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Pediatric Nursing Students' Experience of Bullying Behavior in Clinical Settings

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Abstract:
Background: Bullying is still a troubling issue in the nursing profession. In the clinical setting, nursing students may confront bullying. **The study aimed** to identify pediatric nursing students' experience of bullying behavior in clinical settings. **Method:** A descriptive research design was used, The study was done at Faculty of Nursing, Assuit University with a representative sample of all third-year undergraduate nursing students enrolled in the pediatric nursing courses. **Tool of data collection:** Self-administered tool was used to recognize experience of bullying among nursing students. **Results:** The result indicates that bullying occurs among nursing students, the most severe forms of bullying, less than half of pediatric nursing students were exposed to spreading malicious rumors and cursing or swearing. Bullying influences pupils, resulting in educational failure, and differences with statistical significance have been established between bullying methods and the effect of bullying on students. **Conclusion:** Bullying was an issue among nursing students, resulting in a scary and frustrating educational environment. **Recommendations:** Faculty staff and students more aware of bullying behavior if it is taught in the curriculum through professional behavior courses.

Keywords: Bullying behavior, Clinical settings & Pediatric nursing student's experience

Introduction

Bullying against university students is a well-documented fact, according to studies. Hopkins et al. performed an Australian survey, while Clarke et al. constructed Canadian research, revealing that nursing students are subjected to a significant danger from numerous kinds of bullying in the experimental setting. Ferns and Meerabeau noticed that 45.1 percent of nursing students faced oral bullying in a survey performed in the United Kingdom (UK). Kassem et al. stated that many nursing students (n=338) in Egypt were bullied a lot. Foster et al. observed that 90 percent of nursing students had met the bullying act in a New Zealand study **(Mohamed, 2019)**.

Bullying is defined as the act of subjecting someone to a series of undesirable behaviors. Bullying is defined as a pattern of aggressive or damaging acts or behaviors directed towards someone unable to protect themselves over time. Bullying can take the form of physical or psychological aggression, which is typically the case, and it has been proven to harm health care outcomes. (**Etienne, 2014).**

Bullying is defined as a pattern of hostile behavior meant to injure others and promote inequity. Nurse bullying is defined by the American Nurses Association as "repeated, unwanted harmful actions intended to humiliate, offend, and cause distress in the recipient," and it is "a very serious issue that threatens patient safety, RN safety, and the nursing profession as a whole," according to the organization. **(American Nurses Association, 2019).**

Bullies are a problem for nursing students both in the classroom and on the job. When workplace bullies intimidate students, they may be unable to learn the necessary psychomotor skills needed for clinical placements. Nursing students are particularly vulnerable when they enter this type of employment since they are frequently younger, have less clinical and life experience, fewer established coping skills, have limited authority in the hierarchy, and are unfamiliar with the environment and its standards. **(Ekici et al., 2016).**

Physical symptoms (such as headaches, stomachaches, backaches, and dizziness) and psychosocial impacts (such as feelings of inefficiency, anxiety, embarrassment, and humiliation) were among the symptoms encountered by harassed nursing students. Some nurses stated that they were considering leaving the profession. These feelings make it difficult for students to achieve clinical competency. **(WILSON, 2016).** Bullied students are also more likely to have a bad attitude toward school, have behavioral issues, have difficulty focusing on homework, receive lower marks; avoid activities; and have nightmares **(Ttofi & Losel 2012).**

Action is violent and intended to cause injury, and/or it is repeated over time, it may be considered bullying rather than incivility. Undervaluing; negative, sarcastic, or condescending statements; inappropriate demands; aggressive or humiliating treatment; being ignored or socially ostracized; and being shouted at or threatened were all identified as bullying in previous research by nursing students. However, nursing students may not be adequately prepared to recognize and handle bullying behavior when it occurs **(Harthi et al., 2020).**

Nurses are becoming increasingly dissatisfied with their professions, contributing to the continuous problem of nurses leaving faculty posts and retiring early. As a result, all healthcare faculty members must have a thorough awareness of the causes and effects of incivility, as well as potential techniques for lowering the rate of incivility. (**Yamada, 2018).**

To ensure adequate staffing and future patient care, Bullying must be avoided in all nursing aspects. Bullying in nursing has been a problem for years and will remain to be a problem in the future. Because nursing students and qualified nurses share the same precarious nursing situation, it's vital to find out if they've been bullied as well. It is our specialized and moral responsibility to aid increase consciousness and supporting change, to end the bullying cycle. **(Clarke, 2012**).

