

The Relationship between Bullying, Achievement Factors, And Self-Esteem among Nursing Students

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Abstract: Bullying in Nursing has existed for decades and appears to be a growing concern as nurse retention and recruitment become crucial factors in sustaining health care system. Nursing is a job that requires mental health at desired levels, besides influencing studying the factor of achievements and self-esteem daily life a profound effect on the quality of professional practice in the future, and the staying in the profession. *The study aimed to assess the relationship between bullying, achievement factors and self-esteem among Nursing Students. Design:* Descriptive correlation design. *Setting:* at Faculty of Nursing, Benha University. *Sample:* Convenience sample consisted of 136 Nursing Students at the previously mentioned study setting. *Tools:* 1st tool: Self-administer Bullying in Nursing Education Questionnaire. 2nd tool: Contributing Factors to Advance Academic Achievement Questionnaire. 3rd tool: The Rosenberg Self-esteem Scale. *Results:* The current study revealed that the majority of Nursing Students were moderate perception level of bullying. While nurses, physician, patient and their families were the most frequent sources of bullying as perceived by students, also the highest percent of them had social relationships in university regarding achievement factors Therefore; more than two thirds of them had low level of self-esteem. *Conclusions:* There was no statistically significant correlation between total bullying perception and total self-esteem, however, coping strategies were moderate level within the low level of self-esteem; there is a strong positive correlation between total self-esteem and total achievement factors. *Recommendations:* Conducting psycho-educational program and seminars sessions to raise awareness of bullying in nursing education that enhance their academic achievement and self-esteem.

Keywords: Nursing, Faculty, Students, Bullying, Achievements, Factors, Self-Esteem.

1. INTRODUCTION

In nursing education, students are beginning to identify uncivil Faculty behaviors, at times faculty have contributed to dehumanizing conditions that negatively affect students (*Hall, 2015*). *Indeed and Baldwin, (2014)* believes that a universal goal of higher education is to promote civility, respect and higher achievement. Argues that the role of higher education is to create scholars, working professionals, and good citizens. The concern over the presence of work-related bullying and its impact on the well-being and retention of nurses continue to be a major concern in the Nursing profession ,bullying is one of the frequently encountered forms of work-related violence but due to its more subtle nature. Clinical setting bullying in Nursing is common place, on the rise, frequently ignored and detrimental to the health and availability of those who are bullying victims and observers of bullying alike. Workplace bullying is defined as a situation where an individual perceives him-or-herself to be a prey of systematic, negative behavior that is purposefully targeted over a prolonged timeframe with the intent to do harm and where the victim is unable to defend his or herself (*Einarsen, Hoel, and Notelaers, 2013*).

Bullying is an abuse of power as a result of power imbalances between individuals. These imbalances of power occur due to numerous factors, including physical stature, personality, numbers of students, or social hierarchy. Bullying as repeated attacks-physical, psychological, social, or verbal-by those in a position of power, which is formally or situational defined, or those who are powerless to resist, with the intention of causing distress for their own gain or gratification (*Einarsen, Hoel, Zapf and Cooper, 2013*). The preceding meaning contains critical elements that are essential when defining bullying, including an intention behind bullying, imbalance of power, and repetition of actions. A different and perhaps more common system classify acts of bullying into two categories according to the type of behavior that is exhibited. This system uses the terms direct bullying and indirect bullying (*Olweus, 2015; Rivers and Smith, 2014*). Played academic achievement a crucial role in forming a positive, healthy view of the self. At its highest potential, academic achievement covers a student's psychological investment in learning, comprehending, and mastering knowledge. There are specific factors that contribute greatly to academic achievement. As social acceptance may interrupt the process of the willingness to strive academically, notes that academic competence and ability also play critical roles in predicting academic achievement and success (*Suh and Suh, 2016*).

Nursing students made excuses for the perpetrators' behaviors and accepted bullying behavior as a normal part of their experiences as a students also reported putting up with it as a means of coping. and identified that student nurses exhibited signs of burn out, apathy, passive anger and distancing themselves from colleagues and patients ,Nurses have compared the clinical setting to that of a battlefield and described their environment as hostile (*Stevenson et al., 2017*).

