

Coping Pattern Related to Bullying Exposure among Nursing School Students

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Abstract

Background: Bullying in nursing is a widespread problem from academic area to the clinical settings. It occurs in nursing practice, as well as in nursing education at all levels and in all contexts. **Aim of this study:** to assess coping pattern related to bullying exposure among nursing school students. **Design:** A descriptive study design was used. **Setting:** The study was conducted at five nursing schools affiliated to Giza Directorate of Health Affairs. **Sample:** A convenience sample of 208 students from both genders at first, second, and third grades. **Tools:** **1st tool:** Self-administered questionnaire to gather data in relation to nursing students' personal data, nursing students' knowledge and nursing students' response to bullying exposure. **2nd tool:** Coping pattern scale. **Results:** showed that 61.5% of nursing school students had unsatisfactory knowledge regarding to bullying, 77.9% had exposed to bullying, 68.5% had exposed to consequences of bullying, 93.8% were suffering from psychological consequences for bullying while 73.6% had passive coping pattern. **Conclusion:** According to current study results more than three-quarters of the nursing school students had exposed to bullying. Less than three quarters of the nursing school students had passive coping pattern. It was concluded that there was a highly statistically significant relation between total level of nursing school students' total knowledge and their total pattern of coping regarding bullying. **Recommendation:** Providing educational program for the nursing student about bullying, and how to improve or prevent bullying.

Keywords: Coping pattern, Bullying, Nursing students.

Introduction

Bullying is a form of aggressive behavior in which someone intentionally and repeatedly causes another person injury or discomfort. Bullying can take the form of physical contact, words, or more subtle actions. The bullied individual typically has trouble defending him or herself and does nothing to "cause" the bullying. Cyber bullying is verbally threatening or harassing behavior conducted through such electronic technology as cell phones, email, social media, or text messaging (**American Psychological Association, 2022**).

Bullying is a serious problem for educational. It has existed for decades in nursing schools and in clinical settings, where nursing students share that same precarious nursing environment. It is imperative to discover if they too are the victims of bullying; as it appears to be a growing concern as nurse retention and recruitment become crucial factors in sustaining health care system. Because today's students are tomorrow's colleagues, conversations regarding

how to address bullying should include specific aspects of nursing academia and the preparation of new nurses (**Abdelaziz & Abu Snieneh, 2022**).

Bullying comes in various ways and styles: Physical bullying includes slapping, kicking, and punching. Verbal bullying includes things such as name-calling, taunting, threatening, and more. Psychological bullying such as harassment, intimidation, and humiliation. Bullying in social relations or social rejection, or preventing people from engaging in certain activities. Sexual bullying threats or sexual touching, use dirty words, or being grabby. It is a moderate risk factor for serious violence at ages 15-25 and that bullies are four times more likely to be convicted of crimes by the age of 24 than non-bullies (**Ahmed et al., 2022**).

Numerous studies have verified that being bullied has devastating consequences. Physical effect of bullying as gastrointestinal disorders, excessive weight gain or weight loss,

mental disorders as depression, anxiety, loss of motivation and hypomanic. In addition to behavioral disorders as irritability, loss of concentration, exaggerated sensibility to external stimuli, and suicides. Those victims of bullying are at an increased risk of low self-confidence, emotional impairment, low level of wellbeing, poor mental health, and even attempts of suicide (Guo et al., 2022).

Coping pattern is defined as the cognitive or behavioral efforts to eliminate the negative emotions elicited by excessive demands. It is a person's effort to handle environmental stress and to deal with the emotions that are a result of the stress. The ability to cope with the stressful situations of life is essential in promoting psychological and emotional health. Individuals' definitions of coping strategies may change from one context to another. Thus, some strategies may be used in seriously threatening situations, while quite different strategies are used to handle everyday problems (Ma & Chan, 2021).

Community health nurses as professional health workers can collaborate with schools. Community health nurses can carry out their roles as educators and advocates for nursing students, and other communities related to actions and prevention efforts, as well as efforts to overcome bullying. Community health nurses have role as counselors, can work together in developing educational programs and conducting interventions related to bullying as prevention, collaboration between nurses and teachers in preventing and reducing the negative effects of bullying on students (Yosep et al., 2023).

