Nursing students' knowledge and skills with bullying prevention Program

Mohamed Adel Abdelhafiz Elbakry[1], Sahar Hamdy El Said [2], Magda Atiya Gaber [3]

[1]Assistant lecturer, Department of Nursing Administration, Faculty of Nursing, Zagazig University, Egypt

[2]Professor, Department of Nursing Administration, Faculty of Nursing, Zagazig University, Egypt

[3] Professor, Department of Nursing Administration, Faculty of Nursing, Zagazig University, Egypt

E-mail: melbakry558@gmail.com

ABSTRACT: Bullying in nursing education has an extensive history and continues to be pervasive in the nursing profession. The aim of this study was determining the effect of bullying prevention program on nursing students' knowledge and the skills learned about bullying prevention. Materials and Methods: A quasi-experimental study was conducted in faculty of nursing Zagazig University. The sample included 81 nursing students in the fourth academic year, three tools were utilized 1) Bullying knowledge questionnaire, 2) Nursing student satisfaction with bullying prevention program, 3) General skills checklist. Results: The mean score of nursing students' knowledge about bullying in the study group increased throughout program phases (9.38 ± 9.67, 20.99 ± 7.02, and 20.99 ± 7.02), with a highly statistically significant difference in their knowledge about bullying in both pre-post, and pre-follow up phases of the program. In addition, the mean score of nursing students about general skills to deal with bullying increased gradually from situation one to situation five with a highly statistically significant difference between five situations ($p = <0.001$). Conclusion: Bullying program improved students' knowledge and general skills; problem solving skills, assertiveness skills, stress management skills, and conflict management skills of nursing students.

KEYWORDS: Knowledge, Skills, Bulling, Prevention

INTRODUCTION

Bullying in higher education is a rising problem and continues in clinical settings and educational environments, where nursing students are exposed to bullying from various perpetrators, so they need a supportive and healthy learning environment to meet theoretical and practical course necessities. To achieve this, the necessity for nursing students to be equipped with adequate

information and skills to provoke bullying directed to them or witnessed it (**Abdelaziz, and Abu-Snieneh, 2021**).

Bullying is aggressive behavior and social prohibiting directed towards nursing students either in their academic institutions or in clinical setting, moreover, it defined as the perception of being systematically exposed to mistreatment and usually related to an asymmetric power relationship, occurs frequently over time, and is goal-directed (**Einarsen, S., et al., 2020**).

In practice, only minor differences present between the concepts of bullying, harassment and mobbing. The term bully is the descriptions of the perpetrator who behaves aggressively in many situations and maybe acts aggressively towards more than one victim, while mobbing, is the experiences of targets who are systematically exposed to harassment, mistreatment and social prohibiting by one or more perpetrators. However, harassment is related to the perpetrator and is a broader, including sexual harassment as well as single episodes of more severe mistreatment and violations (**Einarsen, S., et al., 2020**).

The bullying experience has three dimensions, first; the intention to harm; bullying is aggressive goal-directed behavior that harms another individual within the context of a power imbalance. (**Anderson, & Bushman, 2018**), while the second one is, the power imbalance, it can be showed in different ways including being numerically superior, physical (e.g., size, age, strength, sex), psychological (e.g., confidence, intelligence, verbal, and social skills), social (e.g., perceived popularity, friends, social connectedness), and economic (e.g., socioeconomic status) (**Nickerson, Guttman, & VanHout, 2018**). And the third dimension is, the repetition; which Victims of repeated bullying more psychosocial maladjustment and depression compared to students who encountered occasional incidents of bullying (**Olweus and Limber, 2018**).

The types of bullying are physical, verbal, relational, and damage of property. Also, there are two modes of bullying: direct that are aggressive behaviors occur in the presence of targeted student, and indirect that are aggressive behaviors not directly communicated to targeted student. Additionally, bullying has many forms, as physical (e.g., punching, kicking), financial (e.g., stealing, hiding someone's belongings), and verbal (e.g., threatening someone, name calling, insulting), and relatedness bullying are all examples of bullying (e.g., refusing to talk to someone, spreading lies and rumors about someone) (**Zewiel, El Sayed, El-Sharkawy, and El salamony,2022**).

