



Workplace Bullying, Well-Being, And Job Performance Among Nurses in a Selected Hospital in Laguna

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ABSTRACT

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Workplace bullying has been widely recognized as a significant occupational concern in healthcare settings due to its potential impact on nurses' psychological well-being and job performance. This study examined the relationship between workplace bullying, nurses' well-being, and job performance among staff nurses in a selected tertiary-level hospital in Laguna, Philippines. Grounded in Conservation of Resources (COR) Theory, Self-Determination Theory (SDT), and the Theory of Work Adjustment (TWA), the study aimed to determine the levels of workplace bullying, nurses' well-being, and job performance, as well as the relationships among these variables.

The study utilized a descriptive-correlational research design. Data were collected from 80 staff nurses selected through purposive sampling from a total population of 100 nurses. A self-constructed questionnaire, validated by experts and tested for reliability using Cronbach's alpha, was used to measure workplace bullying (work-related, person-related, and physically intimidating bullying), nurses' well-being (psychological, emotional, and social well-being), and job performance (quality of nursing care, productivity and efficiency, and patient safety and compliance with standards). Weighted mean and Pearson's r were employed for statistical analysis at a 0.05 level of significance.

Findings revealed that workplace bullying was experienced at low levels in terms of work-related bullying (WM = 2.0) and person-related bullying (WM = 1.9), and at a very low level in terms of physically intimidating bullying (WM = 1.7). Nurses' well-being was rated high across psychological well-being (WM = 3.1), emotional well-being (WM = 3.0), and social well-being (WM = 3.1). Job performance was rated high to very high, with very high levels in quality of nursing care (WM = 3.3) and patient safety and compliance with standards (WM = 3.4), and high level in productivity and efficiency (WM = 3.1).

Correlation analysis indicated no significant relationship between workplace bullying and nurses' well-being ($p = 0.52$), and no significant relationship between workplace bullying and job performance ($p = 0.88$). However, a statistically significant relationship was found between nurses' well-being and job performance ($p = 0.000049$), suggesting that higher levels of well-being are associated with higher levels of job performance.

The findings imply that while workplace bullying is minimally present in the selected hospital, nurses' well-being plays a critical role in sustaining high job performance. The study recommends the implementation of well-being enhancement and preventive organizational strategies to maintain performance standards and promote long-term workforce sustainability in hospital settings.

KEYWORDS:

workplace bullying, nurses' well-being, job performance, hospital nurses, descriptive-correlational study, Laguna

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INTRODUCTION

Workplace bullying remains one of the most persistent and damaging occupational hazards in contemporary healthcare settings. Characterized by repeated, systematic negative behaviors directed toward an individual, bullying in the workplace encompasses a range of actions—from subtle

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forms such as unwarranted criticism, exclusion, and excessive workload allocation to more overt acts of intimidation. In the nursing profession, where high-stakes decision-making, emotional labor, and interdependent teamwork are daily realities, such behaviors can erode professional confidence, compromise team cohesion, and ultimately threaten the quality of patient care.

Nurses constitute the largest segment of the healthcare workforce and serve as the backbone of hospital operations. Yet, they frequently operate in environments marked by chronic understaffing, intense time pressure, hierarchical structures, and emotional strain—conditions that can inadvertently foster or exacerbate bullying behaviors. Studies across various countries have consistently documented elevated prevalence rates of workplace bullying among nurses, linking it to increased burnout, psychological distress, intention to leave, and diminished job satisfaction. In the Philippine context, where healthcare resources are often stretched and organizational cultures may still reflect strong hierarchical norms, workplace bullying represents a particularly salient yet under-examined concern.

Beyond its direct psychological toll, workplace bullying is theorized to influence employee well-being and job performance through resource depletion processes. The present study is anchored on three complementary theoretical frameworks: **Conservation of Resources (COR) Theory** (Hobfoll et al., 2022), which posits that individuals strive to obtain, retain, and protect valued resources, and that bullying acts as a significant resource threat; **Self-Determination Theory (SDT)** (Ryan & Deci, 2023), which emphasizes the role of autonomy, competence, and relatedness in fostering psychological well-being and intrinsic motivation; and the **Theory of Work Adjustment (TWA)** (Rounds & Nye, 2023), which highlights the importance of correspondence between individual capabilities and workplace demands in achieving satisfactory performance.

While international literature has established clear associations between bullying, impaired well-being, and reduced performance in many healthcare contexts, findings in the Philippine setting remain limited and sometimes inconsistent. Moreover, most existing studies have focused on Western or high-resource settings, leaving a gap in understanding how these dynamics unfold within tertiary hospitals in the Philippines, where cultural factors, organizational structures, and healthcare system realities may shape both the experience and impact of bullying differently. This study therefore sought to examine the levels of workplace bullying, nurses' well-being (psychological, emotional, and social), and job performance (quality of nursing care, productivity and efficiency, and patient safety and compliance with standards) among staff nurses in a selected tertiary hospital in Laguna, Philippines. Specifically, it aimed to determine the relationships among these variables and, based on the findings, propose an evidence-based

intervention program. By adopting a descriptive-correlational design with 80 purposively selected staff nurses, the study provides timely empirical insights that can inform targeted organizational strategies to cultivate safer, healthier, and more productive nursing work environments.

Understanding these interrelationships is not merely academic; it carries direct implications for workforce sustainability, patient safety, and the overall quality of healthcare delivery in the country. As hospitals continue to face mounting pressures from aging populations, emerging health threats, and workforce shortages, protecting nurses from bullying and supporting their well-being may prove to be among the most effective investments in maintaining high standards of care.

METHODS

Research Design

The descriptive-correlational method of research will be utilized in this study to identify relationships between variables without manipulating them. This non-experimental design will be well-suited to the research objective of assessing the degree and nature of associations between naturally occurring variables. Specifically, it will examine whether relationships exist between the independent and dependent variables, and if so, how strong or weak these relationships are (Polit & Beck, 2020).

In a descriptive-correlational study, data will be collected from the participants in their natural settings, and the variables will be analyzed to determine patterns, trends, and statistical relationships. The purpose of this method will not be to establish causality but to provide insights into correlations between factors (Creswell & Creswell, 2022). This will be achieved through the administration of structured questionnaires, surveys, or other standardized tools, enabling the researcher to quantify the relationship between variables and test hypotheses regarding associations (Gray et al., 2021).

Sources of Data

The primary data for this study will be obtained through responses gathered from Staff Nurses in a selected hospital in Laguna, Philippines. Data collection will involve the administration of a structured survey questionnaire designed by the researcher. These instruments are specifically tailored to capture firsthand information on the variables under investigation, with a focus on workplace bullying, well-being, and job performance. This rigorous approach ensures that the study yields reliable and meaningful insights into the targeted research objectives.

Population of the Study

This study aims to examine the relationship between workplace bullying, nurses' well-being, and job performance among nurses employed in a selected tertiary-level hospital in Sto. Niño, Biñan, Laguna, specifically Perpetual Help Medical Center–Biñan. The population of this study will

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consist of all currently employed staff nurses assigned in in-patient nursing areas of the selected provincial hospitals in Laguna during the period of data collection. Only nurses who meet the study's inclusion criteria will be considered as participants. The total population of the target locale of the study is 100 Staff Nurses. The sample size of 80 was computed using Raosoft calculator using a margin of error of 5%, a confidence level of 95%. Respondents shall be selected using purposive sampling.

Instrumentation and Validation

This study shall use a self-made questionnaire. The research instrument will design to comprehensively examine three interrelated constructs, namely workplace bullying, psychological well-being, and job performance, among staff nurses in the selected hospital in Laguna, Philippines. The questionnaire has been structured into three major parts, each corresponding to one of the core variables of the study, to ensure systematic data collection and alignment with the research objectives.

The first part of the instrument will determine the level of workplace bullying experienced by the respondents

Evaluation and Scoring

To determine the level of workplace bullying of the respondents the following measures will be used.

Assigned Points	Numerical Range	Categorical Response	Verbal Response	
4	3.25 - 4.00		Always	Very high
3	2.50 - 3.24		Often	High
2	1.75 - 2.49		Sometimes	Low
1	1.00 - 1.74		Never	Very Low

To determine the level of well-being and job performance of the respondents, a 4-point scale will be used as follows:

Assigned Points	Numerical Range	Categorical Response	Verbal Response	
4	3.25 - 4.00		Strongly Agree	Very high
3	2.50 - 3.24		Agree	High
2	1.75 - 2.49		Disagree	Low
1	1.00 - 1.74		Strongly Disagree	Very Low

Data Gathering Procedure

The research process will commence with obtaining formal approval from the Human Resource Department, Nursing Director and Data Protection Officer, of the selected Hospital in Laguna, Philippines to conduct the study. Following the approval, the survey will be administered to the selected respondents. Upon completion and submission of the surveys by the respondents, the data will be systematically collected. The collected data will subsequently undergo a process of tallying, analysis, and interpretation to derive meaningful insights and conclusions.

in terms of work-related bullying, person-related bullying, and physically intimidating bullying.

The second part addresses level of the well-being of the respondents in terms of psychological well-being, emotional well-being, and social well-being.

The third part focuses on the level of job performance quality of nursing care, productivity and efficiency, and patient safety and compliance to standards.

All self-constructed sections of the questionnaire will undergo face and content validity evaluation by a panel of experts in nursing research, psychology, and statistics to ensure clarity, relevance, and adequacy of the items. Revisions will be made based on expert recommendations and research adviser approval. The internal consistency reliability of the instrument will be established using Cronbach's alpha coefficient, ensuring that each scale demonstrates acceptable reliability prior to full-scale administration. Once validated and finalized, the questionnaire will be administered to the target respondents to generate data necessary for addressing the study's research questions.

Statistical Treatment of Data

The following statistical tools will be utilized for analyzing the gathered data:

1. Weighted Mean. This will be used to determine the level of workplace bullying, well-being, and job performance of the respondents.
2. Pearson r. This will be used to determine whether there is a significant relationship among the following variables: workplace bullying and nurses' well-being, workplace bullying and nurses' job performance, and nurses' well-being and nurses' job performance.

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Presentation, Analysis and Interpretation of Data

1. Level of workplace bullying experienced by nurses in terms of work-related bullying, person-related bullying and physically intimidating bullying in a selected hospital in Laguna.

