

## Workplace Harassment and Work Quality of Tertiary Health Care Facilities in South-West Nigeria

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### Abstract

This study investigates the effect of workplace harassment on work quality in six tertiary healthcare facilities in South-West, Nigeria. Drawing upon Conservation of Resources (COR) theory propounded by Dr. Stevan E. Hobfoll in 1989, in the area of stress and motivation research, the main thrust of the theory lies on how organisation strives to acquire, maintain, and protect their resources in order to manage stress and promote well-being. This study offers a useful framework for analyzing the effects of workplace harassment on the work quality of health workers. This study adopted survey research design. The population was 6,359 health workers from six teaching hospitals in South-West, Nigeria. The sample size of 475 was determined using Krejcie and Morgan table. Purposive sampling technique was adopted to select the respondents. A structured and validated questionnaire was used for data collection. Response rate was 100%. Cronbach's alpha reliability coefficient for the constructs ranged from 0.71 and 0.94. Data were analysed using inferential (multiple linear and hierarchical regression) statistics at 5% significance level. The findings revealed that workplace harassment have significant effect on work quality of the selected tertiary hospitals in South-West, Nigeria ( $Adj.R^2=0.101$ ,  $F(5, 475)=11.668$ ,  $p<0.05$ ). The findings highlight the role of workplace harassment dimensions: Abusive supervision, workplace incivility, workplace ostracism, verbal aggression and workplace violence on employee work quality. The results of the analysis revealed that workplace harassment have positive and significant effect on work quality of the selected tertiary hospitals in South-West, Nigeria. This indicates that workplace ostracism, abusive supervision in the workplace, workplace incivility and workplace verbal aggressions were important predictors of work quality of the selected tertiary hospitals in South-West, Nigeria. The study recommended that management should develop and enforce clear anti-harassment policies that outline unacceptable behaviors and the consequences of such actions, and ensure that these policies are communicated effectively to all employees at all levels of management.

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## Introduction

Tertiary hospitals are predominantly established as indispensable field of healthcare industry with maximum capacity to improve the holistic wellness of people all around the world. They provide a couple of benefits than what primary and secondary services could offer; such as access to more specialized equipment, expertise for advanced and complex patients' diagnosis, procedures and treatments of ill health of people. Nevertheless, the possibility that tertiary hospitals contribute tremendously to the progress of health sector to foster best performance among employees is doubtful. This is because, in spite of the numerous aids and eases provided by the healthcare industry for proper healthcare management in tertiary hospitals, employee performance in the hospitals appears to be continuously noticed on the regressive side, reflecting a decline in work quality, work efficiency, goal attainment, work effectiveness, and employee commitment. Predictably, incessant workplace harassment forming different appearances of abusive supervision, incivility, ostracism, verbal aggression and violence have been observed as probable factors affecting employee performance in the tertiary hospitals. While many believe that employees must be allowed to enjoy every bit of pleasure for greater performance in the workplace, a different school of thought affirmed that they need a little bit of pressure for reasonable performance.

Globally, healthcare industry encounters major challenges in making tertiary healthcare services available to the people. These challenges cannot be overcome without the involvement in service and outstanding performance of healthcare employees (Krijgsheld et al., 2022). The healthcare system according to the Organisation for Economic Cooperation and Development (OECD) 2024, is facing significant challenges in adapting to changing needs and megatrends. There is need for a fresh approach to evaluating the performance of the health system that incorporates important aspects such as resilience, focus on individuals, and environmental sustainability. The performance phenomenon at tertiary hospitals have recently emerged in the media as well as medical publications with awareness to factors such as distressing work quality, work efficiency, goal attainment, work effectiveness, and employee commitment worldwide (Bataneh, 2019; Korang-Yeboah & Buobi, 2021).

