Designing Protocol for Managing Workplace Bullying among Nurses at Selected Hospitals in Port-Said City

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ABSTRACT

Background: Workplace bullying is a prevalent issue that should be managed by developing effective policies, enhancing safe workplace culture, and using positive leadership skills. **Aim:** The current study aimed to design protocol for managing workplace bullying among nurses at selected hospitals in Port-Said city. **Subjects and Method:** A methodological design was applied in this study. **Settings**: The study was conducted at two hospitals affiliated to the Universal Health Insurance in Port-Said Governorate, namely: El-Salam and El-Zhour. The study sample was 142 nurses. Three tools were used for data collection: workplace bullying management questionnaire, workplace bullying management protocol, and opinionnaire format for examining the validity of the designed protocol. **Results:** The results of the present study showed that the overall mean percentage of managing workplace bullying of nurses was (50.16 ± 7.77) with highest mean percentage for nursing manager's role in handling bullying situations (58.55 ± 21.91), and the lowest mean percentage for anti-bullying policy followed by anti-bullying training (19.06 ± 16.47 & 21.3 ± 16.38 respectively). **Conclusion:** there was no policy against workplace bullying or training programs for workplace bullying management in the studied hospitals. So, the designed protocol for workplace bullying management had an acceptable face and content validity. **Recommendation:** It was recommended to develop a policy against workplace bullying in hospitals and conduct awareness sessions regarding workplace bullying for all healthcare providers and managers as well.

Keywords: *Protocol, managing workplace bullying, nurses*

INTRODUCTION

Workplace bullying (WPB) is a serious matter that affects the profession of nursing (Al Muharraq, Baker, & Alallah, 2022); it was defined by Work safe Victoria (2021) as a recurrent, unreasonable act against an employee or group of employees which provoke a hazard to health and safety. Workplace bullying not only affects bullied nurses but also those who witness it; both may experience physically and emotionally negative impacts. Also, organizations might be negatively affected by bullying in the form of undermining organizational culture and productivity through decreased staff morale and motivation, increasing absenteeism, and staff turnover (Australian college of nursing, 2021).

Nurse leaders and healthcare administrators are in a central position to deal with workplace bullying as a prevalent issue by developing effective policies, enhancing safe workplace culture, and using positive leadership skills. Moreover, all healthcare professionals oversee creating and maintaining a healthy work environment that permits the provision of ethical, effective, and evidence-informed care (LaGuardia & Oelke, 2021). Moreover, human resources (HR) managers are obliged to prevent and eradicate bullying practices and their adverse consequences through several levels of interventions as primary, secondary, and tertiary prevention programs and strategies (Escartín, 2016).

In that context, levels of interventions to reduce the occurrence of WPB as highlighted by Nielsen and Einarsen (2018), are primary (prevention) by preventing factors causing bullying, modifying the organizational culture and environment, stopping bullying acts in an early stage, and developing resources that improve the resistance to bullying if it happens, secondary (handling of cases) by recognizing the bullying as quickly as possible to prevent its progress by supporting strategies to prevent a recurrence, assisting those targeted to preserve regular wellness and functioning, and directing and readjusting the bullies' behaviors, and tertiary (rehabilitation) by supporting nurses to manage long-range health problems and to promote their ability to function, their quality of life and their expectancy of life.

According to Salin et al. (2018), primary interventions typically comprise redesigning the work environment, conflict resolution methods, leadership training, anti-bullying policies, and increasing awareness of WPB and its outcomes. Moreover, Rayner and Lewis (2011) (as cited in Salin et al., 2018) outlined that secondary interventions classified in informal method refer to initial trials to address improper behavior by

speaking to the perpetrator or seeking settlement within the unit and formal method including formal investigation procedures directed by human resources. Finally, the tertiary level interventions are rehabilitative by nature, aiming at decreasing the adverse consequences caused by various occupational hazards, restoring the health and well-being of employees as well as returning to a secure and healthy workplace (Japan Institute for Labour Policy & Training, 2013).

To stop bullying behavior and the Fair Work Commission (2018) suggested addressing issues of bullying as quickly as they occur. Nurses are motivated to raise the bullying incidents with their supervisor or director, health and safety representative, and human resources administration. Nurses can also converse to their union for information and guidance on how to report and deal with bullying situations in the workplace. According to the University of South Australia (2018), nurses who experienced bullying have to keep an accurate and confidential report of bullying incidents and names of witnesses if present, calmly approaches the bully if believed to be secure and suitable to do so, and ask to stop such behavior, seek guidance from colleagues, and speak with your manager about your concerns immediately.

Additionally, nurses can create a difference in defeating WPB by supporting each other; starting with defining, understanding, and promoting approaches to address bullying, nurses can transform the work environment from a hostile and negative into a healthy workplace (Danza, 2018). While, the University of South Australia (2018) recommended that bullying witnesses should approach the bully, inform that their behavior is unacceptable, request to stop, keep an accurate report of bullying incidents observed, advise nurses being bullied speak to their manager, and seek advice from colleagues.

