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Workplace bullying and employee hopelessness in the healthcare industry: A mediation–moderation model

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Orientation: Nurses play a vital role in the healthcare industry; however, workplace bullying (WB) is a prevalent issue in this profession. The impact of bullying in the nursing profession severely undermines their ability to deliver high-quality services in the healthcare industry.

Research purpose: The purpose of this study is to investigate the mediation effect of emotional exhaustion (EE) and the moderating effect of social support (SS) on the relationship between WB and employee hopelessness (EH).

Motivation for the study: Although WB studies are well established in the nursing profession, the problem persists, especially in Africa; hence, further research is required to examine the role of moderating factors that reduce the impact of bullying on workers.

Research approach/design and method: Following a positivist paradigm, 320 nurses from public hospitals were systematically sampled, and the data were analysed using SmartPLS4.

Main findings: While EE positively mediated the relationship between WB and EH, SS negatively moderated this relationship.

Practical/managerial implications: In line with the findings of this research, policymakers must provide adequate support mechanisms to address WB. Regulatory bodies, such as the Ministry of Health officials, can create guidelines for the healthcare industry to follow in protecting vulnerable groups, such as women, from being bullied.

Contributions/value-add: By examining the moderating effect of SS, this study responds to calls for research that investigates factors mitigating the impact of WB on employee well-being. This study is also the first to examine a mediation–moderation model in the context of public hospitals in Zimbabwe.

Keywords: workplace bullying; employee hopelessness; emotional exhaustion; social support nurses; health care.

Introduction

Background

Workplace bullying (WB) was once considered a prevalent phenomenon in schools (Attell et al., 2017). However, a growing body of evidence demonstrates that it transcends organisational, geographic and cultural boundaries (Busby et al., 2022). Resultantly, there has been a bourgeoning literature on WB (see Anasori et al., 2023; Attell et al., 2017; Busby et al., 2022; Costin et al., 2023; D'Cruz & Noronha, 2021; Escartín et al., 2021; Galanis et al., 2024; Sheehan et al., 2020). Workplace bullying can be defined as repeated negative social behaviour directed at organisational members over time (Escartín et al., 2021). These negative behaviours can include shouting, targeted member isolation, withholding key information and harassment. Prior studies indicate that WB affects at least 30% of the workforce through direct exposure or indirect witness exposure, resulting in compromised health conditions (Hodgins et al., 2020).

One sector that has been severely affected by WB is the nursing profession in the health sector (Islam & Chaudhary, 2024). This is rather a sad development, given the fact that nursing manpower is an important component of any healthcare system and arguably the

largest group within hospitals (Al Muharraq et al., 2022). Workplace bullying was identified to be cancerous in the US healthcare system more than 100 years ago, based on a New York article, 'The Hospital Tyrants' (Goh et al., 2022). However, several decades later, in 2025, WB is still a challenge in the nursing profession. This calls for more research in this sector. According to Islam and Chaudhary (2024), statistics show that 80% of nurses in the United Kingdom, 33% in Canada and 60% in the United States have experienced WB at some stage. These statistics are arguably higher in Africa, a continent plagued by resource shortages, long working hours and poor remuneration.

In African countries like Zimbabwe, where power distance is high, the plight of nurses can be dire because of perceived power imbalances. In high-power-distance cultures, superiors wield more power than subordinates, and WB is often tolerated (Hayat & Afshari, 2020). This creates a fertile environment for employee harassment, which can lead to feelings of hopelessness. Although prior studies confirm the negative consequences of WB, the underlying mechanisms through which WB leads to such adverse outcomes are largely unexplored (Islam & Chaudhary, 2024). Furthermore, other authors, such as Farley et al. (2023), have argued that there is a lack of research on variables that moderate the relationship between WB and employee outcomes. For this reason, this investigation seeks to achieve the following objectives:

- To examine the mediation effect of emotional exhaustion (EE) on the relationship between WB and EH in the Zimbabwean nursing profession.
- To establish the moderating effect of social support (SS) on the relationship between WB and EH in the Zimbabwean nursing profession.

The Zimbabwean healthcare industry presents a rich environment for this type of research because of the numerous challenges it faces. These challenges include underfunding, weak infrastructure, poor remuneration, skills flight to the diaspora (resulting in increased workload) and inadequate nursing equipment. An environment with these challenges is fertile for incidents of WB, resulting in hopelessness among nurses.

