

Bullying Behaviors, Coping Strategies and It's Relation to Nurse Interns Self-Esteem

Mona Abdelhalim Mostafa¹, Prof.Dr. Mona Mostafa Shazly², Assist.Prof.Dr. Heba Ali Hassan³

¹ B.Sc. Nursing,

² Professor of Nursing Administration- Faculty of Nursing - Ain Shams University

³ Assist Professor of Nursing Administration-Faculty of Nursing - Ain Shams University

Abstract

Background: bullying is an emotional issue faced by nurses and students during their clinical practice and has negative impacts on their self-esteem. **Aim of the study:** to assess bullying behavior, coping strategies and its relation to nurse interns' self-esteem. **Research design:** a descriptive correlational design was used to carry out this study. **Setting:** The study was conducted at four Ain-Shams University Hospitals where nurse interns were having their training, namely, Ain-Shams University Hospital, El-Demerdash Hospital, Pediatrics Hospital, and Cardiovascular-surgies Hospital. **Subjects:** The study included 123 out of (179) nurse interns during the academic year (2022-2023). **Data collection tools:** data were collected by nurse interns' bullying behavior questionnaire, coping strategies questionnaire, and self-esteem assessment scale. **Results:** the staff nurse is the most common source of bullying. Although most nurse interns always used the self-blame strategy as a coping strategy. The higher mean scores regarding self-esteem among studied nurse interns who were female and had their training at Ain-Shams Hospital. **Conclusion:** there were highly statistically significant positive correlations between bullying behavior, and coping strategies and negative statistically significant correlations between bullying behavior and self-esteem. **Recommendations:** regularly assess coping strategies experienced by nurse interns, raising awareness and training for nurses in the hospitals where nurse intern are trained about bullying behaviors, and educational workshops and seminars should be conducted regularly for nurse interns on how to develop and improve students' self-esteem. Further research is proposed to enhance educational programs regarding bullying and its effect on academic achievement and self-esteem among nursing students.

Keywords: Bullying Behaviors, Coping Strategies, Nurse Interns, Self-Esteem.

Introduction:

Students bullying is surely not a new concept. As a result of high prevalence rates and the short- and long-term consequences of bullying, it is demanding more attention (*Hussien et al., 2022*). Medical students were subjected to many factors during their study either academic or clinical that showed them suffering high levels of depression, anxiety, and stress. Recently, bullying is considered one of these factors (*Rashad et al., 2023*).

Bullying is in a negative state that could be believed to be something unethical at work. Bullying refers to offensive, intimidating, abusive, or insulting behavior that makes others feel humiliated or demeaned and ultimately undermining self-confidence and creating

stress (*Islam et al., 2019*). Bullying is victimization that is characterized by unwanted aggressive behavior, an act repeated over time, and involves an interpersonal relationship that has an imbalance of power. Bullying can be in the form of physical or psychological violence, which is usually the modus operandi, and it has been ascertained to negatively affect the outcome of health care (*Amoo et al., 2021*).

The consequences of bullying are increasing in the healthcare setting and include frustration, anger, fear and emotional hurt, feelings of powerlessness, decreased morale and productivity, and an increase in errors and symptoms associated with Post Traumatic Stress Disorder (PTSD). As a result of the distressing nature of bullying, nurses notified having to take days off (*Hussien et al., 2022*).

Self-esteem is the positive and negative evaluation of one's self-worth. Self-esteem is an important aspect of mental health and one of the predictive factors for the psychological well-being of adolescents in their unique period of identity development. Self-esteem is the overall subjective appraisal of oneself, i.e., positive, negative, and mixed thoughts or feelings about oneself, and if one has more positive feelings or considers oneself as worthy (*Banstola et al., 2020*).

Coping strategies refer to the specific efforts, both behavioral and psychological that nursing students are employing to master, tolerate, reduce, or minimize stressful events during lockdown (*Sheroun et al., 2020*). Leaving academia, attempting to avoid conflict, developing a support system, engaging in professional opportunities outside of the institution, and returning to clinical practice are coping strategies commonly utilized among nurse educators experiencing bullying in the workplace (*Wunnenberg, 2020*).