According to Danza (2018), nurse managers represent a vital role in handling bullying situations by assuring secure work conditions, recognizing and discussing improper conduct, meeting officially with the bully, and conveying zero-tolerance bullying policies; they serve as role models to sustain nurses to the proper practices and organizational policies; supervision can give a manager first-hand visualization of any mistreatment and give opportunities for direct communication with staff through an open-door policy; any deviations by staff ought to be labeled at once, and assure taking proper actions with accurately reported proof. Whilst, Cullinan, Baillien, Broeck, Toderi and

Fraccaroli (2020) added that nurse managers should be initially trained to recognize nurse targets of WPB then monitor and help decrease the risk of these nurses being bullied.

Significance of the study

Workplace bullying has to turn into a vital and progressively critical issue, that significantly compromises nurses' professional quality of life, so, nursing managers need to acknowledge workplace bullying's serious outcomes (Peng et al., 2021). Amoo, Menlah, Garti, and Appiah (2021) pointed out that bullying in nursing is inadmissible, and shouldn't be tolerated by any person in such a profession. Thus, leadership support is significant in inhibiting workplace bullying (Sharma, Scafide, Maughan, & Dalal, 2021). El-Sayed (2019) concluded that 51.4 % of nurses at Port-Said general hospitals exposed to WPB. Besides, Atashzadeh Shoorideh, Moosavi, and Balouchi (2021) concluded that nurses perform a highly substantial role in caregiving, and consequently ought to have a safe work atmosphere. Accordingly, nurse managers should detect workplace risk factors and pay proper attention to nurses' worries in this respect. Hence, organizers and policymakers ought to create programs to reduce bullying and enhance workplace safety. So, this study aims to design protocol for managing WPB among nurses at selected hospitals in Port-Said city.

AIM OF THE STUDY:

The current study aimed to design protocol for managing workplace bullying among nurses at selected hospitals in Port-Said city.

The research objectives:

1. Determine workplace bullying management among nurses in the study setting.
2. Design protocol for managing workplace bullying among nurses in the study setting.
3. Examine the validity of the designed protocol.

Research questions:

1. How do nurses manage workplace bullying?
2. Is there a relation between workplace bullying and personal and job-related data?
3. Is the designed protocol valid?

SUBJECT AND METHOD:

A methodological research design was used for the current study.

Settings:

The study was carried out at two hospitals that were affiliated to the Ministry of Health, now they are affiliated to the Universal Health Insurance in Port-Said Governorate, namely: El-Salam Hospital and El-Zhour Hospital.

Subjects:

The subjects included nurses providing direct patient care who are working in the study setting and worked for at least six months. The sample size was determined using openepi.com. Openepi.com® is free, open-source software that could be used to calculate epidemiologic statistics (Dean, Sullivan & Soe, 2013). Using the following equation:

Sample size n = [DEFF*Np(1-p)] / [(d2/Z21-α/2*(N-1)+p*(1-p)]

Population size (for finite population correction factor or fpc) (N): 278

Hypothesized % frequency of outcome factor in the population (p): 50%+/-5

Confidence limits as % of 100 (absolute +/- %) (d): 5%

Design effect (for cluster surveys-DEFF): 1

The final sample size was **162** nurses at confidence level 95 %; 16 of nurses were excluded to carry pilot study; so, only 146 nurses were included in the study. Four out of (146) nurses refused to participate, only 142 nurses participated in the study.

Tools of data collection:

Three tools were used to collect data for this study.

Tool I: Workplace Bullying Management Questionnaire.

This tool was refined by the researchers to assess the nurses' workplace bullying management. It consists of two parts:

Part I: This part includes personal and job-related data, including: hospital name, gender, age, marital status, level of education, department name, years of experience as a nurse, years of experience in the present department, and mostly worked shift.

Part II: This part measures nurses' workplace bullying management. It consists of 60 items which are divided into the following five parts; as following: response to bullying (20 items), response to witness bullying (14 items), anti-bullying policy (eight items), anti-bullying training (nine items), and nursing manager's role in handling bullying situations (nine items). The first two parts were adapted from the Minnesota State University workplace behavior survey developed by keashly and Neuman (2008) after obtaining their acceptance; the third was developed by Smith, Smith, Osborn, and Samara (2008) and adapted from Ahmed (2015) after obtaining their acceptance; the fourth part was adapted from Ahmed (2015); while the fifth part was adapted from the questionnaire developed by Albishi and Alsharqi (2018). Response to bullying consisted of 20 items; response to witness bullying consisted of 14 items; anti-bullying policy consisted of eight items; anti-bullying training consisted of nine items; nursing manager's role in handling bullying situations consisted of nine items.

