Knowledge and Coping Behaviors of Nurses Experienced Bullying in Beni-Suef University Hospital

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Abstract

Background: Workplace bullying (WP) is a serious problem that may arise within any occupation or organization, with most studies conducted in the last 30 years. Workplace bullying is defined as the perceived situation in which an employee is systematically and repeatedly, the target of work-related or personal negative acts at work. **Aim:** The study aims to assess the knowledge and coping behaviors of nurses who experienced bullying at Beni-Suef University Hospital. **Design:** A cross-sectional research design will be utilized in the current study. **Sample:** The convenient sampling technique was utilized in the current study A total 80 of nurses were in outpatient clinics at Beni-Suef University Hospital**. Setting:** The outpatient clinics at Beni-Suef University Hospital (Beni-Suef, Egypt). **Tools:** Two tools were used. **First tool:** A Structured interviewing questionnaire**. First part:** Socio-demographic characteristics. **Second part:** Questionnaire to assess nurses' knowledge regarding workplace bullying. **Second tool: Chick list composed of two parts.** First part: Workplace bullying behavior instrument. **Second part**: Coping behaviors checklist for workplace bullying. **Result:** There was no significant relation between the studied nurse's total score of coping behaviors and their educational qualification and marital status**. Conclusion:** There was a positive correlation between studied nurses' knowledge, bullying behavior, and coping behaviors, which means that increased knowledge is usually associated with increased coping behavior among studied nurses**. Recommendation:** Nurses need to pay attention to patients' complaints by investigating patients', and visitors' opinions, and suggestions to avoid the bullying reaction of the patients and their relatives in the case of ignorance.

Key Words: Workplace bullying (WPB).

Introduction

Workplace bullying (WP) is a serious problem that may arise within any occupation or organization, with most studies conducted in the last 30 years. Workplace bullying is defined as the perceived situation in which an employee is systematically and repeatedly, the target of work-related or personal negative acts at work. Psychosocial factors like bullying are now widely recognized as global issues affecting all countries, professions, and workers *(Ali et al., 2020).*

Workplace bullying refers to repeated and continuous verbal insults or hurtful behaviors by one or more coworkers at least once per week for at least 6 months. Workplace bullying encompasses a wide range of negative acts, including work-related, person-related, and physical intimidation behaviors. Work-related bullying includes assigning too many, too few, or too simple tasks as well as criticizing an individual's work persistently. Person-related bullying includes slander, social isolation, and gossiping about an individual. Physical intimidation bullying includes physical violence or the threat of physical violence *(Ying et al., 2020).*

Situations of workplace bullying are highly stressful and affect the health of workers who negatively experience them. Exposure to workplace bullying is associated with health impairment, such as burnout, symptoms of post-traumatic stress disorder, and depression. Studies have particularly underlined the negative impact of workload, job insecurity, role conflict, and role ambiguity on exposure to workplace bullying. It is well-known in the literature that bullying hurts people's mental and psychosomatic health including being related to increased anxiety *(Pedro et al., 2019).*

Nurse bullying is a systemic, pervasive problem that begins well before nursing school and continues throughout a nurse's career. A significant percentage of nurses leave their first jobs due to the negative behaviors of their coworkers, and bullying is likely to exacerbate the growing nurse shortage. A bullying culture contributes to a poor nurse work environment, increased risk to patients, and greater nurse turnover. Nurse bullying occurs in almost all care settings and units, from the patient floor to the executive suite. 60% of nurse managers, directors, and executives in one 2018 study said they experienced bullying in the workplace, and 26% considered the bullying "severe *(Edmonson et al., 2019).*

Coping can be seen as the moderator of the bullying strain relationship. Coping behaviors may intervene to assist in allowing the individual to return to their equilibrium state before the consequences of bullying affect the organizational and individual outcomes. Theorists Lazarus and Folkman define coping as "constantly changing cognitive and behavioral efforts to manage specific

external and internal demands that are appraised as taxing or exceeding the resources of the person *(Ali et al., 2020).*

Addressing nurse bullying begins with acknowledging the problem, raising awareness, mitigating contributing factors, and creating and enforcing a strong anti-bullying policy. Nurses and stakeholders also must actively work to change the culture and understand that bullying has no place in the nursing profession or anywhere else in health care. Community health nurses can contribute to struggling to combat this dreadful phenomenon (*Edmonson et al., 2019)*.

Significance of the study

Nurse retention is currently considered a critical issue by the largest nursing organizations worldwide. The World Health Organization estimates that the global needs-based shortage of nurses will be over 9 million by 2030. An unhealthy work environment including bullying has been reported as a reason that nurses leave the profession *(Serafin&Pączek, 2019).*

According to **Dillon (2021)**, 21% of all nursing turnover can be attributed to bullying, 36 % of calls to the workplace bullying institute are from nurses, more than any other profession, 48 % of graduate nurses are afraid of experiencing workplace bullying, 60 % of new nurses leave their first job within six months because of some form of verbal abuse or harsh treatment from a colleague.