Significance of the study:

Nurse interns are particularly vulnerable when entering clinical settings because they are often younger, have less clinical and life experience, have fewer acquired coping skills, have minimal power in the environment's hierarchy, and are unfamiliar with the environment and its standards. Sources of bullying against nurse interns include patients, patient's relatives, peers, and other professional groups. Bullying can be expressed in many ways, ranging from verbal aggression and excessive criticism, or monitoring of work to social isolation. Which has a negative effect on nurse intern performance and may lead to increased errors and decreased quality of nursing care, decrease satisfaction, engagement, and psychological disorders such as moral distress (*Attia&Shokir,2020*).

There are many international studies that assessed bullying behaviors among student nurses such as a study in a southern state in the United States that reported that 95.6% of the nurse interns had experienced bullying behaviors (*Cooper et al., 2011*). But in Egypt,

there are limited studies handling bullying behaviors in nursing education. So, this study attempts to contribute to redress this gap by determining bullying behavior, coping strategies, and its relation to nurse interns' self-esteem which is considered an important predictor of behavior and unique concern in nursing, as the behavior of nurse interns may directly impact the well-being of patients.

Aim of the study:

This study aims to assess bullying behavior, coping strategies, and its relation to nurse interns' self-esteem through; assessing bullying behaviors experienced by nurse interns, assessing coping strategies among nurse interns to deal with bullying behaviors, assessing levels of self-esteem among nurse interns, and assessing the relationship between bullying behaviors, coping strategies, and self-esteem among nurse interns.

Research Question

Is there a relationship between bullying behaviors, coping strategies, and self-esteem among nurse interns?

Subjects and methods

Research Design:

A descriptive correlational design was used to carry out this study.

Research Setting:

The study was conducted at four Ain-Shams University Hospitals where nurse interns were having their training, namely, Ain-Shams University Hospital, El-Demerdash Hospital, Pediatrics Hospital, and cardiovascular-surgies hospital.

Subjects:

The subjects of this study include nurse interns who were enrolled in internship years and spent their training in Ain Shams University Hospitals. The study subjects were selected by using a simple random sampling technique. The study size was 123 out of (179) nurse interns

during the academic year (2022-2023)), determined based on this equation.

$$n = \frac{N \times p(1 - p)}{[N - 1 \times (d^2 \div Z^2) + p(1 - p)]}$$

(Thompson, 2012)

Data collection tools:

Data were collected using three tools namely (Nurse Interns bullying behavior questionnaire, Coping Strategies Questionnaire , and Self-Esteem Assessment Scale):

First tool: Nurse Interns bullying behavior questionnaire: It was adopted from *Clarke (2009)*, it aimed at assessing bullying behaviors experienced by nurse interns. It consists of the following two parts:

A-First part personal characteristics:

This part focused on collecting data related to characteristics of nurse interns including age, gender, marital status, past qualification, training place, residence place, and attendance of training program about bullying.

B-Second part:

This part consisted of 32 items; it included 28 items used to assess the frequency and sources of bullying behaviors experienced by nurse interns for example :(Expectations of my work were changed without me being told; I was treated with hostility). Responses of the items were measured by using a 3-point Likert scale ranging from "1 = never, "2= sometimes, "3= always ".

It also included two items, used to assess the consequences of bullying behaviors experienced by nurse interns, like (their intent to leave the nursing program and reporting bullying behaviors). Responses were measured on a 2-point scale yes (1) or no (0). Finally, it included 2 multiple-choice questions to assess the consequences of bullying behaviors experienced by nurse interns. As, if you did,

who did you tell? and the reason for not reporting bullying behaviors.

❖ Scoring system:

The scores of items were summed up and the total was divided by the number of items. These scores were converted into percentage scores. Nurse interns were considered: The total score ranged from 28 to 84. The higher the scores, the higher experiences of bullying behaviors.

Second Tool: Coping Strategies Questionnaire:

It was adopted from *Carver et al., (1989)*, and it aimed at assessing coping strategies to deal with bullying behavior. It consists of 14 items, for example:(self-distraction, active coping, and denial).