Skills-coaching techniques include role-performing, experimental simulation, intellectual practice, and Situations that involve an issue. role-performing in the lecture hall and/or in an experimental setting, for example, allows students to put into action recognizing and reacting to bullying manners in a secure, studying environment. **(Minton, 2018**).

Teachers have an important role as educators and socializing agents, supporting pupils in making positive relationships and avoiding negative interactions. When a bullying incident occurs, teachers are frequently present, and they are frequently the first people that adolescents contact. After a bullying incident, teachers might react in a variety of ways, including intervening, observing the situation, not intervening, ignoring, and trivializing the bullying. They can keep an eye on bullying situations, act in support of the victim or the bully, and/or talk to the class about the need for a positive classroom climate. **(Wachs et al., 2019).**

Conceptual framework

Traditionally, nursing's categorized structure and rules have provided opportunities for bullying that have led to a philosophy of bullying **(Lewis, 2002)**. According to **Cassell, (2010)** 72% of bullying cases in higher education are recognized as a discrepancy of power due to the hierarchical structures of higher education. Within universities, schools of nursing suggest the same classified structures. For example, lecturers and faculty represent managerial positions, and students are often seen as passive workers. When disagreement occurs and power discrimination is perceived, students feel disempowered.

Since education leads the practice, nurse leaders and nurse educators need to be aware of power imbalances and whether bullying exists to suppress such behaviors. Bullying is caused by a strength inequity or an asymmetrical power bond **Olweus,(2003).** The ideas of power and power imbalances occur in the literature regarding bullying **(Baltimore, 2006).** To achieve organizational objectives **(Laschinger & Finegan, (2005); Siu et al., (2005)** recommend offering learning environments within nursing schools constructed on empowerment structures that assist support qualified growth. **(Suita et al., (2005)** for this study, formal power structures acted as the context and may be effective as a guide for nurse managers and teachers in developing structures that appreciate caring principles and construct a safe and healthy environment.

Significance of the Study

Bullying has a negative influence on students, instructors, training quality, and patient care in nursing faculties. Nursing students are ideal targets for bullies due to the submissive character of nursing, new work situations, underreporting of bullying behavior, and deficiency of clinical expertise. Unpredictably, some nursing students anticipate being harassed and, as a consequence, they are on high aware, ready to fight back and protect themselves. When these students attain positions of responsibility, They may pass on the bullying culture to their children, perpetuating the cycle.

Aimed of the study

was to identify Pediatric Nursing Students' Experience of Bullying Behavior in Clinical Settings.

Subjects and Method

Research Design

A descriptive research design was used to accomplish this study.

Research Questions

1. What is the skill of nursing students in experimental settings with bullying manners, as well as their coping strategies for dealing with bullying behaviors?
2. Who are the perpetrators of bullying in nursing schools?
3. What impact does bullying have on a student's physical and psychological health?

Setting
The study was carried out at Faculty of Nursing, Assuit University's Egypt.

Subjects
The study comprised all third-year pediatric nursing students During the first semester of the academic year, 2020-2021, a total of 200 nursing students.

Tool of data collection:

One tool was used to collect the required data for this study:

Tool (1): After reviewing new literature and interviewing students, a self-administered tool was utilized to identify bullying incidents among nursing students.

It contained the subsequent items:

Part I: This section contained questions about the nursing students' demographic attributes such as age, gender, residence, and score from the prior college year.

Part II: Nursing student's Bullying form developed by**(Radwan & Shosha, 2019)** consists of two parts: A- It was done to assess student's background in bullying manners. It was made up of 12 comments about the phenomena of bullying. So, students were requested to assess the occurrence of their activity. A 5-point Likert scale was used to evaluate responses. ranging from always (5) to never (1). B- It was used to figure out what was causing the bullying among student nurses. It was made up of 12 comments on bullying, in which students were requested to identify the basis of each bullying manner as either a nurse, a doctor, a member of the hospital staff, or a patient.

Part III: It includes 13 items relating to the consequences of bullying practices on nursing students, including (1) Physical consequences such as headache, vomiting, neck, or lower back discomfort, forgetting things, and Anxiety attacks. (2) Psychological consequences such as misery and stress, losing self-esteem, aversion to criticism, and feeling of guilt. And finally (3), Administrative consequences such as educational failure, friendship ties are negatively affected, loss of enthusiasm, and attention impairment. (Answers were tallied as follows: Yes=1 or No=zero)

Part IV: It includes 11 categories covering strategies employed by nursing students to cope with bullying experiences: Nothing was done, put up obstacles, yelled at the bully, visited a doctor, and the action was interpreted as a funny story. (Answers were tailed as Yes=1 or No=zero)

Method of data collection

- To collect the essential data for this study, the dean of nursing faculty and the director of the pediatric nursing department gave their official consent.
- The reliability of the tool was assessed by Cronbach's alpha test using the reliability command in SPSS and it was (r=0/7,p<0/001).
- After the researchers translated the student questionnaire into Arabic, Its content validity was independently confirmed by five specialists in the fields of teaching and pediatric nursing. After the questionnaire had been translated, the experts were asked to assess it for reliability, appropriateness, and clarity.
- After explaining the purpose and nature of the study, the student gave written consent to participate in the study.

