

Bullying Behaviors and Self Efficacy among Nursing Students at Clinical Settings: Comparative Study

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Abstract

Background: Nursing students who experienced bullying behaviors feel anger and missing their concentration, their capability to achieve a desired outcome. Also self-efficacy, often referred to as self-confidence, is essential to nursing students' ability and performance in the clinical setting. **Aim:** Study aimed to examine relation between bullying behaviors and self efficacy among nursing students. **Methods:** Descriptive comparative correlation design .Sample included all students nurses in final year at faculty of nursing and Technical Health Institute .Total number of nursing students at faculty of nursing were(n=206) and Technical Health Institute were (n=132).There are two tools of data collection used Bullying in nursing education questionnaire and General self efficacy scale. **Results:** More than one third of faculty nursing students were exposed to moderate degree of bullying (38.8%) while technical health institute nursing students(23.1%). More than above half of total nursing students had mild self efficacy (58.9%).**Conclusion:** There was a significance relationship between bullying behavior and general self-efficacy among the studied nursing students. **Recommendation:** Students must be conscious of procedures for reporting experiences of bullying and be able to do so in a nonthreatening and threatening environment. Also make students aware about the goals that need to be attained in their clinical setting and provide them with feedback through effective communication on goal progress.

Keywords: Bullying Behaviors, Self efficacy, Nursing Students , Clinical setting

1. Introduction

Nurses come into the profession of nursing since of a desire to care for the sick and to assist patients and their families in attain or maintaining well-being. Student nurses go in the academic world of nursing for those same reasons and yet see and are subjected to act of bullying by those similar nurses who entered a profession in which caring is the epitome of the practice Rhéaume, Woodside, Fautreau & Ditommaso, 2003). Bullying create a poisonous work environment with serious consequences for losses institutions and, finally patients (Huntington, 2011). It was shown to decrease self-confidence, work productivity, and involve self efficacy (Putter, 2007). Moreover, bullying makes students frustrated leading to alteration in their performance and efficacy within the academic setting (Kim, Varjas, and Henrich, 2011).

Also bullying in nursing was recognized as a work-based stressor that negatively affect not only the nurse, but also patient care that nurse provide. Randle (2003) discovered bullying was a universal theme known in students' reports and reported bullying was a routine experience in the progression of becoming a nurse. Not only were students bullied, but students reported patients were regularly bullied by practicing nurses. Randle fulfilled that the way a student nurse was treat during training produced a student's process of becoming a nurse.

Although there's no typical definition of bullying, the majority experts agree it involve constant efforts to reason another person physical or emotional harm or injury. It can reflect an actual or seeming difference of power or conflict, but it can also happen Between peers and even friends (Dellasega,2009). While Acts of bullying have been referred to as horizontal violence, relational aggression, incivility, mobbing, harassment, and interpersonal conflict (Clarke et al,2012).

Numerous nursing workplace studies have report distressing adverse reactions to bullying that contain, but are not restricted to hurt, fear, loss of self-esteem, anxiety, sleeplessness, depression, high blood pressure, panic attacks (Hutchinson et. al, 2008), manner of worthlessness, an raise in smoking and drinking and increased stress levels (Quine, 2001). Bullying has continually revealed to have such negative impact on health outcomes, and a health promotion approach to the problem of bullying has been possible to tackle the issue of bullying in the workplace (Hodgins, 2008).

When nurses were ask their awareness of their role, 41% feel that somebody else in the school was more capable to address bullying and 25% felt unprepared to handle the problem. Only 15% of nurses declared there were no barriers (Hendershot, 2006). Coping is defined as constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person (Lazarus and Folkman,1984).

Self efficacy is generally clear as the belief in one's capabilities to achieve a goal or an outcome. Students with a strong common sense of efficacy are more likely to challenge themselves with hard tasks and be intrinsically motivated. Self-efficacious students also improve quickly from setbacks, and in the end are likely to achieve their personal goals. Students with little self-efficacy, on the other hand, believe they cannot be

successful and thus are less likely to create a concerted, total effort and may believe challenging tasks as threats that are to be avoided. Thus, students with poor self-efficacy have small aspiration which may result in disappointing academic performances becoming part of a self-fulfilling feedback cycle. (Bandura, Margolis and McCabe, 2006)

Building of self-efficacy is hard for many nursing students, and is dependent on many factors internal and external factors. The internal factors include social norms of teachers, counselors, deans, and administrators, interactive social systems, the beliefs of the faculty staff affect the instructional activities and the faculties structures. External factors including community expectations, parental expectations, and socioeconomic influence are influenced by the cultural norms of nursing students and their communities (Luszczynska et al, 2005 and Gold, 2010).