In West Africa, most tertiary hospitals fail to meet the basic standards required for effective healthcare systems. Specifically, lack of work quality, low work efficiency, poor goal orientation,

bad work effectiveness, and lack of commitment by the institution's employees and management affirmed the decline in performance of the tertiary hospital in Nigeria (Oleribe et al., 2019). The World Health Organisation (WHO) conducted a study that revealed 52% of Nigerian healthcare workers performing below the required standard, 63% experiencing overwork, and 57% experiencing stress due to the denial of basic physiological and psychological needs (Nwobodo et al., 2023). Over 5,000 Nigerians leave the country for treatment abroad every month due to medical tourism, which has become more common due to the country's inadequate tertiary healthcare systems (Oleribe et al., 2019). Annually, this industry siphons approximately 1.2 billion USD from the Nigerian economy.

The Nigerian Medical Association (NMA, 2022) reported a critical shortage of healthcare professionals, with over 30,000 physicians migrating to the USA and the UK. This mass exodus has led to an overstretched workforce in tertiary hospitals, increasing workloads and causing significant declines in performance and efficiency. Healthcare workers face rising fatigue and burnout, which negatively impact their ability to deliver timely and provide effective care. As a result, patient management suffers, leading to longer waiting times, reduced service delivery efficiency, and compromised overall work quality. Without urgent intervention, the continued decline in healthcare workers' performance in tertiary hospitals will further strain the healthcare system, reducing its capacity to meet patient needs effectively.

Abusive supervision is a common form of workplace harassment widely examined for its damaging effects on various outputs (Dhali et al., 2023). The impact of such employee personalities on the work quality of tertiary hospitals has received significant attention in literature showing how abusive supervision in workplace has led to low work quality (Bernd & Beuren, 2021). Furthermore, tertiary hospitals have documented their experiences with workplace incivility, a form of workplace harassment that negatively impacts work efficiency. The worldview reports that 60.7% of new nurses experience varying levels of workplace incivility (Xie et al., 2023). The sector, however, recorded an 83% decline in efficiency, and this is considered to have a detrimental influence on employee's performance. Studies have identified workplace ostracism in various ways, such as rejection, isolation, and abandonment (Adekanbi & Ukpere, 2022). Ostracism poses a societal phenomenon that is destructive in nature (Akinwale & Kuye, 2022). Research have shown that it is visible and practiced by every organisation, including education, commerce, finance, and society at large. The frequency of verbal aggression in tertiary hospitals

around the world ranged from 22.2% to 88.8% (Toska et al., 2023). The situation varies greatly across various levels of treatment, although it is typically seen to be more problematic in public tertiary institutions. Verbal aggression in the workplace may take many forms, including insults and other demeaning language. Despite the prevalence of verbal aggressiveness in Nigerian healthcare facilities, it is alarmingly underreported, especially when it does not escalate into physical injury or an attempted attack. According to Abate et al. (2023), there is a lack of evidence about the frequency and effects of verbal aggressiveness. The West and Europe have taken steps to rein down aggressive speech, with the 'zero tolerance' policy for harassment in the workplace and other particular regulations acting as a precursor. Studies, however, need to focus more on the organisational impact on the work effectiveness of health workers in Nigeria's tertiary hospitals.

Workplace harassment may influence work quality, which could affect both individual employees and organizational performance. The effects of workplace harassment may manifest through reduced motivation, increased absenteeism, and lower job satisfaction, which may lead to decrease in productivity and morale within teams. Victims of workplace harassment often experience severe mental health issues, including depression and anxiety, which can lead to a decline in work performance (Einarsen & Ågotnes, 2023). Also, study found that 71.3% of workers reported harassment, with significant psychosomatic symptoms such as insomnia and loss of concentration, further impairing their ability to perform effectively. In addition, workplace harassment may create a hostile work environment, leading to increased turnover rates and reduced employee commitment (Ashfaq et al., 2021).

