

## Bullying Behaviors and Self-Esteem of Nursing Students in Clinical Education

Amany El-Sayed El-Sayed Ali Abd-Allah\*, Asmaa Hafez Afify Barakat\*\*,  
Afaf Mohamed Fahmy\*\*\*, Shimaa Saied Adam\*\*\*\*

Teacher at Elzaphran Technical Nursing School, Elhamoul kafr-Elsheikh\*, Professor of

Psychiatric/Mental Health Nursing, Ain Shams University\*\*, Assistant Professor of

Psychiatric/Mental Health Nursing, Ain Shams University\*\*\*, Assistant Professor of

Psychiatric/Mental Health Nursing, Ain Shams University\*\*\*\*

### Abstract

**Background:** Addressing bullying behaviors in nursing education is crucial for fostering a positive and supportive learning environment, ensuring the well-being of nursing students, and ultimately safeguarding the quality of patient care. **Aim:** This study aimed to assess the effect of bullying behaviors on nursing students' self-esteem in clinical education. **Research Design:** A descriptive exploratory research design was utilized to achieve the aim of this study. **Setting:** This study was conducted in six nursing schools affiliated with Kafr EL- Els Sheikh governorate **Subjects:** A cluster sample of 275 nursing students from 6 nursing schools affiliated with Kafr EL- Els Sheikh governorate. **Tools of data collection:** 1- An interview questionnaire, 2- Bullying behavior in clinical nursing education questionnaire, 3- Rosenberg Self-Esteem Scale. **Results:** 66.2% and 33.8% of the studied nursing students had low and moderate levels of bullying exposure. Also, 39.6%, of them mentioned that they didn't receive any gratitude for their good work from nurses, 62.9%, of them mentioned that their clinical responsibilities were changed without warning them by nurses, and 86.9%, of them mentioned that they were blamed for problem that they didn't make by their classmates. In addition, 84% and 15.6% of them had high and moderate self-esteem levels respectively. **Conclusion:** Two-thirds and one-third of the studied nursing students had low and moderate levels of bullying exposure. Also, the study identified that nurses and clinical instructors were verbal bullying perpetrators, nurses were physical bullying perpetrators, and nurses & classmates were psychological bullying perpetrators. Concerning self-esteem levels, the majority and less than one-fifth of them had high and moderate self-esteem level respectively. **Recommendation:** Conducting educational prevention program for different bullying in nursing schools.

**Keywords:** Bullying behaviors, Self-esteem, Clinical education, Nursing students

### Introduction

Bullying is a disastrous problem that torments students in a variety of settings from home and online, to school and in the community. It can occur in any setting but it's particularly troubling when it is recognized in the workplaces related to nursing professionals and, even more troubling when it occurs perniciously in nursing education (Buonaguro, 2020). In this respect, The American Psychological Association (APA, 2023) defines bullying as "persistent threatening and aggressive physical behavior or verbal abuse directed toward other people, especially those who are younger, smaller, weaker, or in some other situation of relative disadvantage".

According to Khalil et al., (2021) who categorized bullying into physical, verbal, sexual, and cyberbullying. Physical bullying is considered as any undesirable physical contact between the bully and the victim. Verbal bullying is the use of words and statements to exert dominance and control over a victim. Sexual bullying is reported as any form of bullying that targets someone based on his gender or sexuality. Cyberbullying is defined as bullying that occurs purposefully and repeatedly using electronic devices and modern communication technology to distressed individuals.

Additionally, however, the main perpetrators of bullying in clinical settings are physicians, staff nurses, patients and patient

relatives. Nursing students' may also be bullied by faculty members, clinical instructors, and administrative staff who are intended to act as positive role models but, they abuse their authority, demonstrate their superiority, and control their students to be acting like assertively (**Abdelaziz & Abu-Snieneh, 2022**).

As mentioned by **Pan et al., (2022)** bullying of nursing students' in clinical settings was a widespread issue, and the potential cause of such existing phenomenon is that nursing students' are all novices who are lacking coping and communication skills, and they are prone to have low self-esteem and a low sense of group identification in the nursing profession. On the other hand, external influencing factors such as patient-centered clinical institution, hierarchical organizational structure, education curriculum all contribute to the phenomenon.

Furthermore, Nursing students' seem to be at a higher risk of having low self-esteem, and their clinical education may have a deleterious effect on their self-esteem. Clinical competence is crucial for nurses, and its growth and operationalization are influenced by self-esteem. Added to that, there is a circle between learning dynamics and self-esteem that can be either vicious or virtuous. The process driving this dynamic depends both on the events that students experience and how they interpret those events. In order for future nurses to be not just competent but also confident and pleased with who they are and the path they have chosen, nursing students' self-esteem must be bolstered (**Dancot et al., 2020**).