The Egyptian healthcare system is seen as a sector in which non-negligible levels of emotional violence occur. Hospitals in Egypt are busy and stressful places to work. They suffer from difficult working conditions, such as night duties, absurdities, low employee pay in public institutions, and bullying during their academic career *(Nafei, 2019).*

A study conducted in Egypt revealed that the majority of staff nurses had a high level of bullying and more than two-fifths of the staff nurses had a low level of work engagement *(Attia, Gad& Shokir, 2020).* Bullying among nurses especially diploma nurses in Upper Egypt hospitals including Beni-Suief hospitals is prevalent. In a study conducted at Beni-Suef Health Insurance Hospital revealed that 92% of nurses were exposed to violence, and external verbal violence was the most frequent pattern (82%) against nurses *(Anwar et al., 2016).*

Despite this, there are a few studies in Beni-Suef were conducted to discuss this problem. Therefore, the current study will be conducted to assess the knowledge and coping behaviors of nurses who experienced bullying at Beni-Suef University Hospital.

Aims of the study:

The study aims to assess the knowledge and coping behaviors of nurses who experienced bullying at Beni-Suef University Hospital.

Research questions:

1. What is the level of nurses' knowledge regarding bullying?
2. What are the most common workplace bullying behaviors nurses are exposed to and by whom are these being inflicted?
3. What are the coping behaviors of nurses toward bullying?

Subjects and methods

The subjects and methods of this study were portrayed under the following four designs as follows:-

- Technical Design
- Operational Design
- Administrative Design
- Statistical Design

Research design:-

A cross-sectional research design will be utilized in the current study.

There are four main designs will be used during the study:-

Technical design: -

The technical design includes; the setting, subject, and study tools.

Setting: -

The study was conducted in the outpatient clinic at Beni-Suef University Hospital. The outpatient clinics at Beni-Suef University Hospital, it is a separate building of 3 floors and consists of 36 outpatient clinics in different specialist as a medical outpatient clinic, general surgery outpatient clinic, ear, nose and throat outpatient clinic, dermatology outpatient clinic, ophthalmology outpatient clinic, cardiac outpatient clinic, endocrine outpatient clinic, orthopedic outpatient clinic, neurological outpatient clinic, chest outpatient clinic, and physiotherapy outpatient clinic.

Sampling: -

Sample size:-

A total 80 of nurses in outpatient clinics at Beni-Suef University Hospital who agreed to participate in the study were involved in the current study.

Sample type:-

The convenient sampling technique was utilized in the current study.

Tools of data collection

First tool: -

A Structured interviewing questionnaire was developed by the investigator, it included a Questionnaire composed of two parts: -

1. First part:-
Socio-demographic characteristics of the study sample include age, marital status, educational qualifications, occupation, year of experience, and source of bullying.

2. Second part:-
The questionnaire was used to assess nurses' knowledge regarding workplace bullying.
It aims to evaluate nurses' knowledge regarding workplace bullying.
It consisted of 6 multiple-choice questions, and nurses were asked to choose more than one answer, scores ranged between (2) for completely correct, (1) for incomplete correct answers and (0) for incorrect answers.

Total knowledge scoring system:
Poor knowledge ---- < 60% of total knowledge score (7 scores).
Fair knowledge -------60- 75% of total knowledge score (8-9).
Good knowledge --------> 75% of total knowledge score (10-12).

Second tool: chick list composed of two parts: -
The workplace bullying behavior tool was adopted by the investigator from **Dilek and Aytolan (2008)** to measure the nurses' perception of bullying in the workplace. It is composed of 4 domains, Isolating the individual from work, assault on professional standing, Personal Assault, and Direct Negative Behaviors. It was scored as (0), for never affected, (1) for slightly affected, (2) for moderately affected, and (3) for highly affected.

Total workplace bullying score:-
Never affected -----------------0%
Slightly affected --------------<30% (1-32) of total workplace bullying score.
Moderately affected ------- < 60% (33-64) of total workplace bullying score.
Highly affected ---------------≥6% (65-96) of total workplace bullying score.

2- A coping behaviors checklist for workplace bullying was developed by the investigator based on **Ali et al., (2020)** to assess nurses' coping behaviors toward workplace bullying. It was composed of 22 items. It was scored as (0), not done, (1) for sometimes, and (2) for often.

Total coping score:-
Low coping -----------------< 60% of total coping score.

Moderate coping -----------60-75 % of total coping score.
High coping ------------------- >75 % of total coping score.

Tools Validity
The study tools were reviewed for clarity, relevance, comprehensiveness understanding, and applicability by a panel of five experts from the Faculty of Nursing, Beni-Suef University to measure the content validity of the tools and clarity. Modifications were made accordingly.

Reliability
The study tool was tested for its internal consistency using Cronbach's alpha. It was 0.848, 0.897, and 0.931 for knowledge, Workplace bullying behavior, and Coping behaviors tools.

Ethical consideration
An official permission to conduct the proposed study was obtained from the scientific research ethics committee. Participation in the study is voluntary and subjects were given complete full information about the study and their role before the consent. The ethical considerations included explaining the purpose and nature of the study, stating the possibility to withdraw at any time and confidentiality of the information.

Operational design:-
The operational design includes the preparatory phase, pilot study, and fieldwork.

A- Preparatory phase:-
The investigator reviewed current and past, local and international related literature and theoretical knowledge of various aspects of the study using books, articles, journals, and the internet to prepare the tools for data collection.