❖ Scoring System:

Items were measured on 3 points Likert scale ranging from "1 = never, 2= sometimes, 3 = always ". The scores of items were summed up and the total was divided by the number of items. These scores were converted into percentage scores. The total score ranged from 14 to 42. The higher the scores, the higher the coping Strategies used.

Third tool: Self-Esteem Assessment Scale

This scale was adopted from *Assad, (2018)* based on *Sorensen, (2006)*, It aimed to assess nurse interns' self-esteem levels, and it consists of 20 items. The scale was divided into three main dimensions; Positive personality dimension consists of 7 items, negative personality dimension consists of 6 items , and social personality dimension consists of 7 items.

❖ Scoring System:

Items were scored 5,4,3,2 and 1 where (5) represented agree strongly, (4) represented agree, (3) represented rather agree, (2) represented disagree and (1) represented strongly disagree, respectively. For each

dimension and the total scale, the scores of items were summed-up and the total was divided by the number of the items, giving the mean score for the part. These scores were converted into percentage scores. Self-esteem was considered high if the percent score was 60% or more, and low if less than 60%. For the total scale, the scoring was reversed for the negative items.

Preparatory Phase:

This phase started from June 2022 till August 2022, the researcher reviewed the national and international related literature, the material in textbooks, and scientific journals used in the study to be acquainted with the study subject.

Validity:

Two tools (individual bullying behavior questionnaire and coping strategies questionnaire) were tested for face and content validity by panels of five experts. The expert panel consisted of two assistant professors from Zagazig University and three assistant professors from Ain Shams University. The tools were translated into Arabic language and back re-translated to English to ensure their accuracy. The two tools were assessed for their clarity, Comprehensiveness, Simplicity, understanding, and applicability. According to the experts' opinions, the modifications are done as rephrasing and adding or omissions were performed by the researcher.

Reliability:

Cronbach's alpha coefficient was used to assess the internal consistency of tools.

Data Collection Tools	No. of items	Cronbach's alpha
Nurse interns bullying behaviors questionnaire	32	0.93
Coping strategies questionnaire	14	0.95
Self-esteem scale	20	0.92

Pilot Study:

A pilot study was carried out after modifying the tools at September 2022 and completed at the end of September 2022. Thirteen nurse interns who represented 10% of the main study sample participated in the pilot study, they were selected randomly. The pilot study served to assess the clarity of language, applicability, and relevance of the tools, in addition to estimating the needed time for data collection. The researcher asked the participants to fill in the questionnaire and to note any questions that were confusing or hard to answer. The necessary modifications were made, such as rephrasing and utilizing simpler semantics for the statements. The subject of the pilot study was excluded from the main study sample.

Fieldwork:

The fieldwork of the study took two months starting at half of October 2022 and completed at the end of November 2022. The researcher arranged with the head nurses of each hospital department for determining a suitable time to collect the data. The researcher introduces herself to nurse interns in the units and then explains the aim and components of the tools data. Nurse interns were divided into groups according to the clinical rotation to collect tools in their clinical setting and during break time, the filling of tools took about (35-40) minutes. Data were collected for 2 days/week in the morning shift from 8 AM to 2 PM and each day collected around 10-15 sheets. The researcher checked each filled tools data to ensure its completion.

Ethical Considerations:

Before the study's conduction, ethical approval was obtained from the Scientific Research Ethical Committee of the Faculty of Nursing at Ain Shams University. The subjects were informed about their right to withdraw at any time without giving any reason and the collected data was kept confidential and used for scientific work only. Informal consent was obtained from each participant in the study.

Administrative Design:

Before any attempt to collect data, official permission to conduct the study was obtained from hospital directors through letters from the Dean of the Faculty of Nursing, Ain Shams University. The researcher met nurse interns in clinical settings at the four hospitals and explained the purpose of the study and the implication of expected results for the study subjects.