Nursing students' self-esteem declined with perceived exposure to bullying in a clinical setting. This can lead to psychological consequences with unhappiness, loss of self-confidence, loneliness, fear, anger, and anxiety; in addition to physical symptoms, such as headache, sleep problems, and fatigue (**Koç et al., 2022**).

Added to that, Bullying has been reported to cause deleterious effects on nursing students' physical, psychological, and academic well-being. Bullying-related academic consequences are rapidly increasing in healthcare settings and it combined despair, burnout, perceiving someone as not right

personality, deficiency in clinical skills development, academic failure, concentration impairment, loss of motivation, intolerance to criticism, and forgetfulness (**Kousar et al., 2022**).

All in all, addressing nurse bullying begins with recognizing the problem, increasing awareness, mitigating contributing factors, and developing and maintaining a strict anti-bullying policy. Nurses and stakeholders also must actively fight to alter the culture and understand that bullying has no place in the nursing profession or anywhere else in the healthcare system (**Edmonson & Zelonka , 2019**).

### Significance of the study:

A vital component of nursing education is clinical practice, where nursing students should be helped in the clinical setting by clinical nursing teachers and nurses who serve as positive role models for them. Unfortunately, bullying can occur even in these educational settings, undermining the positive learning experience for students. By providing guidance, mentorship, and emotional support, clinical nursing teachers and nurses can help students develop the skills and confidence they need to succeed in their nursing careers (**Xu et al., 2022**).

According to **Sharif-Nia et al. (2023)**, who studied bullying behaviors and intention to drop out among nursing students in Iran, mentioned that 38.8% of nursing students reported exposure to a moderate degree of bullying. This finding highlighted the serious consequences of bullying on nursing students' well-being and academic success. It emphasizes the urgent need for interventions to address bullying and create a supportive learning environment for nursing students.

In United Arab Emirates (UAE), **Ibrahim et al., (2024)**, reported that their participants averaged  $21.49 \pm 2.95$ . 34.1 % of medical students were bullied. 44.4 % of individuals were called insulting names, making verbal bullying the most common method. The linear regression analysis of bullying data shows that girls (53.2 %) are bullied more than boys (46.8 %). Bullied individuals had a mean score of  $43.30 \pm 19.74$ , indicating a higher rate

of depression and anxiety. Bullied students had a mean score of  $44.62 \pm 9.94$ , indicating lower self-esteem.

In Egypt, *Al Bakoore et al., (2019)* stated that 51.9% of their nursing students experienced bullying behaviors. In addition, showed that 58.1% of their students had moderate levels and 16.1% had low levels of self-esteem. The level of self-esteem was high among only 25.8% of bullied students.

In addition, *Fawzy et al., (2020)* studied self-esteem among male and female nursing students enrolled in the maternity curriculum, their findings displayed that (81%) of nursing students had normal (moderate) levels of self-esteem before implementing the training program this study highlighted the importance of self-esteem among nursing students and suggested that incorporating self-esteem-related teaching activities into the curriculum could improve students' self-esteem.

### Aim Of The Study

This study aimed to assess the effect of bullying behaviors on nursing students' self-esteem in clinical education:

1-Determining nursing students' frequency of exposure to bullying behaviors in the clinical educational environment.

2- Identifying perpetrators of bullying behavior toward nursing students' in clinical education settings.

3- Detecting types of bullying behaviors that are experienced by nursing students' in clinical education.

4- Assessing nursing students' self-esteem as related to exposure to bullying behaviors in clinical education.

### Research questions

1- What is the frequency of nursing students' exposure to bullying behavior in a clinical educational environment?

2- Who are the perpetrators of bullying behaviors toward nursing students' in clinical education settings?

3- What are the types of bullying behaviors experienced by nursing students' in clinical education?

4- How is nursing students' self-esteem affected by exposure to bullying behaviors in clinical education?

### Subject And Methods

#### Research Design:

A descriptive exploratory study was portrayed in the present study to assess the effect of bullying behaviors on nursing students' self-esteem in clinical education.

#### Study Settings:

This study was conducted at six technical secondary nursing schools affiliated with the Ministry of Health and Population in Kafr EL- Elsheikh governorate where students study three consecutive year program in the same school.

#### Subject:

A cluster sample of 275 nursing students was selected randomly from 6 nursing schools affiliated with Kafr EL- Elsheikh governorate to conduct this study. The sample size was estimated using the following equation according to the formula for determining sample size for research activities (*Krejcie & Morgan, 1970*).