Scoring system:

The first two parts of the Workplace Bullying Management Questionnaire items were scored 4, 3, 2, and 1, for the responses "yes, and it made things better", "yes, and it neither helped nor hurt", "yes, and it made things worse", and "no", respectively., while the third, fourth, and fifth parts items were scored 5, 4, 3, 2, and 1, for the responses "strongly agree", "agree", "sometimes", "disagree", and "strongly disagree", respectively. For each area, the scoring was reversed in (Response to bullying) item no: 12, 13, 14, 15, 17, 18, and 19; (Response to witness bullying) item no: 1 and 13; and (Nursing manager's role in handling bullying situations) item no: 7.

Tool II: Workplace Bullying Management Protocol.

This protocol was developed by the researchers using the result of the current study and literature reviewed to identify, and eliminate bullying among nurses in their workplace. The protocol was developed in Arabic and English versions. This protocol is combined of six sections as following: section one: introduction it includes five items; section two: theoretical framework it includes the workplace bullying theoretical framework; section three: implications of the protocol it includes the protocol's implications for nurses, nurse managers, and organizations; section four: protocol body of knowledge: it includes 14 items; section five: cases of workplace bullying: it includes workplace bullying cases studies for nurses nationally and internationally; section six: references: it includes all references cited in the protocol. Based on validity

recommendations modifications were done by removing section two (workplace bullying theoretical framework) and section three (implications of the protocol for nurses and nurse managers).

Protocol sections	
Section one: Introduction to the protocol: - Introduction - Findings of the current study - Aim of the protocol - Target population - Procedures of protocol development ➢ Phase 1: Designing the protocol ➢ Phase 2: Validating the protocol ➢ Phase 3: Disseminating the protocol	**Section two: Implications of the protocol:** - For organizations
Section three: Protocol body of knowledge: - Introduction to workplace bullying - Definition of bullying - Definition of workplace bullying - Examples of bullying behavior - Examples of what is not workplace bullying - Types of bullying - Characteristics of the bully - Risk factors for workplace bullying - Consequences of workplace bullying ➢ for nurse ➢ for hospital ➢ for patient	- Management of workplace bullying ➢ Primary (prevention) ➢ Secondary (handling of cases) ➢ Tertiary (rehabilitation) - Dealing with bullying as a victim nurse - Handling bullying as a witness nurse ، - Responding as nurse accused of bullying - Role of nurse manager in managing bullying - Summary
Section four: Cases of workplace bullying: - National Cases of workplace bullying ➢ Case one ➢ Case two - International Cases of workplace bullying ➢ Case one ➢ Case two	**Section five: References:** - English - Arabic

Tool III: Opinionnaire format.

This tool was designed to identify experts' opinions regarding the designed workplace bullying management protocol. This tool was adapted from Yusoff (2019). Two types of validity were ascertained: face and content.

Opinionnaire format that assesses degree of relevance were scored 4, 3, 2, and 1, for the responses "the item is highly relevant to the measured section", "the item is quite relevant to the measured section", "the item is somewhat relevant to the measured section", and "the item is not relevant to the measured section", respectively

Validity:

Revision of the Workplace Bullying Management Questionnaire was ascertained by a panel of eleven nursing experts to ensure face and content validity; content validity index (CVI) was 0.99. In addition, a panel of nine nursing experts reviewed the designed workplace bullying management protocol with a score of 92.6 for face validity and content validity; scale-level content validity index based on the average method (S-CVI/Ave) was 0.89. Moreover, section two (workplace bullying theoretical framework) and section three (implications of the protocol for nurses and nurse managers) had the lowest item-level content validity index (I-CVI) score 0.77. So, both sections two and three (implications of the protocol for nurses and nurse managers) were removed.

Reliability

Cronbach's alpha coefficient was calculated to assess the reliability of the tool through its internal consistency. The reliability of the Workplace Bullying Management Questionnaire was 0.95.

Pilot study:

A Pilot study was carried out on 16 nurses who represent 10 % of the total sample from the studied hospitals of research work to assure the stability of the answers. The purpose of the pilot study was to test the applicability, feasibility, and objectivity of the study tool before starting data collection, and estimate the needed time to complete the questionnaire, and they were excluded from the original sample. The pilot study was conducted for three weeks, 15 - 25 minutes was the time needed to complete the questionnaires by nurses.

Field work:

The data were collected from nurses by the researchers after obtaining an official agreement from the medical and nursing directors of the studied hospitals. Meeting with the directors of nursing service was conducted by the researchers on an individual basis to explain the objectives of the study and to gain their cooperation. The questionnaire sheet was filled in by the nurses while they were on duty in the morning, and afternoon shifts, and after the purpose of the study was explained. Data were collected by the researchers five days per week in the morning shift and afternoon from 9 AM. to 8 PM, data were collected from two hospitals. A questionnaire was utilized to collect the data

related to the management of workplace bullying using the "Workplace Bullying Management Questionnaire". Data were collected in around seven months from 27 January to 27 December 2020 with a pause from 15 March to 12 July because of COVID-19.