Pilot Study
A pilot study of 20 students (10%) of the whole sample population was conducted. (N = 220). They were chosen at random to assess the research tool's relevance and application, and then they were omitted from the primary study sample, resulting in a total sample size of (N = 200 students).

Field of the work:
This investigation was conducted over two months. (beginning of March to mid-May) during the second term of the academic year 2020-2021. The time needed for every student was 20minutes.

Ethical consideration:
The Ethical Committee of the Faculty of Nursing authorized the research proposal, and the researcher's secrecy was guaranteed. The purpose and nature of the investigation were explained. The student was reminded of his or her right to decline participation in the study.

Statistical analysis:
Data entry and data analysis were done by using the SPSS program (Statistical Package for Social Science) version 20. Data were presented as a number, percentage, mean and standard deviation. Chi-square test and Fisher exact test were used to compare qualitative data and T-test was used to compare quantitative data. Pearson correlation was used to measure the correlation between age and pain score. P-value is deemed statistically significant when $p < 0.05$.

Results:

Table (1): Relation between total bullying behaviors and sociodemographic characteristics (n=200)

Behaviors used to cope with bullying	Total bullying behaviors				p-value
	Low bullying scale		High bullying scale		
	N (96)	%	N (104)	%	
Age / years:					
- Less than 22 years	56	60.9	36	39.1	0.001**
- From 22 years and more	40	37.0	68	63.0	
Sex:					
- Male	28	31.8	60	68.2	0.001**
- Female	68	60.7	44	39.3	
Residence:					
- Urban	50	53.2	44	46.8	0.166
- Rural	46	43.4	60	56.6	
Academic grade in the first year					
- Excellent	10	20.0	80.0	40	0.001**
- Very good	24	48.0	52.0	26	
- Good	26	61.9	38.1	16	
- Satisfactory	36	62.1	37.9	22	
Academic grade in the second year					
- Excellent	4	16.7	83.3	20	0.001**
- Very good	22	39.3	60.7	34	
- Good	36	56.3	43.8	28	
- Satisfactory	34	60.7	39.3	22	

(**) A highly statistically significant difference

Table(2): Distribution of studied sample according to bullying behaviors (n=200):

Bullying behaviors	Always	Intermittent	Never
Shouting in rage	84(42%)	76(38%)	40(20%)
Inappropriate, rude or hostile behavior	84(42%)	30(15%)	86(43%)
Humiliating behavior	88(44%)	34(17%)	78(39%)
Spreading malicious rumors	92(46%)	14(7%)	94(47%)
Cursing or swearing	90(45%)	18(9%)	92(46%)
Negative remarks about becoming a nurse	62(31%)	76(38%)	62(31%)
Tasks of responsibilities for punishment instead of for educational purposes	52(52%)	82(41%)	66(33%)
A bad grade given as a punishment	42(21%)	74(37%)	84(42)
Hostile behavior because of academic or clinical failure	66(33%)	58(29%)	76(38%)
Actual / threats of physical or verbal acts of aggression	76(38%)	36(18%)	88(44%)
Being ignored or physically isolated	54(27%)	62(31%)	84(42%)
Unmanageable workloads or unrealistic deadlines	70(35%)	48(24%)	82(41%)