	$(X^2 \times N) \times P (1-P)$
=	$(d^2 (N-1) + (X^2 \times P (1-P)))$

The selected sample was 275 nursing students and was distributed according to the randomly selected schools proportionally. N=275 who met the following criteria"

#### The inclusion criteria.

- Undergraduate Nursing students of both sexes (male & female).

- Undergraduate Nursing students enrolled in the second and third academic years from the setting mentioned above because the second and third academic years had more experiences with clinical training than the first academic year (the first academic year spent only one semester and most of the practical part

spent in the clinical lab).

- The schools that were selected randomly from the east sector cluster were Bila secondary technical nursing school for girls and Elzaphran secondary technical nursing school for girls.

- The schools that were selected randomly from the middle sector cluster were Sidi Ghazi secondary technical nursing school for girls and Kafr-El Sheikh secondary technical nursing school for boys.

- The schools that were selected randomly from the west sector cluster were Desouk secondary technical nursing school for girls and Shabas-Alshohada secondary technical nursing school for boys.

A simple random sample technique was used to select students from each school (Quota selection) as follows:

School name		No. of students in second year	Sample size in second year	No. of students in third year	Sample size in third year	Total numbers of students in the school	Sample size in schools
east sector cluster	Bila (girls)	31	18	39	23	70	41
	Elzaphran (girls)	51	30	50	29	101	59
middle sector	Sidi Ghazi (girls)	28	16	32	19	60	35
	Kafr-El Sheikh (boys)	66	39	58	34	124	73
west sector	Desouk (girls)	36	21	20	12	56	33
	Shabas - Alshohada (boys)	27	16	30	18	57	34
Total		239	140	229	135	468	275

### Tools of Data Collection:

Three tools were employed for data collection.

#### *Tool 1: An interview questionnaire to assess the demographic characteristics of nursing students*

It included students' demographic data (age, gender, and residence). It also included academic data (as the academic year, and previous academic year grade average).

#### *Tool 2: Bullying behavior in clinical nursing education questionnaire*

It included two parts, created by the researcher after a review of relevant literature. This tool had been adopted by **Mohamed (2019)**. It had been translated into Arabic.

#### **First Part: Bullying exposure frequency questionnaire.**

This part measured the frequency of bullying behaviors experienced by nursing students in clinical education settings. This part included (26) items distributed into three subdomains: verbal bullying behaviors (11 items), physical bullying behaviors (7 items), and psychological bullying behaviors (8 items).

#### **Scoring System:**

Each item was rated on three 3-point Likert scale in (1=never, 2=sometimes and 3=usually). The total scores of this checklist ranged from (1-78). A score of (1-39) means low exposure, a score of (39.1-58.5) means moderate exposure and a score of (58.6-78) means high exposure.

#### **Second part: Bullying perpetrators questionnaire.**

This part identified the most common perpetrators of each bullying behavior that participants had witnessed by summing the number of items the students were exposed to from him or her.

#### **Scoring system**

In this part, the participants were asked to mark from whom every behavior they had experienced had arisen (nurses, physicians,

clinical instructors, classmates, patients, patient relatives, or other hospital staff).

### ***Tool 3: Rosenberg Self-Esteem Scale (RSES)***

It was developed by **Rosenberg (1965)** and was adopted by the researcher. it consisted of (10) items for evaluating the individual perceiving self-worth by rating one's own positive and negative feelings about self. Five items of this scale was positive statements and the others were negative statements.

#### ***Scoring system.***

In case of positive statements items were graded on 4 points Likert scale ranging from "4" which means completely agree to "1" which means completely disagree. In case of negative

Statements, the scores were reversed.

A score of (10-25) means low self-esteem, a score of (26-29) means moderate self-esteem and a score of (30-40) means high self-esteem.

## **II- Operational Design:**

It included a preparatory phase that consisted of preparing the tool, and testing tool validity, reliability, and applicability through a pilot study and fieldwork.

### **Preparatory phase:**

It included reviewing the recent, national, and international related literature and theoretical knowledge of various aspects of the study using books, the internet, articles, periodicals, and magazines.

### **Tools validity and Reliability:**

It was ascertained and tested through a jury of three experts (two professors and one assistant professor) in the field of psychiatric and mental health nursing department, faculty of nursing, Ain Shams University who reviewed the content of the tools for relevance, clarity, comprehensiveness, understanding, and applicability. Their opinions were elicited regarding the format; layout, accuracy, consistency and necessary modification were done accordingly. This phase spent two weeks duration.

### **Reliability:**

Regarding reliability of the tools. It was examined by assessing internal consistency, measured by Cronbach's alpha coefficient. The results was (0.731) for verbal bullying domain, (0.725) for physical bullying domain and (0.841) for psychological bullying domain.