Student's self-esteem is highly influenced by teacher interaction, feedback, and perception of support. The role of the Nursing Faculty is to model and aid in the development of healthcare professionals. Relational skills curricula should include how to face bullying in a professional way. Faculty should reflect on their communication practices, and seek to increase their conflict management skills in order to support student learning. This would have a positive impact on the learning environment and the Nursing profession as a whole (*Ortega et al., 2016*). Self-esteem has been defined as a belief and self-confidence in own ability and value. Self-esteem is how students feel toward self; feelings about self-come from convictions about self as a capable, also self-esteem is the sum of self-confidence and self-respect (*Pooja, 2016*). A competent person having worth. Feeling capable is having self-confidence, viewing students as able to cope effectively with life's challenges. A feeling of worth means having self-respect, which comes as a result of living up to your own standards of values and potential (*McFarla, 2013*).

In addition to the characteristics of self-esteem which are *Exercise*, related to this concept, while physical activity or exercising may be directly related to self-esteem. *Controls*, many other factors contribute to the level of self-esteem for students, among them are the usual controls including but not limited to race. *Environment*, students' self-esteem is often affected by who they are surrounded by (family, peers, educators, community members' instructor, hospital, etc.).*Discrepancy*, another contributor to self-esteem formation related to this concept is the possibility of a discrepancy between high standards and substandard performance (*Jennell and Ulrich, 2014*). The significance of self-esteem can be given from numerous viewpoints. Primarily, it is essential to typical psychological development. One should believe in selves in terms of ability to achieve what they need and want to do. Accordingly, one could practically deal with tasks of developing and standard of living. Absent a trust in selves, one may be useful in an external sense, but he/she will perhaps less effective and creative than they would be if they possessed high self-esteem (*Radhwan, 2015*).

Significance of the study

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 and high blood pressure and panic attacks. 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 (*Quine, 2015*).The goal of Nursing as a knowledgeable professional. The index is an indicator of the quality of student achievement. Important the factors that influence the academic achievement of students. For information on how to improve teaching and learning. And prepare students to succeed as a nurse's ability to meet the standards of the profession (*Hongthai and Chodnock, 2012*). Also, self-esteem is an evaluation the individual puts for himself and others it considers to be important Intellectually gifted students with attention-deficit/hyperactivity disorder face unique academic and social challenges,

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self-esteem is an important influential predictor of various outcomes, such as academic achievement and behavior (*Hutchinson et al., 2015*). So it is important to assess the relationship between bullying, achievement factors and self-esteem among Nursing Students.

The aim of the study

The present study aimed to assess the relationship between bullying, achievement factors, and self-esteem among Nursing Students through:

- 1- Assess bullying perception, sources, and coping strategies to deal with it among Nursing Students at study setting.
- 2- Assess Nursing Students’ perception regarding factors of achievement at study setting.
- 3-Assess self-esteem level among Nursing Students at study setting.
- 4- Investigate the relationship between bullying, achievement factors and self-esteem among Nursing Students at study setting.

Research Question:

Is there a relation between bullying, achievement factors, and self-esteem among Nursing Students at study setting?

2. MATERIAL AND METHODS

Design:

The descriptive correlation research design was utilized in this study.

Setting:

The study was conducted at Faculty of Nursing; Benha University affiliated from Ministry of Higher Education.

Subjects:

A convenience sample consisted of 136 Nursing Students from 4th year in the first term of the academic year 2017-2018 in Faculty of Nursing, Benha University. Where 14 from the total sample included in the pilot study, where no modification was done.

Tools:

Data were collected using the following tools:

First tool: Bullying in Nursing Education Questionnaire (BNEQ): Self-administered questionnaire.

This tool consists of four parts:

Part (1): Contains socio-demographic characteristic of study subjects such as (age, gender, marital statuses, residential area and number of the family member).

Part (2):, it was developed by *Celik and Bayraktar, (2004)* and modified by researchers after reviewing the related literature, it aimed to assess Nursing Student’s perception about bullying at clinical setting, it contains 15 questions.

Scoring system: The score of the response answers were ranged from (2) always and (1) sometimes and (0) never. The range of total score for Nursing Students bullying perception was expressed as follow; Low perception: score <60% equal less than 18 points. Moderate perception: 60% to 75% with a score from 18 to 22 points. High perception: >75% equal more than 22 points.

Reliability Statistics:

Cronbach's alpha	No of Items
0.80	15

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Part (3): It was developed by *Celik and Bayraktar, (2004)* and modified by researchers after reviewing the related literature; it aimed to determine sources of bullying at the clinical setting. Students were instructed to mark about their sources of bullying, categories that best described their encounters in the clinical setting. Contains 17 questions.

Scoring system: The score of the response answers ranged from (2) always and (1) sometimes and (0) never. With the total score system was considered as the following: Low perception: score <60% equal less than 20 points, moderate perception: 60% to 75% with a score from 20 to 25 points, and high perception: >75% equal more than 25 points.