Table 1. The Level of Workplace Bullying experienced by Nurses: Work-related Bullying

Indicator	Weighted Mean	Verbal Interpretation	Rank
1. Assigned tasks with unrealistic deadlines.	2.04	Low	3
2. Given an unmanageable workload compared to others.	2.15	Low	1
3. Pressured to work beyond my job responsibilities without support.	2.01	Low	5
4. Unfairly criticized regarding my work performance.	1.81	Low	7
5. Deliberately denied important information needed to do my job properly.	2.02	Low	4
6. Repeatedly monitored or checked in a way that feels excessive and unfair.	2.07	Low	2
7. Blamed for mistakes that were not my fault.	1.99	Low	6
8. Assigned duties that seem intended to punish or humiliate me.	1.80	Low	8
Average	1.99	Low	

Table 1 presents the level of workplace bullying experienced by nurses in terms of work-related bullying in the selected hospital in Laguna. The overall weighted mean of 1.99, interpreted as Low, indicates that nurses occasionally experience work-related bullying behaviors; however, such incidents are not frequently encountered in the workplace. This finding suggests that the hospital environment demonstrates relatively low levels of negative work-related behaviors that may interfere with nurses’ professional responsibilities and job performance.

Among the indicators, “Given an unmanageable workload compared to others” obtained the highest weighted mean of 2.15, ranked first, followed by “Repeatedly monitored or checked in a way that feels excessive and unfair” with a weighted mean of 2.07, ranked second. These results suggest that some nurses occasionally perceive unequal workload distribution and excessive monitoring as potential forms of work-related mistreatment. Literature has identified such behaviors as common manifestations of work-related bullying because they interfere with employees’ ability to perform their duties effectively and may undermine professional confidence (Einarsen et al., 2020). In healthcare environments, these behaviors may emerge in settings characterized by heavy workloads and hierarchical supervision, where pressure to meet clinical responsibilities may unintentionally create perceptions of unfair task allocation or monitoring (Galanis et al., 2024).

The indicator “Assigned tasks with unrealistic deadlines” obtained a weighted mean of 2.04, ranked third, while “Deliberately denied important information needed to do my job properly” yielded a weighted mean of 2.02, ranked fourth. These findings indicate that some nurses occasionally experience situations in which tasks are assigned within

limited time frames or essential information required to perform work effectively is not adequately communicated. According to workplace bullying literature, withholding necessary information and imposing unrealistic deadlines are recognized forms of work-related bullying because they obstruct employees’ ability to perform their duties efficiently and increase workplace stress (Einarsen et al., 2020).

Meanwhile, the indicators “Pressured to work beyond my job responsibilities without support” (WM = 2.01) and “Blamed for mistakes that were not my fault” (WM = 1.99) ranked fifth and sixth, respectively. These findings suggest that nurses occasionally perceive role overload and unfair attribution of errors. Previous studies have shown that role ambiguity and excessive work demands may contribute to perceptions of work-related bullying, particularly in clinical environments where workload pressures and staffing limitations are present (Galanis et al., 2024).

The indicators “Unfairly criticized regarding my work performance” (WM = 1.81) and “Assigned duties that seem intended to punish or humiliate me” (WM = 1.80) obtained the lowest weighted means, ranking seventh and eighth, respectively. These results indicate that direct negative criticism or intentionally punitive assignments are rarely experienced by the respondents. The low occurrence of such behaviors may reflect professional workplace norms that discourage overtly hostile supervisory actions and promote respectful interactions among healthcare professionals.

Overall, the findings demonstrate that work-related bullying behaviors exist but are experienced at a low level among nurses in the selected hospital. This result contrasts with some international studies that have reported moderate to high levels of work-related bullying in healthcare environments characterized by intense workload pressures

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and hierarchical management structures (Nielsen & Einarsen, 2022). Nevertheless, literature emphasizes that even low levels of workplace bullying should not be disregarded because repeated exposure to negative work-related acts may gradually affect employees’ psychological well-being and professional functioning over time (Galanis et al., 2024).

Therefore, maintaining supportive leadership practices, equitable workload distribution, and effective communication systems remains essential to further minimize the occurrence of work-related bullying and sustain a healthy nursing work environment.

Table 2. The Level of Workplace Bullying experienced by Nurses: Person-related Bullying

Indicator	Weighted Mean	Verbal Interpretation	Rank
1. Ignored or excluded by colleagues in the workplace.	2.02	Low	3
2. Humiliated or embarrassed in front of others.	1.79	Low	7
3. Subjected to gossip, rumors, or malicious talk.	2.30	Low	1
4. Insulted or spoken to in a disrespectful manner.	1.96	Low	4
5. Treated as if my opinions and contributions do not matter.	2.07	Low	2
6. Ridiculed because of my personal characteristics	1.63	Low	8
7. Experienced repeated unfair criticism of my personality or attitude.	1.95	Low	5
8. Socially isolated at work intentionally.	1.80	Low	6
Average	1.94	Low	

Table 2 presents the level of workplace bullying experienced by nurses in terms of person-related bullying in the selected hospital in Laguna. The overall weighted mean of 1.94, interpreted as Low, indicates that nurses occasionally experience behaviors directed at their personal identity, dignity, or social standing in the workplace; however, such behaviors are not frequently encountered. This finding suggests that while interpersonal mistreatment may occur in some situations, it is generally limited within the organizational environment of the hospital.

Among the indicators, “Subjected to gossip, rumors, or malicious talk” obtained the highest weighted mean of 2.30, ranked first. This result indicates that gossip or informal negative communication is the most commonly experienced form of person-related bullying among the respondents. Literature has identified gossip and rumor-spreading as subtle but damaging forms of interpersonal mistreatment that can erode trust, weaken professional relationships, and create a hostile work climate (Einarsen et al., 2020). In healthcare environments, such behaviors may arise in high-stress settings where interpersonal tensions and workload pressures increase the likelihood of negative communication patterns (Galanis et al., 2024).

The second-ranked indicator, “Treated as if my opinions and contributions do not matter”, obtained a weighted mean of 2.07, followed by “Ignored or excluded by colleagues in the workplace” with a weighted mean of 2.02, ranked third. These findings indicate that some nurses occasionally perceive their professional input as undervalued or experience exclusion in workplace interactions. Research has emphasized that social exclusion and dismissal of professional contributions are forms of person-related

bullying that undermine employees’ sense of belonging and psychological safety within the organization (Rosander et al., 2024). In nursing practice, such behaviors may negatively affect collaboration and communication, both of which are essential for effective patient care.

The indicators “Insulted or spoken to in a disrespectful manner” (WM = 1.96) and “Experienced repeated unfair criticism of my personality or attitude” (WM = 1.95) ranked fourth and fifth, respectively. These results suggest that disrespectful communication and personal criticism are occasionally experienced by nurses but occur at relatively low levels. Previous studies have indicated that persistent personal criticism and disrespectful language may contribute to emotional distress and reduced job satisfaction among healthcare workers when experienced repeatedly (Galanis et al., 2024).

Meanwhile, “Socially isolated at work intentionally” (WM = 1.80) and “Humiliated or embarrassed in front of others” (WM = 1.79) ranked sixth and seventh, respectively. These findings indicate that overt acts of humiliation or deliberate isolation are less frequently encountered by the respondents. Such behaviors are considered more direct and harmful forms of person-related bullying because they directly target an individual’s dignity and professional identity (Einarsen et al., 2020).

The indicator “Ridiculed because of my personal characteristics” obtained the lowest weighted mean of 1.63, ranked eighth. This result suggests that discriminatory or derogatory remarks related to personal traits occur very rarely in the selected hospital setting. The low occurrence of such behaviors may reflect professional norms within healthcare

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organizations that discourage overt personal attacks and promote respectful interactions among staff.

Overall, the findings indicate that person-related bullying exists at a low level among nurses in the selected hospital in Laguna. While interpersonal challenges such as gossip and perceived disregard for opinions occasionally occur, more severe forms of personal humiliation or ridicule are rarely experienced. This finding is notable given that international studies have reported higher levels of interpersonal bullying in healthcare environments

characterized by hierarchical structures and high occupational stress (Nielsen & Einarsen, 2022). Nevertheless, even low levels of person-related bullying remain important to address because repeated exposure to negative interpersonal behaviors can gradually affect nurses’ psychological well-being and workplace relationships (Rosander et al., 2024). Consequently, healthcare organizations should continue promoting respectful communication, inclusive teamwork, and supportive leadership to maintain a positive and psychologically safe work environment for nurses.

Table 3. The Level of Workplace Bullying experienced by Nurses: Physically Intimidating Bullying

Indicator	Weighted Mean	Verbal Interpretation	Rank
1. Shouted at or confronted aggressively in the workplace.	1.93	Low	2
2. Experienced threatening gestures or intimidating body language.	1.65	Low	6
3. Unsafe due to someone’s aggressive behavior at work.	1.56	Low	7
4. Threatened with physical harm or punishment.	1.52	Low	8
5. Witnessed physical intimidation directed toward me or my co-workers.	1.79	Low	4
6. Experienced invasion of my personal space in an intimidating manner.	1.67	Low	5
7. Exposed to acts of anger such as slamming objects or banging surfaces.	1.96	Low	1
8. Avoided certain people at work due to fear of aggression.	1.86	Low	3
Average	1.74	Low	

Table 3 presents the level of workplace bullying experienced by nurses in terms of physically intimidating bullying in the selected hospital in Laguna. The overall weighted mean of 1.74, interpreted as Low, indicates that behaviors involving physical intimidation, aggression, or threatening actions are rarely experienced by the nurses in the workplace. This finding suggests that the hospital environment generally maintains a relatively safe and respectful professional atmosphere where overt aggressive behaviors are not common.

Among the indicators, “Exposed to acts of anger such as slamming objects or banging surfaces” obtained the highest weighted mean of 1.96, ranked first, followed by “Shouted at or confronted aggressively in the workplace” with a weighted mean of 1.93, ranked second. These results indicate that expressions of anger or aggressive confrontation occasionally occur but remain infrequent. Literature has identified such behaviors as forms of physically intimidating bullying because they create fear and psychological discomfort even without direct physical contact (Einarsen et al., 2020). In healthcare environments characterized by high workload and emotional demands, occasional expressions of frustration may occur; however, when such behaviors become repeated patterns, they can contribute to workplace hostility

and psychological distress among healthcare workers (Galanis et al., 2024).

The indicator “Avoided certain people at work due to fear of aggression” obtained a weighted mean of 1.86, ranked third, while “Witnessed physical intimidation directed toward me or my co-workers” yielded a weighted mean of 1.79, ranked fourth. These findings suggest that some nurses occasionally perceive aggressive tendencies in the workplace that lead them to avoid certain interactions or observe intimidating behaviors directed at colleagues. Research has shown that witnessing intimidation or aggression in the workplace may still contribute to psychological strain, as employees may feel unsafe or apprehensive even when they are not direct targets of the behavior (Rosander et al., 2024).

Meanwhile, “Experienced invasion of my personal space in an intimidating manner” (WM = 1.67) and “Experienced threatening gestures or intimidating body language” (WM = 1.65) ranked fifth and sixth, respectively. These findings indicate that subtle forms of intimidation, such as aggressive posture or physical proximity used to assert dominance, are rarely experienced by nurses in the selected hospital. According to workplace bullying literature, intimidating body language and invasion of personal space are recognized forms of non-verbal aggression that can create

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psychological insecurity and discomfort in the workplace (Einarsen et al., 2020).