Nursing students regularly report lack of self-confidence and apprehension when they are predictable to rally performance criteria (White, 2003). In nursing, rising confidence as a nurse can control clinical decision-making (White, 2003). Self-efficacy, often referred to as self-confidence, is vital to nurses' ability and performance in the clinical setting. Many studies have revealed that simulation is an effective method for improving student self-efficacy (Leigh, 2008; Bantz, et al 2007; Kuznar, 2007; Lasater, 2007; Reilly & Spratt, 2007; Bremner, et al 2006; Henneman & Cunningham, 2005; McCausland, et al 2004).

There are four source of self-efficacy strategies teachers can utilize to build self- efficacy of students, *First* mastery experiences which students' successful experiences enhance self-efficacy, while failures erode it. This is the most strong source of self-efficacy. *Second* observational experience which observe a peer be successful at a task can strengthen beliefs in one's own abilities. *Third* verbal persuasion were teachers can increase self-efficacy with realistic communication and feedback to direct the student through the task or motivate them to make their greatest effort. *Fourth* and the last emotional state was a optimistic mood can advance one's beliefs in self-efficacy, while anxiety can undermine it. A certain level of emotional stimulation can make an energizing feeling that can give to strong performance. Teachers can assist by falling stressful situations and lowering anxiety close events similar to exams or presentations.(Margolis and McCabe, 2006) and (Bandura,2006).

Students understand the results of their activities and use these interpretations to build up beliefs about their ability to perform following tasks or activities. These interpreted results of one's own performance make a sense of self-efficacy. In general, success built a strong sense of self-efficacy and failure lower it, particularly when failure occur before a strong sense of efficacy is developed (Bandura, 1997). This robust sense of self-efficacy is not shaped by easy success; it require experience in overcome obstacles and complex situations through maintain effort and persistence (Bandura,1997).

Self-efficacy as a principle of personal competence act upon human behavior in diverse ways. Bandura (1977) understood that self-efficacy affect the choices people make, their habits of acting, the effort they waste, their perseverance and elasticity. People are suitable to choose activities for which they sense themselves able and avoid those for which they do not. Self efficacy helps individuals to decide how much effort they will expend on a task, how long they will continue when experiencing difficulties, and how resilient they will emerge in detrimental situations. The stronger their view of self-efficacy, the better their effort, perseverance and elasticity (Bandura, 1986).

So, propose of this study was included examining the status of bullying in nursing education in the practice setting, assess self efficacy and is there a relation between bullying behaviors and self efficacy among nursing students.

1.1 Aim of study

- 1-Identifying bullying behaviors experienced by nursing students at clinical setting.
- 2
- 3-Assess self-efficacy among nursing students at clinical setting.
- 4- Examine the relation between experience of bullying behavior and self-efficacy among nursing students at clinical setting.

Questions

1. What are bullying behaviors among nursing students at clinical settings ?
2. What source of bullying and coping strategies to deal with it ?
3. What are self-efficacy among nursing students at clinical settings?
4. Is there a relation between nursing students experience of bullying behavior and their self-efficacy at clinical settings.

1.1.1 Material and methods :-

Design :-Descriptive correlation comparative study

Setting: Faculty of Nursing, Mansoura University affiliated from Ministry of Higher education and Technical Health institute which follow Ministry of Health at Mansoura city.

Subjects

This study's target population were two groups . First group all available students at final year of baccalaureate degree at Faculty of Nursing, Mansoura University which number (206) . Second group are all nursing students at final second year at Technical Health Institute which follow ministry of health at Mansoura city which number (132). Total number of nursing students were (338)

Tools of data collection

Two tools were used to collect the data of this study:-

The first tool :Bullying in nursing education questionnaire (BNEQ) is a one-page, self-administered Likert scale questionnaire. It consists of four parts. **Part one** includes student personal characteristics as age, gender and marital status. **part two** contains 12 items measures the frequencies and sources of bullying behaviors described in the Literature. Students were instructed to mark the frequency and source categories that best described their encounters during the clinic course work. **Part three** contains ten items describe student behavior used to cope with bullying . and last **Part four** contains 4 items describe the resources provided by the nursing school(faculty or institute) to cope with bullying. (Cooper ,2009).