IV. Statistical Design:

Data entry and statistical analysis were done using SPSS 25.0 statistical software package. Data were presented using descriptive statistics in the form of frequencies, percentages, mean, median, and standard deviation for quantitative variables. Cronbach alpha coefficient was calculated to assess the reliability of the tools through their internal consistency. Quantitative continuous data were compared using the non-parametric t-test and ANOVA. Spearman rank correlation was used for the assessment of the inter-relationships between quantitative variables and ranked ones. To identify the independent predictors of coping strategies and self-esteem scores, multiple linear regression analysis was used and analysis of variance for the full regression models was done. Statistical significance was considered at p-value <0.05.

Results:

Table (1): shows the Frequency and percentage distribution of demographic characteristics of studied nursing interns. As indicated in the table, all nursing interns aged more than 20 years with Mean \pm SD 22 \pm 1. In addition, 83.7% of them had urban residence places, 81.3% of them were unmarried and did not attend training programs about bullying, more than three-quarters of them 78% had past qualification from secondary school, and 72.8%. While slightly more than half (53%) were female.

Table (2): describes the frequency of bullying behaviors experienced by nurse interns. It represents that the highest bullying behaviors experienced by 64% of nurse interns related to items (I felt my efforts were

undervalued), in addition, 47% related to items (I was treated with hostility, and I was told negative remarks about becoming a nurse). While the lowest bullying behaviors experienced by only 3% of nurse interns related to item (I was treated on the ground of disability) and 7% of them related to item (I was treated on the ground of race).

Table (3): represents the response of nurse interns about the consequences of experiencing bullying behaviors. It shows that most of them (91.8%) did not leave the nursing program because of having experienced bullying behaviors. On the other hand, more than half of them, 57%, reported that they told someone about their experiences of bullying behaviors, while less than of them 43% reported that they told no one.

Table (4): illustrates the response of nurse interns on reporting bullying in a clinical setting, it shows that nurse interns who reported that they told someone of their bullying experiences, demonstrators (42.8%), classmates (28.4%), faculty members (18.5%), staff nurses (10.2%), and no one of them told hospital manager of their bullying experiences. On the other hand, (47%) of the nurse interns did not tell anyone because that was not worth the effort, and (30.2%) of them did not tell anyone because of fear of poor evaluation. Meanwhile, (4) % of them did not tell anyone because of that It's behavior that I just must put up with.

Figure (1): shows the Sources of bullying Behaviors Reported by nurse interns, according to their experiences of nurse interns. It was observed that staff nurses (52%) were identified as the greatest source of bullying behaviors, followed by physicians (21%). Closely reported were patients and their families, demonstrators, and classmate accounting for (10%, 7%, and 6%) respectively of the bullying behavior reported by nurse interns.

Figure (2): shows that less than a tenth (13%) of studied nurse interns always used coping strategies to cope with bullying behaviors that experienced in nursing training, and more than a tenth (19%) of them sometimes

used coping strategies to cope with bullying behaviors that experienced in nursing training. Meanwhile, more than two-thirds (68%) of them never used any coping strategies to cope with bullying behaviors experienced in nursing training.

Table (5): represents the total self-esteem levels of studied nursing interns. It was observed that nurses' interns had high levels of self-esteem related to positive personality 68.3%, negative personality 45.5%, and social

personality 59.3%. Hence, slightly more than half 57.7% of them had a high level of total self-esteem while slightly more than two-fifth of them 42.3% had a low level of total self-esteem.

Table (6): indicates that there were positive statistically significant correlations between bullying behavior, and coping strategies and negative statistically significant correlations between bullying behavior and self-esteem.

Table (1): Frequency and percentage distribution demographic characteristics of studied nursing interns' sample (n=123).

Demographic Characteristics	Frequency	Percent
Age(years)		
20	0	0
+20	123	100
Mean ± SD	22±1	
Gender		
Male	58	47
Female	65	53
Marital status		
Married	23	18.7
unmarried	100	81.3
Past Qualification		
Secondary school	96	78
Technical institute of health	27	22
Training Place		
Ain-Shams Hospital	42	34
El-Demerdash Hospital	31	25
Pediatrics Hospital	23	18.7
Cardiovascular Hospital	27	22.3
Residence place		
Urban	103	83.7
Rural	20	16.3
Attendance of training program about bullying		
Yes	23	18.7
No	100	81.3

Table (2): Frequency of the nurse interns bullying behaviors experienced by nurse interns (n=123).