This research yields significant contributions in the field of organisational behaviour and human resources (HR) management. Firstly, previous research has called for studies that examine factors that can moderate the impact of WB on employee well-being (Farley et al., 2023). This study responds to such calls, as it investigates the moderating effect of SS on the relationship between WB and EH. Secondly, this study tested a unique WB mediation–moderation mechanism in the Zimbabwean healthcare industry. This investigation, therefore, extended the body of knowledge on WB in the nursing profession.

This paper is structured as follows: the next section reviews the literature on WB, followed by a discussion of the methodology. The results are then discussed afterward.

Literature review

Theoretical framework

Job demands resources model

In studies of this nature, the Job Demands-Resources (JD-R) model has been applied as the underlying theory (see Anasori et al., 2023; Barello et al., 2021; Farley et al., 2023; Klusmann et al., 2023). This model is used to understand how job characteristics foster employee well-being (Makumbe, 2023). According to the JD-R model, job characteristics can be categorised into job demands and job resources. Job demands refer to the physical, psychological, social or organisational aspects of the job that require sustained physical and emotional effort and are associated with specific physiological and psychological costs (Bakker et al., 2025). These job demands can include excessive workload and job insecurity (Zhou et al., 2022). On the other hand, job resources refer to the physical, psychological, social or organisational aspects of the job that are motivational and critical in achieving work goals (Bakker et al., 2025). Job resources can mitigate job demands and their associated physiological and psychological costs (Zhou et al., 2022). In the context of this study, job demands such as excessive workload constitute a form of WB, which results in physiological costs such as EE and psychological costs such as EH. Job resources such as SS are therefore important in reducing excessive job demands.

Workplace bullying

Workplace bullying is hostile social behaviour targeted at employees who, in most cases, are perceived to have less power in an organisation (Attell et al., 2017). In support of this, Podsiadly and Gamian-Wilk (2017) stated that WB involves an escalating process where an unbalanced power relationship develops between the target and the perpetrator. In this case, the perpetrator yields so much power that the target member is always on the receiving end. Workplace bullying can have devastating ramifications for workers (Farley et al., 2023). Some of these include anxiety, depression and post-traumatic stress disorder (Podsiadly & Gamian-Wilk, 2017) and EE (Escartín et al., 2021). Authors such as Hodgins et al. (2020) have identified suicidal ideation, chronic pain and sleep difficulties as negative outcomes of WB. These negative consequences are intensified when superiors do not respond to reported acts of bullying (Attell et al., 2017), as is the case in jurisdictions with high power distance (Hayat & Afshari, 2020). Ultimately, employees develop negative attitudes towards their work, which in turn affects productivity. Workplace bullying tactics include denigration, devaluation of professional roles, isolation, work overload, threats to personal and professional standing and verbal and/or nonverbal harassment (Attell et al., 2017).

Workplace bullying literature in the African nursing profession

Research on WB in the nursing profession is increasing in Africa (see Atingabili et al., 2025; Dapilah & Druye, 2024; Finchilescu et al., 2019; Mensah & Mpaun, 2024). This body of evidence indicates that the phenomenon has become a

significant concern for practitioners and scholars. This literature shows that WB impacts various employee outcomes and manifests in different forms. For example, in a study in western Ghana, Dapilah and Druye (2024) found a direct link between WB and both the intention to leave and depression among nurses. Similarly, Mensah and Mpaun (2024), in a study involving nurses at Ghanaian public hospitals, discovered that WB can lead to psychological distress and decreased service quality. In South Africa, Madolo and Hloba (2023) reported, in a qualitative study of newly qualified nurses at Alfred Nzo Municipality, that experienced staff often ignored recently hired nurses. Furthermore, in a study conducted in KwaZulu-Natal, South Africa, Pillay et al. (2023) found that workplace violence, a form of bullying, significantly impacted employee outcomes, including job satisfaction, career turnover intentions and mental health. Prior African studies have explored the role of various factors in the relationship between WB and employee outcomes. These factors include resilience and psychological distress (Mensah & Mpaun, 2024), SS (Finchilescu et al., 2019), conflict management and EE (Atingabili et al., 2025). Building on this body of evidence, this research examined the underlying role of SS and EE in either increasing or reducing hopelessness. This employee outcome variable remains underexplored in the African context.