Significance of the study

Bullying affects and threatens nursing students' physical and emotional safety, decreases self-esteem and negatively impact their ability to learn.

In Egypt a study conducted in Alexandria reported that 51.9% of nursing students are experiencing bullying behaviors (Albakoor et al., 2020). Another study conducted in Assiut Egypt reported that 52% of nursing student at

the faculty had exposed to the highest bullying behavior (Hussien et al., 2022).

Bullying has a negative influence on students, instructors, training quality, and patient care in nursing faculties. So continuous researches are suggested to provide deeper understanding and enhance abilities to overcome bullying.

Aim Of The Work

This study aimed to assess coping pattern related to bullying exposure among nursing school students through:

1. Assessing nursing students' knowledge related to bullying.
2. Assessing nursing students' exposure to different types of bullying.
3. Assessing nursing students' coping pattern related to bullying exposure.

Research questions:

1. What is the level of knowledge of nursing student related to bullying?
2. What is the nursing students' coping pattern related to bullying exposure?
3. Is there a relation between the level of knowledge of nursing students and their coping pattern?

SUBJECT AND METHODS

Subject and methods for this study

1-Technical Design:

Includes research design, setting of the study, subject of the study, and tools for data collection.

- A. **Research design:** Descriptive design was used in this study.

B. Setting:

The sample was collected from five nursing schools affiliated to Giza Directorate of Health Affairs Giza governorate in Egypt namely; Boulaq El Dakror Nursing School, 6th of October Nursing School, Embaba Nursing School, Omranyah Nursing School, and El moatmedia Nursing School.

Subject of the study:

Convenience sample (208 students) of all nursing students in the previously mentioned setting was obtained from both genders (87 male students & 121 female students) at first grade (61 students), second grade (85 students), and third grade (62 students).

Tools for data collection:

The data was collected by using two tools to achieve the aim of this study.

Tool I: Self-administer questionnaire

This tool was being developed by the investigator after reviewing the national and international related literature and was written in Arabic language. It was divided into three parts:

Part I: Nursing students' personal data:

This part was concerned with the personal characteristics of nursing students that include age, gender (sex), grad, number of family members, number of rooms in the house, crowding index, residence, person sharing residence (type of family), and Income.

Part II: Nursing students' knowledge:

This part concerned with nursing students' knowledge regarding meaning of bullying, types, causes, signs of being bullied, Forms, acts of direct bullying, indirect forms, vulnerable individuals for bullying, effects (consequences) on the student, ways to deal with a bully, role of parents in preventing bullying, role of society in preventing bullying, dealing with the phenomenon of bullying, sources of the student's information.

Part III: Nursing students' response to bullying exposure.

To assess nursing students' exposure to bullying, the tool was adapted from **Strout et al., (2018)**, and was modified by the investigator to meet the aim of the study that included:

A. Bullying exposure, number of exposures, sources of bullying, responses (reaction) to bullying.

B. Types of bullying exposure (physical bullying, verbal bullying, social bullying, sexual bullying, cyber bullying).

C. Consequences of bullying (physical effect. Psychological effect, academic effect).

Scoring of Tool I:

Regarding nursing students' knowledge nurse students' responses was scored (1) for correct answer and (Zero) for incorrect answer. Total scores were considered satisfactory if $\geq 60\%$ and considered unsatisfactory if $< 60\%$.

Regarding bullying exposure each statement was be scored (one) if exposed to bullying (Yes), and (zero) if she/he didn't expose (No). Total $\geq 50\%$ was considered exposed for bullying, and total $< 50\%$ was considered not exposed for bullying.

Regarding types of bullying exposure each answer category was assigned a value from 3 to 1. The total score was summed up and if total $\geq 50\%$ was considered exposed, total $< 50\%$ was considered not exposed.

Regarding consequences of bullying exposure each statement was scored (one) if present and (zero) if not present. A total $\geq 50\%$ was considered exposed, and $< 50\%$ was considered not exposed.