The indicators “Unsafe due to someone’s aggressive behavior at work” (WM = 1.56) and “Threatened with physical harm or punishment” (WM = 1.52) obtained the lowest weighted means, ranking seventh and eighth, respectively. These results suggest that severe forms of physical intimidation, including threats of harm, are very rarely experienced by the respondents. The low occurrence of these behaviors indicates that overt aggressive acts are largely absent in the hospital setting, which may reflect organizational policies promoting professional conduct and workplace safety.

Overall, the findings demonstrate that physically intimidating bullying occurs at a low level among nurses in the selected hospital in Laguna. This result suggests that the workplace environment is relatively safe and that overt

aggressive behaviors are not widely tolerated. Although some minor expressions of anger or confrontation occasionally occur, more serious forms of physical intimidation or threats are rarely reported. This finding contrasts with studies conducted in some healthcare settings where intimidation and aggressive behavior have been reported as significant occupational hazards affecting nurses’ psychological well-being and workplace safety (Galanis et al., 2024). Nevertheless, literature emphasizes that even low levels of intimidation should be continuously monitored because repeated exposure to aggressive behavior may create fear-based environments and negatively affect teamwork and communication in healthcare settings (Einarsen et al., 2020). Therefore, maintaining supportive leadership, effective conflict management, and clear behavioral standards remains essential in sustaining a safe and respectful working environment for nurses.

Table 4. Summary Table of the Level of Workplace Bullying experienced by Nurses

Indicator	Weighted Mean	Verbal Interpretation	Rank
1. Work-related bullying	1.99	Low	1
2. Person-related bullying	1.94	Low	2
3. Physically intimidating bullying	1.74	Low	3
Overall Weighted Mean	1.89	Low	

Table 4 presents the summary of the level of workplace bullying experienced by nurses in the selected hospital in Laguna across three dimensions: work-related bullying, person-related bullying, and physically intimidating bullying. The overall weighted mean of 1.89, interpreted as Low, indicates that workplace bullying is not frequently experienced by nurses in the hospital setting. This finding suggests that although some forms of negative workplace behaviors may occasionally occur, they are generally limited and do not appear to be pervasive within the organization.

Among the three dimensions, work-related bullying obtained the highest weighted mean of 1.99, ranked first. This result indicates that work-related forms of bullying, such as excessive monitoring, unrealistic deadlines, or unequal workload distribution, are the most commonly experienced type among the respondents, although they still occur at a low level. Literature has identified work-related bullying as behaviors that interfere with employees’ job responsibilities or professional performance, including assigning unreasonable tasks or withholding important information needed to perform work effectively (Einarsen et al., 2020). In healthcare environments, such behaviors may occasionally emerge due to workload pressures, staffing shortages, or hierarchical supervisory practices (Galanis et al., 2024).

The second-ranked dimension, person-related bullying, obtained a weighted mean of 1.94, also interpreted as Low. This finding indicates that behaviors targeting an individual’s dignity or social standing—such as gossip,

exclusion, or disrespectful communication—are occasionally experienced but not common among nurses in the selected hospital. Previous studies have emphasized that person-related bullying may manifest through subtle interpersonal behaviors that undermine self-esteem and social relationships in the workplace (Rosander et al., 2024). However, the relatively low mean score suggests that such behaviors are not widespread within the institution.

Meanwhile, physically intimidating bullying obtained the lowest weighted mean of 1.74, ranked third. This result indicates that overt aggressive behaviors, including threatening gestures, aggressive confrontation, or invasion of personal space, are rarely experienced by nurses. Literature describes physically intimidating bullying as the most severe form of workplace bullying because it involves behaviors that may create fear and psychological insecurity even in the absence of direct physical harm (Einarsen et al., 2020). The low occurrence of such behaviors suggests that the hospital maintains a generally safe and respectful working environment.

Overall, the findings indicate that workplace bullying among nurses in the selected hospital in Laguna exists at a low level across all dimensions. This result differs from some international studies that have reported higher levels of bullying in healthcare settings characterized by intense workloads and rigid hierarchical structures (Nielsen & Einarsen, 2022). Nevertheless, literature emphasizes that even low levels of bullying should not be disregarded because

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repeated exposure to negative workplace behaviors may gradually affect employees' psychological well-being, job satisfaction, and professional functioning (Galanis et al., 2024). Therefore, continuous efforts to promote respectful

communication, supportive leadership, and a positive psychosocial safety climate remain essential to sustain a healthy and productive work environment for nurses.

2. Level of nurses' well-being in terms of psychological well-being, emotional well-being, social well-being in a selected hospital in Laguna.

Table 5. The Level of Nurses' Well-being: Psychological Well-being

Indicator	Weighted Mean	Verbal Interpretation	Rank
1. Mentally stable while performing my nursing duties.	3.05	High	4
2. Manage stress effectively during demanding shifts.	2.94	High	8
3. Confident in my ability to handle work-related challenges.	3.05	High	4
4. Motivated to continue working in my current hospital.	3.05	High	4
5. Satisfied with my professional growth as a nurse.	2.95	High	7
6. Maintained a positive mindset at work.	3.22	High	1.5
7. The work completed during the shift has meaning and purpose.	3.22	High	1.5
8. Despite work pressure, concentration during the shift remains strong.	3.01	High	6
Average	3.06	High	

Table 5 presents the level of nurses' well-being in terms of psychological well-being among nurses in the selected hospital in Laguna. The overall weighted mean of 3.06, interpreted as High, indicates that nurses generally experience a strong sense of psychological stability and positive mental functioning in the workplace. This result suggests that nurses are able to manage work-related demands while maintaining confidence, motivation, and a sense of purpose in their professional roles.

Among the indicators, "Maintained a positive mindset at work" and "The work completed during the shift has meaning and purpose" both obtained the highest weighted mean of 3.22, ranked 1.5, indicating that nurses strongly perceive their work as meaningful and maintain a positive outlook while performing their duties. Literature emphasizes that meaning and purpose in work are essential components of psychological well-being, particularly in caring professions such as nursing, where a sense of contribution to patient welfare enhances emotional resilience and professional satisfaction (Ryan & Deci, 2023). From the perspective of Self-Determination Theory, experiencing purpose and maintaining a positive mindset reflect the fulfillment of intrinsic psychological needs, which promote motivation and sustained engagement in work tasks (Deci et al., 2023).

The indicators "Mentally stable while performing my nursing duties," "Confident in my ability to handle work-related challenges," and "Motivated to continue working in my current hospital" all obtained a weighted mean of 3.05, ranking fourth. These findings suggest that nurses possess strong psychological confidence and emotional stability in

their professional responsibilities. Previous studies have shown that psychological well-being among nurses is closely associated with resilience, professional competence, and the ability to cope with workplace challenges in demanding healthcare environments (Malola et al., 2024). Such stability is particularly important in hospital settings where nurses are frequently exposed to high workload pressures and emotionally demanding situations.

Meanwhile, the indicators "Despite work pressure, concentration during the shift remains strong" (WM = 3.01) and "Satisfied with my professional growth as a nurse" (WM = 2.95) ranked sixth and seventh, respectively. These results indicate that nurses generally maintain focus and perceive opportunities for professional development within their workplace. Literature suggests that opportunities for growth and the ability to maintain cognitive focus under pressure contribute significantly to psychological well-being and professional engagement among healthcare workers (Gagné et al., 2023).

The indicator "Manage stress effectively during demanding shifts" obtained the lowest weighted mean of 2.94, ranked eighth, although it still falls within the High interpretation. This finding suggests that while nurses generally cope well with stress, managing stress during demanding shifts remains relatively more challenging compared to other aspects of psychological well-being. Research has highlighted that nursing professionals frequently encounter intense workloads and emotional demands, which may challenge their stress management capacity despite overall psychological resilience (Ntalla et al., 2024).

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Overall, the findings demonstrate that nurses in the selected hospital exhibit a high level of psychological well-being, indicating that they possess the mental stability, motivation, and positive outlook necessary to perform their duties effectively. This result is consistent with literature emphasizing that strong psychological well-being enhances nurses’ professional functioning, engagement, and ability to provide high-quality patient care (Nguyen & Lee, 2024). Furthermore, maintaining high psychological well-being

aligns with the Conservation of Resources theory, which suggests that individuals who possess adequate psychological resources are better equipped to cope with workplace demands and sustain high levels of performance (Hobfoll et al., 2022). Consequently, healthcare institutions should continue fostering supportive work environments that promote psychological health, resilience, and professional growth among nurses.

Table 6. The Level of Nurses’ Well-being: Emotional Well-being

Indicator	Weighted Mean	Verbal Interpretation	Rank
1. Receive emotional support in the workplace.	3.21	High	1
2. There is a safe space to express my feelings at work.	2.85	High	6
3. Most work shifts leave me emotionally balanced rather than drained.	2.75	High	7
4. Calm and emotionally balanced while on duty.	3.01	High	4
5. The work I do is acknowledged and appreciated.	3.12	High	3
6. Anxiety is uncommon for me while at work.	2.67	High	8
7. Emotionally resilient when facing difficult situations.	2.98	High	5
8. Hopeful about my work environment.	3.19	High	2
Average	2.97	High	

Table 6 presents the level of nurses’ well-being in terms of emotional well-being among nurses in the selected hospital in Laguna. The overall weighted mean of 2.97, interpreted as High, indicates that nurses generally experience a stable and positive emotional state while performing their professional responsibilities. This result suggests that nurses are able to maintain emotional balance, resilience, and optimism despite the demanding nature of hospital work.

Among the indicators, “Receive emotional support in the workplace” obtained the highest weighted mean of 3.21, ranked first. This finding indicates that nurses perceive the presence of supportive relationships within their work environment, which contribute to emotional stability and coping ability. Literature has consistently emphasized that emotional support from colleagues and supervisors plays a critical role in maintaining emotional well-being among healthcare professionals, as supportive workplace relationships reduce stress and strengthen psychological resilience (Almeida, 2024). In nursing practice, emotional support is particularly important because nurses frequently encounter emotionally demanding situations such as patient suffering, critical illness, and high workload pressures.

The second-ranked indicator, “Hopeful about my work environment,” obtained a weighted mean of 3.19, followed by “The work I do is acknowledged and appreciated” with a weighted mean of 3.12, ranked third. These findings indicate that nurses generally feel optimistic about their workplace and perceive recognition for their professional contributions. Research has shown that acknowledgment and appreciation from supervisors and

colleagues enhance emotional well-being by reinforcing professional value and strengthening motivation (Nguyen & Lee, 2024). Recognition in the workplace has also been associated with improved job satisfaction and emotional stability among nurses.