### **Pilot study:**

Pilot study was carried out on 10% of study subjects (28 nursing students') from nursing schools under study. It was carried out for two weeks to evaluate the clarity and applicability of the data collection tools and to estimate the needed time to fill study tool. No necessary modifications were done. Therefore, the pilot study was included in the total sample.

### **Fieldwork:**

The actual data collection process started from the beginning of March 2024, till the end of April 2024, covering the period of two months duration.

Prior to starting data collection process, an appointment was made with the director of the Department of Training and Schools in kafr-Elsheikh governorate to obtain his official permission to conduct the study after clarifying to him the aim and significance of the study, then an appointment was made with each director of school selected to develop schedule for suitable days for data collection.

The actual fieldwork was done through the following steps:

### **First step:**

Regarding, process of data collection in the nursing schools under the study.

#### **1-Bila secondary technical nursing school**

The researcher attended the school three days (Sunday, Monday, and Wednesday) per first week of March 2024 from 9 a.m. to 2p.m. the researcher met with studied student during break time. The number of the students that filled studied tools was 41 nursing students the data collection at this school covered the period of one week.

#### **2-Elzaphran secondary technical nursing school**

The researcher attended the school three days (Sunday, Monday, and Wednesday) per second and third week of March 2024 from 9 a.m. to 2p.m. the researcher met with studied student during break time (11-11.5a.m.). The number of the students that filled studied tools was 59 nursing students .The data collection covered at this school the period of two weeks.

### **3- Sidi -Ghazi secondary technical nursing school**

The researcher attended the school three days (Sunday, Monday, and Wednesday) per last week of March 2024 from 9 a.m. to 2p.m. the researcher met with studied student during break time (11-11.5a.m.) and during the third and fourth lessons because of the absence of the teacher. The number of the students that filled studied tools was 35 nursing students .The data collection at this school covered the period of one week.

### **4- Kafr EL- Sheikh Secondary Technical Nursing School**

The researcher attended the school three days (Sunday, Monday, and Wednesday) per first two weeks of April 2024 from 9 a.m. to 2p.m. the researcher met with studied student during break time (11-11.5a.m.) and also after the end of the practical sessions, which ends at 1 p.m. in the afternoon. The number of the students that filled studied tools was 73 nursing students. The data collection covered the period of two weeks.

### **5- Desouk secondary technical nursing school.**

The researcher attended the school three days (Sunday, Monday, and Wednesday) per first third week of April 2024 from 9 a.m. to 2p.m. the researcher met with studied student during break time (11-11.5a.m.) and also after the end of the practical sessions, which ends at 1 p.m. in the afternoon. The number of the students that filled studied tools was 33 nursing students .The data collection covered the period of one weeks.

### **6- Shabas-Alshohada Secondary Technical Nursing School**

The researcher attended the school three days (Sunday, Monday, and Wednesday) per the last week of April 2024 from 9 a.m. to 2p.m. the researcher met with studied student during break time (11-11.5a.m.) and also after the end of the practical sessions, which ends at 1 p.m. in the afternoon. The number of the students that filled studied tools was 34 nursing students. The data collection covered the period of one week.

The researcher attended each school on the predetermined day previously organized with each school director. The aim and the importance of the study were clarified to schools directors and teachers to acquire their support and collaboration during data collection process.

The sample of the study was recruited according to inclusion and exclusion criteria. Interviewing with 275 nursing students in the previously mentioned settings.

The researcher started data collection by introducing herself and explaining the aim and significance of the study to the nursing students who participated in the study. Participant's oral approval to share in this study was obtained prior to data collection. They were informed that they had the right to accept or refuse participation in this study and withdraw at any time without giving any justification.

The researcher granted that the information participants provided would only be used in scientific research and would not be available to people outside the boundaries of the research.

### **Second step:**

The researcher attended study setting three days per week (Sunday, Monday, and Wednesday) from 9 a.m. to 2p.m. The researcher met nursing students during break time (from 11 a.m. to 11.30am) or when the instructors were absent and the lessons were canceled and also after the end of the practical sessions, which ends at 1 p.m. in the afternoon. Data was collected in classrooms and clinical laboratories.

Demographic questionnaire, Bullying behavior in clinical nursing education

questionnaire, as well as Rosenberg Self-Esteem Scale (RSES) was distributed to each nursing student. The researcher responded to all requests for clarification regarding the meaning of any questions. This clarification only addressed the questions meaning or clarifying what was required in order to avoid influencing their response to the questionnaire. Nursing students were instructed to answer questions frankly, honestly and without affectation. The questionnaire took about 20-30 minutes to be filled.