Tool II: Coping pattern scale:

This tool was adopted from **Carver, (1997)**, and was modified by the investigator to assess the nursing students' coping pattern it

included physical coping pattern, psychological coping pattern, religious coping pattern, emotional coping pattern, behavioral coping pattern.

Scoring of Tool II:

Each answer category was assigned a value from 3 to 1. If total $\geq 60\%$ was considered active coping pattern, and a total less than $< 60\%$ was considered passive coping pattern.

Validity and Reliability:

Revision of the tools was done by experts of professors of community Health Nursing to measure the content validity of the tools and the necessary modifications were done accordingly.

Items	Cronbach Alpha	No of items
Knowledge	0.842	14
Practices	0.892	12

The following table shows reliability in knowledge and practices when Alpha was >0.5 .

Reliability was applied by Cronbach's Alpha coefficient test to estimate the consistency of measurement.

Fieldwork:

Data collection was started from the beginning of October 2022 to the end of February 2023. The investigator met 3-5 of the nursing students per day, three days a week (Sundays, Tuesdays, and Thursdays) for 5 months. The tools of the study were filled out during break time and free sessions by the investigator from each participant in the study individually and some nursing students were filling out the study tool alone. Some male students refused to fill out the tool and incited their colleagues to do so, believing that this puts the light on the bullying they face, which exposes them to more humiliation. There are some students who are enthusiastic about the subject of the research because it may offer them to improve their image.

III. Administrative Design:

An official letter was issued from Dean of Faculty of Nursing, Ain Shams University to the superior directors of the nursing schools and official permission was obtained from each director of the nursing schools for conducting the study.

Ethical considerations:

Ethical approval was obtained from the scientific research ethical committee of faculty of nursing Ain Shams university, an official permission was taken from the authoritative personnel in the mentioned schools and written consent was obtained from all nursing students, the purpose and the nature of the study was explained to them prior the interview. The investigator emphasized that the participation in the study is entirely voluntary; anonymity and confidentiality was assured through coding the data and participant was assured to have the right to withdraw from the study at any time

IV. Statistical Design:

The collected data were organized, coded, computerized, analyzed and tabulated by using electronic computer and Statistical Package for Social Sciences (SPSS) version 23. Graphics were done using excel program. Qualitative data were expressed as means and standard deviation ($\bar{x}+SD$). Qualitative data were presented in the form of frequencies distribution number and percentages. It was analyzed by chi-square coefficient (χ^2) test.

A significant level value was considered when:

- P-value < 0.001 was considered as highly statistically significant.

- P-value < 0.05 was considered statistically significant.

P-value >0.05 was considered no statistically significant difference.

Results

Table (1) shows that, 37.5% of the nursing school students their age ≥ 19 years, with mean age is $18 \pm .9$ years. As regard to gender, 58.2% of them were females. Also, 40.9% of nursing school students was in the second academic year. In addition, 61.1% of nursing school students from urban areas (residence). Furthermore, 54.8% of the studied sample had a crowding index of < 2 . Also, 59.1% of the nursing school students do not have sufficient monthly income. **Figure (1)** shows that 61.5% of the nursing school students had unsatisfactory knowledge regarding bullying; while 38.5% of them had satisfactory knowledge.

Figure (2) illustrates that, 77.9% of nursing school students had exposed to bullying, while 22.1% didn't expose to bullying.

Table (2) shows that, 77.9% of nursing school students had exposure to bullying, and 38.9% of the nursing school students exposed from 4-6 times. 26.9% & 25% of them were bullied from nurses and others respectively. 16.3% and 17.8% of the nursing school students' reaction when exposed had confronting and getting into a fight with the bully & reply with the same behaviour respectively. And 15.9% of them had receiving the matter in a cheerful spirit

Table (3) reveals that, 85.6% of the nursing school students had fatigue, 74.2% of them had insomnia and lack of sleep, 76.5% of them had loss of appetite. Moreover, 35.6% & 41.7%

of the nursing school students had resorting to smoking & panic attack respectively. Also, 71.2% of the nursing school students had deliberate destruction of physical health (excessive food / excessive smoking).