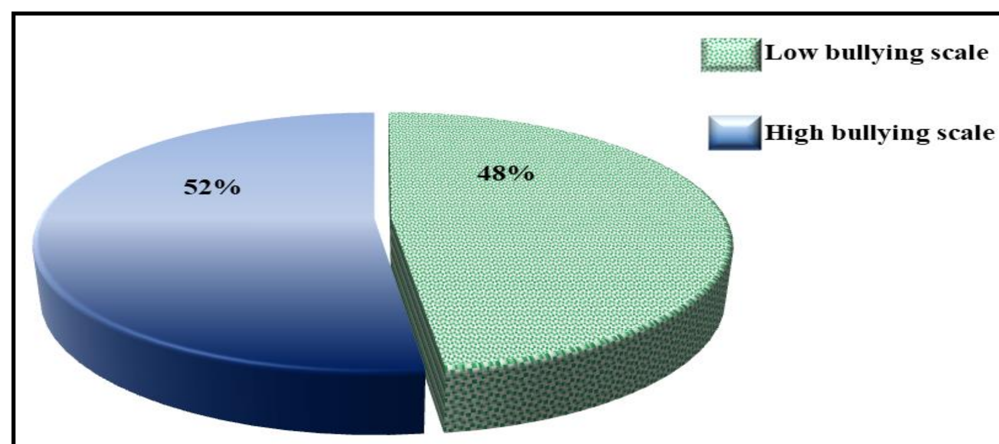

Figure (1): Distribution of studied sample according to total bullying behaviors score (n=200):

Table (3): Distribution of studied sample according to source of bullying (n=200):

Source of bullying	Medical staff	Patients	Colleagues	Teaching staff
	N (200)%	N (200)%	N (200)%	N (200)%
Shouting in rage	82(41.0)	58(29.0)	8(4.0)	52(26.0)
Inappropriate, rude or hostile behavior	52(26.0)	114(57.0)	16(8.0)	18(9.0)
Humiliating behavior	54(27.0)	94(47.0)	26(13.0)	26(13.0)
Spreading malicious rumors	36(18.0)	56(28.0)	93(46.5)	15(7.5)
Cursing or swearing	14(7.0)	117(58.5)	41(20.5)	28(14.0)
Negative remarks about becoming a nurse	78(39.0)	83(41.5)	30(15.0)	9(4.5)
Assignments of responsibilities for punishment instead of for educational purposes	100(50.0)	61(30.5)	12(6.0)	27(13.5)
A bad grade given as a punishment	87(43.5)	27(13.5)	14(7.0)	72(36.0)
Hostile behavior because of academic or clinical failure	76(38.0)	39(19.5)	26(13.0)	59(29.5)
Actual / threats of physical or verbal acts of aggression	33(16.5)	97(48.5)	24(12.0)	46(23.0)
Being ignored or physically isolated	49(24.5)	37(18.5)	53(26.5)	61(30.5)
Unmanageable workloads or unrealistic deadlines	55(27.5)	27(13.5)	27(13.5)	91(45.5)

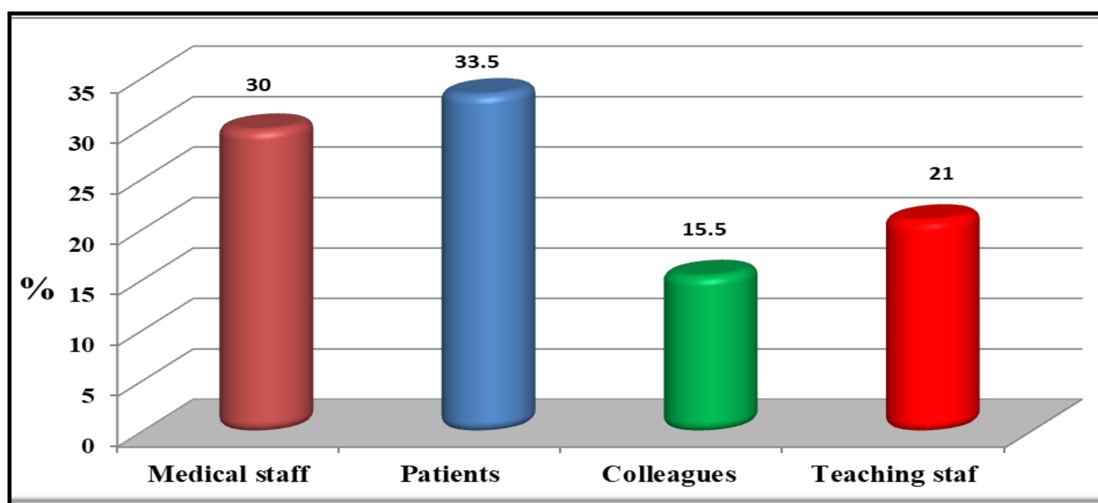

Figure (2) Distribution of studied sample according to mean percent of source of bullying (n=200):

Table (4): Distribution of studied sample according to behaviors used to cope with bullying experiences (n=200):

Behaviors used to cope with bullying	N (200) %
You did nothing	130 (65.0)
Put up obstacles	160(80.0)
Spoke directly to the bully	96(48.0)
Pretending not to see the behavior	100(50.0)
Report the behavior to the boss	116(58.0)
Increased my use of unhealthy coping behavior	68(34.0)
Warned the bully not to do it again	98(49.0)
yelled at the bully	74(37.0)
Show similar behavior	68(34.0)
Visited a doctor	60(30.0)
The action was interpreted as a funny story	70(35.0)