The indicator “Calm and emotionally balanced while on duty” obtained a weighted mean of 3.01, ranked fourth, while “Emotionally resilient when facing difficult situations” yielded a weighted mean of 2.98, ranked fifth. These results suggest that nurses generally maintain emotional control and resilience while handling challenging situations in clinical practice. Emotional resilience has been identified in the literature as a key protective factor that enables nurses to cope effectively with workplace stressors and maintain professional functioning under pressure (Malola et al., 2024).

Meanwhile, “There is a safe space to express my feelings at work” (WM = 2.85) and “Most work shifts leave me emotionally balanced rather than drained” (WM = 2.75) ranked sixth and seventh, respectively. These findings indicate that nurses generally feel comfortable expressing emotions at work and are able to maintain emotional balance after completing their shifts. However, the slightly lower mean scores compared with other indicators may reflect the emotionally demanding nature of nursing work, where long shifts and exposure to stressful clinical situations may occasionally lead to emotional fatigue.

The indicator “Anxiety is uncommon for me while at work” obtained the lowest weighted mean of 2.67, ranked eighth, although it remains within the High interpretation.

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This finding suggests that some nurses occasionally experience anxiety during work, which is understandable given the high level of responsibility and critical decision-making required in healthcare settings. Previous studies have indicated that healthcare professionals may experience work-related anxiety due to workload pressure, patient acuity, and the emotional demands of clinical practice (Ntalla et al., 2024).

Overall, the findings indicate that nurses in the selected hospital demonstrate a high level of emotional well-being, reflecting their ability to maintain emotional stability, resilience, and optimism in the workplace. This result

supports literature emphasizing that strong emotional well-being enables nurses to manage workplace stress effectively and maintain compassionate patient care (Almeida, 2024). Furthermore, from the perspective of Conservation of Resources Theory, emotional well-being represents an important psychological resource that helps nurses cope with demanding work environments and sustain their professional performance (Hobfoll et al., 2022). Consequently, maintaining supportive workplace relationships, recognition systems, and open communication channels remains essential to sustaining nurses' emotional health and overall well-being.

Table 7. The Level of Nurses' Well-being: Social Well-being

Indicator	Weighted Mean	Verbal Interpretation	Rank
1. Good working relationships with co-workers.	3.22	High	2
2. A sense of belonging exists within my nursing unit.	3.19	High	3
3. Reliable support is available from my colleagues when needed.	3.05	High	6
4. Respected by my supervisors and team members.	3.26	High	1
5. Teamwork and cooperation are present in my workplace.	3.12	High	4
6. Communication with colleagues is comfortable and open.	3.09	High	5
7. Personal work-related decisions affecting my unit include my contribution.	2.94	High	7.5
8. Fair treatment is provided by my colleagues and supervisors.	2.94	High	7.5
Average	3.10	High	

Table 7 presents the level of nurses' well-being in terms of social well-being among nurses in the selected hospital in Laguna. The overall weighted mean of 3.10, interpreted as High, indicates that nurses generally experience positive interpersonal relationships, a sense of belonging, and supportive interactions within their workplace. This finding suggests that the nurses perceive their work environment as socially supportive, which contributes to healthy professional relationships and collaborative teamwork.

Among the indicators, "Respected by my supervisors and team members" obtained the highest weighted mean of 3.26, ranked first. This result indicates that nurses strongly perceive respect from both supervisors and colleagues in the workplace. Respect in professional relationships has been widely recognized in the literature as a fundamental component of social well-being because it promotes trust, professional dignity, and a psychologically safe work environment (Almeida, 2024). In healthcare settings, mutual respect among team members is essential in strengthening collaboration and maintaining effective communication necessary for patient care.

The indicator "Good working relationships with co-workers" obtained a weighted mean of 3.22, ranked second, followed by "A sense of belonging exists within my nursing unit" with a weighted mean of 3.19, ranked third. These findings suggest that nurses generally experience strong interpersonal relationships and feel integrated within their professional teams. Literature emphasizes that a sense of belonging and positive workplace relationships enhance psychological safety and reduce the negative impact of occupational stressors (Nguyen & Lee, 2024). Such supportive interactions contribute to improved teamwork and strengthen professional commitment among nurses.

Meanwhile, the indicators "Teamwork and cooperation are present in my workplace" (WM = 3.12) and "Communication with colleagues is comfortable and open" (WM = 3.09) ranked fourth and fifth, respectively. These results indicate that nurses generally perceive collaborative teamwork and open communication within their workplace. Effective communication and cooperation among healthcare professionals are critical elements of social well-being because they support coordinated patient care and reduce

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misunderstandings within clinical teams (Rosander et al., 2024).

The indicator “Reliable support is available from my colleagues when needed” obtained a weighted mean of 3.05, ranked sixth, indicating that nurses generally feel that assistance from co-workers is available when necessary. Peer support has been identified as an important factor in promoting resilience and maintaining well-being among nurses working in demanding healthcare environments (Malola et al., 2024).

Finally, the indicators “Personal work-related decisions affecting my unit include my contribution” and “Fair treatment is provided by my colleagues and supervisors” both obtained the lowest weighted mean of 2.94, ranked 7.5, although they still fall within the High interpretation. These results suggest that while nurses generally perceive fairness and participation in workplace decisions, opportunities for greater involvement in decision-making processes may still be enhanced. Literature has

shown that employee participation and perceived fairness contribute positively to social well-being and workplace engagement (Gagné et al., 2023).

Overall, the findings indicate that nurses in the selected hospital demonstrate a high level of social well-being, reflecting supportive workplace relationships, mutual respect, and effective teamwork within the nursing units. This result aligns with existing literature emphasizing that strong social connections and collaborative environments enhance nurses’ psychological health and work engagement (Nguyen & Lee, 2024). From the perspective of Self-Determination Theory, social well-being reflects the fulfillment of the need for relatedness, which strengthens motivation, professional satisfaction, and organizational commitment among employees (Ryan & Deci, 2023). Consequently, healthcare institutions should continue promoting respectful leadership, collaborative teamwork, and open communication to maintain strong social well-being among nurses and support the delivery of quality patient care.

Table 8. Summary Table of the Level of Nurses’ Well-being

Indicator	Weighted Mean	Verbal Interpretation	Rank
1. Psychological well-being	3.06	High	2
2. Emotional well-being	2.97	High	3
3. Social well-being	3.10	High	1
Overall Weighted Mean	3.045	High	

Table 8 presents the summary of the level of nurses’ well-being in the selected hospital in Laguna across three dimensions: psychological well-being, emotional well-being, and social well-being. The overall weighted mean of 3.045, interpreted as High, indicates that nurses generally experience a positive state of well-being in their professional environment. This finding suggests that nurses maintain good mental functioning, emotional balance, and supportive social relationships within the workplace, which are essential for sustaining effective nursing practice.

Among the three dimensions, social well-being obtained the highest weighted mean of 3.10, ranked first. This result indicates that nurses strongly perceive positive interpersonal relationships, teamwork, and a sense of belonging within their nursing units. Literature has emphasized that social well-being in healthcare environments is strengthened through supportive relationships, mutual respect, and effective communication among colleagues and supervisors, which enhance collaboration and promote psychological safety in clinical settings (Almeida, 2024). Strong social connections also play an important role in reducing occupational stress and improving work engagement among nurses (Nguyen & Lee, 2024).

The second-ranked dimension, psychological well-being, obtained a weighted mean of 3.06, also interpreted as High. This finding indicates that nurses generally demonstrate mental stability, motivation, confidence, and a sense of purpose in their professional roles. Psychological well-being has been described in the literature as the ability of individuals to maintain positive mental functioning, cope with workplace demands, and sustain professional competence in challenging work environments (Ryan & Deci, 2023). In nursing practice, strong psychological well-being enables nurses to handle complex clinical responsibilities while maintaining focus and professional commitment.

Meanwhile, emotional well-being obtained a weighted mean of 2.97, ranked third, although it remains within the High interpretation. This result suggests that nurses generally maintain emotional balance and resilience despite the emotionally demanding nature of healthcare work. Emotional well-being is particularly important in nursing because professionals frequently encounter stressful situations involving patient care, critical illness, and heavy workload demands (Malola et al., 2024). Although this dimension ranked lowest among the three, the high rating indicates that nurses are still able to regulate emotions and maintain a positive outlook while performing their duties.

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Overall, the findings demonstrate that nurses in the selected hospital in Laguna exhibit a high level of well-being across psychological, emotional, and social dimensions. This result is consistent with existing literature suggesting that supportive workplace relationships, positive organizational culture, and opportunities for professional growth contribute significantly to nurses’ well-being and overall job satisfaction (Nguyen & Lee, 2024). Furthermore, from the perspective of

Conservation of Resources Theory, well-being represents an important psychological resource that enables nurses to cope with occupational demands and sustain high levels of professional functioning (Hobfoll et al., 2022). Maintaining such high levels of well-being is therefore essential in promoting workforce stability, improving job performance, and ensuring the delivery of high-quality patient care in hospital settings.

3. Level of nurses’ job performance in selected provincial hospitals in Laguna in terms of quality of nursing care, productivity and efficiency and patient safety and compliance to standards.

Table 9. The Level of Nurses’ Job Performance in a Selected Provincial Hospitals: Quality of Nursing care

Indicator	Weighted Mean	Verbal Interpretation	Rank
1. Evidence-based practice guides the nursing care I provide.	3.26	High	6.5
2. Nursing procedures are performed accurately and competently.	3.21	High	8
3. Patient needs are prioritized effectively during my shift.	3.37	High	2.5
4. Nursing care is documented accurately and completely.	3.26	High	6.5
5. Patient information is communicated clearly to the healthcare team.	3.37	High	2.5
6. Holistic care is provided to address patients’ physical and emotional needs.	3.33	High	4
7. Patient concerns and requests are addressed promptly.	3.31	High	5
8. Professionalism is maintained in patient care at all times.	3.41	High	1
Average	3.31	High	

Table 9 presents the level of nurses’ job performance in selected provincial hospitals in Laguna in terms of quality of nursing care. The overall weighted mean of 3.31, interpreted as High, indicates that nurses consistently demonstrate a high standard of care in performing their professional responsibilities. This finding suggests that nurses are able to deliver safe, effective, and patient-centered care while maintaining professional competence in clinical practice.

Among the indicators, “Professionalism is maintained in patient care at all times” obtained the highest weighted mean of 3.41, ranked first. This result indicates that nurses strongly uphold professional standards in their interactions with patients and healthcare team members. Professionalism in nursing practice is recognized as a fundamental component of quality healthcare delivery, as it ensures ethical conduct, accountability, and respect for patient dignity (World Health Organization [WHO], 2022). Maintaining professionalism also strengthens trust between patients and healthcare providers, which contributes to improved patient outcomes.