Research has shown that there is scarcity of data on the effect on workplace harassment and work quality in the health industry. Given the sensitivity of the health industry in respect to dealing with lives, it would be important to study the association of workplace harassment and work quality in the healthcare. This study is aimed to assess the association between workplace harassment and work quality at six tertiary healthcare facilities in south west Nigeria.

## **2.0 Literature review**

### **2.1 Workplace Harassment**

Harassment in the workplace is defined as unwanted or offensive behavior that hinders an employee's ability to do their job, grow in their career, or maintain good mental health (Balch

Samora et al. 2020; Nikolić & Višnjić, 2020). Agbornu et al., (2022) defined workplace harassment as unwanted, aggressive behavior that creates a hostile environment, significantly impacting employee well-being and productivity, necessitating gender-sensitive management tools for effective prevention and response. Bjorkqvist (1994) posited that workplace harassment involves recurrent actions aimed at causing mental or physical anguish, targeting one or more individuals who lack the ability to protect themselves. Kreps (1993) further indicated that the power disparity between the harasser and the victim inherently hinders the victim's capacity to defend against the harasser.

Wang et al. (2021) posited that workplace harassment encompasses any act, whether physical or verbal, where a person is abused, threatened, assaulted, or intimidated by another individual in the workplace, leading to a broader domain of violence at work. It is however not limited to physical assault but also includes behaviors like mistreatment or assault by coworkers or customers, often stemming from stress and discriminatory practices based on gender, ethnicity, race, or disabilities on the balance of performance (Abo-Ali et al., 2020; Kim et al., 2020). This definition highlights that workplace harassment can manifest in different ways, such as through direct physical harm or through psychological intimidation and abuse in the form of threats, bullying, or verbal aggression. Aggression, violence, and hostility in the workplace are characterized as a prevalent abnormality in the occupational environment, which leads to employee disengagement and unfavorable organizational results (Saleem et al., 2022). Magnavita et al., (2022) opined that harassment in the workplace is a form of gender discrimination that violates equality of rights and opportunities, often affecting women and rooted in entrenched power relations and cultural norms. Workplace harassment encompasses inappropriate behaviours such as sexual undertones, often perpetuated by men, and is influenced by social and gender norms that limit women's agency and reporting mechanisms (Bialowolska et al., 2020). Factors such as sex (including pregnancy, sex identity, and sexual orientation), ethnicity, color, national origin, religion, age, handicap, and genetic information all have a role in this behaviour.

Harassment in the workplace was defined by a 2016 Task Force of the United States Equal Employment Opportunity Commission as disruptive behavior that targets people because of who they are or what they look like, and has a negative effect on both their health and the quality of their work environment. Nurses at healthcare facilities across the world face a serious threat from

workplace violence (WPV), which may take many forms including physical assault, verbal abuse, and threats of physical harm. Employees, patients, or even family members or colleagues might be the aggressors in violent or threatened acts against them (Chowdhury et al., 2022). In a related manner, Workplace violence, is defined to encompass a wide range of behaviours from verbal abuse to physical assaults directed towards individuals while at work or on duty (Al-Sagheir et al., 2022; Lee & Lee, 2021). Adeoye et al. (2020) opined that the most prevalent types of workplace violence among home healthcare workers include verbal aggression, workplace aggression or threatening behaviour, physical violence or assaults, and sexual harassment behaviours. Workplace harassment is defined as persistent hostile behavior toward a specific individual or group inside an organisation that grows in severity and purposeful in nature. It has a negative effect on the quality of care provided, the mental health of nurses, and their ability to focus on their jobs. The nurse shortage can be worsened by workplace harassment, which can lead to personnel turnover, low morale, and lower productivity (Chowdhury et al., 2022, Khalid et al., 2022).