B. Pilot study:-
A pilot study was conducted on 10% of the sample; to ensure objectivity, clarity, feasibility and reliability, and internal consistency of the study tools as well as to determine the time required to fulfill the study tools according to the obtained results, modifications such as omission, addition, and rewording was done, pilot study sample was excluded from the actual study.

C. Fieldwork:-
Data collection for the study consumed 6 months from the beginning of

July 2022 until the end of December 2022; the study was carried out in outpatient clinics at Beni-Suef University Hospital. The investigator attended the outpatient clinics from 9 am to 12 pm; 2 days/ a week (Saturday, and Tuesday) to collect patients' data.

Approval of the director of Beni-Suef University Hospital was obtained through official permission and oral consent was taken from the participants. The investigator introduced herself and explained the nature and the purpose of the study. Sampling started and is expected to be completed within six months. The purpose of the study was simply explained to the nurses who agreed to participate in the study before any data collection. The process of data collection was conducted by the investigator in outpatient clinics at Beni-Suef University Hospital. An interviewing questionnaire sheet was filled in and completed by the participants or the investigator and returned at the same time.

III. Administrative Design:-

An approval letter to conduct the study was obtained from the administrative authorities of the faculty of nursing Beni-Suef University forward the director of Beni-Suef University Hospital, including the aim of the study.

Statistical Design:-

The collected data were organized and analyzed using appropriate statistical significance tests. The data were collected and coded using the Computer Statistical Package for Social Science (SPSS), version 25, and was also used to do the statistical analysis of data. Data were presented using descriptive statistics in the form of frequencies and percentages. Pearson Correlation Coefficient and chi-square tests were used to compare frequencies between study variables.
Degrees of the significance of results were considered as follows:-
P-value > 0.05 Not significant (NS)
P-value ≤ 0.05 Significant (S)
P-value ≤ 0.01 Highly Significant (HS)

Results:

Table (1), Showed that **(48.8%)** Of the studied nurses had ages ranging from **40- to 50** years old**,** with a mean age of **38.63±7.82** years. It also showed that **78.8%** of them had a secondary nursing education, and were married**.** and the vast majority **90.0%** of them had more than **10** years of experience**.**
Table (2) shows that **(18.8%)** of the studied nurses had a completely correct answer

concerning complications and how to deal with bullying,**(and 17.5%)** of them had completely correct answers regarding the definition of bullying**. Moreover (85.0%)** of them had incomplete correct answers regarding the risks of bullying**. On the other hand**, **(50.0%)** of them **don't know** the incidence of work bullying**.**

Figure: 1, Shows that **(48.8%)** Of the studied nurses had **a poor** level of knowledge concerning work bullying**. While (7.4 %)** Of the studied nurses had **a good** level of knowledge concerning work bullying**.**

Table (3), Shows that there was a highly statistically significant relation among studied nurses 't**otal bullying knowledge score and their age,** educational qualification, and years of experience **(p<0.001**).** **While** there was **no** significant relation between their marital status and their bullying total knowledge **score(p>0.05).**

Table (8): shows that the **assault on professional standing** bullying domain was **the highest domain** adopted by the studied nurses in their bullying behaviours in the work environment**.**

Table (9): shows that **(67.2%)** of the studied nurses were never affected by direct negative behavior domain**, (12.5%)** of them were slightly affected by personnel assault**, while (and 45.0%)** of them were moderately affected by assault by professional standing**. Moreover, (3.7%)** of nurses were highly affected by isolating the individual from work.

Figure: 2, Shows that **(61.2%)** of the studied nurses were never affected by bullying behaviors in the work environment, **While (2.5 %)** Of the studied nurses were Highly affected by bullying behaviors in the work environment**.**

Table (10), Shows that there was **a highly statistically significant relation** among studied nurses 'total score of bullying behaviors in the work environment and their age**,** educational qualification, and years of experience **(p<0.001**).** **While** there was **no significant relation** between their marital status and their bullying total knowledge **score (p>0.05).**

Table (11):, Showed that **(63.8%)** and **(57.5%)** of the studied nurses often looked for comfort in religious beliefs or spirituality and looked for comfort and understanding with another person respectively**. Also, (61.2%)** and **(52.5%)** of them sometimes do any other activity to not think about the persecuting behavior and Ignore the feeling of harassment while pretending not to see the persecuting behavior**. Moreover (55.0%)** and **(52.5%)** of them not shows behavior similar to that of a bully**,** and not accept persecutory behavior as a joke or humor, and Scream at their colleagues to prevent persecutory behavior**.**

Figure : 3, Shows that **(41.2%)** of them had a moderate coping level among the studied nurses**.**

Table   (12), showed that there was **a highly statistically significant relation** among studied nurses **'total score of bullying behaviors in the work environment and their age. Moreover,** there was a significant relation between the total score of coping behaviors and years of experience **(p<0.05*).** There was **no** significant relation between their educational qualification and marital status and their bullying total knowledge **score (p>0.05).**

Table (13), showed that there was **a positive** association between studied nurses' knowledge**,** bullying behavior, and coping

behaviors. This means that increased knowledge is usually associated with increased coping behavior among the studied**.**

Table (1): Distribution of personnel characteristics of the studied nurses (n=80).