Individual Bullying behaviors	No.	%
I had threats of physical violence made against me.	23	19
I was intimidated with disciplinary measures	44	36
I was threatened with a poor evaluation	31	25
I felt impossible expectation were set for me.	53	43
Inappropriate jokes were made about me.	32	26
Malicious rumors / allegations were spread about me.	15	12
I was unjustly criticized	49	40
Necessary information was withheld from me purposefully.	18	15
Attempt was made to belittle or undermine my work.	43	35
I was treated on ground of race.	9	7
I was treated on ground of disability.	4	3
I was treated on ground of gender.	20	16
Expectations of my work were changed without me being told.	46	37
Areas of responsibility were removed from me without warning.	21	17
I was placed under undue pressure to produce work.	52	42
I was physically abused.	42	34
I was verbally abused.	42	34
I was treated with hostility.	58	47
Attempts were made to demoralize me.	28	23
I was teased.	42	34
I felt my efforts were undervalued.	79	64
I was humiliated in front of others.	43	35
I experienced resentment toward me.	44	36
I experienced destructive criticism	44	36
I was frozen out/ ignored/ excluded	53	43
I was told negative remarks about becoming a nurse.	58	47
How frequently have you been bullied?	123	100
how frequently have you witnessed a classmate being bullied?	63	51

Table (3): Response of nurse interns about consequences of the experienced bullying behaviors (n=123).

items	Yes		No	
	No.	%	No.	%
Have you ever considered leaving the nursing program because of having experienced bullying behaviors?	10	8.2	113	91.8
If you have experienced bullying behaviors during your clinical setting, did you tell anyone about it?	70	57	53	43

Table (4): Response of nurse interns on reporting about bullying in clinical setting (n=123).

	N	%	
If you are reporting about bullying during your clinical setting, who did you tell? (N=70)	Demonstrator	30	42.8
	Faculty member	13	18.5
	Classmate	20	28.5
	Staff nurses	7	10.2
	Hospital manager	0	0
	Fear of poor evaluation	16	30.2
If you did not tell anyone, why not? (N=53)	Not worth the effort	25	47
	Nothing would be done anyway	10	18.8
	It's behavior that I just have to put up with	2	4

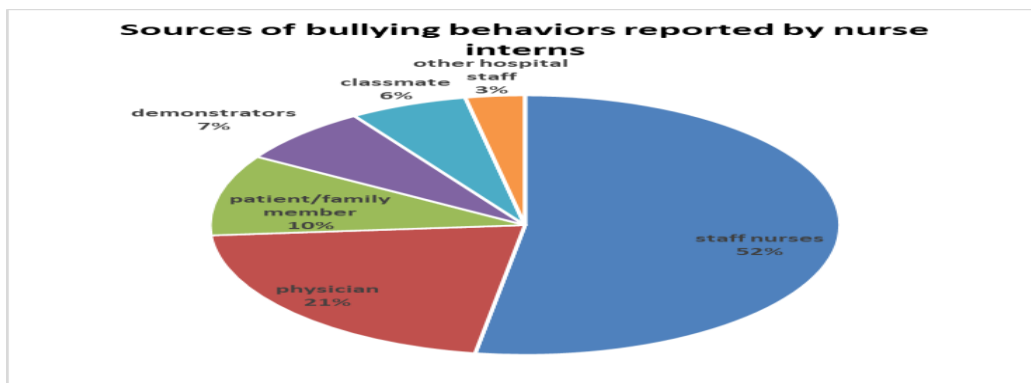


Figure (1): Sources of Bullying Behaviors Reported by nurse interns.