Characteristics of workplace harassment include unwelcome behavior, discriminatory nature, verbal harassment, physical harassment and psychological harassment which cause emotional distress, such as bullying, manipulation, or intimidation (Lee & Lee, 2021). There exist several positive outcomes of workplace harassment such as increased awareness, policy development and improved workplace culture. Some of the disadvantages include emotional and psychological harm, decreased productivity and high turnover rates (Khalid et al., 2022). In this study, workplace harassment will be defined as undesired verbal or physical behaviours such as abusive supervision, workplace incivility, workplace ostracism, verbal aggression and workplace violence which create a hostile work environment and hinder employee's performance.

## **2.2 Work Quality**

Rengarajan et al., (2022) defined work quality as the level of performance, efficiency, and effectiveness demonstrated by employees in their roles within the organisation. Magnavita et al. (2022) defined work quality of an organisation as the essential factor that impacts not only productivity but also the risk of mental and physical disorders. Work quality in an organisation refers to the standard of work produced by employees within the organisational setting. It encompasses various aspects such as accuracy, efficiency, effectiveness of tasks completed, innovation, attention to detail, and adherence to organisational standards. Nuevo (2023) referred

to quality of work as the overall conditions, environment, and experiences an employee encounter in the workplace. According to Mulyaningrum et al. (2022) quality of work is defined as the standard of work produced by employees within an organisation. López-Cabarcos et al. (2022) maintained that the presence of a good work ethics in an organisation is influenced by the organisational culture that is established within the company.

Ludwig (2023) posited that work quality pertains to the standard of work output and performance demonstrated by employees within an organisation. According to Zhenjing et al. (2022) work quality is intricately linked to the organisational culture present within the company, highlighting the influence of the work environment on employee performance. Earlier, Mamaghaniyeh et al. (2019) discussed quality of work as the level of satisfaction, well-being, and overall experience that employees have in their work environment. Arranz Val et al., (2020) opined that the concept of work quality in organisations has evolved over time, reflecting what is achieved through management and execution, measured by stakeholder perception, sustainable value creation, and operation and transformation management. Tamunomiebi and Oyibo (2020) argued further that work quality involves having a series of approaches to achieve current and future results, implementing these approaches appropriately, and continuously assessing and refining them for learning and improvement.

Börnfeldt (2023) agreed with other scholars that work quality remains the level of satisfaction, well-being, and overall experience that employees have in their work environment. It encompasses various aspects such as work-life balance, mental well-being, job pressures, and opportunities for personal and professional growth within the organisation. In a related view, work quality is seen as a dynamic and evolving concept influenced by the development of an employee's skills and their preparedness for changing work conditions (Pyankova & Zatepyakin, 2022). Ononye (2022) defines quality of work as the overall quality of an individual's work experience within an organisation, encompassing various factors such as job satisfaction, work motivation, and ethical behaviour.

The characteristics of work quality encompasses various aspects such as work environment, employee welfare and well-being, work-life balance, job description, compensation, and rewards (Nuevo, 2023). Though there is no clear-cut merit, Almulaiki (2023) noted that work quality increased efficiency and productivity, it reduced costs as fewer errors and better-quality work can translate to lower costs associated with rework, scrap materials, and warranty claims. It also



promotes customer satisfaction, enhanced brand reputation and employee morale and motivation (Reza Putra & Gupron, 2020). On the contrary, increased costs, slower time to market, reduced innovation and employee demoralisation as unrealistic quality expectations or overly critical feedback loops can demotivate employees. In this study however, work quality will be defined as the overall effectiveness and efficiency with which work is completed that encompasses a multi-dimensional perspective that considers not just the outcome.

Afsharian et al., (2021) explored how psychosocial safety climate can act as a shield against workplace mistreatment, bias, and emotional strain. Their findings unveiled that young refugee employees faced notably more harassment and mistreatment at work in comparison to their non-refugee counterparts. Surprisingly, these young refugee workers reported lower levels of psychological distress than unemployed young refugees. Additionally, the study revealed that young refugee workers experienced higher psychological distress levels than non-refugee employees, with no evident link between different workforce segments and psychological safety climate. Bialowolska et al., (2020) scrutinised the repercussions of workplace harassment and domestic violence on job-related outcomes in developing nations. Their research highlighted that workplace harassment and domestic violence serve as significant stressors, impacting work engagement, professional attitudes, and job performance.