Table (4): describes that, 77.6% of nursing school students had anger, while 85.5% & 75% of them had loss of self-confidence and feeling of guilt respectively, 71.7% of them had isolation and introversion. Moreover, 25.7% of nursing school students had suicide attempt. Also, 89.5% & 83.6% of them had anxiety and fear & depression respectively.

Table (5): denotes that, 84.3% of the nursing school students had thinking about leaving nursing and studying it, 91% of them had loss of concentration, 75.3% of the nursing school students had low academic performance. In addition, 78.7% of them lack of enthusiasm towards studying.

Figure (3): illustrates that 73.6% % of nursing school students had passive coping. While, 26.4% % of them had active coping.

Table (6): shows that, there was a highly statistically significant relation between total level of nursing school students' total knowledge and their total pattern of coping regarding bullying ($P < 0.00$).

Table (1): Distribution of nursing school student according to their personal data (n=208).

Personal data	No.	%
Age (year)		
15<17	62	29.8
17-<19	68	32.7
≥ 19	78	37.5
Mean SD	18 ±.9	
Gender		
Male	87	41.8
Female	121	58.2
Academic year		
first	61	29.3
second	85	40.9
third	62	29.8
Residence		
Rural	81	38.9
Urban	127	61.1
Crowding index		
< 2	114	54.8
>2	94	45.2
Monthly Income		
Enough (more than 30 EP daily according to CIB)	85	40.9
Not enough (less than 30 EP daily according to CIB)	123	59.1

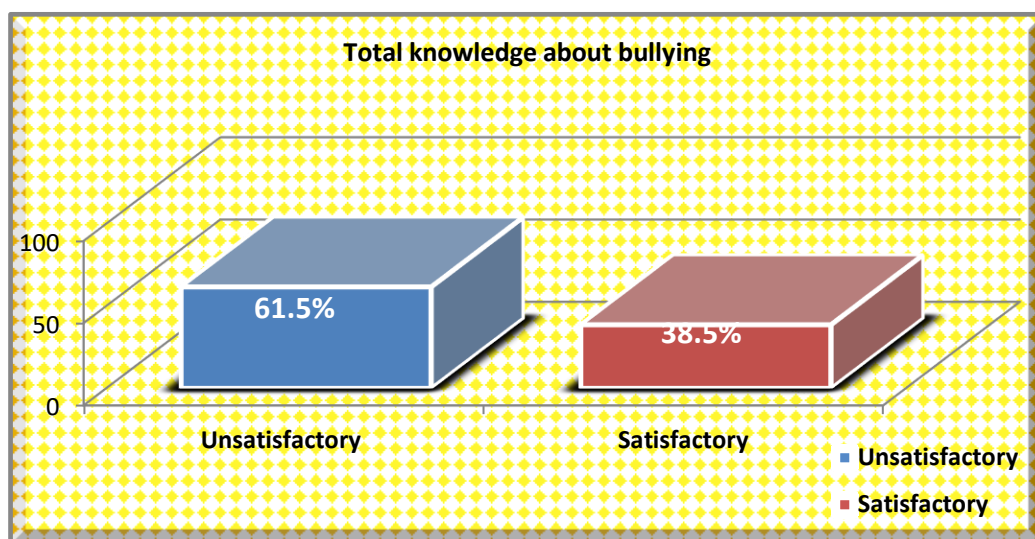


Figure (1): Distribution of nursing school students according to their total knowledge about bullying (n=208)