The second tool: General self efficacy scale developed by **Schwarzer and Jerusalem (1995)** .It contains 10 statements self-administered four likert scale response rated from 1-4 .Rate one consider never, two means rarely,three means sometime and four means usually. Questionnaire that used to assess students nursing toward their general self efficacy. Scoring system general self efficacy ranged from 10-40 items which classified into 3 equal parts: Low (10-19), Mild (20-29) and Complete (30-40)

Method

The aim of study to assess bullying behaviors, self efficacy and relationship between bullying behaviors and self efficacy explained to students in Faculty of Nursing and also for students in Technical Health Institute of Nursing. Likert scale questionnaires was distributed to respondents individually in their clinical settings, and the time needed to complete the sheets ranged from 25-30 minutes.

Participation in the research was voluntary, and confidentiality of the collected data was maintained. Privacy of the study sample was assured, and the results were used as a component of necessary research, as well as for future publications and education.

Validity and reliability:

Test-retest reliability, internal consistency reliability ($\alpha=0.90$) and construct validity of the Bullying in nursing education questionnaire. The reliability and validity of the General self efficacy scale are well established. For the purpose of this study, The tools translated into Arabic language. Eight faculty members verified the face and content validity of the translated versions of the instruments. The result was 0.97 for bullying questionnaire and 0.90 For General self efficacy scale. A pilot study with 20 nursing students was selected randomly and conducted to ensure internal consistency reliability of the translated versions of the Bullying in nursing education questionnaire and self efficacy scale and this data was not used in the final study.

Statistical analysis:

The collected data were organized, tabulated and statistically analyzed using SPSS software (Statistical Package for the Social Sciences, version 16, SPSS Inc. Chicago, IL, USA). For quantitative data, the range, mean and standard deviation were calculated. Comparison between two groups and more was done using Chi-square test (χ^2). For comparison between means of two groups, parametric analysis (t-test) was used. Correlation between variables was evaluated using Pearson's correlation coefficient (r). Significance was adopted at $p<0.05$ for interpretation of results of tests of significance. (Dawson& Trapp, 2001) .

Ethical Consideration:-

The purpose of this study was explained and the researcher obtained official consent from dean of Faculty of Nursing and Manager of Technical Health institute to collect data and from students involved in this study. Also ethical approval was obtained from the Research ethical Committee of Faculty of Nursing, Mansoura University

1.1.2 Results:-

Table (1): Personal data of the study nursing students (n=338).

Variables	The study nursing students (n=338)					
	Faculty of nursing (n=206)		Technical Health Institute of nursing (n=132)		Total (n=338)	
	n	%	n	%	n	%
Age (years):						
Range	20-25		19-21		19-25	
Mean±SD	21.69±0.76		19.67±0.53			
t-test	26.699					
P	0.0001*					
Sex:						
Males	62	30.1	0	0.0	63	18.6
Females	144	69.9	132	100	275	81.4
χ²	45.666					
P	0.0001*					
Academic year:						
2nd	0	0	132	100	132	39.1
4th	206	100	0	0	206	60.9

***Significant (P<0.05)**

This table shows personal data of the study nursing students. Mean age of faculty nursing students was significantly higher than that of health institute nursing students (21.69±0.76 and 19.67±0.53) respectively (P=0.0001*). Regarding sex, there was a statistical significant difference between faculty of nursing students and health institute students as all health institute students were females (P=0.0001). The highest percent of student nurses (60.9%) were in fourth year in bachelor degree of nursing.

Table (2): Opinion of the study nursing students about the degree of bullying behaviors (n=338).