Personnel characteristics	Frequency	%
Age in years		
30-< 40	13	16.2
40-<50	39	48.8
50-<60	28	35.0
Mean ±SD	**38.63±7.82**	
Educational Qualification		
Secondary nursing education	63	78.8
Technical nursing education	17	21.2
Marital status		
Single	1	1.2
Married	63	78.8
Widowed	9	11.2
Divorced	7	8.8
Year of experience		
5 to 10 years	8	10.0
> 10 years	72	90.0
Mean ±SD	**15.76±5.39**	

Table (2): Distribution of bullying knowledge score among the studied nurses (n=80).

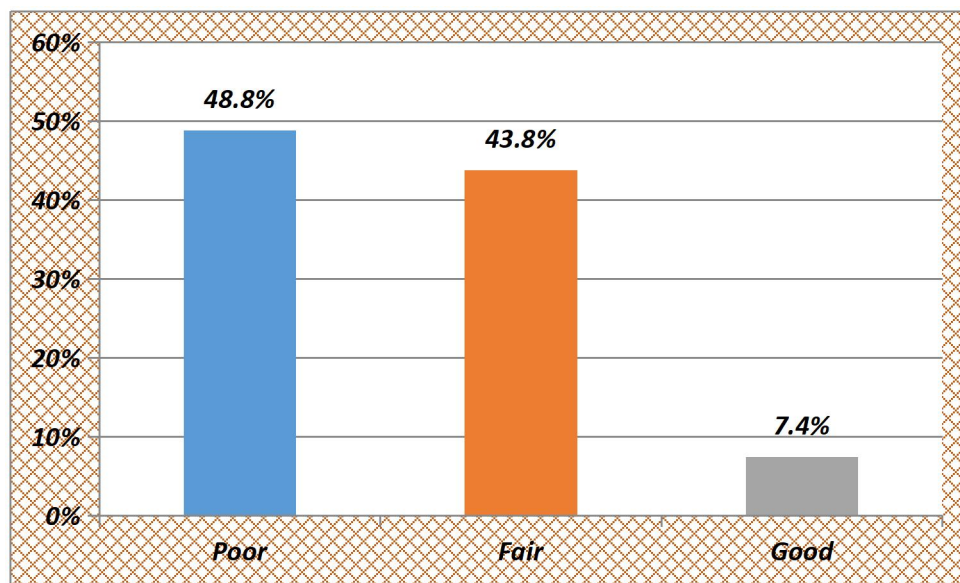| Knowledge	Don't know		Incomplete answer		Complete answer	
	No	%	No	%	No	%
Definition of bullying	8	10.0%	58	72.5%	14	17.5%
Risks of bullying	4	5.0%	68	85.0%	8	10.0%
Examples of bullying	6	7.4%	63	78.8%	11	13.8%
Incidence of work bullying	40	50.0%	37	46.2%	3	3.8%
Complication of bullying	4	5.0%	61	76.2%	15	18.8%
How to deal with bullying	5	6.2%	60	75.0%	15	18.8%

Figure (1): percentage distribution of total bullying knowledge score among the studied nurses.

Table (3): Relation between studied nurse personnel characteristics and their total score of bullying knowledge. (n=80).
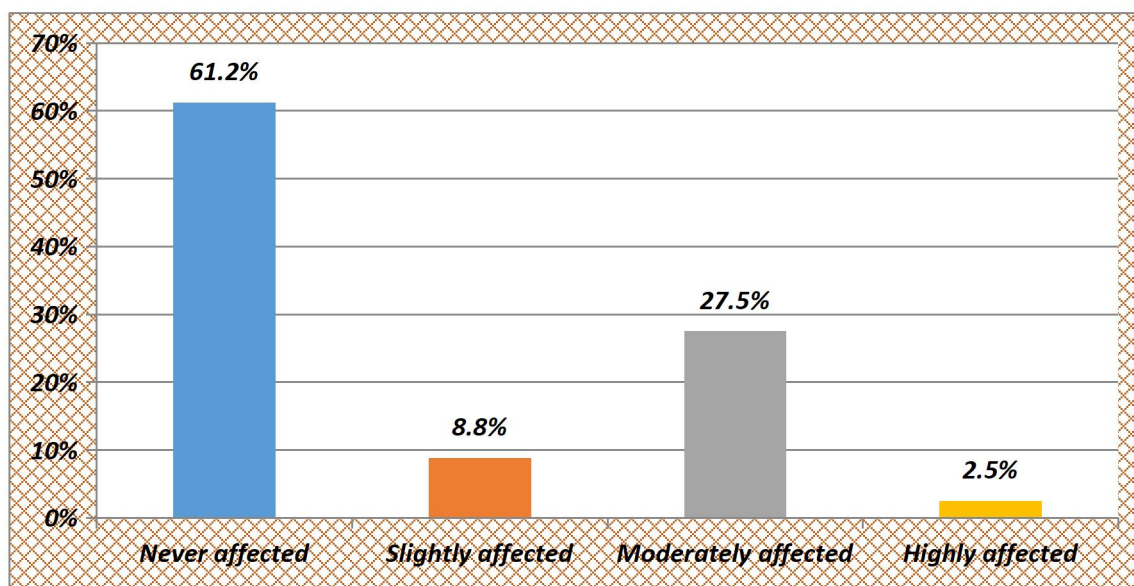
Personnel characteristics	Total bullying knowledge score						x^2	P- value
	Poor N=39		Fair N=35		Good N=6			
	No	%	No	%	No	%		
Age in years							8.78	<0.001**
30-< 40	13	33.3%	0	0.0%	0	0.0%		
40-<50	26	66.7%	13	37.1%	0	0.0%		
50-<60	0	0.0%	22	62.9%	6	100.0%		
Educational Qualification							4.87	<0.001**
Secondary nursing education	39	100.0%	22	62.9%	0	0.0%		
Technical nursing education	0	0.0%	13	37.1%	6	100.0%		
Marital status							.43	>0.05
Single	4	10.3%	2	5.7%	1	16.7%		
Married	28	71.8%	31	88.6%	4	66.7%		
Widowed	1	2.6%	0	0.0%	0	0.0%		
Divorced	6	15.4%	2	5.7%	1	16.7%		
Year of experience							.34	<0.001**
5 to 10 years	8	20.5%	0	0.0%	0	0.0%		
> 10 years	31	79.5%	35	100.0%	6	100.0%		