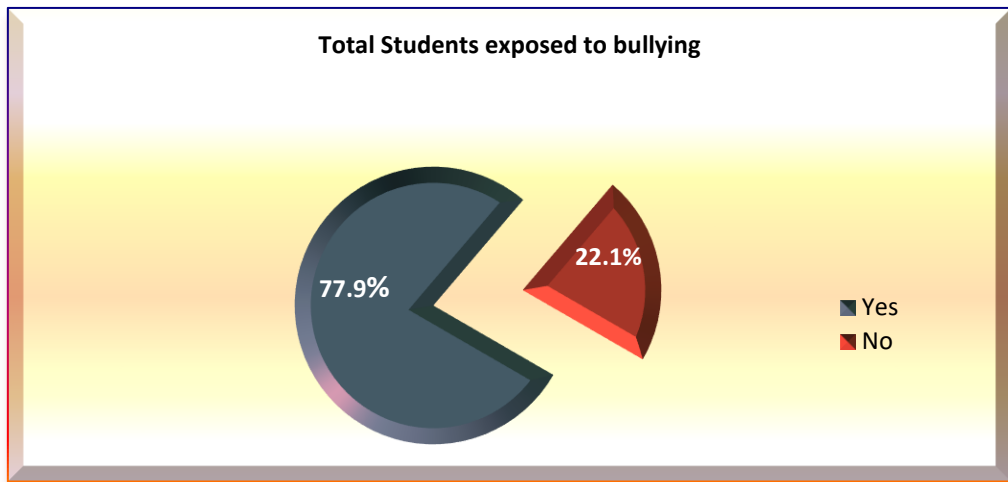


Figure (2): Distribution of nursing school students' total exposure to bullying (n=208)

Table (2): Distribution of nursing school students exposed to bullying in nursing schools (n=208)

Students' exposure & response to bullying	No.	%
Being bullied		
Yes	162	77.9
No	46	22.1
Number of times of being bullied (n=162)		
-1-3 times	58	35.8
- 4-6 times	63	38.9
-More than 6 times	41	25.3
*Responsible person for bullying (source of bullying)		
-Doctor	31	14.9
-Nurses	56	26.9
-Patients	21	10.1
-Colleagues	27	13.0
-Teachers	14	6.7
-Employees	21	10.1
- Others (relatives, friends, parents, people in street, sitters, and brothers)	52	25.0
*The reaction when exposed to bullying		
Communicate with the responsible authorities	26	12.5
Looking for someone I trust to talk to	28	13.5
Confronting and getting into a fight with the bully	34	16.3
Ignore the bully and walk away	35	16.8
Receiving the matter in a cheerful spirit	33	15.9
Reply with the same behavior	37	17.8
Do nothing	4	1.9
Put an end to the order and warn the bully against repeating the act	28	13.5

(*) Responses are not mutually exclusive

Table (3): Distribution of nursing school students according to physical consequences of exposure to bullying (n=132).

Physical effects	Present		Not present	
	No.	%	No.	%
Fatigue	113	85.6	19	14.4
Insomnia and lack of sleep	98	74.2	34	25.8
Loss of appetite	101	76.5	31	23.5
Resorting to smoking	47	35.6	85	64.4
Panic attacks	55	41.7	77	58.3
Too much forgetting	71	53.8	61	46.2
Deliberate destruction of physical health (excessive food / excessive smoking)	94	71.2	38	18.9

Table (4): Distribution of nursing school students according to the psychological consequences of exposure to bullying (n=152)

Psychological effects	Present		Not present	
	No.	%	No.	%
Anger	118	77.6	34	22.4
Loss of self-confidence	130	85.5	22	14.5
Feelings of guilt	114	75	38	25
Isolation and introversion	109	71.7	43	28.3
Suicide attempt	39	25.7	113	74.3
Anxiety and fear	136	89.5	16	10.5
Depression	127	83.6	25	16.4

Table (5): Distribution of nursing school students according to academic consequences of exposure to bullying (n= 89).

Academic level	Present		Not present	
	No.	%	No.	%
Thinking about leaving nursing and studying it	75	84.3	14	15.7
Loss of concentration	81	91.0	8	9.0
Low academic performance	67	75.3	22	24.7
Lack of enthusiasm towards studying	70	78.7	19	21.3