Furthermore, Ononye (2023) analysed the essence of work quality, motivation, job contentment, and ethical conduct. The outcomes showcased a positive correlation between job satisfaction and ethical behavior. Interestingly, job satisfaction was found to mediate the relationship between work quality and motivation with ethical conduct, while work motivation and job satisfaction sequentially influenced the bond between work quality and ethical behavior. Bard-Pondarré et al. (2023) explored the utilisation of goal attainment scaling in rehabilitation through an educational overview offering a comprehensive guide for implementing this scaling technique. The study provided practical insights on addressing clinical hurdles in goal attainment scaling, including defining the baseline, setting a timeframe, employing suitable methods to achieve the goal, adapting to unexpected progress patterns, interpreting the diverse meanings of the Specific Measurable, Achievable, Realistic, and Timely (SMART) goal acronym for optimal scaling, and maintaining flexibility in determining relevant goal types. Mamaghaniyeh et al., (2019) investigated the quality of work life among workforce members. The results unveiled that the perceived quality of work life in the examined area surpassed the average score of 3.03.



Furthermore, a negative correlation emerged between demographic factors like age and the quality of work life.

Additionally, in the chronic period after a traumatic brain injury, Borgen et al. (2022) investigated goal attainment with a tailored and at-home strategy. The results indicated that very high goal attainment during this stage of traumatic brain injury positively correlate goal attainment. Chowdhury et al. (2022) studied the relationship between depression, burnout, job satisfaction, bullying, and workplace violence. The results confirm that higher levels of depression were associated with untimely wage payments. The effect of violent incidents on nurses' ability to deliver high-quality care in Ghana's Volta region was studied by Agbornu et al. (2022). The result revealed that violence in the workplace negatively impacted several facets of care quality.

Furthermore, Baş and Şirin (2023) included psychological resilience as a mediator and cyberloafing as a moderator in their investigation on the impact of workplace ostracism on employee performance. This showed that workplace ostracism has a negative effect on productivity. Choi (2020) investigated the effects of social exclusion on productivity in the workplace, paying special attention to how workers' perceptions of organizational support affected the relationship. The results showed that female workers' in-role performance suffered when they were socially isolated. The importance of attention-awareness mindfulness was highlighted by De Clercq et al. (2021), the findings demonstrated that the indirect association between being exposed to abusive supervision and work performance was moderated by emotional tiredness rather than awareness.

On the contrary, Abrar et al. (2022) also looked at how social exclusion at work affects productivity, depression, and ability to influence others. The study indicated positively associated with low mood, which in turn had a detrimental effect on job performance, according to the data. Adeoye et al. (2020) in their study of organisational silence reported workplace harassment as a dimension to toxic leadership. The study found that harassment occasionally stimulates employee performance positively. This finding concurred with Chowdhury et al. (2020), and Godbless and Enoh (2022), they found that workplace harassment is positively significant to employee performance.

### **3.0 Methodology**

The focus of this study is on the effect of workplace harassment on employee performance in tertiary hospitals in South-West Nigeria. Six (6) tertiary hospitals were selected out of eighteen (18) tertiary hospitals in the zone. The selected teaching hospitals were Lagos University Teaching Hospital Idi-Araba, Olabisi Onabanjo University Teaching Hospital Sagamu, UNIOSUN Teaching Hospital Osogbo, Ekiti State University Teaching Hospital Ado- Ekiti, University College Hospital Ibadan, and University of Medical Science Complex Ondo.