The indicators “Patient needs are prioritized effectively during my shift” and “Patient information is communicated clearly to the healthcare team” both obtained a weighted mean of 3.37, ranked 2.5. These findings suggest

that nurses demonstrate strong competence in prioritizing patient care and ensuring effective communication with other healthcare professionals. Literature has emphasized that effective prioritization and clear communication are critical aspects of quality nursing care because they promote coordinated treatment plans and reduce the risk of clinical errors (Alharbi et al., 2025).

The indicator “Holistic care is provided to address patients’ physical and emotional needs” obtained a weighted mean of 3.33, ranked fourth. This result indicates that nurses provide comprehensive care that addresses not only patients’ physical conditions but also their emotional and psychological needs. Holistic care has been widely recognized in nursing literature as an essential component of patient-centered care, as it ensures that treatment approaches consider the overall well-being of the patient rather than focusing solely on medical conditions (WHO, 2022).

Meanwhile, “Patient concerns and requests are addressed promptly” (WM = 3.31) ranked fifth, indicating that nurses generally respond quickly and attentively to patient needs. Prompt responsiveness in patient care contributes significantly to patient satisfaction and improves the quality of healthcare services (Alharbi et al., 2025). The indicators “Evidence-based practice guides the nursing care I

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provide” and “Nursing care is documented accurately and completely” both obtained a weighted mean of 3.26, ranked 6.5, suggesting that nurses consistently apply evidence-based knowledge and maintain accurate documentation in their clinical practice. Evidence-based nursing practice ensures that patient care decisions are supported by scientific evidence and professional standards, thereby improving treatment outcomes and healthcare quality (WHO, 2022).

The indicator “Nursing procedures are performed accurately and competently” obtained the lowest weighted mean of 3.21, ranked eighth, although it remains within the High interpretation. This finding suggests that nurses generally perform clinical procedures with competence and accuracy; however, there may still be opportunities to further strengthen clinical skill development through continued professional training and education.

Overall, the findings indicate that nurses in the selected provincial hospitals in Laguna demonstrate a high level of job performance in terms of quality of nursing care. This result aligns with existing literature emphasizing that well-trained and psychologically supported nurses are more capable of delivering safe, effective, and patient-centered care (Nguyen & Lee, 2024). From the perspective of the Theory of Work Adjustment, high performance in nursing care reflects a strong alignment between nurses’ competencies and the demands of their professional roles, enabling them to effectively meet patient needs while maintaining clinical standards (Rounds & Nye, 2023). Consequently, healthcare institutions should continue supporting professional development, effective communication, and evidence-based practice to sustain high-quality nursing care and improve patient outcomes.

Table 10. The Level of Nurses’ Job Performance in Selected Provincial Hospitals: Productivity and Efficiency

Indicator	Weighted Mean	Verbal Interpretation	Rank
1. Effective time management is maintained during duty hours.	3.19	High	3.5
2. Assigned tasks are completed within the expected timeframe.	2.19	High	8
3. Multiple patient care responsibilities are managed efficiently.	3.19	High	3.5
4. Effective performance is maintained during high patient loads.	3.04	High	7
5. Quick adaptation to sudden changes in work demands.	3.22	High	2
6. Efficiency is maintained without compromising quality of care.	3.11	High	6
7. Tasks are prioritized appropriately during emergencies.	3.23	High	1
8. Daily nursing unit expectations are met consistently.	3.15	High	5
Average	3.13	High	

Table 10 presents the level of nurses’ job performance in selected provincial hospitals in Laguna in terms of productivity and efficiency. The overall weighted mean of 3.13, interpreted as High, indicates that nurses generally perform their duties efficiently while managing workload demands and time constraints in the clinical setting. This result suggests that nurses are capable of maintaining productivity and completing tasks effectively despite the demanding nature of hospital work.

Among the indicators, “Tasks are prioritized appropriately during emergencies” obtained the highest weighted mean of 3.23, ranked first. This finding indicates that nurses demonstrate strong decision-making and prioritization skills, particularly in urgent clinical situations. Literature emphasizes that effective prioritization is a critical competency in nursing practice because it ensures that patients with the most immediate needs receive prompt attention, thereby reducing risks and improving patient

outcomes (Alharbi et al., 2025). The ability to prioritize tasks efficiently is also associated with improved workflow management and better coordination among healthcare professionals.

The indicator “Quick adaptation to sudden changes in work demands” obtained a weighted mean of 3.22, ranked second. This result suggests that nurses are capable of adjusting rapidly to unexpected situations, such as changes in patient conditions, workload fluctuations, or emergencies. Adaptability is widely recognized as an important component of productivity in healthcare settings because clinical environments often require rapid decision-making and flexible responses to dynamic patient care needs (International Organization for Standardization [ISO], 2022).

Meanwhile, “Effective time management is maintained during duty hours” and “Multiple patient care responsibilities are managed efficiently” both obtained a weighted mean of 3.19, ranked 3.5. These findings indicate

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that nurses generally manage their time well and are able to handle multiple patient care tasks simultaneously. Effective time management and multitasking abilities are essential in nursing practice, particularly in hospital environments where healthcare professionals must balance numerous responsibilities while ensuring quality patient care (WHO, 2022).

The indicators “Daily nursing unit expectations are met consistently” (WM = 3.15) and “Efficiency is maintained without compromising quality of care” (WM = 3.11) ranked fifth and sixth, respectively. These results suggest that nurses are generally able to meet organizational expectations and maintain efficiency while ensuring that patient care standards are not compromised. Research has shown that productivity in nursing should always be balanced with quality care delivery to ensure patient safety and effective clinical outcomes (Alharbi et al., 2025).

The indicator “Effective performance is maintained during high patient loads” obtained a weighted mean of 3.04, ranked seventh. This finding suggests that while nurses generally perform effectively even under heavy workload conditions, high patient loads may still present challenges in maintaining optimal productivity. Previous studies have indicated that excessive workload may influence work efficiency and increase stress levels among healthcare professionals (Ntalla et al., 2024).

Finally, “Assigned tasks are completed within the expected timeframe” obtained the lowest weighted mean and ranked eighth, although it still falls within the High interpretation. This result suggests that nurses generally complete assigned tasks within expected timelines, though time pressures may occasionally affect task completion. In hospital environments, competing clinical priorities and unexpected patient needs may influence the strict adherence to predetermined schedules.

Overall, the findings indicate that nurses in the selected provincial hospitals in Laguna demonstrate a high level of job performance in terms of productivity and efficiency. This result aligns with literature suggesting that effective time management, adaptability, and prioritization are essential competencies that enable nurses to deliver efficient patient care while managing complex clinical responsibilities (WHO, 2022). From the perspective of the Theory of Work Adjustment, high productivity reflects a strong alignment between nurses’ abilities and the demands of their professional roles, enabling them to perform effectively in dynamic healthcare environments (Rounds & Nye, 2023). Consequently, healthcare institutions should continue supporting workflow management, adequate staffing, and professional development initiatives to sustain productivity and efficiency among nurses.

Table 11. The Level of Nurses’ Job Performance in Selected Provincial Hospitals: Patient Safety and Compliance to Standards

Indicator	Weighted Mean	Verbal Interpretation	Rank
1. Consistently follow hospital policies and nursing standards.	3.41	Very high	5.5
2. Proper infection control practices are <u>followed at all times.</u>	3.41	Very high	5.5
3. Medications are double-checked before administration.	3.41	Very high	5.5
4. Errors and <u>near-misses</u> are reported according to protocol.	3.37	Very high	8
5. Patient identification is verified before procedures.	3.41	Very high	5.5
6. Safety protocols are followed to prevent <u>patient falls and injuries.</u>	3.52	Very high	2
7. Proper hand hygiene is practiced before and after patient contact.	3.52	Very high	2
8. Documentation and reporting requirements for patient safety are followed.	3.52	Very high	2
Average	3.44	Very high	

Table 11 presents the level of nurses’ job performance in selected provincial hospitals in Laguna in terms of patient safety and compliance with standards. The overall weighted mean of 3.44, interpreted as Very High, indicates that nurses consistently demonstrate strong adherence to hospital policies, clinical safety protocols, and professional nursing standards. This finding suggests that

patient safety practices are highly prioritized in the clinical environment, reflecting a strong commitment among nurses to maintain safe and reliable healthcare delivery.

Among the indicators, “Safety protocols are followed to prevent patient falls and injuries,” “Proper hand hygiene is practiced before and after patient contact,” and “Documentation and reporting requirements for patient safety

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are followed” all obtained the highest weighted mean of 3.52, ranked second. These results indicate that nurses consistently apply preventive safety measures, maintain proper hygiene practices, and comply with documentation requirements related to patient safety. Literature has emphasized that adherence to infection control practices, accurate documentation, and fall prevention protocols are essential components of patient safety systems in healthcare institutions (World Health Organization [WHO], 2022). These practices significantly reduce the risk of healthcare-associated infections and adverse clinical events, thereby improving patient outcomes.

The indicators “Consistently follow hospital policies and nursing standards,” “Proper infection control practices are followed at all times,” “Medications are double-checked before administration,” and “Patient identification is verified before procedures” each obtained a weighted mean of 3.41, ranked 5.5. These findings suggest that nurses demonstrate strong compliance with clinical protocols and safety guidelines during routine patient care. Following established hospital policies and double-checking medications are widely recognized safety practices that help prevent medical errors and ensure accurate treatment administration (ISO, 2022). Additionally, verifying patient identification before procedures is a critical safety measure designed to reduce the risk of treatment errors and ensure that correct interventions are delivered to the appropriate patient.

The indicator “Errors and near-misses are reported according to protocol” obtained the lowest weighted mean of 3.37, ranked eighth, although it still falls within the Very High interpretation. This result indicates that nurses generally

comply with incident reporting procedures, though reporting behaviors may occasionally vary. Literature has highlighted that reporting errors and near-misses is an important component of patient safety culture because it allows healthcare institutions to identify potential risks, implement preventive strategies, and continuously improve care quality (WHO, 2022). Encouraging open and non-punitive reporting systems is therefore essential in strengthening patient safety initiatives within healthcare organizations.

Overall, the findings indicate that nurses in the selected provincial hospitals in Laguna demonstrate a very high level of job performance in terms of patient safety and compliance with standards. This result reflects strong adherence to institutional policies, infection control protocols, and safety guidelines designed to protect patients from harm. The findings align with existing literature emphasizing that consistent compliance with clinical standards and safety protocols is essential for maintaining high-quality healthcare services and preventing adverse events (Alharbi et al., 2025). Furthermore, from the perspective of the Theory of Work Adjustment, such high performance suggests a strong alignment between nurses’ competencies and the demands of patient care responsibilities, enabling them to deliver safe, effective, and reliable healthcare services in hospital settings (Rounds & Nye, 2023). Consequently, healthcare institutions should continue reinforcing safety training, compliance monitoring, and supportive leadership practices to sustain high levels of patient safety and quality nursing care.