Hopelessness

Human beings are fundamentally future oriented despite the immense challenges that confront them in their life journey (Marchetti et al., 2023). Despite people having great expectations for their lives, a substantial minority view their future as gloomy and believe that nothing can alter this scenario. Such a situation is commonly referred to as hopelessness. In defining hopelessness, Sarigül et al. (2023) stated that it refers to emotional stress in which an individual believes that any attempt to effect change will be futile. Hopelessness impairs judgement ability and creates a negative evaluation of one's life (Zhang et al., 2023). Hence, it is not surprising that some of the consequences of hopelessness include self-harm, anxiety, fear, depression and suicidal ideation (Sarigül et al., 2023). Marchetti et al. (2023) also stated that hopelessness is commonly associated with a variety of cognitions and emotions, such as sadness, lack of positive emotions, low self-esteem and demoralisation.

Social support

This is defined as a relationship or social interaction that includes aiding and caring for employees and solidifying relationships among employees, groups and team members (Sigursteinsdottir & Karlsdottir, 2022). Social support can be a crucial resource in protecting workers from the devastating effects of WB (Ariza-Montes et al., 2021). In the context of this research, support from an organisation buffers employees from the adverse effects of WB, such as feelings of hopelessness (Dobos et al., 2024). Authors such as Hayat and Afshari (2020) further argued that employees rely on organisational support to compensate for their diminished well-being because of WB. Social support mechanisms include employee assistance programmes, support groups and training and development programmes. These programmes can facilitate a solid relationship between the organisation and the employee. Employee assistance programmes enhance employees' respect for the organisation, their emotional needs and self-confidence, leading to increased worker productivity (Sigursteinsdottir & Karlsdottir, 2022).

Emotional exhaustion

Emotional exhaustion stems from the three-component model of burnout, which comprises EE, depersonalisation and diminished personal accomplishment (Sheng et al., 2023). The concept of EE describes the feeling of being emotionally overextended and depleted. In supporting this, Klusmann et al. (2023) asserted that EE is the result of burnout, indicating feelings of extreme stress and the depletion of an individual's emotional and physical resources. Furthermore, López-Cabarcos et al. (2019) stated that EE is the core dimension of burnout, which is characterised by feelings of fatigue, irritability, frustration and the depletion of employee resources. It is not surprising that EE is one of the most common psychological reactions to aggressive workplace behaviours (Escartín et al., 2021). This is because WB exerts extreme pressure on the employee, resulting in stress, frustration and a feeling of emptiness. Literature also suggests that EE occurs because of excessive job demands (Alola et al., 2019). When employees lack the necessary resources to meet job demands, they are more likely to experience EE. In the context of this study, long working hours and resource shortages in the healthcare industry can only exacerbate the EE of employees.

Hypotheses development

Workplace bullying and employee hopelessness

According to the job demands control theory, employees experience hopelessness when they are confronted with tasks that have high job demands, low job control and a lack of SS for extended periods (Zhang et al., 2023). In line with this, WB is characterised by isolation (lack of SS) and high workload (high job demand) (Attell et al., 2017). Hence, it can be reasoned that WB can trigger EH. Employee hopelessness is severe in jurisdictions where the government's legislative framework to prevent bullying is weak or where employers do nothing about bullying. In line with this assertion, Hodgins et al. (2020) observed that few countries possess a robust framework with high-level coordination between the government and social partners to protect employees from workplace ill-treatment. This implies that in such an environment, the employees will be exposed to all forms of bullying. The absence of strong protection mechanisms will therefore exacerbate hopelessness. Previous research confirms that WB has consequences, including EH (Hodgins et al., 2020; Marchetti et al., 2023; Sarigül et al., 2023). This study proposes that:

H1: *Workplace bullying positively impacts employee hopelessness.*

Workplace bullying and emotional exhaustion

Workplace bullying is an adverse social behaviour towards employees (Islam & Chaudhary, 2024). These adverse behaviours include threats to professional status, denigration and assigning meaningless work to employees. Such negative behaviours can trigger undesirable psychological and emotional responses in the victim. Hence, it is unsurprising that Attell et al. (2017) stated people who experience WB report high levels of burnout, which is an indicator of EE. Workplace bullying induces EE by taxing employees' emotional resources (Escartín et al., 2021). This is supported by the Conservation of Resources Theory (COR), which states that EE is likely to occur in employees if there is actual or perceived resource loss (Sheng et al., 2023). Workplace bullying can take away employees' emotional resources such as decision-making, self-esteem and social relationships. This can result in employees exhibiting withdrawal symptoms at work. Past research confirms that WB results in EE (Attell et al., 2017; Boudrias et al., 2021; Islam & Chaudhary, 2024). It can therefore be hypothesised that:

H2: *Workplace bullying positively influences emotional exhaustion.*

Emotional exhaustion and hopelessness

Emotional exhaustion is a long-term state of physical and psychological fatigue resulting from excessive personal and work responsibilities, as well as constant stress (Islam & Chaudhary, 2024). Emotional exhaustion is the result of extensive periods of WB at the workplace. These acts of bullying can include the isolation of an employee, sexual harassment, denigrating someone's work and heavy workloads associated with tight deadlines. All this results in the development of employee EE and, consequently, hopelessness, especially if employees believe that nothing can change the status quo. Hence, this study argues that employee exhaustion has both direct and indirect impacts on EH. This is because WB triggers EH through EE. When employees are exhausted, they lose hope in themselves and the future. Employees become psychologically drained, such that they do not believe in positive changes in their situation. Past research confirms that employees' exhaustion is a determinant of hopelessness (see Akova et al., 2022; De Berardis et al., 2023; Karagöl & Törenli Kaya, 2022). It can be proposed that:

H3: *Emotional exhaustion positively impacts employee hopelessness.*

H4: *Emotional exhaustion mediates positively the relationship between workplace bullying and employee hopelessness.*

The moderating role of social support

Research on the role of SS in WB studies is still in its infancy (Ariza-Montes et al., 2021). Hence, this study sought to investigate the moderating role of SS on the relationship between WB and EH. In the context of this study, organisational SS refers to the extent to which an organisation meets the social and emotional needs of its employees (Xu et al., 2023). Social support behaviours include care and concern, positive appraisals and instrumental assistance (Finchilescu et al., 2019). Social support can be a crucial resource in protecting workers from the adverse effects of WB (Ariza-Montes et al., 2021). Employees who are exposed to WB experience high levels of stress and diminished well-being, which results in the depletion of personal resources; hence, they depend on organisational support for comfort. In the context of WB, SS can include listening to victims and offering suggestions to address the problem. It can therefore be hypothesised that:

H5: *Social support negatively moderates the relationship between workplace bullying and employee hopelessness.*

Building on the above discussion, this study presents the following research model (Figure 1):

Research design

Research paradigm and method

This research adheres to the ontological position of objectivism and the epistemological position of positivism. In line with this, a cross-sectional design was employed, and a quantitative approach was adopted to test and confirm the hypotheses underlying this study.

Population and sampling

The Zimbabwean healthcare industry comprises public and private hospitals. Private hospitals were excluded from this research because they are well resourced and hence cannot give an accurate picture of the extent of WB. In public hospitals, although the government has made commendable efforts to provide the necessary resources, service delivery is compromised primarily because of underfunding. This has led to deteriorating infrastructure and skills flight into the region and the diaspora. Faced with this, the nurses, who form the majority of the workforce in public hospitals, are under extreme pressure to deliver quality service. This investigation targeted 1000 nurses from the public hospitals. According to Israel (1992), for a population of such a magnitude, a sample size of at least 278 participants is adequate. Accordingly, to ensure that each member of the population had an equal chance of being selected (Saunders et al., 2009), the simple random sampling technique was employed to select the participants in this study. Of the approximately 320 potential participants, 293 responses were collected, resulting in a response rate of 91%.

This study followed all relevant ethical guidelines and procedures. Participants were also assured of confidentiality and had the option to withdraw from the study without any negative consequences. A structured questionnaire, including a section on informed consent, was created and uploaded to the Google Forms platform. An online link from the platform was shared via the participants' WhatsApp numbers. The participants' demographics are summarised in Table 1. The demographics indicate that the participants were

sufficiently educated to understand this research. Additionally, most had extensive experience in their profession, enabling them to grasp the industry's dynamics.

Research instrument measures

The research variables were assessed using validated measurement items from existing literature. The structured questionnaire was tested with participants from the research population. Constructs were measured on a five-point Likert scale, ranging from 1 'strongly disagree' to 5 'strongly agree'.

Workplace bullying

Workplace bullying was operationalised with a scale developed by Islam and Chaudhary (2024). A sample item from the scale was: 'I am exposed to an unmanageable workload'.

Employee hopelessness

Employee hopelessness was measured using items adapted from the work of (Attell et al., 2017). A sample item from the scale was: 'The future seems hopeless to me, and I don't believe things are changing for the better'.

Emotional exhaustion

The EE scale used in this study was based on the work of Islam and Chaudhary (2024). A sample item from the scale was*:* 'I often feel exhausted'.

Social support

The SS scale used in this study was adapted from the items developed by Deeter-Schmelz and Ramsey (1997). A sample item from the scale was: 'My work colleagues give me tangible assistance to deal with my work-related stress'.