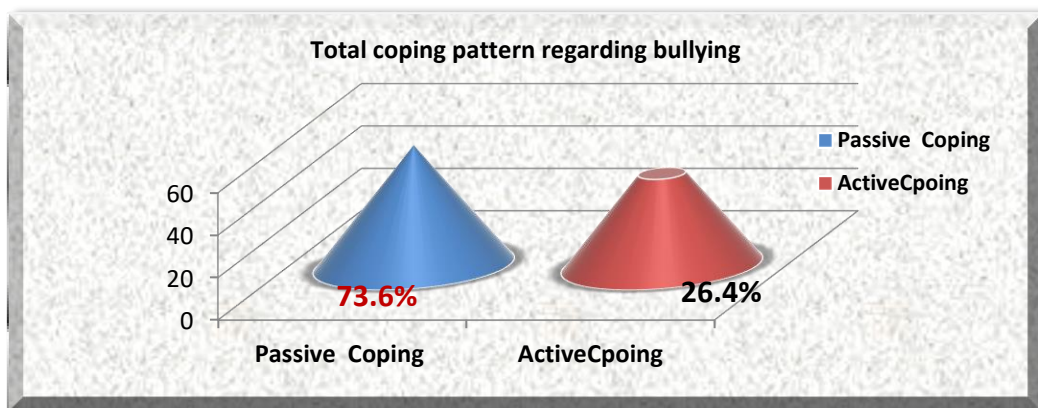


Figure (3): Distribution of the nursing school students according to their total coping pattern regarding bullying (n=208).

Table (6): Relation between total knowledge and total pattern of coping among nursing school student exposure to bullying in nursing schools (n=208).

Students' total pattern of coping	Students' total knowledge				Chi-square test	p-value
	Unsatisfactory (n=128)		Satisfactory (n=80)			
Active	33	71.2	57	25.8	41.463 dr. =1	0.000**
Passive	95	28.8	23	74.2		

*high significant at $p < 0.000$

Discussion

The result of the present study revealed that more than one third of the nursing school students their age was ≥ 19 years, with mean age is 18 ± 9 years, the present study clarified that more than half of the nursing school students were females, while that more than one third of the studied students were in the second academic year. More than half of them didn't have sufficient monthly income (table 1).

Regarding total knowledge about bullying, the present study revealed that less than two thirds of the nursing school students had unsatisfactory knowledge regarding bullying; while more than one third of them had satisfactory knowledge (figure 1). This finding is agreed with a study carried out by **Luhanga et al., (2020)** and entitled "Nursing students' experiences of bullying in clinical practice" in USA which reported that 83.6% of the studied subjects had lack of perception and knowledge regarding bullying.

concerning exposure of the nursing school students to bullying in nursing schools, the findings of the current study revealed that

more than three quarters of nursing school student had exposed to bullying (figure2), and more than one third from the student exposed from four to six times. More than one quarter and one quarter of them were bullied from nurses and others respectively. Less than one quarter of the nursing school students' reaction when exposed to bullying was confronting and getting into a fight with the bully & reply with the same behavior and was receiving the matter in a cheerful spirit (table2).

These results are supported with a study done by **Radwan & Shosha, (2019)** which entitled "Pediatric nursing students' experience of bullying behavior in clinical placements and the role of staff faculty " in Egypt to 147 students who demonstrated that 88% of the studied students face many types of bullying behaviors. Concerning the highest bullying behaviors, they face, they were shouting in rage, followed by negative remarks about becoming a nurse. The highest source of bullying was the staff faculty and staff nurses in hospitals.

Also, these results are similar with **Abdelaziz & Abu-Snieneh, (2022)** who showed that approximately half 49,9% of the sample

had encountered one or more of 13 bullying behaviors on a daily or weekly basis during the past 3 months and more than one third 39,4% of them reported the sources of bullying were staff nurses.

These results might be due to that all students are young, so they have lacking in the experience to deal with bullying. Also, frequent contact between the nurses and the students during their clinical training and the hospital staff being overworked and lack of enough time to answer student's questions leading to the nurses bully the students.

For physical consequences of exposure to bullying among the nursing school students, the results of the current study clarified that most of the studied students had fatigue, near to three quarters and more than three quarters of them had insomnia & lack of sleep and had loss of appetite respectively. Moreover, more than one third of the studied nursing school students had resorting to smoking & panic attack. Also, less than three quarters of them had deliberate destruction of physical health (excessive food / excessive smoking) (table3).

These results are consistent with a study done by **Radwan & Shosha, (2019)** who represented that 44.9% of the students reported experiencing sleep disorders, self-blame, physical impairment (e.g., migraine, vomiting, lower back or neck pain).