In addition, cyber or electronic bullying is a form of verbal and relational bullying executed using electronic means (e.g., e-mail, instant messaging, chat rooms, websites. Coping strategies with bullying consists of different types of coping as; problem-focused or task coping strategies refers to a positive coping method of solving a problem by proactively modifying decision-making or actions. Moreover, emotion-focused coping strategies is a method of controlling one's own emotions and involves adaptation of the individual's thoughts, feelings, and beliefs regarding the stressor. Another strategy is avoidance coping strategies refers to a cognitive and behavioral effort

aimed at minimizing, rejecting or ignoring the situation in which the individual separates themselves either physically or psychologically from an adverse situation through denial, disengagement **(Smokowski & Evans, 2019).**

Significance of the study

The effect of Bullying is great on nursing education for many years and increasing, it is noted to be a worldwide epidemic. It affects nursing students' satisfaction with nursing program and their self-esteem, which they encounter these behaviors of bullying in their educational environment and clinical setting during their education that can impact their learning and their desire to be a professional nurse in the future.

Aim of the study

Determining the effect of bullying prevention program on nursing students' knowledge and the skills learned about bullying prevention through:

- Assess nursing students' knowledge regarding bullying behaviors before program implementation.

- Implement bullying prevention program for nursing students based on the assessment data.

- Assess nursing students' general skills to deal with bullying

- Determine the effect of bullying prevention program on nursing students' knowledge about bullying, immediately after program implementation, and three months after the program

Research hypothesis:

Bullying prevention program will improve nursing students' knowledge and general skills to deal with bullying after implementation of the program.

Subjects and Methods:

Research Design:

A quasi- experimental design

Setting:

Faculty of nursing Zagazig University.

Subjects:

The fourth-year nursing students from the academic year 2022 – 2023, who agreed to participate in the study and the required sample size was consisted of 81 nursing students. The results showed

that the majority of students were in the age group 21 years old (77.8%), The highest percentages of them were female (71.6%).

Tools of data collection:

I: Bullying knowledge questionnaire: It was developed by researcher based on review of current related literature **(Colon, 2018),** to assess nursing students' knowledge about bullying. It consisted of two parts:

Part I: Personal characteristics data.

Part II: To assess nursing students' knowledge about bullying., it consists of 25 multiple choice questions which include; definition, causes, sources, types, and coping strategies to deal with bullying.

II: Nursing student satisfaction with bullying prevention program: It was developed by researcher based on review of current related literature to measure nursing student satisfaction with bullying prevention program, it consisted of 15 statements.

III: **General skills checklist:** It was developed by researcher based on review of current related literature **(Fox and Boulton 2003, and Swearer et al., 2011),** to assess nursing students how to use general skills as to deal with different types of bullying based on different situations. It consisted of 20 items grouped under four categories (problem solving, assertiveness skill, stress management skill, and conflict management skill).

Validity & Reliability

The tools of data collection were tested for their content and face validity sheet by a jury of five experts at the faculty of nursing at Zagazig University.

The reliability of tools was tested by author using Cronbach's alpha: bullying knowledge questionnaire = 0.70, nursing student satisfaction with bullying prevention program = 0.82, and general skills checklist=0.75

Pilot study:

A pilot study was carried out with 10% of the study sample (9) nursing students to test the tools feasibility, understandability and to estimate the time consumed for filling in the forms.

Field work:

The field work for study includes preparation, implementation, and evaluation phase. Preparation phase includes assigned reading, preparation of tools of data collection, and bullying prevention program development; After testing tools of data collection for validity and reliability, the bullying prevention program was developed in two phases: the first phase; the researcher developed bullying situations that include five situations about different types of bullying (verbal, physical, social,

sexual, and cyber bullying). The second phase; the researcher prepared the sessions of program (theoretical, practical sessions). And prepared a booklet for bullying prevention program to be distributed on nursing students.