Reliability and validity analysis

The research data were assessed for validity and reliability as discussed below:

Indicator reliability: Hulland (1999) states that a reflective indicator loading above 0.5 signifies a good measure of a latent construct. As shown in Table 2, all indicator loadings exceeded 0.5.

Internal consistency reliability is evaluated through composite reliability (CR) and Cronbach's alpha. A CR value of 0.7 or higher signifies adequate internal consistency, while Hair et al. (2017) note that Cronbach's alpha (α) values above 0.60 are typically acceptable in research settings. As illustrated in Table 2, the measurement instrument employed in this study meets the established thresholds for both Cronbach's alpha and composite reliability.

Convergent reliability: According to Hair et al. (2012), convergent reliability indicates how well a measure correlates positively with other measures of the same construct. It is evaluated using the average variance extracted (AVE), which should be greater than 0.5. Table 2 shows that AVE values are acceptable.

TABLE 1: Participant demographics.

Factor	%
Education level	
Diploma	60
First degree	40
Organisation tenure (years)	
< 10	20
10–15	4
> 15	35

TABLE 2: Factor scores, average variance extracted and composite reliability.

Variable	Construct	Factor score	Alpha	AVE	CR
Workplace bullying		-	0.80	0.63	0.81
WB1	I am exposed to an unmanageable workload.	0.77	-	-	-
-	I feel I am being ignored/excluded from work-related social gatherings.	0.78	-	-	-
WB3	I am always repeatedly reminded about my errors or mistakes.	0.75	-	-	-
WB4	My work efforts are always criticised.	0.87	-	-	-
Employee hopelessness		-	0.82	0.66	0.84
EH1	I feel I cannot reach the goals I would like to strive for.	0.65	-	-	-
EH2	The future seems hopeless to me, and I do not believe things are changing for the better.	0.84	-	-	-
EH3	I do not expect to get what I want.	0.85	-	-	-
EH4	There is no use in really trying to get something I want because I probably will not get it.	0.89	-	-	-
Emotional exhaustion		-	0.81	0.64	0.85
EE1	I am very tired.	0.84	-	-	-
EE2	I often feel exhausted.	0.89	-	-	-
EE3	I am afraid the work will affect my mood.	0.84	-	-	-
EE4	I have been feeling a bit blue lately.	0.58	-	-	-
Social support		-	0.86	0.64	0.86
SS1	My work colleagues listen to my work-related problems.	0.84	-	-	-
SS2	My work colleagues show concern about my job-related problems.	0.81	-	-	-
SS3	My work colleagues offer aid when dealing with my work.	0.85	-	-	-
SS4	My work colleagues give me useful suggestions to get through difficult times.	0.70	-	-	-
SS5	My work colleagues give me tangible assistance to deal with my work-related stress.	0.80	-	-	-

AVE, average variance extracted; CR, composite reliability; WB, workplace bullying; EH, employee hopelessness; EE, emotional exhaustion; SS, social support.

Discriminant validity

According to Hair et al. (2012), discriminant validity can be evaluated using the Fornell–Larcker criterion. This method involves comparing the square root of the AVE values with the correlations between the latent variable and other constructs. For discriminant validity to hold, the square root of the AVE for each construct should exceed its correlation with any other construct, as demonstrated in Table 3.

Ethical considerations

Ethical clearance to conduct this study was obtained from the Department of Business Enterprise and Management, University of Zimbabwe, Harare, Zimbabwe.

Results

The structural equation modelling (SEM) analysis was done using SmartPLS 4, and the results are shown in Figure 2.

TABLE 3: Discriminant validity.

Construct	Emotional exhaustion	Hopelessness	Social support	Workplace bullying
Emotional exhaustion	**0.80**	-	-	-
Hopelessness	0.78	**0.81**	-	-
Social support	0.71	0.74	**0.80**	-
Workplace bullying	0.64	0.68	0.70	**0.79**

Note: The discriminant validity values are shown diagonally in bold.

Direct effects

Table 4 shows that WB significantly impacted employee hopelessness (β = 0.174, $p < 0.001$) and EE (β = 0.638, $p < 0.001$). Hence, *H1* and *H2* were accepted. Furthermore, EE had a significant impact on EH (β = *0.598*, $p < 0.001$). Hence, *H3 was* accepted.

The mediation effect of emotional exhaustion and the moderation effect of social support

The results indicated that EE partially mediated the relationship between WB and EH (β = 0.382, $p < 0.001$); hence, *H4* was accepted. Social support negatively moderated the relationship between WB and EH (β = −0.082, $p < 0.001$), thereby supporting H5.