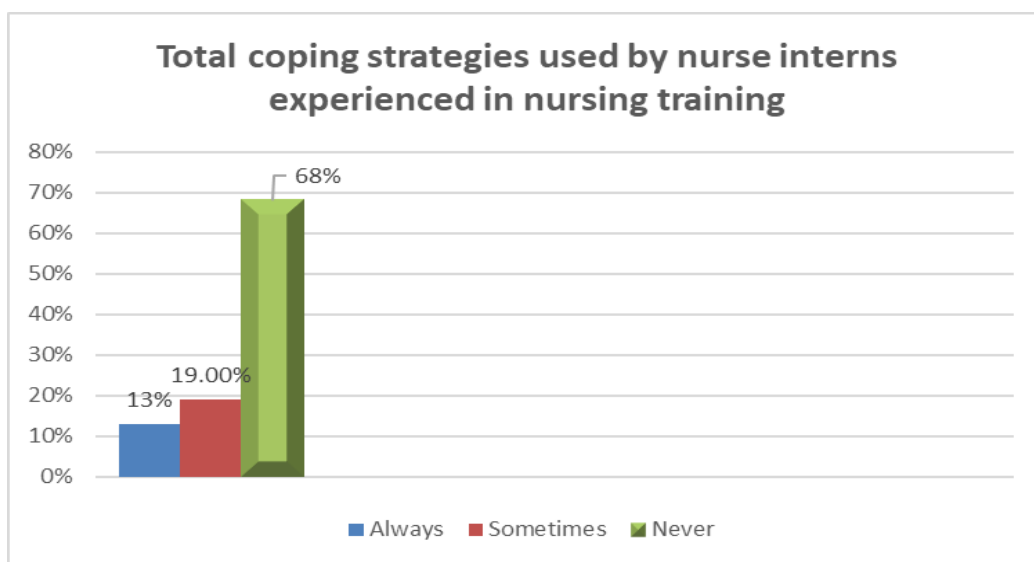


Figure (2): Total coping strategies used by nurse interns experienced in nursing training (n=123).

Table (5): Total coping strategies used by nurse interns experienced in nursing training (n=123).

Self-Esteem Dimensions	High $\geq 60\%$		Low $< 60\%$	
	No.	%	No.	%
Positive personality	84	68.3	39	31.7
Negative personality	56	45.5	67	54.5
Social Personality	73	59.3	50	40.7
Total Self-Esteem level	71	57.7	52	42.3

Table (6): correlation matrix of bullying behavior, coping strategies, and self-esteem (n=123).

Items	bullying behavior	coping strategies	self-esteem
bullying behavior	1.000		
coping strategies	.384**.	1.000	
self-esteem	.022	.088	1.000

(**)highly Statistically significant at $p < 0.01$

Discussion:

Bullying is widely recognized as a persistent problem in the profession of nursing, especially among individuals at particular risk because of limited authority and experience such as nursing students. Students assert that bullying experience impacts their future employment choices (*Hussien et al., 2022*), so it's vital need for understanding bullying behaviors in Nursing (*Ebrahim & Elrefaey, 2018*). Coping strategies are behavioral and psychological efforts that the individual employs to reduce or tolerate stressful situations. The student nurse needs to select the best coping method as a wrong strategy may worsen the situation (*Mohamed, 2019*).

Regarding the frequency of individual bullying behaviors experienced by nurse interns. The present study revealed that the highest Individual bullying behaviors experienced by nurse interns related to item (I felt my efforts were undervalued), in addition, less than half of the studied sample experienced related to items (I was treated with hostility, and I was told negative remarks about becoming a nurse). While the lowest Individual bullying behaviors experienced by only nurse interns related to item (I was treated on the ground of disability) and of them related to item (I was treated on ground of race).

From the researcher point of view, this could be due to the societal trend toward tolerance for increasing levels of negative behaviors or even their fear and intimidation. In addition to that, all students are young, so they lack a suitable way to deal with bullying. A similar finding was consistent with two studies, the first study was conducted in the Kingdom of Saudi Arabia by *Mohamed, (2019)* who study the Experiences of Saudi Female Students regarding the Phenomena of Bullying Behaviors during Nursing Education Programs that revealed the same line results.