Variables	Faculty (n=206)	Opinion of the study nursing students about bullying behaviors (n=338)										χ ²	P
		Never		Rarely		Sometimes		Usually		Always			
		n	%	n	%	n	%	n	%	n	%		
Yelling or shouting in rage	Faculty	51	24.8	24	11.7	66	32.0	46	22.3	19	9.2	19.760	0.001*
	Institute	21	15.9	38	28.8	46	34.8	20	15.2	7	5.3		
Inappropriate, nasty, rude or hostile behavior	Faculty	75	36.4	31	15.0	55	26.7	39	18.9	6	2.9	11.501	0.021*
	Institute	71	53.8	19	14.4	22	16.7	16	12.1	4	3.0		
Belittling or humiliating behavior	Faculty	88	42.7	30	14.6	53	25.7	26	12.6	9	4.4	17.274	0.002*
	Institute	85	64.4	15	11.4	19	14.4	7	5.3	6	4.5		
Spreading of malicious rumors or gossip	Faculty	120	58.3	29	14.1	35	17.0	17	8.3	5	2.4	3.002	0.558
	Institute	84	63.6	22	16.7	16	12.1	7	5.3	3	2.3		
Cursing or swearing	Faculty	144	70.2	22	10.7	24	11.7	10	4.9	5	2.4	5.163	0.271
	Institute	99	75.0	18	13.6	12	9.1	2	1.5	1	0.8		
Negative or disparaging remarks about becoming a nurse	Faculty	85	41.5	22	10.7	64	31.2	24	11.7	10	4.9	18.952	0.001*
	Institute	57	43.2	35	26.5	30	22.7	7	5.3	3	2.3		
Assignments, tasks, work, or rotation responsibilities made for punishment rather than educational purpose	Faculty	101	49.0	24	11.7	50	24.3	23	11.2	8	3.9	5.623	0.229
	Institute	72	54.5	19	14.4	26	19.7	7	5.3	8	6.1		
A bad grade given as a punishment	Faculty	101	49.0	27	13.1	49	23.8	23	11.2	6	2.9	10.766	0.029*
	Institute	60	45.5	35	26.5	21	15.9	13	9.8	3	2.3		
Hostility after or failure to acknowledge significant clinical, research, or Academic accomplishment	Faculty	85	41.3	37	18.0	56	27.2	20	9.7	8	3.9	8.967	0.062
	Institute	71	53.8	28	21.2	22	16.7	8	6.1	3	2.3		
Actual / threats of physical or verbal acts of aggression	Faculty	125	60.7	32	15.5	30	14.6	16	7.8	3	1.5	20.214	0.0001*
	Institute	108	81.8	15	11.4	5	3.8	4	3.0	0	0		
Being ignored or physically isolated	Faculty	87	42.2	37	18.0	49	23.8	28	13.6	5	2.4	5.637	0.228
	Institute	63	47.7	29	22.0	22	16.7	12	9.1	6	4.5		
Unmanageable workloads or unrealistic deadlines	Faculty	87	42.2	27	13.1	49	23.8	27	13.1	16	7.8	13.892	0.008*
	Institute	77	58.3	21	15.9	18	13.6	7	5.3	9	6.8		

***Significant (P<0.05)**

This table shows opinion of the study nursing students about the degree of bullying behaviors. The most frequently reported behaviors were yelling or shouting in rage as about one fourth of them are usually and always

exposed to it. While, the majority of students at both faculty and institute were never exposed to cursing or swearing (70.2% and 75.0%).

Table (3): Degree of bullying behaviors among the study nursing students (n=338).

Bullying behaviors	The study nursing students (n=338)						χ^2	P
	Faculty of nursing (n=206)		Technical Health Institute of nursing (n=132)		Total (n=338)			
	n	%	N	%	n	%		
•Degree of bullying behavior:								
Low (21-28)	120	58.3	104	78.8	224	66.3	16.276	0.0001*
Moderate (29-45)	80	38.8	24	23.1	104	30.8		
High (46-60)	6	2.9	4	3.0	10	3.0		
•Scores of bullying behavior:								
Range (12-60)	12-60		12-49		12-60			
Mean±SD	25.58±9.50		22.26±8.22		24.28±9.16			
t-test	3.299							
P	0.001*							

*Significant (P<0.05)

This table shows degree and scores of bullying behaviors among the study nursing students. There is a statistical significant relationship with both degree and scores of bullying behaviors between faculty and health institute nursing students (P=0.0001, 0.001) as more than one third of faculty nursing students were exposed to moderate degree of bullying (38.8%) than health institute nursing students.

Table (4): Sources of Bullying behaviors as perceived by studied nursing students (n=338).