Implementation phase was executed in 2 months from the beginning of August 2022 to the end of September 2022. The researcher applies the training program in the classes, and clinical setting, two days per week (Tuesday & Thursday). The training program designed for this study has been implemented through 14 sessions from which 9 theory and 5 practical sessions. The program consisted of two main parts, the first theoretical part covers knowledge about bullying such as; definitions of bullying, the main definitional criteria for bullying, prevalence of bullying ……etc.

 The second part of program is practical in the form of giving five situations for nursing students that handle different types of bullying; they read and then play their roles according to situation; the role of each student was a bully, victim, witness, and …. etc., the students play all of these roles in rotation to learn how to deal according to assigned role. At the end of each session, the researcher used group discussion to determine the appropriate skills used to prevent the type of bullying to gain feedback. Finally, the evaluation phase which the researcher assesses their knowledge about bullying before, after program implementation, and three months after program implementation, use general skills checklist to observe their skills during playing their role in situations and assessing their satisfaction with bullying prevention program immediately after program implementation.

Administrative Design:

Official permissions were obtained from the dean of the Faculty of Nursing, Zagazig University to conduct the study.

Ethical Considerations:

The study was approved by the Ethics research Committee at the Faculty of Nursing; Zagazig University. Oral and written consent were taken from subjects and reassured them about confidentiality and anonymity of the study, their right to refuse or withdraw from the study at any time.

IV. Statistical Design

Data entry and statistical analysis were performed using computer software, the (SPSS), version 20. Suitable descriptive statistics were used. paired test was used to compare between paired variable of normally distributed. The chi – square test was used to detect the relation between the quantitative variables, correlation coefficient (r) test was used to estimate the close association between variables. P-values which were less than 0.05, 0.001 were considered as statistically significant and highly significant respectively.

Results:

Table 1: displays mean score of nursing students' knowledge about bullying throughout the program phases, it is clear from the table that mean score of nursing students' knowledge about bullying increased throughout program phases (9.38 ± 9.67, 20.99 ± 7.02, and 20.99 ± 7.02), with a highly statistically significant difference in their knowledge about bullying in both pre-post, and pre-follow up phases of the program (p=0.000, & p=0.000 respectively). *So, the program improved nursing students' knowledge about bullying behaviors.*

Table 2: shows mean score of general skills of nursing students used to deal with bullying. It is obvious from the table that the mean score of nursing students about general skills to deal with bullying increased gradually from situation one to situation five (13.2 ± 2.1, 14.1 ± 2.3, 16.1 ± 2, 17.5 ± 2, & 18.2 ± 1.8 respectively), with a highly statistically significant difference between five situations (p = <0.001). *So, the program improved all parts of general skills; problem solving skills, assertiveness skills, stress management skills, and conflict management skills of nursing students.*

Figure1: indicates satisfaction levels of nursing students with bullying prevention program in study group, As observed from this figure the majority of nursing students were satisfied with bullying prevention program (80.2%), while 19.8% of them were neutral satisfied with bullying prevention program.