The workplace bullying management protocol was designed through three phases as following: phase one: designing the protocol through review literature and current state of knowledge nationally and internationally about workplace bullying; formulating the aim and the purposes of the protocol; determining the target population of the protocol; refine a tool for assessing the nurses' workplace bullying situations management; develop the first draft of the protocol; identify the expected implications of the protocol; revising, editing, and proofreading the protocol. Phase two: validating the protocol by examining the proposed protocol's validity based on experts' opinions. Phase three: disseminating the protocol through developing the final draft of the protocol based on the jury's recommendations; approving the protocol by the specific administrative agencies; distributing the protocol to the study setting.

Ethical considerations:

Approval was taken from the research ethics committee of faculty of nursing, Port-Said University, and acceptance to use the Workplace Aggression Research Questionnaire (WAR-Q) from the authors was taken. Also, informed consent was obtained from nurses to participate in the study after explaining the purpose and the nature of the study. The studied nurses were informed that their participation is voluntary, and they have the right to withdraw from the study at any time. Ensuring the confidentiality of the information collected and anonymity is guaranteed.

Statistical Design:

Data entry and statistical analysis were done using SPSS 20.0 statistical software package. Data were presented using descriptive statistics in the form of frequency, percentages for qualitative data; means and standard deviations for quantitative data. In addition, continuous variables were presented as mean % ± SD for parametric data. Analysis of variance (ANOVA test) used for comparison of means of more than two groups (parametric data) and (t-test) used for comparison of means of two groups (parametric data).

RESULTS:

Study results reveal that nearly three-quarters of the studied nurses were females, more than half of them under the age of 30 years old, and more than half of them were single. Regarding the nursing educational level of the studied nurses, more than two-thirds of them have a nursing technical institute as their basic education. Moreover, more than a quarter of the studied nurses worked in the emergency room, more than one-third of them had more than ten years' experience in nursing and more than half of them worked in the current department for less than five years. Furthermore, more than one-third of the studied nurses worked mostly in long day shift.

Table(1): delineates that the overall mean percentage of workplace bullying management among the studied nurses was (50.16 ± 7.77) with the highest mean percentage for the nursing manager's role in handling bullying situations (58.55 ± 21.91). While the lowest mean percentage for the anti-bullying policy was followed by anti-bullying training (19.06 ± 16.47& 21.30 ± 16.38 respectively).

Table (2): indicates that the prominent percent (84.5%) of the studied nurses stated that they did not take the bullying incident to the union or filed a formal complaint of it. Meanwhile, more than one-third of the studied nurses (36.6%) reported that they avoided the bullying and it made things better, followed by 29.6% of them talked with co-workers about the bullying behavior and it made things better.

Table (3): represents that most of the studied nurses who witnessed bullying did not report the incident to management nor went with the victim when he reported the incident (75.4% and 73.9% respectively). Also, the data on this table revealed that 26.8% of the studied nurses who witnessed bullying tried to keep the bully away from the victim and 23.9% of them advised the victim to avoid the bully and both made things better. Otherwise, more than one-third (35.2%) of the studied nurses who witnessed bullying talked with co-workers about the bullying behavior and it neither helped nor hurt.

Table (4): highlights that 46.5% of the studied nurses strongly disagreed that in their hospital there is a policy against workplace bullying, followed by 37.3% of them disagreed that in their hospital there is a policy against workplace bullying. Furthermore, 39.4% of the studied nurses strongly disagreed that their hospital provides regular training as a proactive (preventive) strategy to reduce workplace bullying, followed by 43.0% of them disagreed that their hospital provides regular training as a proactive

(preventive) strategy to reduce workplace bullying. Moreover, the prominent percent of the studied nurses (42.3%) agreed that their manager is empowering staff nurses by asking for input and making decisions based on staff feedback. Also, the studied nurses strongly agreed that their manager creates a strong sense of teamwork between staff and is highly involved in the day-to-day issues and work processes on the unit (19% and 18.3% respectively). In addition, 32.4% of the studied nurses were neutral regarding their manager always encourages reporting bullying incidents, followed by 29.6% of them were neutral regarding their manager uses a passive approach when handling a bullying situations.

Table (5): portrays that there was no statistically significant difference between nurses' management of workplace bullying and their personal and job-related data.

Table (6): reveals that most of the jury agreed upon the content validity of the designed protocol for workplace bullying management as scale-level content validity index based on the average method (S-CVI/Ave) was 0.89. Moreover, section two (workplace bullying theoretical framework) and section three (implications of the protocol for nurses and nurse managers) had the lowest I-CVI score 0.77.