Personnel of Bullying behaviors	The study nursing students (n=338)						χ^2	P
	Faculty of nursing (n=206)		Technical Health Institute of nursing (n=132)		Total (n=338)			
	n	%	n	%	n	%		
Other hospital staff	26	12.6	13	9.8	39	11.5	0.36	0.546
Faculty	15	7.3	4	3.0	19	5.6	2.00	0.157
Patient/family member	16	7.8	9	6.8	25	7.4	0.01	0.911
Physicians	26	12.6	10	7.6	36	10.6	1.65	0.198
Classmate	14	6.8	8	6.1	22	6.5	0.07	0.789
Clinical Instructor	25	12.1	10	7.6	35	10.3	1.34	0.246
Staff nurse	16	7.8	22	16.7	38	11.2	5.52	0.019*

*Significant (P<0.05)

This table illustrates sources of bullying behaviors as perceived by studied nursing students. The bullying behavior from Other hospital staff and staff nurse were the highest (11.5% and 11.2% respectively) toward students while the bullying behavior from faculty and classmate were the lowest (5.6% and 6.5%). Statistically, there was significance difference in faculty of nursing than institute regarding staff nurses as being responsible for bullying behavior toward students.

Table (5): Used coping strategies by the study nursing students and organization to cope with bullying behaviors (n=338).

Coping strategies	The study nursing students used coping strategies (n=338)						χ^2	P
	Faculty of nursing (n=206)		Technical Health Institute of nursing (n=132)		Total (n=338)			
	n	%	n	%	n	%		
By students								
▪Put up barriers Spoke directly to the bully	108	52.4	85	64.4	193	57.1	4.23	0.039*
▪Pretending not to see the behavior	120	58.3	91	68.9	211	62.4	3.47	0.062
▪Reported the behavior to a superior / authority	85	41.3	98	74.2	183	54.1	33.93	0.0001*
▪Increased my use of unhealthy coping behavior as smoking	27	13.1	6	4.5	33	6.8	5.76	0.016*
▪Warned the bully not to do it again	101	49.0	97	73.5	198	58.6	18.84	0.0001*
▪Shouted or snapped at the bully	34	16.5	17	12.9	51	15.1	0.57	0.451
▪Demonstrated similar behavior	23	11.2	2	1.5	25	7.4	9.57	0.002*
▪Went to a doctor	79	38.3	59	44.7	138	40.8	1.09	0.296
▪Perceived the behavior as a joke	42	20.4	16	12.1	58	17.1	3.31	0.069
By Organization								
▪ Education programs / pamphlets on coping with bullying behaviors	73	35.4	42	31.8	115	34.0	0.32	0.570
▪ A designated person to assist with coping with bullying behaviors	54	26.2	54	40.9	108	31.9	7.33	0.007*
▪ Support groups for coping with bullying behaviors	49	23.8	36	27.3	85	25.1	0.35	0.554
▪ Encouragement or suggestions for coping with bullying behaviors	52	25.2	62	47.0	114	33.7	16.03	0.0001*

*Significant (P<0.05)

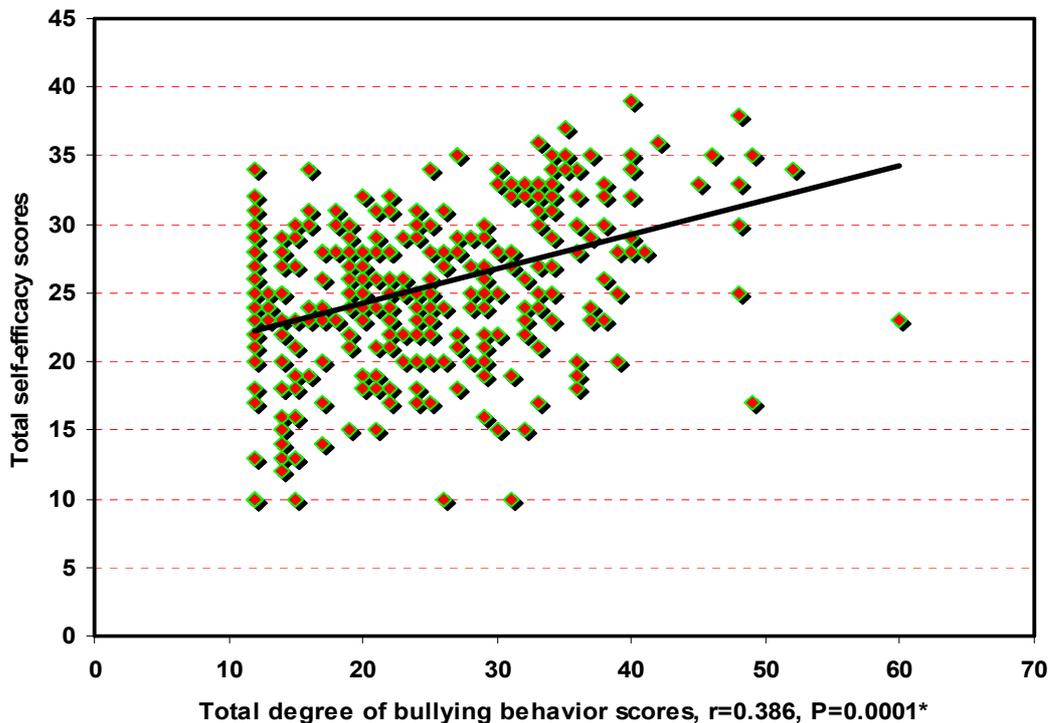
This table shows coping strategies by the studied nursing students and organization to deal with bullying behaviors. The highest coping strategies used by faculty of nursing students and technical health institute were pretending not to see the behavior. And reported the behavior to a superior / authority (58.3%, 74.2%) respectively. On the other hand, the lowest coping strategies used by both were demonstrated similar behavior (11.2% and 1.5%). There were significance differences (P<0.05) between some items as showed in the table. Also regard to organization The most source used by Faculty of nursing students was education programs / pamphlets on coping with bullying behaviors (35.4%) compared with the highest used coping strategies by health institute students which was encouragement or suggestions for coping with bullying behaviors (47.0%). There were significant differences (P<0.05) between two sources as shown in the table.