Table (8): Distribution of total mean score of bullying behaviors in the work environment domains among studied nurses (n=80).

Bullying behaviors in the work environment	No of items	Minimum	Maximum	Mean±SD	% of mean score	Ranking
Isolating the individual from work	11	11.00	38.00	21.43±8.61	38.97	2
assault on professional standing	9	9.00	33.00	19.67±7.36	43.72	1
Personal Assault	9	9.00	38.00	14.42±6.00	32.05	**3**
Direct Negative Behaviours	3	3.00	10.00	4.00±1.75	27.16	**4**
Total Bullying behaviors in the work environment	32	32.00	102.00	59.61±18.44	37.25	

Table (9): Distribution of total score of bullying behaviors in the work environment domains among studied nurses (n=80).

Bullying behaviors in the work environment	Never affected		Slightly affected		Moderately affected		Highly affected	
	No	%	No	%	No	%	No	%
Isolating the individual from work	46	57.5%	4	5.0%	27	33.8%	3	3.7%
assault on professional standing	37	46.2%	5	6.3%	36	45.0%	2	2.5%
Personal Assault	52	65.0%	10	12.5%	17	21.2%	1	1.3%
Direct Negative Behaviours	61	76.2%	8	10.0%	11	13.8%	0	0.0%
Total	49	61.2%	7	8.8%	22	27.5%	2	2.5%

Figure (2): percentage distribution of total score of bullying behaviors in the work environment among studied nurses.

Table (10): Relation between studied nurses' personnel characteristics and their total score of bullying behaviors in the work environment.

Personnel characteristics	The total score of bullying behaviors in the work environment								²	P value
	Never affected		Slightly affected		Moderately affected		Highly affected			
	No	%	No	%	No	%	No	%		
Age in years									6.86	<0.001**
30-< 40	13	26.5%	0	0.0%	0	0.0%	0	0.0%		
40-<50	33	67.3%	6	85.7%	0	0.0%	0	0.0%		
50-<60	3	6.1%	1	14.3%	22	100.0%	2	100.0%		
Educational Qualification									8.66	<0.001**
Secondary nursing education	49	00.0%	7	00.0%	5	22.7%	0	0.0%		
Technical nursing education	0	0.0%	0	0.0%	17	77.3%	2	00.0%		
Marital status									.42	>0.05
Single	5	10.2%	0	0.0%	1	4.5%	1	50.0%		
Married	38	77.6%	6	85.7%	18	81.8%	1	50.0%		
Widowed	1	2.0%	0	0.0%	0	0.0%	0	0.0%		
Divorced	5	10.2%	1	14.3%	3	13.6%	0	0.0%		
Year of experience									.62	<0.001**
5 to 10 years	8	16.3%	0	0.0%	0	0.0%	0	0.0%		
> 10 years	41	83.7%	7	100.0%	22	100.0%	2	100.0%		

Table (11): Distribution of behaviors in the coping domains among studied nurses (n=80).

