zapf D, Cooper C, editors.

Bullying and emotional abuse in the workplace: international perspectives in research and practice. London and New York: Francis and Taylor; 2004. pp. 31−61.

28. Ortega A, Høgh A, Pejtersen JH, Olsen O. Prevalence of workplace bullying and risk groups: a representative population study. **Int Arch Occup Environ Health 2009**; 82(3): 417−426.
29. Awai NS, Ganasegeran K, Abdul Manaf MR. Prevalence of workplace bullying and its associated factors among workers in a Malaysian public university hospital: a cross-sectional study. **Risk Manag Health Policy 2021**; 14: 75−85.
30. Cortina LM, Magley AVJ, Williams JH, Langhout RD. Incivility in the workplace: incidence and impact. **J Occup Health Psychol 2001**; 6(1): 64−80.

How to cite this article: Mbada CE, Efunniyi AO, Omole JO, Adegbemigun OD, Ademoyegun AB, Fasuyi F, Adekanla BA. Bullying experience among Nigerian physiotherapists: Prevalence and impact on workplace performance. J Taibah Univ Med Sc 2025;20(2):234−241.