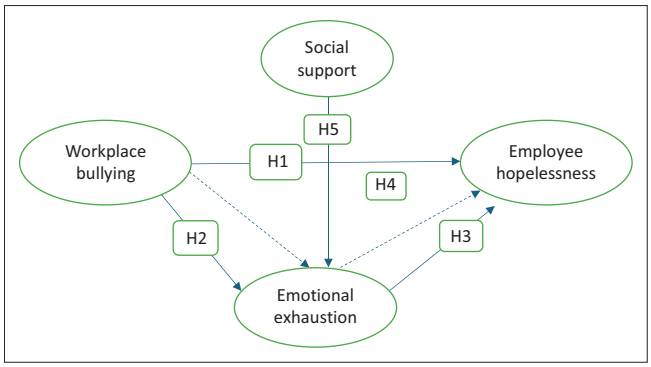

FIGURE 1: Research model.

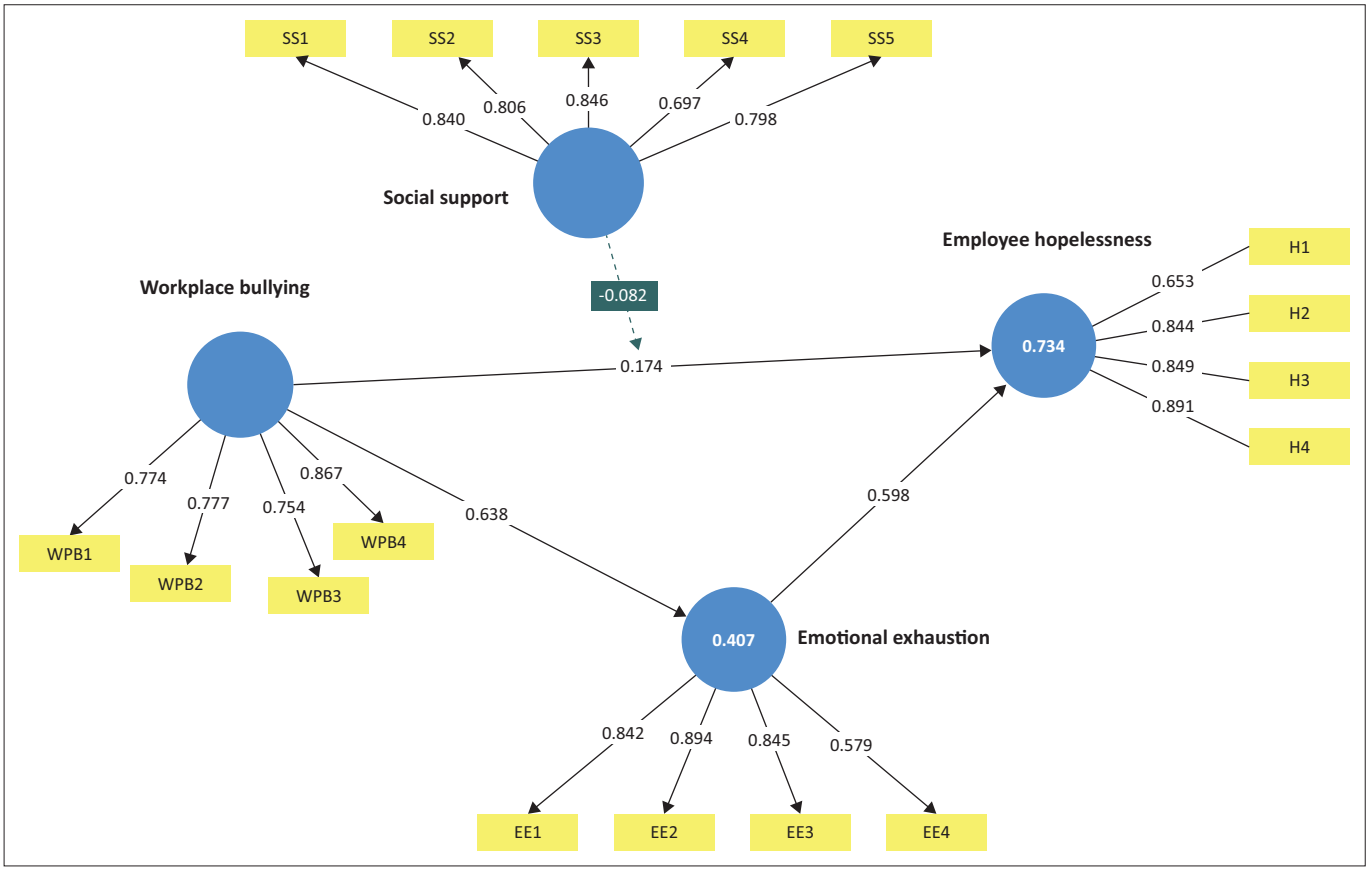

FIGURE 2: Structural equation modelling output path relationships.