| Coping Behaviors	Not done		Sometimes		Often	
	No	%	No	%	No	%
Pay attention to signs of being bullied.	29	36.2%	29	36.3%	22	27.5%
Ignore the feeling of harassment while pretending not to see the persecuting behavior.	16	20.0%	42	52.5%	22	27.5%
Face the bully.	36	45.0%	31	38.8%	13	16.2%
Engage in purposeful and satisfying activities outside of work.	33	41.2%	39	48.8%	8	10.0%
Looking for comfort in religious beliefs or spirituality.	13	16.2%	16	20.0%	51	63.8%
You think of a few things to forget about the bullying behavior (going to the movies, watching TV, etc.	12	15.0%	39	48.8%	29	36.2%
Deal with bullying in your style.	15	18.8%	38	47.4%	27	33.8%
Report the behavior to a superior/authority.	26	32.5%	36	45.0%	18	22.5%
Warn the bully not to repeat his actions.	17	21.3%	30	37.5%	33	41.2%
Shows behavior similar to that of a bully.	44	55.0%	27	33.8%	9	11.2%
Looking for something good in what's going on.	12	15.0%	41	51.2%	27	33.8%
Looking for comfort and understanding with another person.	4	5.0%	30	37.5%	46	57.5%
You try to see behavior differently.	11	13.8%	38	47.4%	31	38.8%
You express negative feelings.	27	33.8%	33	41.2%	20	25.0%
You get help and advice from others.	10	12.5%	29	36.2%	41	51.3%
Scream at your colleague to prevent persecutory behavior.	42	52.5%	25	31.2%	13	16.3%
Get emotional support from others.	10	12.4%	43	53.8%	27	33.8%
Do any other activity to not think about the persecuting behavior.	12	15.0%	49	61.2%	19	23.8%
Make suggestions for dealing with bullying behavior.	24	30.0%	35	43.8%	21	26.2%
Looking for educational programs to deal with compulsive behavior.	39	48.8%	26	32.4%	15	18.8%
Accept persecutory behavior as a joke or humor.	42	52.5%	26	32.5%	12	15.0%
Seek assistance from supervisors or an HR representative.	36	45.0%	30	37.5%	14	17.5%
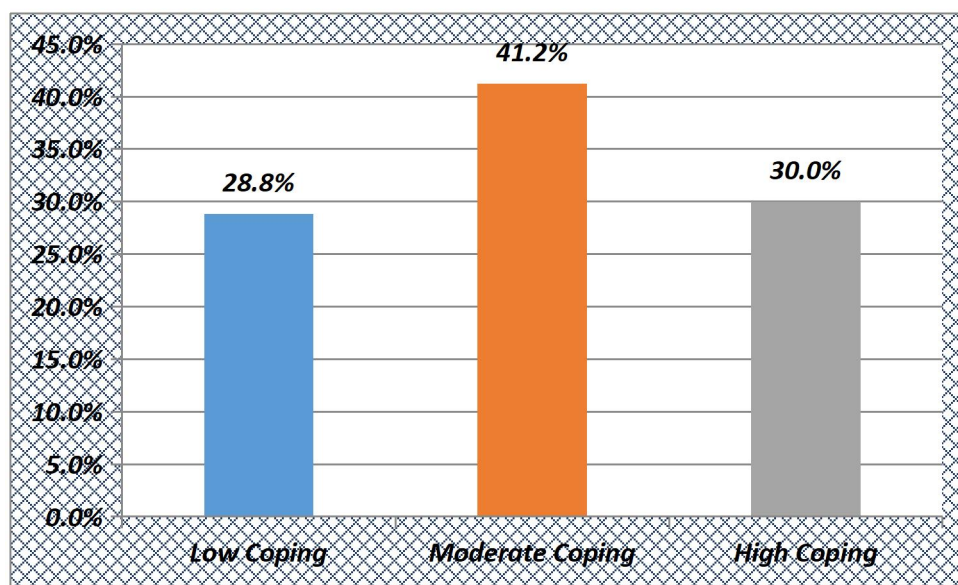
Figure (3): percentage distribution of total score of coping behaviors among studied nurses.

Table (12): Relation between studied nurses' personnel characteristics and their total score of coping behaviors

Personnel characteristics	The total score of coping behaviors						2	P value
	Low		Moderate		High			
	No	%	No	%	No	%		
Age in years							8.52	<0.001**
30-< 40	8	34.8%	5	15.2%	0	0.0%		
40-<50	8	34.8%	12	36.4%	19	79.2%		
50-<60	7	30.4%	16	48.5%	5	20.8%		
Educational Qualification							.40	>0.05
Secondary nursing education	19	82.6%	23	69.7%	19	79.2%		
Technical nursing education	4	17.4%	10	30.3%	5	20.8%		
Marital status							.55	>0.05
Single	4	17.4%	3	9.1%	0	0.0%		
Married	16	69.6%	25	75.8%	22	91.7%		
widowed	0	0.0%	1	3.0%	0	0.0%		
Divorced	3	13.0%	4	12.1%	2	8.3%		
Year of experience							.84	<0.05*
5 to 10 years	6	26.1%	2	6.1%	0	0.0%		
> 10 years	17	73.9%	31	93.9%	24	100.0%		

Table (13): Correlation among studied nurses' total Knowledge, bullying behaviors in the work environment, and coping behaviors

Variables	Test	Knowledge	bullying behaviors	coping behaviors
Knowledge	r	1	.241	.278
	P value		<0.05*	<0.05*
bullying behaviors in the work environment	r	.241	1	.238*
	P value	<0.05*		<0.05*
coping behaviors	R	.278	.238*	1
	P value	<0.05*	.033	

*. Correlation is significant at the 0.05 level (2-tailed).

Discussion:

Bullying behaviors are considered higher-level negative workplace behaviors, and the essential elements of bullying are that the behavior is repeated and often involves a power imbalance between the perpetrator and victim. Exposure to negative workplace behavior can have a deleterious impact on individual nurses and the patients they care for. It has been reported that nurses exposed to negative workplace behaviors experience impaired physical and mental health, which can impede their ability to deliver safe, effective care to their patients **(Hawkins et al., 2021).**

Therefore; this study was conducted to assess the knowledge and coping behaviors of nurses who experienced bullying at Beni-Suef University Hospital.

Regarding to age of the studied nurses, the results of the current study showed that, less than half of the studied nurses were aged ranging from 40 to <50 years. These results agreed with a study performed by **Attia et al., (2020),** who conducted a study in Tanta (study sample equal 250 nurses) entitled " Workplace bullying and its effect on staff nurses' work engagement" and stated that more than two-fifths of studied nurses were aged >40 years. From the investigator's point of view, these results might be due to that bullying increased as the diploma nurses' age increased.