Table (6): Degree of general self-efficacy among the study nursing students (n=338).

General Self-efficacy	The study nursing students (n=338)						χ^2	P
	Faculty of nursing (n=206)		Technical Health Institute of nursing (n=132)		Total (n=338)			
	n	%	n	%	n	%		
•Degree of General Self-efficacy:								
Low 10-19)	36	17.5	19	14.4	55	16.3	0.712	0.700
Mild (20-29)	121	58.7	78	59.1	199	58.9		
Complete (30-40)	49	23.8	35	26.3	84	24.9		
•Scores of General Self-efficacy:								
Range (10-40)	10-39		13-38		10-39			
Mean \pm SD	25.04 \pm 6.20		25.82 \pm 5.41		25.35 \pm 5.91			
t-test	1.187							
P	0.236							

This table shows degree of general self-efficacy among the study nursing students. There was no significant difference between self efficacy of faculty nursing students and health institute students. More than half of total nursing students had mild self efficacy (58.9%).

Figure (1): Correlation between degree of bullying behaviors and general self-efficacy among the study nursing students (n=338).



This figure illustrated relationship between degree of bullying behaviors and general self-efficacy among the study nursing students. There was a significance relationship between bullying behavior and general self-efficacy among the studied nursing students.

1.1.3 Discussion

Bullying is a universal problem, so it a vital need to understanding of bullying behaviors in nursing and nursing education .. When students nurse Identify this problem and dealing with it . This help students nurses to well-being, better integration into the profession, increased satisfaction with nursing and reduce their tendency to go

the profession (Celik & Bayraktar, 2004 and Stanley, 2014). Therefore, the current study aimed to examine relationship between experience of bullying behavior and self-efficacy among nursing students at clinical settings.

The study findings showed that there was a statistical significant relationship with both degree and scores of bullying behaviors between faculty and health institute nursing students as more than one third of faculty nursing students (fourth-year baccalaureate students) were exposed to moderate degree of bullying (38.8%) than health institute nursing students (the second-year students). In this same line, Cooper et al., (2011) stated that, nursing students have the highest risk of experiencing negative behaviors because of being younger nurses, less experience, less education, frequent ward changes and the challenge of meeting new environment. Accordingly, Randle (2003) identified bullying as a common complaint among students and a routine experience in the development of becoming a nurse. Moreover, the way a student nurse was treated during training shaped the student's process of becoming a nurse. If the student is socialized into a nursing culture that accepts bullying as a routine practice, the results can be toxic. Also to that, Farrell (2001) concluded that in many specialty areas there is a generational culture of nurse-to-nurse abuse, with registered nurses perceiving that nursing students should be treated as badly as they were during their education. \

Also the result was consistent with Baltimore (2006), who stated that nursing students do encounter bullying behaviors in baccalaureate nursing schools which leave them feeling powerless and frustrated and create a hostile environment. This result also supported by Clarke et al. (2012), who found that the greatest amount of bullying behaviors are reported by fourth-year students, followed by third-year, second-year, and first-year students. These results also in the same line with Abd El Rahman (2013) who report that most of nursing students (88%) in Faculty of Nursing, Damanshour University, Egypt, experienced bullying behaviors in the clinical setting. This could be due to negative culture about nursing profession and perception of faculty students that after having baccalaureate degree they will work as bedside nurse and there is no difference between baccalaureate degree and technical degree. Moreover, nursing students from year one to year four are often being exposed to harmful comments about the nursing profession.