Table 12. Summary Table of the Level of Nurses’ Job Performance in Selected Provincial Hospitals

Indicator	Weighted Mean	Verbal Interpretation	Rank
1. Quality of nursing care	3.31	Very high	2
2. Productivity and efficiency	3.13	High	3
3. Patient safety and compliance to standards	3.44	Very high	1
Overall Weighted Mean	3.30	Very high	

Table 12 presents the summary of the level of nurses’ job performance in selected provincial hospitals in Laguna across three key dimensions: quality of nursing care, productivity and efficiency, and patient safety and compliance with standards. The overall weighted mean of 3.30, interpreted as Very High, indicates that nurses demonstrate a very strong level of professional performance in carrying out their clinical responsibilities. This finding suggests that nurses consistently deliver high-quality patient care while adhering to established healthcare standards and maintaining efficient work practices.

Among the three dimensions, patient safety and compliance with standards obtained the highest weighted

mean of 3.44, ranked first. This result indicates that nurses strongly prioritize patient safety through strict adherence to institutional policies, infection control practices, medication safety protocols, and proper documentation procedures. Literature has emphasized that patient safety is a critical component of healthcare quality and requires consistent compliance with clinical guidelines and standardized procedures (World Health Organization [WHO], 2022). High compliance with safety standards significantly reduces the occurrence of medical errors and enhances patient outcomes in hospital settings.

The second-ranked dimension, quality of nursing care, obtained a weighted mean of 3.31, also interpreted as

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Very High. This finding indicates that nurses consistently demonstrate competence in delivering patient-centered care, maintaining professionalism, prioritizing patient needs, and ensuring effective communication with the healthcare team. High-quality nursing care is widely recognized as a key determinant of positive patient outcomes because it involves accurate assessment, evidence-based interventions, and compassionate care delivery (Alharbi et al., 2025). The high rating in this dimension reflects the nurses' commitment to maintaining professional standards in their daily clinical practice.

Meanwhile, productivity and efficiency obtained a weighted mean of 3.13, interpreted as High, and ranked third. Although slightly lower than the other dimensions, this result still indicates that nurses are generally effective in managing time, prioritizing tasks, and completing responsibilities within expected timeframes. Literature suggests that productivity in nursing practice involves the efficient use of time, resources, and skills to meet patient care demands while maintaining care quality (International Organization for Standardization [ISO], 2022). The high level of productivity

observed in this study indicates that nurses are able to balance multiple patient care responsibilities and adapt to varying workload demands.

Overall, the findings demonstrate that nurses in the selected provincial hospitals in Laguna exhibit a very high level of job performance, particularly in maintaining patient safety and delivering quality nursing care. This result aligns with existing literature emphasizing that strong professional competence, adherence to safety protocols, and effective teamwork contribute significantly to healthcare quality and patient satisfaction (Nguyen & Lee, 2024). From the perspective of the Theory of Work Adjustment, high job performance reflects a strong alignment between nurses' abilities and the demands of their professional roles, enabling them to perform effectively in complex healthcare environments (Rounds & Nye, 2023). Consequently, healthcare institutions should continue supporting professional development, patient safety initiatives, and efficient workflow systems to sustain high levels of nursing performance and ensure optimal patient care outcomes.

4. Relationship between workplace bullying and nurses' well-being among nurses in selected hospital in Laguna.

Table 13. Relationship between the Level of Workplace Bullying and the Level of Nurses' Well-being

Workplace bullying	Nurses' well-being		
	Psychological	Emotional	Social
Work-related bullying	r=0.235* Low correlation p=0.035	r=0.166 Low correlation p=0.138	r=0.382** Low correlation p=0.000
Person-related bullying	r=0.214 Low correlation p=0.055	r=0.231* Low correlation p=0.038	r=0.054 Negligible correlation p=0.632
Physically intimidating bullying	r=0.156 Low correlation p=0.165	r=0.144 Low correlation p=0.199	r=0.028 Negligible correlation p=0.803
**Significant @ 0.01, *Significant @ 0.05			

Table 13 presents the relationship between the level of workplace bullying and the level of nurses' well-being in terms of psychological, emotional, and social dimensions among nurses in the selected hospital in Laguna. Pearson's r correlation coefficient was used to determine the strength and significance of the relationships. The results show that some dimensions of workplace bullying have statistically significant but generally low correlations with aspects of nurses' well-being, while others show no significant relationship.

In terms of work-related bullying, the results revealed a low but significant relationship with psychological well-being ($r = 0.235$, $p = 0.035$), indicating that experiences related to work tasks, such as workload pressure or excessive monitoring, are slightly associated with variations in nurses' psychological well-being. This suggests that workplace conditions affecting job responsibilities may influence

nurses' mental stability, motivation, and confidence in handling work-related challenges. Literature has recognized work-related bullying as behaviors that interfere with professional tasks and create psychological strain, which may gradually affect employees' mental well-being when experienced repeatedly (Einarsen et al., 2020). Furthermore, a significant low correlation was also found between work-related bullying and social well-being ($r = 0.382$, $p = 0.000$). This finding suggests that when nurses experience work-related pressures or unfair task distribution, it may influence their perceptions of teamwork, belongingness, and interpersonal support within the workplace. Research has shown that workplace stressors related to job responsibilities may indirectly affect workplace relationships and collaborative dynamics among healthcare professionals (Galanis et al., 2024). However, the relationship between work-related bullying and emotional well-being ($r = 0.166$, p

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= 0.138) was not statistically significant, indicating that these experiences do not significantly influence nurses’ emotional balance within the selected hospital setting.

For person-related bullying, the results show a significant but low relationship with emotional well-being ($r = 0.231, p = 0.038$). This suggests that behaviors such as gossip, disrespectful communication, or exclusion may influence nurses’ emotional states, including feelings of stress, anxiety, or emotional discomfort. Literature has emphasized that person-related bullying directly targets an individual’s dignity and interpersonal relationships, which may contribute to emotional distress and reduced emotional stability in the workplace (Rosander et al., 2024). However, the relationships between person-related bullying and psychological well-being ($r = 0.214, p = 0.055$) and social well-being ($r = 0.054, p = 0.632$) were not statistically significant, indicating that these behaviors do not significantly influence nurses’ mental functioning or social relationships in the present study.

Meanwhile, physically intimidating bullying showed no significant relationship with psychological well-being ($r = 0.156, p = 0.165$), emotional well-being ($r = 0.144, p = 0.199$), and social well-being ($r = 0.028, p = 0.803$). These findings suggest that aggressive behaviors such as threatening gestures, intimidation, or hostile actions are not significantly

associated with nurses’ well-being in the selected hospital. This may be explained by the previously reported low occurrence of physically intimidating bullying in the workplace, indicating that such behaviors are rarely experienced by the respondents. Literature suggests that when exposure to bullying behaviors is minimal, their measurable impact on employees’ well-being may also be limited (Nielsen & Einarsen, 2022).

Overall, the findings indicate that while certain forms of workplace bullying show statistically significant relationships with specific aspects of nurses’ well-being, the strength of these relationships remains low. This suggests that workplace bullying exists at relatively minimal levels in the selected hospital and does not strongly influence nurses’ overall well-being. Nevertheless, literature emphasizes that even low levels of bullying behaviors should be continuously monitored because repeated exposure to negative workplace interactions may gradually affect psychological health, interpersonal relationships, and job satisfaction among healthcare professionals (Galanis et al., 2024). Therefore, healthcare institutions should continue promoting respectful workplace practices, supportive leadership, and effective communication systems to maintain a healthy and positive work environment for nurses.

5. Relationship between workplace bullying and nurses’ job performance among nurses in a selected hospital in Laguna.

Table 14. Relationship between the Level of Workplace Bullying and the Level of Nurses’ Job Performance

Workplace bullying	Nurses’ job performance		
	Quality of nursing care	Productivity and efficiency	Patient safety and compliance to standards
Work-related bullying	$r=0.083$ Low correlation $p=0.464$	$r=0.031$ Low correlation $p=0.785$	$r=-0.184$ Low correlation $p=0.100$
Person-related bullying	$r=0.166$ Low correlation $p=0.139$	$r=0.196$ Moderate correlation $p=0.080$	$r=0.156$ Moderate correlation $p=0.164$
Physically intimidating bullying	$r=0.017$ Low correlation $p=0.881$	$r=0.095$ Low correlation $p=0.400$	$r=0.048$ Low correlation $p=0.673$
Significance level @ 0.05			

Table 14 presents the relationship between the level of workplace bullying and the level of nurses’ job performance in terms of quality of nursing care, productivity and efficiency, and patient safety and compliance with standards among nurses in the selected hospital in Laguna. Pearson’s r correlation coefficient was used to determine the strength and significance of the relationships at a 0.05 level of significance. The findings indicate that none of the relationships between workplace bullying and nurses’ job performance were statistically significant, as all computed p -values were greater than the 0.05 significance level.

In terms of work-related bullying, the results revealed low correlations with quality of nursing care ($r = 0.083, p = 0.464$), productivity and efficiency ($r = 0.031, p = 0.785$), and patient safety and compliance with standards ($r = -0.184, p = 0.100$). These results indicate that work-related bullying behaviors, such as excessive monitoring or unrealistic workload expectations, are not significantly associated with the level of nurses’ job performance in the selected hospital. Although the correlation with patient safety and compliance shows a negative value, the relationship remains statistically insignificant. This suggests that nurses are still able to maintain professional performance and adhere

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to safety protocols despite occasional exposure to work-related stressors. Literature has noted that healthcare professionals often maintain performance due to strong professional ethics, structured clinical protocols, and organizational standards that guide nursing practice (World Health Organization [WHO], 2022).

For person-related bullying, the findings show low correlations with quality of nursing care ($r = 0.166, p = 0.139$) and patient safety and compliance with standards ($r = 0.156, p = 0.164$), while a slightly higher correlation was observed with productivity and efficiency ($r = 0.196, p = 0.080$). However, these relationships were still not statistically significant since the p-values exceeded the 0.05 level of significance. This indicates that interpersonal negative behaviors, such as gossip or disrespectful communication, do not significantly influence the nurses' ability to perform their duties effectively. Previous research suggests that nurses often maintain high performance even in challenging interpersonal environments due to professional accountability and adherence to established care standards (Nguyen & Lee, 2024).

Meanwhile, physically intimidating bullying showed negligible to low correlations with quality of nursing care ($r = 0.017, p = 0.881$), productivity and efficiency ($r = 0.095, p = 0.400$), and patient safety and compliance with

standards ($r = 0.048, p = 0.673$). These findings indicate that physically intimidating behaviors, such as aggressive gestures or intimidation, are not significantly related to nurses' job performance. The absence of significant relationships may be explained by the low occurrence of physically intimidating bullying reported in the earlier tables of this study. When such behaviors occur infrequently, their measurable effect on performance outcomes may be limited.