### III- Administration Design:

Official approval to conduct this study was obtained by submitting an official letter issued from the Dean of the Faculty of Nursing, Ain Shams University to the director of the Department of Training and Schools affiliated with Kafr-El Sheik governorate and to the director of each nursing school where participants were recruited.

### Ethical consideration:

The ethical research considerations in this study included the following:

The research approval was obtained from the scientific research ethical committee at the faculty of nursing, Ain –Shams University before starting the study.

Nursing students were permitted to accept or refuse participation in the study, and they were informed that they had the right to withdraw from the study at any time without giving any justification.

The researcher obtained oral consent from all nursing students under study after a full illustration of the aim and benefits of the study.

Participants were informed that there were no immoral remarks on the questionnaire that contradicted with participant's culture, beliefs, tradition, or religious matters.

The researcher assured maintained anonymity and confidentiality of the study information.

**Ethical code : 25.03.614**

### IV- Statistical Design:

The collected data were tabulated and statistically analyzed using the Statistical Package for Social Science (SPSS), version 20. Data were presented in tables and figure using actual numbers and percentage. Percentages (%), mean, and standard deviation (SD) were used for quantitative variables. Qui square was used to assess relationships between variables. The Pearson correlation coefficient (r test) was used to study the positive and negative associations between study variables.

**Significant level values were considered as follows:**

- Not Significant (NS)  $p > 0.05$ .
- Significant (S)  $p \leq 0.05$ .
- Highly Significant (HS)  $p \leq 0.00$ .

### Results

**The main findings of this study were summarized as follows:**

**Table (1)** revealed that 50.9% of the studied students were less than 18 years old with a mean and standard deviation of  $17.44 \pm 0.89$ . regarding their sex, 61.1% of them were females. Also, 51.3% were in the second year, and 75.6% of them lived in rural areas. Regarding the previous academic year's grade average, 45.8% of them had very good grades.

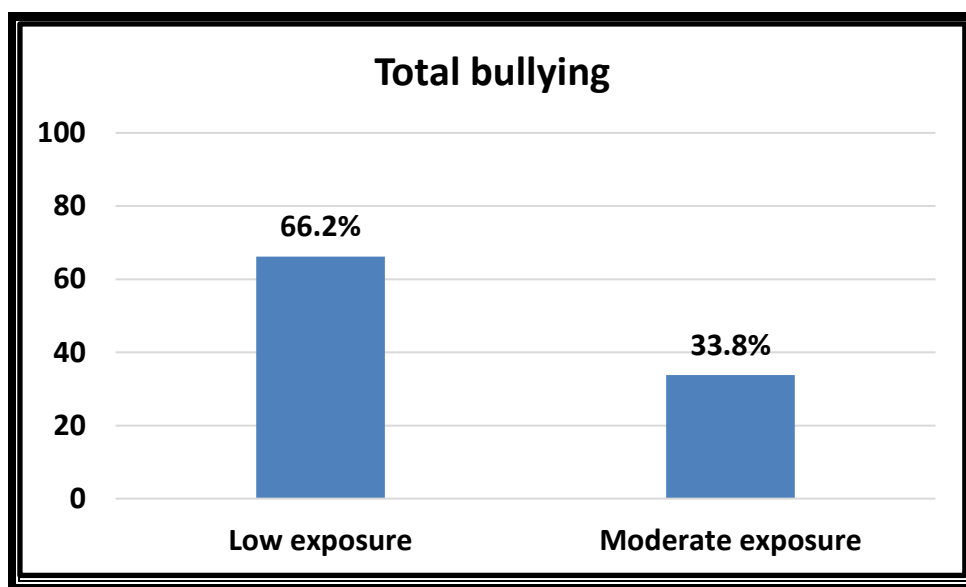
**Figure (1)** showed that 66.2% of the studied nursing students had low bullying exposure, and 33.8% of them had moderate bullying exposure.

**Figure (2)** showed that 84% of the studied nursing students had high self-esteem, and 15.6% of them had moderate self-esteem.