Regarding to nurse's educational level, the results of the current study revealed that, more than three-quarters of studied nurses had secondary nursing education. These results agreed with a study performed by **Rashwan, (2021),** whose conduct study in Port Said (study sample equal 61 nurses) titled "Workplace bullying among nurses in primary health care centers in Port Said" who found that the majority of studied nurses had secondary nursing education. From the investigator's point of view, these results might be due to the low educational level of nurses' which has some impact on their knowledge regarding bullying.

Regarding to marital status of the studied nurses, the results of the current study revealed that more than three-quarters of studied nurses were married. These results were approved with a study performed by **Ali et al., (2020),** who conducted a study in Beni-surf City (study sample equal 500 nurses) entitled "Effect of coping strategies education on Knowledge and Behaviors of women experienced workplace bullying" found that majority of studied nurses were married. From the investigator's point of view, these results might be due to the presence of family conflicts or pressure that can affect the psychological state of the nurses and in turn can cause the occurrence of workplace bullying.

Regarding years of experience for studied nurses, the results of the current study clarified that the majority of studied nurses had > 10 years of experience. These results agreed with a study performed by **Omar & Gabra, (2021),** who conducted a study in Minia (study sample equal 301 nurses) entitled "Workplace Bullying and its Effect on Organizational Trust and Turnover Intention among Nursing Staff" who stated that the majority of studied nurses had > 10 years of experience.

The finding of the current study showed that less than one-fifth of studied nurses had completely correct answers regarding the definition of bullying, the complications of bullying, and how to deal with bullying. These results agreed with a study performed by **Ali et al., (2020**), who mentioned that, more than one-fifths of studied nurses had a good level of knowledge regarding the definition of bullying, the complications of bullying, and how to deal with bullying before intervention. From the investigator's point of view, these results might be due to the staff nurses having enough knowledge regarding bullying and policies that exist in healthcare settings for dealing with bullying.

Concerning nurse's total bullying knowledge scores, the results of the current study illustrated that, a minority of studied nurses had a good total knowledge score concerning work bullying. These results were supported by a study performed by **Ali et al., (2021)**, who conducted a study in Menoufia, Egypt (study sample equal 170 nurses) entitled " The Effect of Workplace Bullying Management Program on Nursing Personnel's Work Engagement "stated that one-fifths of studied nurses had good total knowledge scores regarding workplace bullying preprogram. From the investigator's point of view, these results might be due to the low educational level of studied nurses which leads to a low level of knowledge about workplace bullying.

Regarding the relation between the demographic characteristics of studied nurses and

their total knowledge scores of bullying, the results of the present study revealed that there was a highly statistically significant relation between studied nurses' total bullying knowledge score and their age, educational qualification, and years of experience. These results agreed with a study performed by **Ibrahim, (2023**), who stated that there was a highly statistically significant relation between total knowledge and nurses' demographic characteristics. From the investigator's point of view, these results might be due to that nurse's age, educational qualification and years of experience have an influence on knowledge levels of bullying behaviors in the work environment because there is a difference found when comparing bullying behaviors for older or younger nurses, had secondary or technical nursing education, and years of experience

Concerning to total mean score of bullying behaviors in the work environment domains among studied nurses, the results of the current study illustrated that, the assault on professional standing bullying domain was the highest domain adopted by the studied nurses in their bullying behaviors in the work environment. These results were approved with a study performed by **Ramadan et al., (2021),** who conducted a study in Damanhur (study sample equal 270 nurses) entitled " The Relationship between Workplace Bullying and Nurses' Perception of Organizational Justice" stated that assault on Professional bullying was the highest domain that adopted by the studied nurses in the work environment. From the investigator's point of view, these results might be due to staff nurses, as direct care providers, who are in direct contact with physicians, supervisor, patients, and their families because of their frontline position, they are confronted with different behaviors, such as: being shouted at or being the target of spontaneous anger or rage, being exposed to an unmanageable workload and excessive monitoring of work... etc. The nursing shortage also may lead to workplace bullying.

Concerning to total score of bullying behaviors in the work environment domains among studied nurses, the results of the current study illustrated that, more than two-fifths of studied nurses are moderately affected by assault of professional standing. These results were approved with a study performed by **Moslam et al., (2021),** who

conducted a study in Menoufia (study sample equal 295 nurses) entitled " Bullying among nurses and its effect on their turnover intention at Menoufia University Hospitals " stated that, less than two-fifths of studied nurses moderately affected by the assault on professional bullying domain. From the investigator's point of view, these results might be due to nurses still believing that bullying is normal behavior in the workplace and many staff members may be unaware that they are tolerating unacceptable behavior in their workplace and a misunderstanding of staff rights and responsibilities.

This result was in disagreement with **Yun & Kang, (2019),** who found that the majority experienced person-related and work-related bullying.

Concerning to total score of bullying behaviors in the work environment among studied nurses, the results of the current study illustrated that, more than one-quarter of them are moderately affected by bullying behaviors in the work environment. These results are approved with a study performed by **Omar & Gabra, (2021),** who stated that less than one-quarter of them are moderately affected by bullying behaviors of total workplace bullying. From the investigator's point of view, these results might be due to the inability of staff nurses to deal with bullies, increased workload, shortage of hospital staff, inability to take uninterrupted breaks, inadequate staffing ratios, and limited supplies.