A similar second study finding was conducted in Egypt by *Rahman, (2014)* who study the Perception of student nurses' bullying behaviors and coping strategies used in clinical settings and reported that the most frequent negative behaviors were: negative remarks, treated hostility, and undervalued efforts. While

the lowest Individual bullying behaviors experienced by only nurse interns related to item (I was treated on the ground of disability) and of them related to item (I was treated on ground of race).

Concerning the response of nurse interns about the consequences of experienced bullying behaviors. The present study findings revealed that most of them are not leaving the nursing program because of having experienced bullying behaviors. On the other hand, more than half of them reported that they told someone about their experiences of bullying behaviors, while less than of them reported that they told no one.

From researcher point of view, not leaving the nursing program because of having experienced bullying behaviors due to the internship year is a compulsory training year. A bachelor's degree cannot be obtained without passing it, and more than half of them reported that they told someone about their experiences of bullying behaviors to act against this bullying.

This study finding was consistent with a study conducted at Ontario University by *Clarke, (2009)* who study The effects of bullying behaviors on student nurses in the clinical setting, revealed that the most of studied sample didn't leave the nursing program and reported if have experienced bullying behaviors during clinical setting.

However, in disagreement with these findings, a study was conducted in Zhengzhou by *Pan et al., (2022)* who study the Bullying Experience of Student Nurses During Clinical Placement and reported that the highest score of the studied sample attended to leave nursing. Also, most of the participants indicated that they didn't report the bullying. The reason for not reporting was that they were part of the job, and they didn't know where or how to report it.

Regarding the response of nurse interns on reporting bullying in a clinical setting, the present study showed that nurse interns told someone of their bullying experiences, two-fifths of students reported to a demonstrator, and less than one-third reported to a classmate. From the researcher point of view, these findings are because they spend more time with them in practice, so their relationship is closer

to talking about their personal and academic problem.

This finding was in the same line with two studies, the first study was conducted in Egypt by *Mohammed et al., (2022)* who study Bullying among Nursing Intern Students: Factors and Consequences and revealed that bullied students reported that to the clinical member responsible for training. The second study in the same line conducted at Sultan Qaboos University by *Qutishat, (2019)* who study Underreporting Bullying and Harassment Perceived by Undergraduate Nursing Students: A Descriptive Correlation Study, revealed that most of the studied sample of reported bullying behaviors by clinical faculty will be first person.

Regarding the response of nurse interns to reporting bullying in a clinical setting, two-fifths of the nurse interns did not tell anyone because it that not worth the effort, and one-third of them did not tell anyone because of fear of poor evaluation. From the researcher point of view, these study findings are due to their belief, it is a compulsory training internship year that they fear not passing and obtaining the certificate.

This study finding was consistent with a study conducted in the Kingdom of Saudi Arabia by *Mohamed, (2019)* who study the Experiences of Saudi Female Students regarding the Phenomena of Bullying Behaviors during Nursing Education Programs and reported that most causes of not telling about bullying due to not worth the effort and fear of poor evaluation.

The second study was consistent with a study conducted in Australia by *Birks et al., (2017)* who study Uncovering degrees of workplace bullying: A comparison of baccalaureate nursing students' experiences during clinical placement in Australia and the UK, and revealed that reasons for not reporting bullying due to fear and were believing that 'nothing will be done' about it.

Regarding the sources of bullying behaviors Reported by nurse interns, the present study findings presented that more than half of staff nurses were identified as the greatest source of bullying behaviors, followed by physicians. Closely reported were patients and their families, demonstrators, and classmates.

From the researcher point of view, these results could be due to the hospital staff being stressed because of the overwork load, physicians are responsible for many patients with complex medical conditions.

Inconsistent with the same study findings, a study conducted in Egypt by *Mohammed et al., (2022)* who study Bullying among Nursing Intern Students: Factors and Consequences indicated that the highest percentage of students considered physicians and staff nurses were the bully. Also, These results are supported by the result of the study conducted at XiangYa Hospital by *Shen et al., (2020)* whose study " Incivility in nursing practice education in the operating room", indicated that more than have staff nurses cited as the second most frequent perpetrator of uncivil behaviors.