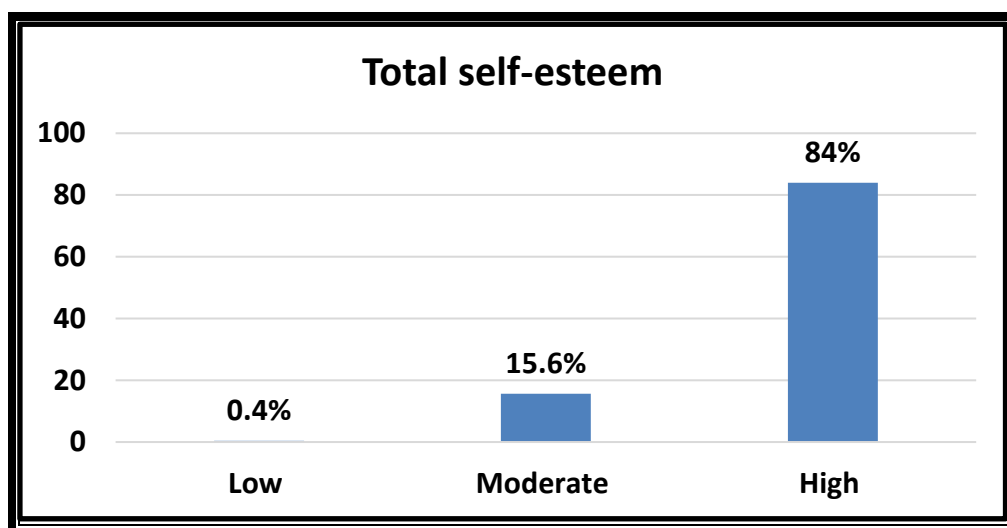
**Table (2)** showed that there was a high negative correlation between bullying exposure of the studied students and their self-esteem with  $r = -.716$  at  $p\text{-value} = .003$ .

**Table (1):** Frequency & percentage distribution of the studied nursing students according to their demographic characteristics (n=275).

Items	NO.	%
<b>Age (year)</b>		
less than 18 years old	140	<b>50.9</b>
more than or equal 18 years old	135	49.1
<b>Mean <math>\pm</math>SD</b>	<b>17.44 <math>\pm</math> 0.89</b>	
<b>Sex</b>		
Male	107	38.9
Female	168	<b>61.1</b>
<b>Academic year</b>		
Second year	141	<b>51.3</b>
Third year	134	48.7
<b>Residence</b>		
Rural	208	<b>75.6</b>
Urban	67	24.4
<b>Previous academic year grade average</b>		
Poor	0	0
Fair	17	6.2
Good	72	26.2
Very good	126	<b>45.8</b>
Excellent	60	21.8

**Figure (1):** Frequency distribution of the studied students according to their bullying exposure (n=275).





**Figure (2):** Frequency distribution of the studied students according to their self-esteem (n=275).

**Table (2):** Correlation between bullying exposure of the studied students and their self-esteem.

The studied Variables		Self-esteem
Bullying exposure	r test	-.716**
	p-value	.003

\*\*highly significant at  $p < 0.01$ .

### Discussion

As regards the demographic characteristics of the studied nurses, the current study result illustrated that half of the studied students were less than eighteen years old with a mean  $\pm$  SD of  $17.44 \pm 0.89$ . This might be due to those students studying three consecutive year programs at nursing schools after the preparatory school. Also, those undergraduate nursing students 'enrolled in the second and third academic years, because they have more experience with clinical training than the first academic year. Moreover, these younger students might be more motivated to pursue nursing early due to their passion for healthcare, altruistic tendencies, or family influence. From the researcher's point of view, bullying of nursing students is neither age nor sex played a role in students' bullying experiences of students.

These findings were consistent with **Khalil et al., (2021)**, whose study entitled "Bullying Among Early Adolescent Egyptian School Students", in Tanta district, Gharbia Governorate, Egypt, (n=350), and stated that the mean age of their studied students was  $12.3 \pm 1.1$ , and more than half of them were from primary school. Conversely, **Sharif-Nia et al.**

**(2023)**, in a study entitled "Bullying behaviors and intention to drop-out among nursing students" incongruently with the current result in their study included undergraduate nursing students from Iranian universities (n= 386) and incongruently reported that the mean and standard deviation of their age was  $22.63 \pm 2.2$  years and their GPA was  $17.26 \pm 1.2$  of 20.

Concerning gender, the current study showed that more than three-fifths of them were females. This might be due to females working in the nursing field more than males. From the researcher's point of view, female nursing schools are more than male schools.

These findings were consistent with **Khalil et al., (2021)**, who mentioned that less than three-fifths of students who experienced bullying were males, while more than two-fifths were females. Conversely, **Koç, et al., (2022)** studied "The relationship between bullying behaviors experienced by nursing students in clinical practice and their self-esteem level." (n=324) in Turkey and revealed that the majority of the students were females.

Moreover, the current study found that more than half of them were in the second year. This might be due to the inclusion criteria of

methodology that suggested the sample will be only from the second and third years. Also, this suggested that a significant proportion of students were at an intermediate stage in their nursing education. This might lead to the hazard of suffering undesirable behaviors since they are younger nurses, less experienced, and less educated. These findings were consistent with **Al Bakoor (2019)** (n= 754), in Alexandria, Egypt reported that In relation to study semesters, an almost equal percentage (less than two-fifths) were in the 3rd-4th and 5th-6th semesters respectively.