Table 1: Workplace bullying management among the studied nurses. (N =142)

Workplace bullying management	Min – Max.	Mean ± SD.	Mean % ± SD
Response to bullying	33.0 – 67.0	44.89 ± 7.21	45.42 ± 12.64
Response to witness bullying	16.0 – 49.0	27.70 ± 9.26	37.69 ± 23.75
Anti-bullying policy	8.0 – 24.0	14.10 ± 5.27	19.06 ± 16.47
Anti-bullying training	9.0 – 27.0	16.67 ± 5.90	21.30 ± 16.38
Nursing manager's role in handling bullying situations	9.0 – 45.0	30.08 ± 7.89	58.55 ± 21.91
Overall	78.0 – 181.0	133.43 ± 20.66	50.16 ± 7.77

Table 2: Response to bullying among the studied nurses (N=142).

Response to bullying	Yes, and it made things better		Yes, and it neither helped nor hurt		Yes, and it made things worse		No	
	No.	%	No.	%	No.	%	No.	%
Talked with co-workers about the bullying behavior	42	29.6	36	25.4	3	2.0	61	43.0
Talked with family or friends about the bullying behavior	26	18.3	31	21.8	1	0.7	84	59.2
Avoided the bullying	52	36.6	25	17.6	4	2.8	61	43.0
Asked the bully to stop	31	21.8	39	27.5	6	4.2	66	46.5
Told my supervisor or manager about the bullying	26	18.3	38	26.8	5	3.5	73	51.4
Told HR about it	13	9.2	22	15.5	2	1.4	105	73.9
Took it to the union	3	2.1	19	13.4	0	0.0	120	84.5
Filed a formal complaint	2	1.4	20	14.1	0	0.0	120	84.5
Asked my colleagues for help	10	7.1	32	22.5	3	2.1	97	68.3
Got someone else to speak to the bully about the behavior	12	8.5	31	21.8	3	2.1	96	67.6
Threatened to tell others	4	2.8	18	12.7	6	4.2	114	80.3
Lowered my productivity	6	4.2	16	11.3	3	2.1	117	82.4
Asked for a transfer	21	14.8	32	22.5	3	2.1	86	60.6
Didn't take bullying behavior seriously	29	20.4	25	17.6	2	1.4	86	60.6
Acted as if I didn't care	34	24	26	18.3	8	5.6	74	52.1
Stayed calm	37	26.1	23	16.2	6	4.2	76	53.5
Went along with the bullying behavior	14	9.9	18	12.7	4	2.8	106	74.6
I ignored the bullying behavior or I did nothing	26	18.3	21	14.8	5	3.5	90	63.4
Behaved extra nice to the bully	21	14.8	16	11.3	1	0.7	104	73.2

Table 3: Response to witness bullying among the studied nurses (N=142).

Response to witness bullying	Yes, and it made things better		Yes, and it neither helped nor hurt		Yes, and it made things worse		No	
	No.	%	No.	%	No.	%	No.	%
Did nothing (ignore it)	27	19.0	41	28.9	3	2.1	71	50.0
Talked with co-workers about the bullying behavior	21	14.8	50	35.2	4	2.8	67	47.2
Talked to family or friends about the bullying behavior	20	14.1	34	23.9	4	2.8	84	59.2
Talked to the victim about what I saw happening	28	19.7	36	25.4	3	2.1	75	52.8
Advised the victim to avoid the bully	34	23.9	37	26.1	5	3.5	66	46.5
Tried to keep the bully away from the victim	38	26.8	32	22.5	7	4.9	65	45.8
Advised the victim to report the incident	18	12.7	29	20.4	5	3.5	90	63.4
Reported incident to management	8	5.6	25	17.6	2	1.4	107	75.4
Went with the victim when he reported the incident	10	7.1	26	18.3	1	0.7	105	73.9
Told the bully to stop the bullying behavior	21	14.8	40	28.2	4	2.8	77	54.2
Got other people to denounce the conduct	20	14.1	28	19.7	4	2.8	90	63.4
Helped the bully and the victim talk to each other about what was going on between them	28	19.7	20	14.1	4	2.8	90	63.4
Didn't know what to do	15	10.6	23	16.2	3	2.1	101	71.1

Table 4: Hospital's policy, hospital's training to reduce workplace bullying workplace bullying and nursing manager's role in handling bullying situations (N=142).