Regarding the source of bullying behavior, the results of this study revealed that physicians and other hospital staff are the most frequent sources of bullying behaviors as perceived by nursing students. Also, staff nurses were the most frequent sources of bullying behaviors among health institute students. In this same line, Randle (2003) stated that, nursing students were bullied by qualified nurses and bullying was found to be common place in the transition to becoming a nurse. In addition, bullying behaviors in nursing have commonly been referred to as nurses "eating their young" and those at particular risk of being targeted include students, inexperienced graduate nurses, and new hires. Also this finding regarding to source of bullying behavior also agreed with Sofield and Salmond (2003) and Rowe and Sherlock (2005) who reported that nurses and physicians in particular were the most frequent source of verbal abuse towards other nurses. Rationale of this finding in the present study It could be related to increased workload and shortage of hospital staff which promote and perpetuate oppressive conditions, such as inability to take uninterrupted breaks, inadequate staffing ratios and limited supplies. These conditions cause more frustration and lack of coworker support which in turn contribute to the bullying behaviors with nursing students. Also, staff nurses deal with institute students as junior nurses and they give them orders to complete indirect activities such as sending and receiving lab investigation and transferring patient to radiology department.

The present finding also revealed that clinical instructor is the most frequent sources of bullying behaviors as perceived by the nursing students at faculty of nursing. It could be related to that the students' frequent contact with their clinical instructor at clinical settings where they spend long clinical hours. They often felt disrespected and caught in a power struggle. This agrees with Abd El Rahman, 2013 Clarke et al. 2012,). Moreover, Magnussen and Amundson (2003) concluded that, some nursing instructors actually impede educational experiences of undergraduate nursing student, undervalue and treat them in uncaring ways. This finding also in the same line with (Cassell, 2010, Meissner, 1986) reported that, 72% of bullying incidents in higher education are attributed to an imbalance of power due to the hierarchical structures of higher education. Within universities, schools of nursing reflect the same hierarchical structures. For example, instructors represent supervisory positions and students are often seen as subservient workers. When conflict occurs and a power inequality is perceived, students feel disempowered. This finding also consistent with who concluded that because of practiced authoritarianism, instructors became drill sergeant where obedience was demanded. These approaches often led to lack of nurturance, assistance, and support of student nurses.

On the other hand, faculty and classmate were the lowest source of bullying behavior as perceived by nursing students. This finding disagreed with Cooper et al., (2011) who indicated that, nursing faculty was the most frequent source of bullying behaviors. This finding also inconsistent with Celik and Bayraktar (2004) who reported that all participants identified their classmates as a source of verbal abuse, indicating that the problem is widespread. Rationale of this results could be related to that, nursing students were encouraged to communicate, collaborate and gain support from colleagues to overcome and deal effectively with bullying behavior which

threatens their wellbeing.

Regarding coping strategies used by the study nursing students to cope with bullying behavior, pretending not to see the behavior was the highest coping strategy used by faculty of nursing students while, Reported the behavior to a superior / authority was the highest among health institute students. On the other hand, the lowest coping strategies used by both faculty and institute students was demonstrated similar behavior. It is probably due to that nursing students lacked the skills to deal with the verbal abuse and perceived themselves as powerless to change bullying behaviors, so they act as nothing happened and seek assistance from supervisors. This finding agreed with Vessey et al. (2009). who reported that nurses who feel they are bullied should be encouraged to speak to colleagues and their superiors in the organization rather than relying on friends and family; if these concerns are not dealt with sensitively, the victims may end up leaving the profession. In this same line, Celik & Bayraktar (2004) and Cooper et al., (2011) concluded that the most frequently used coping strategies by nursing students were doing nothing and pretending not to see the abuse. This also consistent with Basal and Elhossiny (2014) who reported that, more than half of students their coping considered passive coping responses as did nothing, put up barriers, pretended not to see the behavior, and perceived the behavior as a joke.