Conversely, **Qalawa et al., (2021)**, whose study entitled "Student Nurses' Perception of Bullying Experience and Its Coping Strategies During Clinical Training" the study disagreed and revealed that about half of them were from the third level.

Also, the current study showed that three-quarters of them lived in rural areas. From the researcher's point of view, this might be due to the economic disparities between the city and the rural contributed to the notable variations in bullying experiences across various demographic groups. Students who grew up in cities had greater communication skills and were more able to adjust to unfamiliar situations than their rural counterparts as reported by **Hou et al., (2020)**.

From the researcher's point of view, bullying is also influenced by certain external variables, like education curricula, patient-centered clinical facilities, and organizational structures as reported by **Gonella et al., (2021)**. It was observed that the type and frequency of bullying at work were primarily related to performing boring and repetitive menial chores like changing patients' beds, collecting their vital signs, and so forth. The findings demonstrated that, despite frequently having their learning objectives disregarded, nursing students behaved as free laborers during their clinical rotation (**Shdaifat et al., 2020**). Each of these elements hindered the learning of the students. In line with earlier studies conducted in China, there was little evidence of physical or sexual abuse in clinical settings (**Fang et al., 2020**). However, several studies conducted in other nations revealed the frequency of physical

violence, and it was believed that patients were the most prone to engage in sexual harassment and physical assault (**Hallett et al., 2021**). Egyptian students are more likely to be obedient and acceptable to their elders due to the influence of Confucian culture, making them vulnerable to non-physical abuse but not physical violence.

This result was consistent with **Al Bakoor (2019)**, who found that about three-quarters of the nursing students were living in rural areas. Furthermore, **El Dahshan et al., (2020)**, in a quasi-experimental research design, for community health nursing students (2021), in Egypt, whose study finding revealed that the mean age of nursing students was (22.0±0.64) years, more than two-thirds of them were from rural areas.

Regarding the previous academic year's grade average, the current study presented that less than half of them had very good grades. This might be due to nursing education involves not only classroom learning but also hands-on clinical experiences. Balancing theory with practical skills can be challenging. Some students excel in one area but struggle with the other. Also, Personal stressors (family, financial, health) can impact academic performance.

These findings were consistent with **Al Bakoor (2019)** found that according to the last (Grade Point Average) GPA, it was found that less than three-fifths of the nursing students received (B) grade, 41.6% received (C) grade, and only 2.4% received (A) grade. While incongruently with **Abdelaziz & Abu-Snieneh (2022)**. The GPAs of two-thirds of the students ranged from above 3.74 to above 4.5.

Concerning the total levels of bullying exposure, the present study found that three-fifths of the studied nursing students had low-level bullying exposure, while one-third of them had a moderate level of bullying exposure overall. These findings may be due to their compassion in nursing education and practice may create a more positive and supportive environment. Also, close mentorship and supervision from school and experienced nurses can providing guidance and support to students, reducing the risk of bullying. From the

researcher's point of view, bullying has a direct effect on the intention to drop out among nursing students. This highlights the need for interventions to address bullying behaviors in clinical settings to prevent nursing students from dropping out of their programs.

These findings were consistent with **Sharif-Nia et al., (2023)**, who found that more than one-third of faculty nursing students reported exposure to a moderate degree of bullying. Moreover, **Birks et al., (2017)** conducted a comparative study between Australian students and United Kingdom students, finding a prevalence of bullying of half and about one-third.

In relation to the experience of bullying behaviors, **Al Bakoor (2019)** stated that more than half of their nursing students experienced bullying behaviors during their clinical training, distributed 81 males and 310 females, indicating that moderate level.

Regarding the total levels of self-esteem among the study students, the current study found that the majority of the studied nursing students had a high level of self-esteem, while less than a fifth of them had a moderate level of self-esteem. From the researcher's point of view, those students increased their self-effectiveness and academic performance might be due to previous bullying protective programs that cope with the problems and pressures students face and can deal with their teachers and colleagues professionally. Moreover, bullying others was associated with lower health-related quality of life and a higher general self-efficacy was associated with better health-related quality of life as reported by **Haraldstad et al., (2019)**.

In addition, ways to protect against bullying behavior as improving self-esteem, training in assertive behavior and how to deal with the bullying phenomenon, which in turn promotes their self-esteem and self-confidence in their ability to confront the challenges of life. They can achieve success by coping with educational problems and increasing their success potential.