The target population for this study was six thousand, three hundred and fifty-nine (6, 359) which consist of Consultants, Resident Doctors, Nurses, Medical Laboratory Scientists, Pharmacists, Physiotherapists and Health Records Officers who work in the six teaching hospitals in South-West geopolitical zone in Nigeria (Researcher's field survey 2024) and the sample size is four hundred and seventy-five (475). This was determined using the Krejcie and Morgan (1970) table. The South-West tertiary hospitals were selected because the South-West region has twenty-one (21) out of the one hundred and sixty-six tertiary hospitals providing advanced medical care and training healthcare professionals in Nigeria (Nigeria Health Facility Registry, 2024)

### **3.1 Reliability of Instrument**

The reliability of the instrument provided additional insight into the extent to which the measurement of a construct is consistent or trustworthy. In order to assess dependability, a total of forty-nine questionnaires were administered to a diverse group of professionals including consultants, resident doctors, nurses, medical laboratory scientists, pharmacists, physiotherapists, and health records officers at Babcock University Teaching Hospital in Ilisan-Remo, Ogun State. The obtained questionnaire was examined to determine the internal reliability of the instrument. The research instrument was tested for internal consistency using Cronbach's Alpha coefficient 0.05 level of significance; the reliability test was done using Statistical Package of the Social Sciences (Version 27). The computed Cronbach's alpha value for the instrument is presented in a tabular form.

**Table 1 Reliability Result**

S/N	Variables	No of items	Cronbach's Alpha Coefficient	Composite Reliability	Remark
1.	Abusive Supervision	5	0.834	0.798	Reliable
2.	Workplace Incivility	5	0.707	0.70	Reliable
3.	Workplace Ostracism	5	0.757	0.712	Reliable
4.	Workplace Verbal Aggression	5	0.888	0.864	Reliable
5.	Workplace Violence	5	0.839	0.801	Reliable
6.	Work Quality	5	0.794	0.754	Reliable
7.	Work Efficiency	5	0.768	0.716	Reliable
8.	Goal Attainment	5	0.940	0.925	Reliable
9.	Work Effectiveness	5	0.816	0.780	Reliable
10.	Workplace Commitment	5	0.740	0.724	Reliable
11.	Perceived Organisational	5	0.864	0.833	Reliable
12.	Emotional Intelligence	5	0.847	0.814	Reliable

Source: Researcher's Pilot Results (2024)

### 3.2 Sample Size Determination

The number of Consultants, Resident Doctors, Nurses, Medical Laboratory Scientists, Pharmacists, Physiotherapists and Health Records Officers that participated in this study are four hundred and seventy-five (475). This was derived from the population of the study using the sample size determination method developed by Krejcie and Morgan (1970). The value from the Krejcie and Morgan table according to the study population is 365, to which 109.50 was added, being 30% of 365 (to make room for uncertainties) the sum of which equals to 474.50 approximately 475, hence the sample size for this study is 475.

The sample size was distributed in proportion as follows:

$$\frac{\text{Number of workers in each hospital}}{\text{Total number of healthworkers}} \times \text{Sample Size}$$

Calculation of sample size across the study population:

1. Olabisi Onabanjo University Teaching Hospital, Sagamu, Ogun State

$$\frac{646}{6359} \times 475 = 48.25$$

2. Ekiti State University Teaching Hospital, Ado-Ekiti

$$\frac{538}{6359} \times 475 = 40.18$$

3. University College Hospital, Ibadan Oyo-State

$$\frac{2512}{6359} \times 475 = 187.63$$

4. University of Medical Science Teaching Hospital Complex, Ondo

$$\frac{727}{6359} \times 475 = 54.30$$

5. Lagos University Teaching Hospital, Idi-Araba Lagos

$$\frac{1272}{6359} \times 475 = 95.01$$

6. UNIOSUN Teaching Hospital Osogbo, Osun-State

$$\frac{664}{6359} \times 475 = 49.59$$

#### **4.0 Data collection**

The researchers collected data using a primary data source. Data collection through the use of a structured questionnaire in both hard copies and google form was carried out by the researchers and with the aid of two trained research assistants for six weeks. The questionnaire was validated to ensure it is fit for the purpose. The justification for using questionnaire as instrument is because it proves to be efficient in gathering primary data from a large sample, cost-effective, and less prone to misrepresentation by respondents, thus ensuring easy analysis, offers anonymity, it allows quick response, it can be easily visualized and analysed.