The result of the study revealed that the nursing student both in faculty of nursing and nursing institute can find the means and ways to get what they want, remain calm when facing difficulties because they had coping abilities and usually find several solutions for problems and troubles. This may be related to presence of quality assurance department in the nursing faculty placed a great emphasize on improving the quality of academic programs and the quality of graduates. As well as, faculty staff have insight toward nursing students and reflect on adapting a variety of teaching approaches for all nursing students which reflected on developing abilities for nursing student toward solving problems and troubles and dealing with different situations which also reflected on their academic achievement. This agreed with Bandura (1993) who proved that self efficacy affects students' academic attainment due to the effect produced at the motivational level which increase students' readiness to invest effort in their learning, serves them well to persist when facing difficulties and helps them to recover more quickly after a negative attainment.

The result of the study revealed that more than half of total nursing students had mild self efficacy, This result disagreed with Elsayed (2013), who said that nursing student on Faculty of Nursing, Mansoura University had high self efficacy this is because the academic staff emphasize on the quality of graduates through quality of academic programs and keeping in mind the unique attributes of each nursing student which may lead to high self efficacy. this results may be related to the student opinion toward their general self efficacy that they can't deal efficiently with unexpected events, didn't have experience to solve difficult problems, didn't invest the necessary efforts to solve most problems and not easy for them to stick to their aims and accomplish their goals which may revealed in mild self efficacy (Zimmerman, 2000).

The present finding revealed that there was a significance relationship between bullying behavior and general self-efficacy among the studied nursing students. This finding agreed with (Hutchinson et al 2010, Mikkelsen & Einsarsen, 2002). who found that bullying of nurses leads to erosion of professional competence as well as increased sickness absence and employee attrition. Moreover, Townsend (2012) added that, bullying makes new nurses feel invisible, incompetent, and inferior and suppresses their initiative and innovation. In this regard, Basal and Elhossiny (2014) founded that, more than half of students who experienced bullying behaviors occasionally exposed to diminishing performance, becoming forgetful, losing confidence and decreasing their concentration. While, this finding contradicted with a study of 433 Danish manufacturing employees which found no association between exposure to bullying behaviors and self-efficacy (Mikkelsen & Einsarsen, 2002). Self-efficacy can be improved by individual success in achieving the desired outcomes, seeing others achieve success by inspirational speeches, and by declining the a outcomes, being encouraged, thankful and motivated anxiety level (Bandura 1986, 1997; Jackson, 2002). Thus, when students involve themselves in academic tasks, internal and external opinions lead to either an increase or decrease in self-efficacy. Based on literature of review, students with higher academic performance tended to have higher scores on the academic self-efficacy, while students with lower academic performance have lower scores on the academic self-efficacy (Gold, 2010; Carroll et al., 2009; Speight, 2009; Henry, 2008; Ross, 2008; Mohsenipour, 2005).

Conclusion

The majority of Nursing Students at faculty of nursing students were exposed to moderate degree of bullying than health institute nursing students. The most frequently reported behaviors by nursing students were yelling or shouting in rag as about one fourth of them are usually and always exposed to it. While, the majority of them were never exposed to cursing or swearing. Staff nurse and other hospital staff were the most frequent sources of bullying behaviors as perceived by both faculty and health institute nursing students while faculty and classmate were the lowest. On the other hand, clinical instructor was the most frequent sources of bullying behaviors as perceived by the faculty nursing students. The majority of nursing students had mild self efficacy. There was a significance relationship between bullying behavior and general self-efficacy among the studied nursing students

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Recommendation

- 1-Nursing' faculty staff and students want to be educated about bullying behavior and how to deal with bullying.
- 2- Clinical instructors must be able to supply helpful and ongoing feed-back, evaluate student performance for building on and strengthening nursing knowledge and skill, and hold and recognize students' efforts.
- .3 -Make students aware about the goals that need to be attained in their courses and provide them with feedback through effective communication on goal progress, and develop instructional programs that train students on the use of certain strategies to improve their performance modeling cognitive strategies and self regulatory techniques.
- 4- Students must be conscious of procedures for reporting experiences of bullying and be able to do so in a nonthreatening environment, where confidentiality is protected and support is provided for students experiencing distress as a result.

Acknowledgements

First of all thanks to Allah who gave me strength to achieve this work.. We would like to thank the University authorities, participating for their supportive roles in this research. Also we are grateful to the nursing students who participated in the study. Finally, we feel deeply thankful to our family and colleges in our nursing administration department in addition to Faculty and Technical Health Institute members for their help and support in collection of data .

Conflict of interest:-

The authors declare that they have no conflict of interests. Financial competing Interest

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