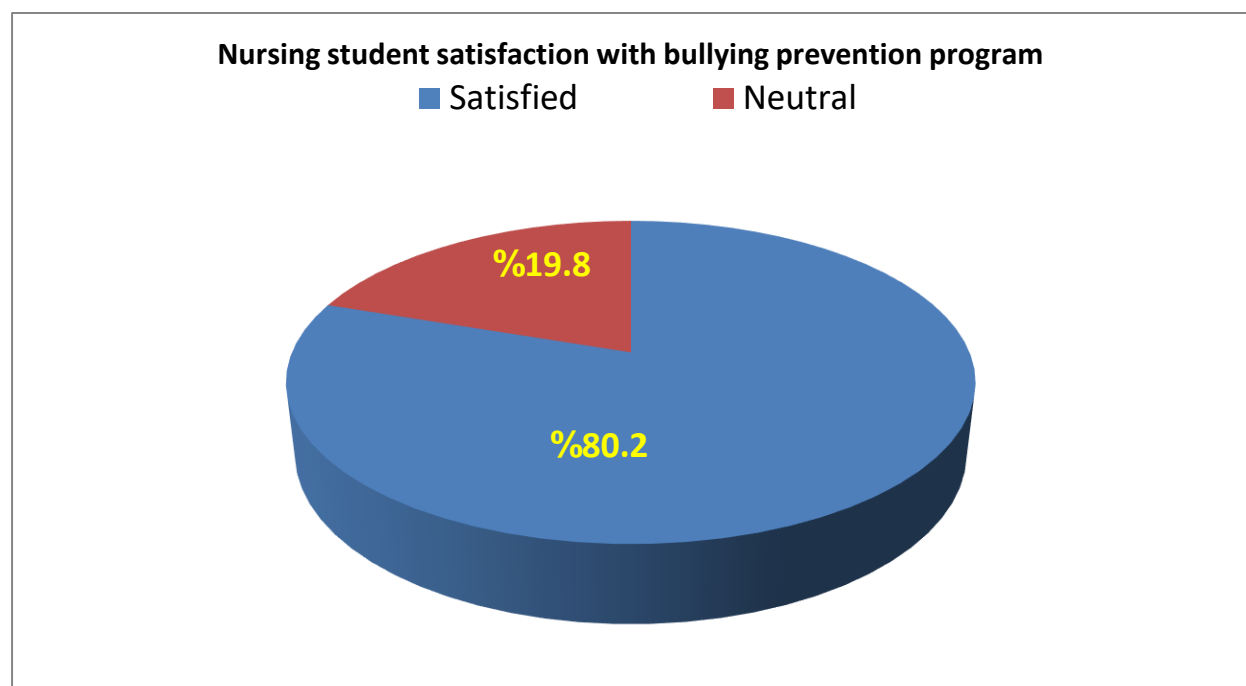**Nursing student satisfaction with bullying prevention program**

Figure (1): Satisfaction levels of nursing students with bullying prevention program in study group (n=81)

Table 1: Mean score of nursing students' knowledge about bullying throughout the program phases (n=81)

Knowledge dimensions	Time	Mean ±SD	P-Value	
			Pre-post	Pre-follow
1-Definition of bullying	Pre	0.41±0.8	0.0001*	0.0001*
	Post	1.5±0.82		
	Follow up	1.58±0.72		
2- Types of bullying	Pre	4.2±1.2	0.0001*	0.0001*
	Post	6.3±1.5		
	Follow up	6.5±1.5		
3- Causes of bullying	Pre	1.58±0.72	0.0001*	0.0001*
	Post	1.8±0.4		
	Follow up	1.8±0.41		
4- Sources of bullying	Pre	1.58±0.72	0.0001*	0.0001*
	Post	1.8±0.4		
	Follow up	1.8±0.41		
5- Effects of bullying	Pre	1.9±0.97	0.0001*	0.0001*
	Post	3.1±1.03		
	Follow up	4.2±1.2		
6- Coping strategies to deal with Bullying	Pre	6.5±1.5	0.0001*	0.0001*
	Post	8±1.1		
	Follow up	8.15±1.3		
Total mean score of knowledge	Pre	9.38 ± 9.67	0.000*	0.000*
	Post	20.99 ± 7.02		
	Follow up	20.99 ± 7.02		

p<0.05= significant

Table 2: Mean score of general skills of nursing students used to deal with bullying in study group (n= 81)

Situations	Mean± SD	p-value
Situation 1 Verbal bullying	13.2 ± 2.1	
Situation 2	14.1 ± 2.3	0.0001*

Physical bullying		
Situation 3 Sexual bullying	16.1 ± 2	
Situation 4 Relational bullying	17.5 ± 2	
Situation 5 Cyberbullying	18.2 ± 1.8	

p<0.05= significant

Discussion:

The findings of the present study revealed that mean score of nursing students' knowledge about bullying increased throughout program phases, with a highly statistically significant difference in their knowledge about bullying in both pre-post, and pre-follow up phases of the program. This may be due to the bullying prevention program implementation enrich the knowledge of nursing students regarding bullying, as well the researcher used various methods as role play, situations, discussion, and media as presentation and videos which helped them to acquire the necessary knowledge and skills regarding bullying prevention. In addition, the bullying prevention program booklet which distributed on students helped them to hold and recall their knowledge regarding bullying after three months of program implementation. This finding was in agreement with **Sanner-Stiehr (2018),** who carried out a study, in USA, to determine the impact of a cognitive rehearsal intervention on nursing students' self-efficacy to respond effectively to disruptive behaviors, and found that Cognitive rehearsal interventions increase knowledge of nursing students to respond to bullying immediately after program and sustained effects up to three months later. In the same line, this finding agreed with **Kennedy, (2020),** who carried out a study in USA, to determine the outcomes of bullying prevention programs on subtypes of traditional bullying victimization, and found that the students who participated in a prevention program had higher awareness of bullying compared to the control group. The current findings consistent with a study carried out in Canada by **Alraja, and Martin, (2020),** who conducted a study to enhancing undergraduate nursing students' knowledge and self-efficacy about bullying: A quasi-experimental study, they found that completion of the online educational modules had a significant influence in enhancing nursing students' knowledge about bullying.

The finding of the present study showed that the majority of nursing students in the study group were highly satisfied with bullying prevention program, this may be due to the content of program was valuable, the program helped the students to feel safe in the faculty environment, teaching methods used in program were helpful and effective, program provided them with knowledge and skills to prevent bullying, and improve their communication skills to deal with bullying incidents.The current findings consistent with a study carried out in USA by **Gillespie et al., (2017)** who conducted a study to describe the development process and utility of one such

intervention for use by nursing faculty with nursing students prior to their students' entry into the profession, and reported that nursing students satisfied with and valued bullying education program. Moreover, **Fehr and Seibel (2022),** who carried out a study, in Canada, to refine and improve the cognitive rehearsal training (CRT) intervention. Experiential workshops were conducted with baccalaureate nursing students and founded that nursing students were satisfied with CRT approach as a first response toward dealing with bullying behavior.

The finding of the present study revealed that the mean score of nursing students about general skills to deal with bullying increased gradually from situation one to situation five, with a highly statistically significant difference between five situations, this may be due to bullying prevention program allow nursing students to apply many situations about bullying , with each situation; they learned and acquired problem solving, assertiveness, stress management, and conflict management skills, which are general skills to deal with bullying, then master these skills.

As well, using role-play during bullying prevention program helped nursing students to develop a better emotional understanding of bullying situations by providing insight into different types of bullying through providing valuable opportunities to practice and evaluate solutions to bullying situations, having the ability to view things from another person's perspective, and knowing what to do in a bullying situation are key to bullying prevention and intervention.

The findings of the current study were in agreement with **Jeong and Lee (2020**), who carried out a study in South Korea, to develop and evaluate a violence prevention program for nursing students to improve communication self-efficacy, problem-focused coping style, emotion-focused coping style, and the ability to cope with violence, and found that the experimental group showed significantly higher posttest scores for the problem-focused coping style, the emotion-focused coping style, and the ability to cope with violence.

In the same line, **Kennedy (2020)** carried out a study in USA, and found that bullying prevention programs enhancing students' skills and reducing bullying victimization. Also, **Fehr and Seibel (2022),** who revealed that the cognitive rehearsal training (CRT) intervention involves role-play, which promotes learning at a deeper level to support nursing students in dealing with bullying.

Conclusion:

In the light of the main study findings, it can be concluded that nursing students' nursing students knowledge about bullying is higher after program implementation and after three months of program implementation than before bullying prevention program with a highly statistically significant difference throughout program phases.in addition, they were satisfied with program and their general skills to deal with bullying improved gradually through the five situations.

Recommendations:

- Conducting training program for assistant teaching staff about using and applying bullying prevention program
- Introducing bullying prevention training into nursing curriculum to eradicate the behavior
- For further research, Apply bullying prevention program for staff nurses with evaluation and feedback.

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