Items	Strongly agree		Agree		Neutral		Disagree		Strongly disagree	
	No.	%	No.	%	No.	%	No.	%	No.	%
Anti-bullying Policy: In my organization, there is a policy against workplace bullying	0.0	0.0	0.0	0.0	23	16.2	53	37.3	66	46.5
Anti-bullying Training: This organization provides regular training as a proactive (preventive) strategy to reduce workplace bullying	0.0	0.0	0.0	0.0	25	17.6	61	43.0	56	39.4
Nursing manager's role in handling bullying situations: My manager uses a proactive approach in handling a bullying situations	21	14.8	44	31.0	40	28.2	20	14.0	17	12.0
My manager gives equal opportunities in learning and professional development	22	15.5	53	37.3	39	27.5	18	12.7	10	7.0
My manager creates a strong sense of teamwork between staff	27	19.0	57	40.1	36	25.4	17	12.0	5	3.5
My manager is highly involved in the day-to-day issues and work processes on the unit	26	18.3	57	40.1	37	26.1	15	10.6	7	4.9
My manager is empowering staff nurses by asking for input and making decisions based on staff feedback	17	12.0	60	42.3	42	29.6	14	9.9	9	6.2
When my colleague or I reported a bullying incident, my manager took action to investigate it	21	14.8	54	38.0	39	27.5	19	13.4	9	6.3
My manager uses a passive approach when handling a bullying situations	17	12.0	26	18.2	42	29.6	39	27.5	18	12.7
My manager always encourages reporting bullying incidents	19	13.3	48	33.8	46	32.4	17	12.0	12	8.5
I am satisfied with the way my manager is handling bullying issues	18	12.6	46	32.4	42	29.6	21	14.8	15	10.6

Table 5: Relation between nurses' management of workplace bullying and their personal and job related-data (N=142).

Personal and job-related data	Workplace bullying management	
	Response to bullying	Response to witness bullying
Hospitals name		
El-Salam	45.03 ± 7.41	27.57 ± 9.29
El-Zhour	44.14 ± 6.07	28.41 ± 9.28
t(p)	**0.530 (0.597)**	**0.391 (0.696)**
Gender		
Male	44.61 ± 9.15	29.86 ± 9.94
Female	44.98 ± 6.47	26.96 ± 8.95
t(p)	**0.224 (0.823)**	**1.632 (0.105)**
Age		
<30	43.97 ± 6.27	27.19 ± 9.20
30-40	46.84 ± 8.43	29.22 ± 9.38
>40	44.0 ± 6.98	26.35 ± 9.26
F(p)	**2.480 (0.087)**	**0.965 (0.384)**
Marital status		
Single	44.25 ± 7.28	27.23 ± 9.49
Married	45.21 ± 7.24	27.84 ± 9.33
Widow	48.0 ± 4.24	28.0 ± 1.41
Divorced	50.25 ± 4.50	34.25 ± 2.22
F(p)	**1.10 (0.351)**	**0.733 (0.534)**
Level of education		
Nursing diploma	45.79 ± 8.46	26.74 ± 9.07
Nursing technical institute	43.62 ± 5.84	27.77 ± 9.47
Baccalaureate degree in nursing	46.23 ± 7.54	29.03 ± 9.25
F(p)	**1.927 (0.149)**	**0.559 (0.573)**
Department name		
Medical	46.25 ± 6.52	30.25 ± 9.0
Surgical	44.57 ± 8.78	24.14 ± 8.0
ICU	43.33 ± 5.64	29.93 ± 10.78
OR	45.80 ± 7.28	25.0 ± 7.72
Emergency	44.08 ± 6.22	27.08 ± 9.31
NICU	43.57 ± 7.59	27.87 ± 9.93
Burn	46.0 ± 4.90	32.0 ± 8.12
PICU	52.10 ± 9.79	27.80 ± 7.0
F(p)	**1.994 (0.060)**	**0.977 (0.451)**
Years of experience in nursing		
<5	43.42 ± 5.91	26.06 ± 8.88
5-10	45.94 ± 8.15	29.86 ± 9.85
>10	45.65 ± 7.60	27.91 ± 9.10
F(p)	**1.802 (0.169)**	**1.818 (0.166)**
Years of experience in the present department		
<5	44.01 ± 6.92	26.63 ± 8.91
5-10	45.94 ± 7.32	29.68 ± 9.74
>10	46.36 ± 7.83	28.56 ± 9.59
F(p)	**1.508 (0.225)**	**1.448 (0.239)**
Mostly worked shift		
Morning	45.89 ± 7.73	28.65 ± 9.93
Afternoon	43.11 ± 6.68	30.44 ± 9.38c
Night	44.55 ± 7.29	25.38 ± 7.54
Long-day	44.72 ± 7.02	27.81 ± 9.53
F(p)	**0.450 (0.718)**	**1.002 (0.394)**

SD: Standard deviation t: Student t-test F: F for ANOVA test

*: Statistically significant at $p \leq 0.05$

Table 6: Content validity of workplace bullying management protocol as reported by jury members (N=9).