This result was in disagreement with **Mohammed et al., (2021),** who found that the majority of staff nurses have been exposed to workplace bullying.

Regarding the relation between the demographic characteristics of studied nurses and their total score of bullying behaviors in the work environment, the results of the present study revealed that there was a highly statistically significant relation between studied nurses' total score of bullying behaviors and their age, educational qualification and years of experience. These results agreed with a study performed by **Alaslawi, (2019),** who stated that there was a highly statistically significant relation between studied nurses' total score of bullying behaviors and their demographic characteristics. From the investigator's point

of view, these results might be due to that nurse's age, educational qualification and years of experience have an influence on bullying behaviors in the work environment because there is a difference found when comparing bullying behaviors for older or younger nurses, had secondary or technical nursing education, and years of experience

This result was in disagreement with **Rashwan, (2021),** who found that there was no statistically significant relation between workplace bullying and socio-demographic characteristics of nurses.

The finding of the current study showed that more than half of the studied nurses often get help and advice from others and sometimes get emotional support from others. These results agreed with a study performed by **Hawkins et al., (2021),** who mentioned that, more than half of studied nurses often asked a relative or friend for advice and sometimes talked to someone about how he was feeling to get emotional support. From the investigator's point of view, these results might be due to good communication between nurses and management.

Also, the finding of the current study showed that, more than two-fifths of studied nurses not engaged in purposeful and satisfying activities outside of work and seeking assistance from supervisors or an HR representative. These results agreed with a study performed by **Hawkins et al., (2021),** who found that more than two-fifths of studied nurses did not turn to activity outside of work to take their minds off things and get professional help. From the investigator's point of view, these results might be due to the nurse's ability to deal with bullying, policies existed in the healthcare settings for dealing with bullying, and once bullying was reported, the action was taken by superiors, nurses can function at their full capacity when bullying continues in the work environment.

Concerning to total score of coping behaviors among studied nurses, the results of the current study illustrated that, more than two-fifths of studied nurses had a moderate coping level. These results were approved by a study performed by **Vranjes et al., (2022),** who reported that half of the studied nurses showed a moderate coping level regarding

workplace bullying. From the investigator's point of view, these results might be due to the nurse's ability to deal with bullying and a good support system.

Regarding the relation between the demographic characteristics of studied nurses and their total score of coping behaviors, the results of the present study showed that there was no significant relation between the studied nurse's total score of coping behaviors and their educational qualification and marital status. These results agreed with a study performed by **Anany et al., (2023),** who mentioned that, there were no statistically significant differences between nurses' total score of coping behaviors and their personnel characteristics. From the investigator's point of view, these results might be due to all nurses being exposed to the same hospital 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.

Regarding the correlation between studied nurses' total knowledge, bullying behaviors in the work environment, and coping behaviors, the results of the present study illustrated that there was a positive association between studied nurses' knowledge, bullying behavior, and coping behaviors. These results agreed with a study performed by **Ali et al., (2020),** who stated that there was a positive correlation between total knowledge, bullying behavior, and coping behaviors studied by nurses. From the investigator's point of view, these results might be due to that the good knowledge of studied nurses regarding bullying enhances their coping behaviors toward bullying.

Conclusion:

Based on the current study results, the following can be concluded:

A minority of studied nurses had a good total knowledge score regarding workplace bullying. As regards bullying behaviors in the work environment domains among studied nurses, the results of the current study illustrated that more than two-fifths of studied nurses were moderately affected by assault of professional standing, and more than one-quarter of them were moderately

affected by bullying behaviors in the work environment.

According to coping behaviors among studied nurses, it was noticed that more than two-fifths of studied nurses had a moderate coping level. Also, the findings of the study show that there was a positive correlation between studied nurses' knowledge, bullying behavior, and coping behaviors, which means that increased knowledge is usually associated with increased coping behavior among studied nurses.

Recommendations:

The findings of the present study suggested the following recommendations:

- Conducting training programs for nurses about bullying and different strategies to deal with it, including verbal, nonverbal, and writing down techniques.
- Nurses need to pay attention to patients' complaints by investigating patients, and visitors' opinions and suggestions to avoid the bullying reaction of the patients and their relatives in the case of ignorance
- Nursing administrators developing policies to prevent bullying and anti-bullying reporting tools and mechanisms that allow nurses who are exposed to workplace bullying to report incidents of bullying.
- Entrepreneurs and managers should be aware of the harms of bullying and focus on remedies to prevent and get rid of bullying in their organizations. They need to develop appropriate strategies, policies, and training programs to fight against bullying. They have to create an organizational culture and climate which have no tolerance for bullying and empower nurses to be aware of such problems and overcome them.
- Provide support, psychological counseling, and comprehensive care for nurses' victims of bullying and inform nurses about their rights to create a positive atmosphere for nurses.
- Informal measures such as support of colleagues, highlighting bullying problems, increasing awareness, and providing training strategies including employees' and employers' knowledge of obligations and responsibilities, employing a complaints system, and an efficient risk identification process are also suggested.
- Interpersonal skills training, stress management, and conflict resolution programs could help the victims manage bullying behaviors in the earlier stage.

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