In the same line, **Kang (2018)** reported that "nursing students' bullying experiences

should be considered seriously as they have a long-term impact on their self-esteem and identity as well as negatively affecting their future career as a nurse". Moreover, an inverse relationship exists between self-esteem and experiences of bullying behaviors. Those with higher mean bullying scores had lower mean self-esteem scores. Furthermore, one of the main consequences of bullying in the workplace is nurses who quit their jobs or the nursing profession. Nurses with low self-esteem are at greater risk of bullying in the workplace, and their degree of depression is significantly higher **He et al., (2019)** found that "workplace bullying was significantly and negatively correlated with nurses' self-esteem". "Workplace bullying has a significant predictive effect on self-esteem. The more bullying the nurses experience, the lower is the level of self-esteem".

These findings were incongruent with **Hunter et al., (2022)** who studied "Violence experienced by undergraduate nursing students during clinical placements" and reported that the majority of nursing students were likely to have low self-esteem and a weak sense of group identity within the nursing profession. Moreover, **El Dahshan et al., (2020)** their findings displayed that the majority of nursing students had normal (moderate) levels of self-esteem before implementing the training program. This finding was also supported by **Ribeiro et al., (2020)** who studied "Impact of an intervention through Facebook to strengthen Self-esteem in nursing students" and declared that the self-esteem in the pre-test was moderate. Also, this finding was consistent with other studies conducted among nursing students in Egypt, **Fawzy et al., (2020)** studied self-esteem among male and female nursing students enrolled in the maternity curriculum, their findings displayed that the majority of nursing students had normal (moderate) levels of self-esteem before implementing the training program.

Correlation between bullying exposure of the studied students and their self-esteem, the current study found that there was a high negative correlation between bullying exposure of the studied students and their self-esteem. This might be due to bullying experiences that

can be emotionally distressing. When students are repeatedly subjected to negative behaviors-whether it's verbal, physical, or relational-it chips away at their self-esteem. Bullying often isolates its victims. When students feel excluded or ostracized, they withdraw from social interactions. Reduced social support and feelings of loneliness can further dampen self-esteem. After all, humans thrive on connection and positive interactions. Additionally, bullying student nurses can cause them to be truant, make unnecessary excuses and instill fear in them which could affect their learning. Participants pointed out that bullying in the clinical setting affected learning.

Moreover, bullying experiences can distort how students perceive themselves. They might engage in "all-or-nothing" thinking: "If I'm being bullied, I must be completely worthless." Such cognitive distortions reinforce the negative correlation. Their self-esteem plummets and the cycle continues. Students might perceive themselves as unable to change their situation. This perceived lack of agency undermines self-esteem. When you're constantly knocked down, it's hard to stand tall.

These findings agreed with **Rafati et al. (2021)** in Iran who investigated the impact of bullying on the self-esteem of 420 nursing students. Their findings showed a negative correlation ( $r=-0.69$ ) between bullying exposure and self-esteem, closely matching the  $r=-0.716$ . In the same line with **Koç, et al., (2022)** who found that there was a negative correlation between bullying exposure of their studied students and their self-esteem ( $p<0.05$ ). Also, **El Dahshan et al., 2020**), reported that there were statistically significant differences in self-esteem levels before and after the application program; where after implementing the training program, approximately three-quarters of nursing students had high levels of self-esteem, while, none of them had low level of self-esteem as compared to before the program, none of them had high level of self-esteem and about one- fifth had low level of self-esteem and the majority of them had normal (moderate) level of self-esteem. While **Al Bakoore (2019)**, showed no significant correlation was found between bullying behaviors, and self-esteem, among bullied nursing students.

## Conclusion

Based on the present study findings it can be concluded that two-thirds of the studied nursing students had low bullying exposure, and one-third of them had moderate bullying exposure. Regarding verbal bullying perpetrators, it was revealed that nearly two-fifths of them didn't receive any gratitude for their good work from nurses, for physical bullying perpetrators, more than three-fifths of them their clinical responsibilities were changed without warning them by nurses, and for psychological bullying perpetrators, the majority of them were blamed for problem that they didn't make by their classmates. Concerning self-esteem levels, the majority and less than one-fifth of them had high and moderate self-esteem level respectively.

## Recommendations

**In light of the findings of the present study, the following recommendations are suggested:**

Recommendations for Students:

- Learn self-defense techniques to boost students confidence and ability to protect their selves.
- Practice mindfulness and stress management Techniques to help coping with the emotional impact of bullying.
- Build a strong support network from friends and family.

### Recommendations for Clinical Instructors:

- Be attentive to students' needs such as signs of bullying and intervene promptly when necessary.
- Participate in training on bullying prevention and intervention strategies.

### Recommendations for School administrators:

- Principals, deans, and other school leaders can implement policies and initiatives to address bullying.

### Recommendations for Further Research:

- Conducting educational program for the prevention of different bullying in nursing schools.

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