Sections	Not relevant		Relevant		Experts in agreement	I-CVI
	No.	%	No.	%		
Section one: Introduction to the protocol: - Introduction, aim of the protocol, and target population	0	0.00	9	100	9	1
- Findings of the current study and procedures of protocol development	1	11.1	8	88.9	8	0.88
*Section two: Workplace bullying theoretical framework	2	22.2	7	77.8	7	0.77
Section three: Implications of the protocol: - *For nurses and nurse managers	2	22.2	7	77.8	7	0.77
- For organizations	1	11.1	8	88.9	8	0.88
Section four: Protocol body of knowledge: - Introduction to workplace bullying concept	1	11.1	8	88.9	8	0.88
- Management of workplace bullying	0	0.00	9	100	9	1
Section five: Cases of workplace bullying	1	11.1	8	88.9	8	0.88
Section six: References	1	11.1	8	88.9	8	0.88
S-CVI/Ave					**0.89**	

I-CVI: Item-level content validity index
S-CVI /Ave: Scale-level content validity index based on the average method
* Omitted from the protocol

DISCUSSION:

Regarding workplace bullying management strategies among the studied nurses, the current study findings revealed that about half of the studied nurses scored positive workplace bullying management, and the obvious result was related to the nursing manager's role in handling bullying situations recorded the highest mean percentage, this may be related to the nurse managers may have basic managerial skills such as conflict resolution skills, while the lowest mean percentage was for anti-bullying policy, followed by anti-bullying training, as there are no policy or training programs against workplace bullying.

According to the study findings, a prominent percent of the studied nurses stated that they did not take the bullying incident to the union or file a formal complaint. In addition,

more than one-quarter of the studied nurses asked the bully to stop and told their supervisor or manager about the bullying and neither helped nor hurt. These findings were agreed with Tuna and Kahraman (2019) studied workplace bullying among nurses in 25 hospitals in turkey and documented that nurses stayed silent or used discussion as strategies for coping with bullying, while others chose to escape by moving to another unit. Also, most of the studied nurses who witnessed bullying did not report the incident to management or went with the victim when he reported the incident. On the same line, Albishi and Alsharqi (2018) found that in a study conducted in King Abdul Aziz University hospital in Saudi Arabia, the witnesses of bullying weren't sure about supporting a colleague who was bullied or encouraging those who were bullied to report the incident or even report it through the proper channel.

In the current study, the majority of the studied nurses confirmed that there is no hospital policy against workplace bullying; this can be explained as the bullying only gained attention a few years ago, this might make the need for a specific policy delayed as it was supposed to be refused by nurses specially as it's an ethical-based profession. This is the same view of Elewa and El Banan (2019) in a study conducted among nurses in Cairo public and private hospitals in Egypt, notified that there was no hospital policy to prevent bullying. In addition, most of the studied nurses reported that their hospital didn't provide regular training as a proactive (preventive) strategy to reduce workplace bullying. This finding might be due to there is not enough awareness regarding the seriousness of bullying and its consequences. This result contradicted with Al-Ghabeesh and Qattom (2019) who studied workplace bullying preventive measures among nurses in Jordan and remarked that a minority of the nurses reported that they had specific training about dealing with WPB.

Concerning nursing manager’s role in handling bullying situations, the present study findings assumed that the prominent percent of the studied nurses agreed that their manager is empowering staff nurses by asking for their opinion and making decisions based on staff feedback, their manager creates a strong sense of teamwork between staff and is highly involved in the day-to-day issues and work processes on the unit. In contradiction with this, a study was done in KSA by Al-Surimi, Al Omar, Alahmary and Salam (2020) asserted that almost half of the bullying victims were very dissatisfied with the manner their managers handled bullying incidents and interpreted this due to the challenge of the stressful work environment that makes managers lose focus on handling bullying incidents properly.

As regarding to the relation between nurses' management of workplace bullying and their personal and job-related data, the present study revealed no statistically significant difference between nurses' management of workplace bullying and their personal and job-related data. This might be because, as mentioned previously, all nurses are exposed to the same hospitals' culture that adopted no zero-tolerance of bullying in addition; there is neither a policy against workplace bullying nor regular training against workplace bullying that might raise awareness regarding the management of bullying situations. The foregoing finding was agreed with Albishi and Alsharqi (2018) a study in KSA approved that there were no statistically significant differences between sex as a personal data and workplace bullying policy in hospital and nursing manager's role in handling bullying situations.

Based on the fact that there is no guidance for nurses and managers to handle bullying situations, hospitals have no policy against WPB or formal procedures specific for reporting and investigating bullying; also, a research by El-Sayed (2019) pointed out that half of the nurses at Port-Said general hospitals experienced WPB, the researchers developed workplace bullying management protocol.

Regarding the validity of the developed protocol, in the present study, most of the jury agreed upon the face and content validity of the designed protocol for workplace bullying management. The experts' jury opinions asserted that section one includes the introduction to the designed protocol had an acceptable face and content validity. In this respect, The Health Services Executive [HSE] (2019) recommended that the initial step in developing protocol is to identify the necessity for designing a new protocol, describe the overall purpose, determine the target population, and outline the objectives. With regard to section two, the experts' jury opinions related to workplace bullying theoretical framework was the lowest face and content validity score that below the acceptable level. This was interpreted by the experts as the theoretical framework added no value to the aim and the target population of the designed protocol and it's not relevant to the content of the protocol. This finding was in harmony with Work safe Victoria (2020) which published a guide for employers related to workplace bullying and it ignored the workplace bullying theoretical framework.