TABLE 4: Path values and probability coefficients.

Hypothesis	Path	Path value	*p*-value	Decision
H1	Workplace bullying>>>>Employee hopelessness	0.17	0.00	Accepted
H2	Workplace bullying >>> Emotional exhaustion	0.64	0.00	Accepted
H3	Emotional exhaustion>>>Employee hopelessness	0.60	0.00	Accepted

Discussion

Employees spend most of their time at the workplace. Hence, work occupies a central role in the lives of workers around the globe. Ideally, the workplace should be an environment filled with fun and joy; however, the ubiquitous body of evidence reports that the workplace has become a source of stress and, consequently, severe adverse physical and mental health consequences. This study aimed to contribute to the existing body of literature on WB in the nursing profession from a Zimbabwean perspective. Drawing on the JDR, we examined how WB affects EH and how SS serves as a buffer against the adverse effects of WB on EH.

Five pertinent discussion points arose from this study. Firstly, WB had a profound impact on EH ($\beta = 0.174$, $p < 0.001$). This result corroborates the work of Attell et al. (2017), and it implies that WB accentuates hopelessness among employees. People who are exposed to WB show signs of depression, suicidal ideation and mental health challenges (Hodgins et al., 2020), and these are all indicators of hopelessness. The consequences of hopelessness are not limited to employees alone but can also manifest as reduced organisational productivity. The effects can be more severe if an organisation lacks robust mechanisms to deal with WB promptly.

Secondly, in line with the findings of authors such as Boudrias et al. (2021) and Islam and Chaudhary (2024), WB was a significant predictor of emotional exhaustion ($\beta = 0.638$, $p < 0.00$). Workplace bullying, if left unchecked, can result in physical fatigue, as well as a feeling of being psychologically and emotionally drained (Sheng et al., 2023). In the context of this research, the characteristics of the healthcare industry create a fertile environment for WB, which eventually results in an upsurge of EE among nurses. In general, the healthcare industry is characterised by long working hours, inadequate remuneration, a lack of hospital equipment and a shortage of personnel (López-Cabarcos et al., 2019). All this creates a fertile environment for WB. For example, a shortage of nursing personnel can likely result in an increased workload, leading to employee exhaustion.

Following up on the two results above, it can be observed that WB has a greater impact on EE (+0.6380) than on EH (+0.1784). This is probably because EE is an immediate and direct reaction to stressors like WB. It reflects feelings of being drained, burned out and overwhelmed – all of which can happen quickly after repeated negative interactions at work. Employee hopelessness, on the other hand, is a deeper, more long-term cognitive state. It involves losing motivation, having negative expectations about the future and sometimes even experiencing depression. This mindset typically develops over time, often following persistent negative experiences.

Thirdly, EE had a profound impact on EH ($\beta = 0.598$, $p = 0.00$). This finding is in line with the work of De Berardis et al. (2023). The strong, significant link between EE and hopelessness indicates that EE acts as a key process through which WB affects employees' psychological health. While bullying directly leads to hopelessness, its more prominent influence seems to be mediated by increased EE, emphasising the vital role of emotional burnout in fostering hopeless attitudes.

Emotional exhaustion results from a job that causes both physical and emotional tiredness (Islam & Chaudhary, 2024). A combination of EE and a lack of protective mechanisms from the employer can only lead to hopelessness. The results also show that EE positively mediates the relationship between WB and hopelessness ($\beta = 0.382$, $p < 0.001$). As argued already, in an environment characterised by WB activities, the resultant EE increases the probability of hopelessness.

Lastly, the moderating effect of SS was confirmed ($\beta = -0.082$, $p < 0.001$). This corroborates the work of Ariza-Montes et al. (2021) and Sigursteinsdottir and Karlsdottir (2022). Social support acts as a buffer against the negative consequences of WB (Hayat & Afshari, 2020). In an organisational context, SS initiatives can include peer support programmes, mentorship, team-building activities and flexible work policies. Each of these initiatives, or a combination of them, can reduce the probability of being harassed and serve to protect against the negative effects of occupational stressors. For example, supportive work colleagues in peer groups can suggest solutions in stressful situations, which can help alleviate feelings of hopelessness.