These findings might be due to the bullying which behaviors may affect the emotions of the students and make them feel powerless leading to alteration in their physical condition. Additionally, all students are young so they don't aware about the suitable way to deal with bullying. Their victimization experience causes many negative behaviors.

As regarding to psychological consequences of exposure to bullying among the nursing school students, the current study found that more than three quarters of the nursing school students had anger, most and equal three quarters of them had loss of self-confidence and feeling of guilt and less than three quarters of them had isolation and introversion respective-

ly. Moreover, more than one quarter of the studied students had suicide attempt. Also, most of them had anxiety and fear & depression (table 4).

These results are in congruence with the results of **Amoo et al., (2021)** who studied " Bullying in the clinical setting: lived experiences of nursing students in the central region of Ghana" on 130 nursing students and concluded that bullying led to a loss of confidence and caused stress and anxiety in 56.0% of the nursing students. Additionally, **Birks et al., (2018)** who found that 72.0% of the students reported anxiety, panic attacks, physical symptoms of distress and loss of confidence and self-esteem from their experience of bullying during clinical placement.

According to the investigator point of view, these results could be due to exposure to bullying cause a negative effect on physical and mental health of the individuals.

Regarding to academic consequences of exposure to bullying among the nursing school students, the present study results clarified that most of them had thinking about leaving nursing and studying it, the majority of them had loss of concentration, more than three quarters of the studied nursing school students had low academic performance and lack of enthusiasm towards studying (table 5).

On the same line, these results like with the results of **Ali et al., (2022)** who performed a study entitled " Bullying among nursing intern students: factors and consequences " in Egypt to 242 students and demonstrated that 80.0% of the students reported high prevalence of illness and absence, low morale, low academic achievement and turnover.

Also, on the same line, **Abdelaziz & Abu-Snieneh, (2022)** represented that 73.4% of the studied subjects had an unmanageable workload or unrealistic deadlines negative, disparaging remarks about the nursing profession allocation of assignments, tasks, work, or rotation responsibilities as punishment rather than for educational purposes belittling or humiliating behavior, and being ignored, excluded, or so-

cially isolated, low educational grade and want to change the nursing profession.

These results may be due to exposure to any type of bullying influence on both physical and psychological condition which subsequently on academic achievement. This young age needs more support and encouragement to continue at their educational level but with bullying lead to feeling of frustration, loss of confidence and loss of desire to continue.

In relation to total coping pattern regarding bullying among the nursing school students, the findings of the current study represented that less than three quarters of the nursing school students had passive coping. While, more than a quarter of them had active coping (**figure 4**).

Likely, **Albakoore et al., (2020)**. Who revealed that the most common used coping strategy was passive coping (70%, 73%) as ignoring and walking away. But this result is in disagreement with a systematic review study done by **Karatuna et al., (2020)** and entitled " Workplace bullying in the nursing profession: A cross-cultural scoping review " which showed that 72.5% the bullied nurses less frequently used active coping style compared to passive coping styling for bullying behavior.

According to the investigator point of view, this finding may be explained by that active coping strategies are usually applied when individuals believe that the stressful situation can be changed while passive strategies are used when individuals think nothing can be done to change the external threat or when they lose control over the situation and all that based on each person ability and character.

Concerning relation between total knowledge and total pattern of coping among nursing school students' exposure to bullying in nursing schools, the present findings found that there was a highly statistically significant relation between total level of nursing school students' knowledge and their total pattern of coping regarding to bullying (**table 6**).

On the same line, **Elkady et al., (2022)** represented that there was significant relation

between level of g school student perception and their coping pattern regarding bullying.

This result could be due to with improving level of knowledge and awareness leading to improve the ability for use different coping pattern at any situation.

Conclusion

Based on the research questions and study results:

According to current study results less than two-thirds of the nursing school students had unsatisfactory knowledge regarding to bullying. More than three-quarters of the nursing school students had exposed to bullying. Less than three quarters of the nursing school students had passive coping pattern. It was concluded that there was a highly statistically significant relation between total level of nursing school students' total knowledge and their total pattern of coping regarding bullying.