The finding of the current study indicated that section three that embraces implications of the protocol for nurses, nurse managers, and organizations is not relevant to the protocol concerning the implications for nurses and nurse managers. This might be explained by the fact that, the most significant implication of the protocol is for

organizations as a whole; as when the organizations' culture changes the whole employees including nurses and nurse managers will gain benefits as well. Besides, the change should be initiated by the organizations as they had the upper hand in developing policies and training programs against WPB.

As for section four, the experts' jury opinions confirmed that section four which comprises the protocol body of knowledge had an acceptable face and content validity. This indicated that the developed protocol covered all aspects of the basic knowledge needed for nurses, managers, and organizations to be aware of workplace bullying definition, examples of bullying behavior and various types of bullying, risk factors and consequences of workplace bullying, and finally management of workplace bullying and role of nurses in handling bullying as a victim, witness, bully, and nurse manager. This result was matched with Work safe Tasmania (2020) which published a guide for handling workplace bullying and detailed bullying definition, examples, impacts on individuals and organizations, contributing factors, prevention, dealing with bullying as a victim or bully.

Furthermore, section five involves national and international cases of workplace bullying that had an acceptable score on the face and content validity. This finding could be because cases of similar bullying situations at work provide a guide for the proper handling of similar incidents of bullying. Also, similar cases can offer or highlight even incorrect reactions that should be avoided in such following bullying situations. In the same context, Work safe Victoria (2020) in a guide for employers regarding workplace bullying, different case studies for diverse types of workplace bullying were documented.

CONCLUSION:

Based on the findings of the present study, half of the studied nurses scored positive workplace bullying management. Meanwhile, the highest mean percentage was for nursing manager’s role in handling bullying situations. Whereas, there is no hospitals policy against workplace bullying or training regarding workplace bullying in the studied hospitals. So, the designed protocol for workplace bullying management had an acceptable face and content validity.

RECOMMENDATIONS:

For Hospital Administrators:

- Develop policy and formal procedure against workplace bullying.

- Conduct training programs concerning bullying and its management for all healthcare providers and managers as well.

For Nurse Managers:

- Attend training program, conferences, seminars, and workshops about bullying and handling bullying incidents.
- Encourage victims or witnesses nurses to submit written complaints to the hospital administration.

For Nurses:

- Attend training program, conferences, seminars, and workshops about bullying and responding to bullying situations.
- Report bullying incidents as a victim or witness.
- Ask for help from manager, health and safety representative, HR manager or union official.
- Support victims of workplace bullying.

For Further Studies:

- Further research is necessary to assess applicability and effectiveness of workplace bullying management protocol in health care organizations in Port-Said.

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تصميم بروتوكول لإدارة التنمر فى مكان العمل لدى الممرضين

فى المستشفيات المختاره بمدينة بورسعيد

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الخلاصة

يعتبر التنمر في مكان العمل قضية منتشرة يجب إدارته من خلال تصميم سياسات فعالة، وتعزيز ثقافة مكان العمل الآمن، واستخدام مهارات القيادة الإيجابية. صممت هذه الدراسة المنهجية لتصميم بروتوكول لإدارة التنمر فى مكان العمل لدى الممرضين في المستشفيات المختارة بمدينة بورسعيد. وقد أجريت هذه الدراسة على 142 من الممرضين بمستشفيتان تابعتان للتأمين الصحي الشامل بمحافظة بورسعيد. تم استخدام ثلاثة أدوات لجمع البيانات وهم: استبيان ادارة التنمر في مكان العمل، وبروتكول إدارة التنمر في مكان العمل، واستبيان استطلاع الرأى لمصداقية البروتكول المصمم. وأظهرت نتائج الدراسة أن نصف الممرضين الخاضعين للدراسة سجلوا إدارة إيجابية للتنمر في مكان العمل مع أعلى درجة لمتوسط النسبة المئوية لدور مدير التمريض في التعامل مع مواقف التنمر، بينما أدنى درجة لمتوسط النسبة المئوية للسياسات الخاصة بالتنمر متبوعًا بالتدريب ضد التنمر. أيضًا، كان للبروتوكول المصمم لإدارة التنمر في مكان العمل مصداقية مقبولة. وأوصت نتائج الدراسة صياغة سياسة لمكافحة التنمر، وتصميم برامج تدريبية على مكافحة التنمر لجميع مقدمي الرعاية الصحية والمديرين كذلك.

الكلمات المرشدة: الممرضين، إدارة التنمر في مكان العمل، بروتوكول.