Overall, the findings demonstrate that workplace bullying does not have a statistically significant relationship with nurses' job performance in the selected hospital in Laguna. Despite occasional exposure to certain bullying behaviors, nurses continue to maintain high levels of quality care, productivity, and patient safety compliance. This result may reflect the presence of strong professional standards, institutional policies, and ethical responsibilities that guide nursing practice. Literature emphasizes that healthcare professionals often maintain consistent job performance due to structured clinical procedures and accountability systems that ensure patient safety regardless of interpersonal workplace challenges (WHO, 2022). Nevertheless, healthcare organizations should continue promoting supportive work environments and respectful communication to further strengthen workplace relationships and sustain high levels of nursing performance.

6. Relationship between nurses' well-being and nurses' job performance among nurses in a selected hospital in Laguna.

Table 15. Relationship between the Level of Nurses' Well-being and the Level of Nurses' Job Performance

Nurses' well-being	Nurses' job performance		
	Quality of nursing care	Productivity and efficiency	Patient safety and compliance to standards
Psychological	$r=0.606^{**}$ Moderate correlation $p=0.000$	$r=0.532^{**}$ Moderate correlation $p=0.000$	$r=0.237^*$ Low correlation $p=0.033$
Emotional	$r=0.451^{**}$ Moderate correlation $p=0.000$	$r=0.345^{**}$ Low correlation $p=0.002$	$r=0.159$ Low correlation $p=0.155$
Social	$r=0.418^{**}$ Moderate correlation $p=0.000$	$r=0.275^*$ Low correlation $p=0.013$	$r=0.064$ Negligible correlation $p=0.572$

****Significant @ 0.01**

Table 15 presents the relationship between the level of nurses' well-being and the level of nurses' job performance in terms of quality of nursing care, productivity and efficiency, and patient safety and compliance with standards among nurses in the selected hospital in Laguna. Pearson's r correlation coefficient was used to determine the strength and significance of the relationships. The findings indicate that several dimensions of nurses' well-being show statistically significant relationships with job performance, although the strength of the correlations varies from low to moderate.

In terms of psychological well-being, the results revealed a moderate and statistically significant relationship

with quality of nursing care ($r = 0.606, p = 0.000$) and productivity and efficiency ($r = 0.532, p = 0.000$). These findings suggest that nurses who demonstrate stronger psychological stability, confidence, motivation, and sense of purpose are more likely to perform effectively in delivering quality patient care and managing their work responsibilities efficiently. Literature supports this finding by emphasizing that psychological well-being enhances work engagement, cognitive functioning, and professional competence, which ultimately improve job performance among healthcare professionals (Ryan & Deci, 2023). Furthermore, a low but significant relationship was also observed between

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psychological well-being and patient safety and compliance with standards ($r = 0.237, p = 0.033$). This indicates that nurses with stronger psychological well-being may be more attentive to safety protocols and clinical guidelines, thereby contributing to safer patient care practices.

For emotional well-being, the findings show a moderate and significant relationship with quality of nursing care ($r = 0.451, p = 0.000$), suggesting that nurses who maintain emotional balance and resilience are better able to provide compassionate and attentive care to patients. Emotional well-being also demonstrated a low but significant relationship with productivity and efficiency ($r = 0.345, p = 0.002$), indicating that nurses who experience emotional stability may perform their duties more efficiently despite the demanding nature of hospital work. However, the relationship between emotional well-being and patient safety and compliance with standards ($r = 0.159, p = 0.155$) was not statistically significant. This suggests that while emotional well-being contributes to aspects of performance related to care quality and work efficiency, adherence to patient safety protocols may be more strongly influenced by institutional policies and professional standards.

Meanwhile, social well-being showed a moderate and significant relationship with quality of nursing care ($r = 0.418, p = 0.000$), indicating that positive interpersonal relationships, teamwork, and a sense of belonging within the workplace contribute to improved patient care practices. Social well-being also demonstrated a low but significant

relationship with productivity and efficiency ($r = 0.275, p = 0.013$), suggesting that supportive workplace relationships may facilitate collaboration and workflow coordination among healthcare professionals. However, the relationship between social well-being and patient safety and compliance with standards ($r = 0.064, p = 0.572$) was negligible and not statistically significant, indicating that safety compliance may depend more on institutional regulations and standardized procedures rather than interpersonal workplace relationships.

Overall, the findings indicate that nurses' well-being has a significant relationship with several aspects of nurses' job performance, particularly in terms of quality of nursing care and productivity and efficiency. These results highlight the importance of maintaining strong psychological, emotional, and social well-being among nurses to support effective clinical performance. The findings are consistent with existing literature emphasizing that well-being enhances professional engagement, resilience, and work effectiveness in healthcare settings (Nguyen & Lee, 2024). Moreover, from the perspective of the Conservation of Resources Theory, well-being represents an important psychological resource that enables nurses to cope with occupational demands and sustain high levels of professional functioning (Hobfoll et al., 2022). Consequently, healthcare institutions should prioritize initiatives that support nurses' well-being, as improving psychological and emotional health can contribute to better job performance and ultimately enhance the quality and safety of patient care.

7. Evidence-based action plan or intervention program developed to address workplace bullying and improve nurses' well-being and job performance.

Table 16: NurseCARE Program: Anti-Bullying and Well-being Enhancement Program for Improved Nursing Performance

Program Component	Specific Objectives	Key Activities	Responsible Persons	Time Frame	Budget	Expected Outcomes
Anti-Bullying Policy Strengthening & Awareness Campaign	Strengthen prevention of workplace bullying and reinforce zero-tolerance culture	Review and update anti-bullying policy; Conduct hospital-wide awareness seminar; Post visual campaign materials; Establish confidential reporting channel	HR Department; Nursing Director; Legal/Compliance Office	Months 1-3	10,000.00	Increased awareness of bullying policies and improved reporting compliance
Supervisor Training on Psychosocial Safety Climate	Enhance leadership accountability and supportive supervision	Leadership workshops on respectful communication, conflict management, and	Nursing Administration; Organizational Psychologist	Months 2-4	20,000.00	Improved supervisory support and strengthened psychosocial safety climate

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		emotional intelligence; Integrate anti-bullying metrics in evaluations				
Resilience & Psychological Capital Development Program	Enhance nurses' psychological and emotional well-being	Quarterly resilience workshops; Stress management training; Emotional regulation sessions; Peer-support circles	Training & Development Office; Clinical Psychologist	Months 3-9 (Quarterly)	40,000.00	Improved psychological well-being and reduced emotional exhaustion risk
Team Cohesion & Social Well-Being Enhancement	Strengthen relatedness and collegial support	Inter-unit team-building activities; Recognition programs; Mentorship pairing for junior nurses	Nursing Supervisors; HR Engagement Team	Months 4-10	20,000.00	Improved teamwork and social well-being
Performance Support & Work Adjustment Alignment	Sustain high job performance and improve productivity	Review workload distribution; Workflow optimization meetings; Quarterly performance coaching	Unit Heads; Quality Assurance Office	Months 5-11	20,000.00	Maintained or improved productivity, efficiency, and quality of care
Monitoring & Evaluation Phase	Assess program effectiveness and sustainability	Re-administer survey tools; Analyze results; Present findings to administration	Research Committee; Quality Management Team	Month 12	10,000.00	Evidence of reduced bullying risk, improved well-being, and sustained job performance

GENERAL OBJECTIVES: The proposed intervention program aims to prevent and minimize workplace bullying, enhance nurses' psychological, emotional, and social well-being, and sustain high levels of job performance among nurses in the selected hospital in Laguna. Specifically, it seeks to promote a respectful and supportive work environment, strengthen leadership and organizational practices that discourage bullying behaviors, and develop nurses' resilience and coping mechanisms. Furthermore, the program aims to reinforce teamwork, improve workplace relationships, and ensure alignment between nurses' competencies and job demands, ultimately contributing to improved quality of nursing care, productivity and efficiency, and patient safety and compliance with standards.

Table 16: The proposed intervention program developed to address workplace bullying and improve nurses' well-being and job performance has been developed in direct response to the study's findings, which revealed low levels of workplace bullying, high levels of nurses' well-being, high to very high job performance, and a statistically significant relationship between well-being and job performance. Although bullying was reported at low levels, contemporary literature emphasizes that workplace bullying functions as a chronic occupational stressor whose cumulative effects may gradually deplete psychological resources if left unaddressed (Hobfoll et al., 2022; Nielsen et al., 2023). Therefore, the action plan adopts a preventive and resource-strengthening approach rather than a purely corrective one.

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The Anti-Bullying Policy Strengthening and Awareness Campaign component is grounded in evidence demonstrating that clear institutional policies and visible leadership commitment significantly reduce the normalization of bullying behaviors (Salin et al., 2023; Dollard et al., 2022). Research has shown that organizations with strong psychosocial safety climates—where psychological health is prioritized alongside productivity—report lower exposure to bullying and better employee mental health outcomes (Zadow & Dollard, 2023). By reinforcing zero-tolerance policies and establishing confidential reporting channels, the hospital strengthens structural safeguards that prevent escalation of interpersonal mistreatment.

The Supervisor Training on Psychosocial Safety Climate directly responds to literature identifying leadership behavior as a key determinant of workplace culture and employee well-being (Rosander et al., 2024). Supervisors play a critical role in translating institutional policies into daily practice. Studies have demonstrated that supportive leadership reduces emotional exhaustion and buffers the negative effects of workplace stressors (Siemi et al., 2023). This component is aligned with Conservation of Resources (COR) Theory, as supportive supervision serves as an external organizational resource that prevents resource loss and enhances resilience.

The Resilience and Psychological Capital Development Program is strongly supported by empirical evidence indicating that personal resources such as resilience, optimism, and self-efficacy mitigate the adverse effects of occupational stress and enhance job performance (Newman et al., 2022; Yildirim et al., 2023). Given the significant relationship found between well-being and job performance in the present study, strengthening psychological capital becomes a strategic intervention to sustain high performance levels. From a Self-Determination Theory (SDT) perspective, such programs enhance competence and autonomy, thereby improving intrinsic motivation and psychological functioning (Ryan & Deci, 2023).

The Team Cohesion and Social Well-Being Enhancement activities are supported by evidence that social support and collegial relationships significantly contribute to psychological well-being and work engagement among nurses (Nguyen & Lee, 2024). Social well-being, which was rated high in the study, functions as a protective factor that buffers the impact of workplace stressors. Strengthening relatedness aligns with SDT, which posits that fulfillment of the need for belonging enhances well-being and sustained motivation (Trépanier et al., 2024). Enhanced team cohesion also supports contextual performance and organizational citizenship behaviors, which are essential in healthcare environments.