Regarding the total coping strategies used by nurse interns experienced in nursing training, the present study revealed that more than two-thirds of them never used any coping strategies to cope with bullying behaviors experienced in nursing training. From the researcher point of view, these results could be due to fear of using any of the strategies or students being unknowing of strategies.

These results agreed with a study conducted at Peshawar Hospital by *Jibran et al., (2022)* entitled" Identification of Bullying Behaviors and Coping Strategies of Postgraduate Trainees in Clinical Settings" who indicated more than two third always never use coping strategies.

However, in disagreement between the two studies, the first study conducted in Egypt by *Hussien et al., (2022)* who study Pediatric Nursing Students' Experience of Bullying Behavior in Clinical Settings, revealed that nursing students use coping mechanisms in response to bullying as the highest coping mechanism by nursing students was putting up barriers followed by speaking directly to the bully and finally, the use of unhealthy coping behavior. Also, a second study in disagreement conducted in Egypt by *Albakoor et al., (2020)* who study " Relationship between Coping Strategies, Bullying Behaviors, and Nursing Students' Self Esteem", revealed that nursing

students use coping mechanisms in response to bullying.

Regarding total self-esteem levels of studied nursing interns it was observed that more than half of them had a high level of total self-esteem while, slightly more than two-fifth of them had a low level of total self-esteem, from the researcher point of this finding might be due to the nursing students' sense of the importance of their profession to society.

Consistent with the same study findings, a study conducted in Egypt by *Abd-Elgaleil et al., (2021)* who study Nursing Students' Attitudes toward Nursing Profession: Its Relation to Their Self Esteem, revealed that the total studied students' self-esteem toward each personality domain, the near to three quarters had high self-esteem toward positive personality and social personality. Slightly more than three-quarters of studied nursing students had high self-esteem, while less than one-quarter of studied nursing students had low self-esteem.

Also, these results are in agreement with a study conducted at Egypt *Atal & Kamal, (2018)* who conducted a study entitled "Effect of Assertiveness Training Program on Nurse Interns' Self-esteem and Stress at El-Fayoum University Hospitals" and reported that there were slight enhancements in all domains and the total score of self-esteem among nurse interns.

Regarding correlations matrix and best fitting multiple linear regression model of bullying behavior, coping strategies, and self-esteem. The present findings indicated that there were positive statistically significant correlations between bullying behavior, and coping strategies and negative statistically significant correlations between bullying behavior and self-esteem. From the researcher point this finding is due to when the student intern is confident in their abilities, he develops various coping strategies to reduce his stress. They can deal with any stressful condition with their strong coping skills.

Consistent with the same study findings, a study conducted in Dhaka city by *Shahnaz & Ara, (2019)* who study Self-esteem and coping skills of victims and nonvictims of bullying in public schools, presented that bullying has significant and negative correlations with self-esteem and coping skills, and self-esteem has a

significant and strong positive correlation with coping skills.

Conclusion:

Based on the study findings, it can be concluded that the staff nurse is the most common source of bullying. Although most nurse interns always used the self-blame strategy as a coping strategy. The higher mean scores regarding self-esteem among studied nurse interns who were female and had their training at Ain-Shams Hospital. There were highly statistically significant positive correlations between bullying behavior, and coping strategies and negative statistically significant correlations between bullying behavior and self-esteem. These findings answer the research question which stated that: Is there a relationship between bullying behaviors, coping strategies, and self-esteem among nurse interns?

Recommendations:

In light of the findings of the current study the following recommendations are suggested:

- 1- Regularly assess coping strategies experienced by nurse interns.
- 2- Increasing the student's awareness towards the appropriate coping strategies for dealing with the cycle of bullying through conducting a training program.
- 3- Educational workshops and seminars should be conducted regularly for nurse interns on how to develop and improve students' self-esteem.
- 4- Further research is proposed to Enhance educational programs regarding bullying and its effect on academic achievement and self-esteem among Nursing Students.

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