Theoretical implications

The significance of this study can be viewed from different perspectives. This study validates the JDR. The JDR states that high job demands and low job resources can lead to employee exhaustion (López-Cabarcos et al., 2019). Accordingly, this study confirms that WB (which is associated with high job demands) significantly triggers employee EE. Researchers in the field of HR management have called for more empirical studies on the moderators that limit the impact of WB (Farley et al., 2023). This investigation responds to this call by examining the moderating effect of SS on the relationship between WB and EH. Although research on WB in the nursing profession has been growing steadily for over 30 years, the problem is ever-present (Islam & Chaudhary, 2024). This study extends the body of knowledge in nursing about WB by proposing diverse approaches for managing the issue.

Practical implications

This research has confirmed that WB triggers EH and EE within the nursing profession. This finding has significant practical implications for policymakers, organisations (such as the healthcare industry) and nurses. Workplace bullying protection mechanisms are largely ignored at the national level. Policymakers must therefore develop robust legislative mechanisms to address WB. Legislative bodies, such as Parliament, must promulgate laws that can be used to prosecute instigators of WB. In supporting the legislature, the judiciary must impose deterrent sentences to discourage WB. From a regulatory perspective, policymakers, such as Ministry of Health officials, can create guidelines for the healthcare industry to follow in preventing and addressing WB. Specific WB protection guidelines can target vulnerable groups, such as women and minority groups. Policymakers in government can also launch public awareness campaigns to educate the public about WB and its consequences. This helps to equip the public with the knowledge on how to manage WB. Lastly, because WB in the nursing profession is exacerbated by poor working conditions, such as inadequate remuneration, antiquated infrastructure and a shortage of critical skills, policymakers must lobby for adequate funding for health. In the context of this research, Zimbabwean policymakers should advocate for increased financial support from the central government to enhance working conditions in the health sector.

For the organisations in the healthcare industry, this investigation has important HR policy implications. The research results underscore the need for the adoption of zero tolerance towards WB through the development of robust anti-bullying policies. The policies must define WB behaviours explicitly (e.g. verbal abuse, social exclusion, undermining work). Not only that, but organisations must have clear policies on the penalties for instigators of WB. Employees must be aware of the consequences associated with WB. This can help to deter would-be offenders.

Furthermore, organisations should have training policies in place to address WB. The training can focus on how to detect and report WB. Workplace bullying encompasses several tactics. This implies that employees may not be aware that they are being bullied; hence, training becomes key. The training closes the knowledge gap on WB. Early detection, therefore, facilitates the management of WB before it affects organisational effectiveness. On the other hand, reporting WB is quite critical in an organisation. The absence of reporting mechanisms leads to EH. Clear reporting guidelines for victims of bullying must be communicated to organisational members. These guidelines must include channels of communication and protection mechanisms to prevent intimidation or reprisals. Lastly, this research has demonstrated that SS serves as a buffer against the negative effects of WB; therefore, the healthcare sector must provide adequate support mechanisms to address this issue effectively. These include peer support groups, counselling and employee assistance programmes.

From an individual perspective, employees, in this case, nurses, must take an interest in knowing what constitutes bullying behaviour. As indicated before, WB tactics are manifold; hence, nurses must be knowledgeable about this problem. Not only that, but they also must know how to report bullying whenever it happens. This implies that nurses must be empowered. This involves the organisation instituting WB training programmes and encouraging them to speak out whenever they detect the occurrence of the problem.

Limitations

This study focuses on a key concept in business management, improving our understanding of WB and its effects. However, this research was conducted in the Zimbabwean healthcare setting, so the findings may not be applicable to other settings with more developed healthcare systems. Additionally, the study used a cross-sectional survey design. A major limitation of this design is its inability to establish causality because it measures exposure and outcome at the same time. Despite this, the study offers valuable empirical evidence showing the relationship among the variables involved.

Conclusion

This study presented a mediation–moderation model, which confirmed the devastating effects of WB on workers and the moderating role of SS. The research suggests that SS reduces the effect of WB on EH. Developing strong organisational support programmes is effective in managing employee-stressful situations, thus increasing the probability of enhancing organisational productivity. Future research should focus on longitudinal designs across various other sectors.

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Competing interests

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Authors' contributions

W.M.: Conceptualisation, software selection, methodology and writing original draft. N.K.: Investigation, validation and resources. L.N.: Data curation, supervision and project administration T.L.: Formal analysis, writing (reviewing and editing) and visualisations.

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Data availability

The data that support the findings of this study are available from the corresponding author, W.M., upon reasonable request.

Disclaimer

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