Section A covered the respondents' demographic information. Each respondent was required to fill out demographic information accordingly. The information includes Age, Gender, Highest Educational Qualification, Healthcare Profession and Name of Hospital.

Section B focused on the research questions on each sub-variable of the independent variable, the dependent variable and the moderating variables. The response rate of the instrument ranged from 6 being the highest to 1 being the lowest on a 6-point Likert type scale. The pattern of response includes VH = Very High, H = High, MH = Moderately High, ML = Moderately Low, L = Low, VL = Very Low. The Likert scale provides a structured format which allows participants to express

their opinions, attitudes or perceptions on a continuum. The six-point scale allows for more nuanced responses compared to simpler scales with fewer response options. These six response categories allow participants to have a greater range to express their levels of agreement or disagreement providing more discrimination and granularity in their responses.

#### 4.1 Results

**Table 2 Summary of Multiple Regression Analysis for hypothesis one**

N	Model	B	T	Sig.	ANOVA (Sig.)	R	Adjusted R <sup>2</sup>	F (5, 474)
475	(Constant)	26.845	53.457	0.000	0.001 <sup>b</sup>	0.333 <sup>a</sup>	0.101	11.668
	Abusive Supervision in the Workplace	-0.119	-2.244	0.025				
	Workplace Incivility	-0.117	-2.105	0.036				
	Workplace Ostracism	-0.199	-3.814	0.000				
	Workplace Verbal Aggression	0.171	3.091	0.002				
	Workplace Violence	0.045	0.952	0.342				
a. Dependent Variable: Work Quality								
b. Predictors: (Constant), Workplace Violence, Workplace Ostracism, Abusive Supervision in the Workplace, Workplace Incivility, Workplace Verbal Aggression								

Table 2 shows the multiple regression analysis results for the effect of workplace harassment (WPH) dimensions on work quality on the selected tertiary hospitals in South-West, Nigeria. The result revealed that abusive supervision in the workplace ( $\beta = -.119, t = -2.244, p < 0.05$ ), workplace incivility ( $\beta = -.117, t = -2.105, p < 0.05$ ), workplace ostracism ( $\beta = -.199, t = -3.814, p < 0.05$ ) and workplace verbal aggression ( $\beta = .171, t = 3.091, p < 0.05$ ) all have a significant positive effect on work quality within the tertiary hospitals in South-West, Nigeria. However, workplace violence ( $\beta$

= 0.045,  $t = 0.952$ ,  $p > 0.05$ ) have a positive but insignificant effect on work quality. The results of the analysis revealed that four workplace harassment (workplace ostracism, abusive supervision in the workplace, workplace incivility and workplace verbal aggression) have positive and significant effect on work quality of the selected tertiary hospitals in South-West, Nigeria. This indicates that workplace ostracism, abusive supervision in the workplace, workplace incivility and workplace verbal aggression were important predictors of work quality of the selected tertiary hospitals in South-West, Nigeria.

## 4.2 Discussion

The findings of this study revealed that workplace harassment used in this study have significant effect on work quality of the selected Tertiary Hospitals in South-West, Nigeria ( $Adj.R^2 = 0.101$ ,  $F(5, 475) = 11.668$ ,  $p < 0.05$ ). Notably, the merger of the independent sub variables was significant in predicting the work quality in Nigeria. In other words, the work quality of selected Tertiary Hospitals in South-West, Nigeria is significantly impacted by embracing workplace harassment and sub variables used in this study. Supporting this study findings are Afsharian et al., (2021) and Bialowolska et al., (2020) who established that workplace harassment positively influence work quality.