Table (5): Distribution of studied sample according to the effect of bullying on the student (n=200)

Behaviors used to cope with bullying	N (200)%
Physical consequences	
Physical weakness (e.g headache)	128(64.0)
Forgetting things	126(63.0)
Psychological consequences	
Misery and stress	158(79.0)
losing self-esteem	90(45.0)
Sleep disturbance	110(55.0)
Anxiety attacks	96(48.0)
Feeling of guilt	94(47.0)
Aversion to criticism	126(63.0)
Administrative consequences	
Perceiving that this career is not right for me	124(62.0)
Educational failure	120(60.0)
Attention impairment	134(67.0)
Loss of enthusiasm	112(56.0)
Friendship ties are negatively affected	74(37.0)

Table (6): Relation between total bullying behaviors and behaviors used to cope with bullying experiences (n=200):

Behaviors used to cope with bullying	Total bullying behaviors				p-value
	Low bullying scale N (96)%		High bullying scale N (104)%		
	Yes	No	Yes	No	
Nothing was done	64(49.2)	32(45.7)	66(50.8)	38(54.3)	**0.635**
Put up obstacles	68(42.5)	28 (70.0)	92(57.5)	12(30.0)	**0.002****
Spoke directly to the bully	38(39.6)	58(55.8)	58(60.4)	46(44.2)	**0.022***
Pretending not to see the behavior	40(40.0)	56 (56.0)	60(60.0)	44(44.0)	**0.024***
Report the behavior to the boss	52(44.8)	44(52.4)	64(55.2)	40(47.6)	**0.291**
Increased my use of unhealthy coping behavior	28(41.2)	68(51.5)	40(58.8)	64(48.5)	**0.166**
Warned the bully not to do it again	42(42.9)	54 (52.9)	56(57.1)	48(47.1)	**0.154**
Yelled at the bully	28 (37.8)	68(54.0)	46(62.2)	58(46.0)	**0.027***
Show similar behavior	32(47.1)	64(48.5)	36(52.9)	68(51.5)	**0.848**
Visited a doctor	32(53.3)	64(45.7)	28(46.7)	76(54.3)	**0.323**
The action was interpreted as a funny story	24(34.3)	72(55.4)	46(65.7)	58(44.6)	**0.004****

(**) A highly statistically significant difference *(*) Statistical significant difference*

Table (8): Relation between total bullying behaviors and effect of bullying on the student (n=200):

Behaviors used to cope with bullying	Total bullying behaviors				p-value
	Low bullying scale N (96)%		High bullying scale N (104)%		
	Yes	No	Yes	No	
Physical consequences					
Physical weakness (e.g headache)	54(42.2)	42(58.3)	74(57.8)	30(41.7)	**0.028***
Forgetting things	50(39.7)	46(62.2)	76(60.3)	28(37.8)	**0.002****
Psychological consequences					
Misery and stress	64(40.5)	32(76.2)	94(59.5)	10(23.8)	**0.001****
losing self-esteem	44(48.9)	52(47.3)	46(51.1)	58(52.7)	**0.820**
Sleep disturbance	44(40.0)	52(57.8)	66(60.0)	38(42.2)	**0.012****
Anxiety attacks	34(35.4)	62(59.6)	62(64.6)	42(40.4)	**0.001****
Feeling of guilt	46(48.9)	50(47.2)	48(51.1)	56(52.8)	**0.803**
Aversion to criticism	48(38.1)	48(64.9)	78(61.9)	26(35.1)	**0.001****
Administrative consequences					
Perceiving that this career is not right for me	60(48.4)	36(47.4)	64(51.6)	40(52.6)	**0.889**
Educational failure	52(43.3)	4(55.0)	68(56.7)	36(45.0)	**0.106**
Attention impairment	56(41.8)	40(60.6)	78(58.2)	26 (39.4)	**0.012****
Loss of enthusiasm	50(44.6)	46(52.3)	62(55.4)	42(47.7)	**0.284**
Friendship ties are negatively affected	28(37.8)	68(54.0)	46(62.2)	58(46.0)	**0.027***

(**) A highly statistically significant difference *(*) Statistical significant difference*

Table (1): Shows the relation between total bullying behaviors and sociodemographic characteristics. There is a statistical difference between total bullying behaviors and sociodemographic characteristics regarding age, sex, a cadmic grade in the first and second year with p-value (0.001**0.001**0.001**& 0.001**).