Recommendation

The finding of the present study suggested the following recommendations:

- 1) Providing educational program for the nursing student about bullying, and how to improve or prevent bullying especially that they face because of their career.
- 2) Activating programs for reporting exposure to bullying at nursing school.
- 3) Nursing curriculum should include and discuss the phenomena of bullying and how to deal with it.
- 4) Conducting further studies for bullying among nursing students and their coping pattern regarding bullying.

Reference

- Abdelaziz, E.M., & Abu-Snieneh, H.M. (2022).** The impact of bullying on the mental health and academic achievement of nursing students. Perspectives in psychiatric care, 58(2), 623-634.
- Ahmed, G.K., Metwaly, N. A., Elbeh, K., Galal, M.S. & Shaaban, I. (2022).** Risk factors of school bullying and its relationship with psychiatric comorbidities: a literature review. The Egyptian Journal of Neurology, Psychiatry and Neurosurgery, 58(1), 1-11.
- Albakoor, F.A., El-Gueneidy, M.M. & El-Fouly, O.M. (2020).** Relationship between Coping Strategies, Bullying Behaviors and Nursing Students' Self Esteem. Alexandria Scientific Nursing Journal, 22(1), 47-58.
- Ali, S.M.A., & Faramawy, M.A.E.A. (2022).** Bullying among Nursing Intern Students: Factors and Consequences. International journal of Nursing Didactics, 12(10), 01-07.
- American Psychological Association: Bullying. (2022).** <http://www.apa.org/topics/bullying>. Accessed On 18/5/ 2023.
- Amoo, S.A., Menlah, A., Garti, I. & Appiah, E.O. (2021).** Bullying in the clinical setting: Lived experiences of nursing students in the Central Region of Ghana. PLoS one, 16(9), e0257620.
- Birks, M., Budden, L. M., Biedermann, N., Park, T. & Chapman, Y. (2018).** A 'rite of passage?': Bullying experiences of nursing students in Australia. Collegian, 25(1), 45-50.
- Carver, C.S. (1997).** You want to measure coping but your protocol' too long: Consider the brief cope. International journal of behavioral medicine, 4(1), 92-100.
- Elkady, M.A., Elshafie, W.H.K. & Nashaat, N.A.M. (2022).** Effect of Coping Strategies Education regarding Bullying on Knowledge and Behavioral Change among Secondary School Students. Egyptian Journal of Health Care, 13(2), 655-669.
- Guo, Y., Tan, X. & Zhu, Q.J. (2022).** Chains of tragedy: The impact of bullying victimization on mental health through mediating role of aggressive behavior and perceived social support. Front Psychol.
- Hussien, A.A., Sayed, E.H. & Abd-Alfatah, A.H. (2022).** Pediatric Nursing Students' Experience of Bullying Behavior in Clinical Settings. Assiut Scientific Nursing Journal, 10(29), 127-138.
- Karatuna, I., Jönsson, S. & Muhonen, T. (2020).** Workplace bullying in the nursing profession: A cross-cultural scoping review. International Journal of Nursing Studies, 111, 103628.
- Luhanga, F.L., Puplampu, V. A., Arvidson, S. & Ogunade, A. (2020).** Nursing students' experiences of bullying in clinical practice. Journal of Nursing Education and Practice, 10(3), 89-97.
- Ma, T.L. & Chan, H.Y. (2021).** Patterns of adolescents' coping with bullying and peer victimization: The link to psychosocial maladjustment and the role of school bonding. International journal of bullying prevention, 3(2), 114-129.
- Radwan, R.I. & Shosha, A.A. (2019).** Pediatric nursing students' experience of bullying behavior in clinical placements and the role of staff faculty. Am J NursRes, 7(4), 479-89.
- Strout, T.D., Vessey, J.A., DiFazio, R.L. & Ludlow, L.H. (2018).** The Child Adolescent Bullying Scale (CABS): psychometric evaluation of a new measure. Research in nursing & health, 41(3), 252-264.
- Yosep, L. Hikmat, R. & Mardiah, A. (2023).** School-Based Nursing Interventions for Preventing Bullying and Reducing Its Incidence on Students: A Scoping Review. International Journal of Environmental Research and Public Health, 20(2).