Similarly, congruence with this study results was also confirmed with that of Ononye (2023) who analysed the essence of work quality, motivation, job contentment, and ethical conduct. The outcomes showcased a positive correlation between job satisfaction and ethical behaviour. Also in consonant is Bard-Pondarré et al., (2023) that explored the utilisation of goal attainment scaling in rehabilitation through an educational overview offering a comprehensive guide for implementing this scaling technique. The study provided a positive impact in the report. Mamaghaniyeh et al., (2019) investigated the quality of work life among workforce members. The results confirmed that the work quality positively affect employee performance. Additionally, Chowdhury et al. (2022) studied the relationship between depression, burnout, job satisfaction, bullying, and workplace violence. The results confirmed that higher levels of depression were associated with untimely wage payments.

In agreement with this study, Sigursteinsdottir and Karlsdottir (2022) analysed the significance of social backing in work environments. The analysis revealed a positive, reasonably robust

association between social support and employee job satisfaction. Loh and Saleh (2022) scrutinised the repercussions of unleashing emotional exhaustion leading to retaliatory rudeness at work. Their investigation unveiled a direct link between workplace rudeness and retaliatory incivility. Retaliatory incivility was found to be inversely related to job satisfaction, while positively linked to work disengagement. Adeoye et al. (2020) in their study of organisational silence reported workplace harassment as a dimension to toxic leadership. The study found that harassment occasionally stimulates employee performance positively. This finding concurred with Chowdhury et al. (2020), and Godbless and Enoh (2022), they found that workplace harassment is positively significant to employee performance. Abrar et al. (2022) also looked at how social exclusion at work affects productivity, depression, and ability to influence others. The study indicated positively associated with low mood, which in turn had a detrimental effect on job performance, according to the data.

In disagreement with this study result, Baş and Şirin (2023) showed that workplace ostracism has a negative effect on productivity. Alias and Ojo (2021) their research unveiled a detrimental link between workplace rudeness and job contentment among public service employees. Loh and Saleh (2022) study showed that retaliatory incivility was found to be inversely related to job satisfaction, while positively linked to work disengagement. Job satisfaction exhibited an adverse correlation with work disengagement.

Theoretically, this study finding aligned with the Conservation of Resources Theory and the Herzberg's two factor theory of motivation. COR Theory posits that resource loss hinders motivation and goal attainment. Harassment can lead to decreased motivation to perform well, impacting the quality of patient care Khalid et al. (2022) and the objective or actual environmental circumstances that threaten or cause depletion of people's resources (Loh & Saleh, 2022). COR theory has been used as an explanatory model for organisational stress in health systems and other organisations (Khan et al., 2021; Shin et al., 2021). While Herzberg's Two Factor Theory posits that the presence of hygiene factors mitigates effect of harassment on employee performance and motivators ensure optimal performance.

In summary, the results of the multiple regression analysis have indicated that the implementation of workplace harassment and its dimensions used in this study had a significant effect on the work



quality of the selected Tertiary Hospitals in South-West, Nigeria. These findings were in consonant with previous studies that have highlighted the benefits of workplace harassment in improving work quality. The findings of this study have practical implications for Tertiary Hospitals in Nigeria, and other organisations seeking to improve their work quality by using workplace harassment.

## **5.0 Conclusion and Recommendations**

The study concluded that workplace harassment has a significant effect on the employee performance of selected Tertiary Hospitals in South-West, Nigeria. Also, the study concluded that workplace harassment has a significant effect on the work quality of selected Tertiary Hospitals in South-West, Nigeria. It is evident from the findings that workplace harassment has significant effect on quality of work of Tertiary Hospitals in South-West, Nigeria. It is, therefore, recommended that management should develop and enforce clear anti-harassment policies that outline unacceptable behaviors and the consequences of such actions, and also ensure that these policies are communicated effectively to all employees.

### **Conflicts of Interest**

The authors have disclosed no conflicts of interest.

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