Table (2): Reveals the peak distribution of students was studied based on their experiences with bullying, the table demonstrates that the most severe forms of bullying, that they were continuously exposed to, were spreading malicious rumors (46 %) and Cursing or swearing (45%). While the lowest bullying shouting in rage (20%).

Figure (1): Reveals distribution of studied students according to total bullying behaviors.(52%) of students exposed to highest bullying behaviors while (48%) of them exposed to lowest bullying behaviors.

Table (3): According to the sources of bullying behaviors, a descriptive study of the researched nursing students was conducted, Bullying practices were described by the students as (Unmanageable workloads or unattainable goals 45.5% from teaching staff, A bad grade given as a punishment from medical staff 43.5% Being ignored or physically isolated from teaching staff 30,5% They mentioned that bullying behavior was (Assignments of responsibilities for punishment instead of for educational purposes (50%), Shouting in rage (41.0 %) from medical staff respectively) They also mentioned that the act of bullying was cursing or swearing from the patient (58.5%).

Figure (2): Shows the distribution of the studied sample according to the mean percent of the source of bullying. Students exposed to (33.5%) of bullying from patients, (30.0%) & (15.5%) from colleagues.

Table (4): This shows coping methods of nursing students utilized to cope with bullying acts, According to the data, the maximum level of deal with bullying manners was put up obstacles (80%), while the lowest level was visiting a doctor (30 %).

Table (5): Indicates distribution of studied sample as regarding the impact of bullying on the student. the highest impact of bullying manners was as follows: misery and stress (79.0 %), attention impairment (67.0%), (64.0%) and (63.0%) respectively of students who had physical weakness and forget things while(62.0%) of students perceiving that this carrier is not right for him and (60%) of them had an educational failure.

Table (6): Shows terms of the relationship between total bullying manners and acts used by students to handle bullying .statistically significant distinctions were discovered between total bullying manners and acts used to handle bullying in(Put up obstacles, Spoke directly to the bully, Pretending not to see the behavior, yelling at the bully and The action was interpreted as a funny story) with p-value (0.002**, 0.022*, 0.024*,0.027* & 0.004**) respectively.

Table (7): This shows the link between overall bullying actions and bullying's influence on pupils, it was discovered that there are statistically significant distinctions between bullying acts and their impact on students. . As regard Physical weakness, forget things, misery and stress, Sleep disturbance, Anxiety attacks, Aversion to criticism, attention impairment & Friendship ties are negatively affected with p vale(0.028*, 0.002**,0.001**,0.012**,0.001**,0.001**,0.012**& 0.027*) respectively.

Discussion

Bullying has recently become a widespread problem in clinical settings and schools. There is an increasing amount of research being done on this topic **(Sinkkonen & Meriläinen, 2012)**. Bullying is defined as hostile behavior that is directed at another person orally, physically, and psychologically. Although studies on bullying in the nursing workplace and educational setting have increased in the last decade due to the link between bullying and unfavorable outcomes such as nursing turnover, stress-related illness, and medical errors, there has been no previous investigation into the incidence of this phenomena during the senior year of nursing education. **(Cooper et al., 2011).**

Bullying in higher education is a developing problem that has been acknowledged on a local and global level, as well as stated in a variety of contexts (e.g., healthcare agencies, clinical settings, and school environments). Intimidation, mobbing, victimization, incivility, hostility, violence, disruptive behaviors, harassment, verbal abuse, horizontal and vertical bullying, and other related themes are all included in the term bullying **(Abd El Rahman, 2014).**

The current study found that there was a statistically significant difference between total bullying behaviors and sociodemographic characteristics regarding age, sex, and a cadmic grade in the first and second year with p-value (0.001**0.001**0.001**& 0.001**). This could be because women are more likely than men to report bullying, but men see bullying as a threat to a man's manhood, which is a probability with his brittleness. Also, third-year students are more likely to be bullied than first- and second-year students because teaching and medical staff treat third-year students differently than first- and second-year students because they see them mature enough and have experience in clinical practice and theoretical background.

This was in the same line with **(Hassan et al., 2020) &** (**Salin & Notelaers, 2020**)who found that a

majority of the included studies pointed to the female being the most exposed to bullying behavior furthermore in a recent meta-analysis by **(Zapf et al., 2020)** on the gender of the victims showed that women were over-represented of bullying than men. On the other hand, a comparative study conducted by (**Rosander. et al, 2020)** showed a slightly higher predisposition for women to self-label as bullied (8% vs. 6).