The Performance Support and Work Adjustment Alignment component is informed by the Theory of Work

Adjustment (TWA), which emphasizes the importance of person–environment correspondence in sustaining job performance (Rounds & Nye, 2023). Even in environments with high performance ratings, periodic workload reviews and workflow optimization ensure continued alignment between nurses' competencies and job demands. Empirical evidence suggests that structured feedback and performance coaching improve both task and contextual performance in healthcare settings (Koopmans et al., 2023).

Finally, the Monitoring and Evaluation Phase ensures that interventions remain evidence-based and responsive to institutional needs. Literature highlights that continuous evaluation of psychosocial interventions is necessary to prevent complacency and detect early warning signs of workplace stress escalation (Dollard et al., 2022). By re-administering validated measures of bullying, well-being, and performance, the institution can assess program effectiveness and make data-driven adjustments.

The allocated budget of ₱120,000.00 for the proposed one-year intervention program represents a strategic and cost-effective investment aligned with the study's findings, which revealed low levels of workplace bullying, high levels of nurses' well-being, high to very high job performance, and a significant relationship between well-being and job performance. Given that workplace bullying was not significantly related to well-being or performance, the financial allocation appropriately emphasizes preventive measures and well-being enhancement strategies rather than corrective interventions. Grounded in Conservation of Resources Theory, investing in resilience training, supervisory development, recognition systems, and team-building initiatives strengthens psychological and social resources that sustain high performance and prevent future resource depletion (Hobfoll et al., 2022). Empirical evidence further indicates that improved psychological well-being enhances productivity, engagement, and quality of care (Opoku et al., 2024), suggesting that allocating funds toward mental wellness workshops, structured recognition programs, and performance–well-being integration mechanisms can yield measurable organizational returns. Compared to the potential costs associated with burnout, absenteeism, turnover, and compromised patient safety, the ₱120,000.00 budget is a modest yet impactful investment that supports workforce stability, reinforces person–environment alignment as explained by the Theory of Work Adjustment, and sustains high standards of nursing performance in the selected hospital in Laguna.

The action plan integrates COR Theory, SDT, and TWA into a comprehensive framework that addresses both risk reduction and resource enhancement. While the study found no significant relationships between workplace bullying and the other variables, it identified a significant link between well-being and job performance. Therefore, prioritizing psychological, emotional, and social well-being

is not only a protective strategy but also a performance-enhancing intervention. Sustained investment in supportive leadership, resilience development, and structured performance alignment is likely to maintain high-quality nursing care, reinforce patient safety, and promote workforce stability within the selected hospital in Laguna.

SUMMARY OF FINDINGS

The study employed a descriptive-correlational research method to examine the relationships between variables without manipulation. This non-experimental design was appropriate for identifying and quantifying the degree and nature of associations among naturally occurring variables, aligning with the objective of assessing correlations between independent and dependent variables (Polit & Beck, 2020).

Data were collected in the participants' natural settings through structured questionnaires, surveys, or standardized tools. These instruments facilitated the identification of patterns, trends, and statistical relationships without establishing causality. Instead, the focus was on providing insights into the strength and direction of the associations (Creswell & Creswell, 2022). This approach ensured a systematic examination of hypotheses regarding variable correlations while maintaining the integrity of natural conditions (Gray et al., 2021).

The study aimed to determine the workplace bullying, well-being and job performance among nurses in a selected hospital in Laguna. Specifically, the study sought to address the following subproblems:

1. What is the level of workplace bullying experienced by nurses in terms of?
 - 1.1 work-related bullying
 - 1.2 person-related bullying
 - 1.3 physically intimidating bullying?
2. What is the level of nurses' well-being in terms of:
 - 2.1 psychological well-being
 - 2.2 emotional well-being
 - 2.3 social well-being?
3. What is the level of nurses' job performance in selected provincial hospitals in Laguna in terms of:
 - 3.1 quality of nursing care
 - 3.2 productivity and efficiency
 - 3.3 patient safety and compliance to standards?
4. Is there a significant relationship between workplace bullying and nurses' well-being among nurses?
5. Is there a significant relationship between workplace bullying and nurses' job performance among nurses?
6. Is there a significant relationship between nurses' well-being and nurses' job performance among nurses?
7. Based on the findings of the study, what evidence-based action plan or intervention program can be developed to address workplace bullying and improve nurses' well-being and job performance.

SUMMARY OF FINDINGS

The findings of the study were arranged according to the statement of the problem.

1. The results revealed that the overall level of workplace bullying experienced by nurses was low, with an overall weighted mean of 1.89. Among the three dimensions, work-related bullying ranked first with a weighted mean of 1.99, followed by person-related bullying with 1.94, while physically intimidating bullying ranked third with a weighted mean of 1.74. These findings indicate that although workplace bullying behaviors exist in the workplace, they occur only occasionally and are not commonly experienced by the nurses.

2. In terms level of nurse's well-being, an overall weighted mean of 3.045. Among the three dimensions, social well-being ranked first with a weighted mean of 3.10, followed by psychological well-being with 3.06, while emotional well-being ranked third with 2.97.

3. For the level of nurses' job performance was very high, with an overall weighted mean of 3.30. Among the dimensions, patient safety and compliance with standards ranked first with a weighted mean of 3.44, followed by quality of nursing care with 3.31, while productivity and efficiency ranked third with 3.13, interpreted as high.

4. Relationship between workplace bullying and nurses' well-being among nurses in selected hospital in Laguna had significant but low correlations with aspects of nurses' well-being. Specifically, work-related bullying had a significant relationship with psychological well-being ($p = 0.035$) and social well-being ($p = 0.000$), while person-related bullying had a significant relationship with emotional well-being ($p = 0.038$). However, the remaining relationships were not statistically significant.

5. Relationship between workplace bullying and nurses' job performance revealed that no significant relationship existed between workplace bullying and nurses' job performance in terms of quality of nursing care, productivity and efficiency, and patient safety and compliance with standards, since all p -values were greater than the 0.05 level of significance. This indicates that workplace bullying did not significantly influence the level of job performance among nurses in the selected hospital.

6. Relationship between nurses' well-being and nurses' job performance among that several dimensions of nurses' well-being had significant relationships with job performance. Psychological well-being showed significant relationships with quality of nursing care ($p = 0.000$), productivity and efficiency ($p = 0.000$), and patient safety and compliance with standards ($p = 0.033$). Emotional well-being had significant relationships with quality of nursing care ($p = 0.000$) and productivity and efficiency ($p = 0.002$). Social well-being also showed significant relationships with quality of nursing care ($p = 0.000$) and productivity and efficiency ($p = 0.013$).

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7. Intervention program developed to address workplace bullying and improve nurses' well-being and job performance. The intervention program has been developed as a preventive and resource-enhancing strategy in response to the study's findings of low workplace bullying, high levels of nurses' well-being, high to very high job performance, and a significant relationship between well-being and job performance. Although bullying has been reported at minimal levels, the program has strengthened anti-bullying policies, reinforced confidential reporting systems, and promoted awareness to prevent normalization of negative behaviors while sustaining a strong psychosocial safety climate. It has enhanced supervisory capacity to foster supportive leadership, recognizing the critical role of management in maintaining a healthy work environment. The program has also focused on resilience and psychological capital development to preserve emotional resources and sustain intrinsic motivation, alongside team cohesion initiatives that reinforce collegial support and social well-being. Furthermore, performance support mechanisms, including workload alignment and structured feedback, have ensured continued correspondence between nurses' competencies and job demands to maintain high standards of care and patient safety. Continuous monitoring and evaluation have been incorporated to assess effectiveness and ensure that organizational conditions remain supportive, thereby sustaining nurses' well-being and high levels of job performance in the selected hospital in Laguna.

CONCLUSION

In the light of the above findings of the study, the following conclusion were derived:

1. The level of workplace bullying experienced by nurses was low. Among the three dimensions, work-related bullying ranked first followed by person-related bullying while physically intimidating bullying ranked third
2. The level of nurse's well-being was high, among the three dimensions, social well-being ranked first, followed by psychological well-being, while emotional well-being ranked third.
3. The level of nurses' job performance was very high, Among the dimensions, patient safety and compliance with standards ranked first, followed by quality of nursing care, while productivity and efficiency ranked third.
4. Relationship between workplace bullying and nurses' well-being among nurses in had significant but low correlations with aspects of nurses' well-being. Specifically, work-related bullying had a significant relationship with psychological well-being and social well-being, while person-related bullying had a significant relationship with emotional well-being. However, the remaining relationships were not statistically significant.
5. Relationship between workplace bullying and nurses' job performance revealed that no significant relationship existed

between workplace bullying and nurses' job performance in terms of quality of nursing care, productivity and efficiency, and patient safety and compliance with standards

6. Relationship between nurses' well-being and nurses' job performance among that several dimensions of nurses' well-being had significant relationships with job performance. Psychological well-being showed significant relationships with quality of nursing care, productivity and efficiency, and patient safety and compliance with standards. Emotional well-being had significant relationships with quality of nursing care and productivity and efficiency. Social well-being also showed significant relationships with quality of nursing care and productivity and efficiency.

7. The developed intervention program has provided a preventive and resource-enhancing framework to sustain low bullying levels, strengthen nurses' well-being, and maintain high job performance in the selected hospital in Laguna.

RECOMMENDATION

In the light of the findings and conclusions, these are offered as recommendation for possible action:

1. Hospital administrators should continue to strengthen workplace policies that promote a respectful and supportive working environment in order to maintain the low level of workplace bullying observed in the study. Clear reporting mechanisms, regular awareness programs, and enforcement of professional conduct policies may further prevent the occurrence of workplace bullying behaviors.
2. Nursing management and supervisors should implement programs that promote nurses' psychological, emotional, and social well-being, such as wellness seminars, peer support programs, stress management workshops, and team-building activities. Since nurses' well-being has been found to significantly influence job performance, improving well-being may further enhance productivity and quality of care.
3. Healthcare care settings should sustain and reinforce patient safety initiatives, quality improvement programs, and evidence-based nursing practices to maintain the very high level of job performance observed among nurses. Continuous professional development programs and clinical competency training may also help strengthen nurses' capabilities.
4. Human resource and training departments should consider implementing a structured well-being and workplace climate monitoring system to regularly assess nurses' well-being, workplace relationships, and job satisfaction. Early identification of potential workplace issues may help maintain a healthy work environment.
5. Nurses are encouraged to actively participate in professional development activities, wellness programs, and collaborative teamwork initiatives to maintain their psychological resilience, emotional balance, and professional competence in delivering quality patient care.
6. Healthcare institutions and nursing management may utilize and implement the proposed Anti-Bullying and Well-

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being Enhancement Program developed from the findings of this study. The program may serve as a preventive intervention designed to maintain the low level of workplace bullying while strengthening nurses' psychological, emotional, and social well-being.

7. Future researchers should replicate the study in other healthcare institutions or regions to compare findings and further validate the relationships among workplace bullying, well-being, and job performance.

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