As regards bullying behavior, more than half of nursing students were exposed to bullying behavior in the clinical setting while less than half of them were not exposed to bullying behavior. This can be interpreted as a misunderstanding between staff faculty members and students in addition to poor methods used by staff members to know students' needs and how to deal with them positively. This is the same line as a study done by **(Hassan et al., 2020)** who showed that 70.9 % of nursing students had been bullied in the clinical setting while 29.1% were not exposed to bullying, where they spend a substantial proportion of their studying hours in different clinical settings.

These also, are consistent with (**Bowen et al., 2017)** who reported that over half of students experienced or perceived lateral violence during clinical work. In contrast **(Budden et al., 2017)** showed that the prevalence of bullying was lower than the current study (50% and 35%, respectively). This could be attributed to a cultural difference and most students have not reported bullying behavior.

According to a review of the literature, Nurses in the clinical context suffer from bullying, So the current study found that more than half and more than one-quarter of students face always spreading malicious rumors and cursing or swearing as the highest bullying behavior they face While the lowest bullying was shouting in rage this was in the same line with **(Cooper. et al, 2011)** who indicated that most frequent types of behaviors experienced from all sources were cursing, swearing, inappropriate, nasty, rude, or hostile behaviors and belittling or humiliating behavior.

This is in contrast with **(Hassan et al., 2020)** who reported that the majority of the faculty nursing students were exposed to verbal abuse and the minority was exposed to physical bullying and threats. Also, (Al**-Surimi et al., 2020)** found that the type of bullying incident was mostly verbal abuse (98.1%), **and (Samadzadeh & Aghamohammadi, 2018)** distributed the prevalence of bullying according to the type of abuse and found that the highest percentage was for verbal abuse. **(Ibrahim et al., 2019)** reported that students are subjected to a variety of bullying practices such as shouting in rage followed by negative remarks about becoming a nurse.

In terms of the cause of bullying, the current study found that more than one-quarter of bullying manners were caused by uncontrollable loads or improbable aims from professors, a low score was given as a penalty from medical staff, and one-third was caused by being unnoticed or physically isolated from teaching staff. This can be interpreted as teaching and medical staff using an autocratic method when dealing with their students. On the opposite **(Hassan et al., 2020)** reported that colleagues were the prime source of bullying followed by staff nurses, physicians, and finally demonstrators & clinical instructors. Also, **(Prasad, 2014)** identified colleagues as the main basis of bullying, followed by registered nurses.

Also, the current study mentioned that more than half and one-quarter of bullying conduct were (Medical staff assigned tasks for punishment rather than instructional objectives and shouted in wrath; this might be owing to the medical staff being overworked and not having enough time to answer students' concerns, as well as the ward's congested location. They also reported that patients were responsible for more than half of the bullying conduct. This might be taken as patients viewing nursing students as ineffective, implying that they require more experience and are unable to assist or care for them. **(Palaz, 2013)** discovered that most pupils described clinic nurses as bullies, suggesting that the attackers were predominantly females and older than them. **(Budden et al., 2017)** performed comparison research between Australian and United Kingdom students and discovered that students identified other nurses as the major culprits. (Aust 53%, UK 68%).

Bullying is a widespread issue among our youth with negative effects. It has the potential to harm both mental and physical health in the short and long term (**Hensley, 2015**). Bullying techniques that have the biggest influence on nursing faculty, according to the present study's findings, include misery and exhaustion, aversion to criticism, physical weakness, forgetting things, students believing that this carrier is not suited for them, and educational failure. This might be explained by the fact that being bullied creates sentiments of wrath. Furthermore, if the students are unable to defend themselves against the bully, they may develop sentiments of frustration and helplessness, which can lead to psychological disorders.

This is in the same line with **(Ibrahim et al., 2019)** who discovered that the most damaging consequence of bullying was: Loss of enthusiasm, sleep disorder, anxiety attacks, and perceiving that this career is not right for them respectively. Another research project **(Clarke, 2012)** reported that students who were

subjected to greater bullying were more likely to consider dropping out of nursing school, according to the findings.
(Hassan et al., 2020) who said that the physical consequence of bullying was tremendous exhaustion, and the psychological effect was getting furious, and 37.5 %had considered leaving the field Furthermore, **(Tee et al., 2016)** discovered that one-third of those polled expressed anger because of bullying practices. **A Centers for Disease Control and Prevention** stated that pupils exposed to bullying manners are more likely to develop depression, anxiety, sleep problems, worse academic success, and quit out. In addition, **(Courtney-Pratt et al., 2018)** revealed that because of bullying and harassment, nurses felt disturbed, agitated, guilty, embarrassed, nervous, and vulnerable. **Also,(Giorgi,2012)** investigated the fact that targets of bullying are sensitive to health difficulties that disrupt sleep, induce anxiety, and impair attention, rage, and other emotions. Chronic tiredness, depression, and other somatic diseases are also possible**.**
As regards the current study, there were statistically significant variances in bullying behaviors and the impact of bullying behaviors on students' views, according to the study's findings as regards, Physical weakness, forgetting things, misery and stress, sleep disturbance, anxiety attacks, aversion to criticism, attention impairment & Friendship ties are negatively affected with p vale (0.028*, 0.002**,0.001**,0.012**,0.001**,0.001**,0.012**& 0.027*) respectively. This may be related to the fact that bullying practices can impact students' emotions and make them feel helpless, resulting in a change in their academic performance. Furthermore, because all the students are young, they do not have the appropriate abilities to deal with bullying. Abuse results in a wide range of detrimental behaviors.
This is consistent with **(Ibrahim et al., 2019)** who showed that There were statistically significant variances between bullying manners and the impact of bullying behaviors on the pupils who were subjected to these behaviors leading to educational failure, loss of self-esteem, aversion to criticism, perceiving that this career is not right for them, Attention impairment, loss of enthusiasm, intolerance to criticism, feeling of guilt, physical consequences (e.g. headache, vomiting, neck or lower back discomfort) and friendship bonds suffer as a result.
In terms of the student's coping mechanisms used to face bullying manners, the most common coping method adopted by nursing students to deal with bullying according to the current study was putting up obstacles followed by, nothing was done, reporting the behavior to the boss, and pretending no to see the behavior and the lowest coping mechanism was visiting doctor. This might be because of, their inadequate proficiency and their youth, they sought to safeguard themselves as much as possible healthily and safely.
This is consistent with **(Ibrahim et al., 2019**) who showed that the highest coping mechanism students used to manage bullying conduct erecting obstacles, responding directly to the bully, telling the bully not to do it again, and ultimately engaging in unhealthy coping behaviors. Also, **(Karatas et al., 2016)** revealed that most participants preferred to resolve bullying concerns through face-to-face conversation with the bullying investigator, reporting the incident to higher experts, and working in a planned manner to prevent fault. On the opposite, **(Budden et al.,2017)** reported that almost three-quarters of the students questioned had never been bullied before.
The current study revealed that a statistically significant difference was found between total bullying manners and behaviors used to manage bullying (Putting up obstacles, Speaking directly to the bully, Pretending not to see the behavior, yelling at the bully, and the action was interpreted as a funny story) with p-value (0.002**,0.022*,0.024*,0.027*&0.004**) respectively. This can be read as the pupils responding appropriately to them based on the type of the bully and the circumstances. They attempted to extract as much value as possible from the circumstance, deciding on the best appropriate response from their perspective.
This is in the same line with **(Ibrahim et al., 2019)** who demonstrated that there were statistically significant variances in the causes of bullying behaviors, and the activities taken by students to deal with bullying experiences were discovered between peers, teachers, and nothing was done. Between staff and professors, walls were erected, and the bully was confronted immediately. After the event was reported to a higher authority, the bully was warned not to do it again among hospital employees. The bully was yelled at both patients and students alike. Similar conduct was demonstrated by a classmate. Finally, hospital workers mistook the conduct for a joke.

Conclusion

Nursing students, according to the findings, had the highest incidence of bullying regarding shouting in rage and negative remarks about becoming a nurse. There are statistically significant variations between bullying manners and the consequences of bullying manners on students who fail academically because of these actions. In addition to the loss of self-esteem, aversion to criticism, perceiving that this career is not suitable for them, attention impairment, loss of enthusiasm, and physical impairment. Nursing

students' most effective coping strategies were putting up obstacles followed by, responding directly to the bully, telling the bully not to repeat the conduct, and ultimately engaging in unhealthy coping manners.

Recommendations

1. Development of initiatives to raise nursing students' understanding of the problem and its potential effects, such as guidelines with a clear statement about the situation, is suggested.
2. Policies addressing bullying in nursing programs and health care institutions where nursing students are completing their clinical nursing education must be developed.
3. Faculty members should create student orientation programs and seminar sessions that include official and informal bullying training.
4. Maintain a positive working connection with the hospital's nurse and physician.
5. Explain the student nurse's duty during clinical placement.
6. A consultation clinic should be available in the faculty, managed by a psychiatric professor, to assist student nurses in dealing with stressful situations such as bullying. A consultation clinic should be available in the faculty, managed by a psychiatric professor, to assist student nurses in dealing with stressful situations such as bullying.

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