Reliability Statistics

Cronbach's Alpha	No of Items
0.83	17

Part (4): It was developed by *Cooper et al., (2011)* and modified by researchers after reviewing the related literature, aimed to describe cope strategies to deal with bullying, contain 19 questions.

Scoring system: The score of the response answers were ranged from (2) always and (1) sometimes and (0) never. With the total score system was considered as the following: Low cope with bullying: score <60% equal to less than 22 points. Moderate cope with bullying: 60% to 75% with score from 22 to 28 points. High cope with bullying: >75% equal more than 28 points.

Reliability Statistics

Cronbach's Alpha	No of Items
0.67	19

The second tool: Contributing Factors to Advance Academic Achievement Questionnaire: It was developed by *(Perger and Takaces, 2016)* and modified by researchers after reviewing the related literature, it aimed to assess Nursing Students perception regarding factors of success, it included 8 categories and divided into subcategories as following: support by family and friend (3) questions, practice oriented- education (6) questions, social relationships in university(4) questions, support for student learning in class (4) questions, student study habit (5) questions, student attitude towards responsibilities in university(4) questions, assistance provided by the remedial courses (3) questions, and conscious career choice (2) questions.

Scoring system: The score of the response answers ranged from (2) important and (1) sometimes important and (0) not important.

Reliability Statistics

Cronbach's Alpha	No of Items
0.86	31

The third tool: The Rosenberg Self-esteem Scale (RSES): This scale was developed by *(Rosenberg, 1989; Jennell and Ulrich, 2014)* and modified by researchers after reviewing the related literature, aimed to measures global self-esteem levels by measuring both positive and negative feelings about the self. It includes ten- questions.

Scoring system: five of the items (1, 3, 4, 7, and 10) have positively worded statements and five have negatively worded ones (2, 5, 6, 8, and 9). “Always” 3 points, “Usually” 2 points and never “1” point. The scores were reversed for a negative point. Sum scores for all ten items. Higher scores indicate higher self-esteem. The total score was categorized as follows: Low self-esteem score <60% equal less than 20 points. Moderate self-esteem: scores between 60-75% with point’s between 20 to 30. And high self-esteem scores > 75% equal more than 30 points.

Reliability Statistics

Cronbach'sAlpha	No of Items
0.75	10

The validity of the tools

The data collection tools were revised by a panel of five experts in the field of Nursing Administration and Psychiatric and Mental Health. For clarity, relevance, comprehensiveness, and applicability. Modifications were done based on jury and experts comments such as modifying some words to give the right meaning for the phrase which did not understand clearly.

Ethical consideration

Oral consent was obtained from each student; the participated Nursing Students were instructed by the researchers about the aim and benefits of the study and verbal agreement was taken before data collection. The participants were assured that their participation was voluntary. Information obtained was treated with utmost confidentiality.

Fieldwork

A data collection tool was carried out a period of one month from of first of November to end of November 2017. After extensive literature of review. The tools were translated into Arabic format. 10% of study subject was conducted for pilot study (14 Nursing Students) no modifications were done, were included in the study sample, to identify the clarity, the time needed and applicability of the tool. Tools were collected by researchers. Data was collected by distributing the questionnaires to Nursing Students , explain the aim of the study to accept their participation, the average number of the collected questionnaires from Nursing Students were between 10 per day. The questionnaires took from 15-20 minutes. The questionnaires were distributed to Nursing Students after finish lectures (afternoon) at the available faculty classroom.

Statistical design:

A compatible personal computer was used to store and analyze data. The Statistical Package for Social Science (SPSS), version 20 was used. Data were coded and summarized percentage distribution for qualitative variables. A comparison was considered highly statistical significance at p-value $p < 0.001$ and considered not significance at $P > 0.05$. Correlation among variables was done using Pearson correlation coefficient Pearson's (r) test to measure the strength and direction of the linear relationship between the study variables.

3. RESULTS

Table(1):This table shows that ,the highest percentage of Nursing Students related their age was less than two-thirds(59.6%) between $21 \geq 23$, while nearly three- quarters of the sample were female (73.5%), according to marital status most of the students were single. According to residence highest percent (75%) from rural and while highest percent more than 5 persons of family number (71.3%).

Table(2):This table shows that, the highest percentage of Nursing Students were (74.1%, 62.5%, 30.9%) related items (do you scream at me repeatedly and be subject to unjustified anger, spread gossip and rumors about you and block your colleagues by making information aware of your performance) respectively .

Figure (1): It can be observed that the highest sources of bullying for Nursing Students (70.3%) was from nurses followed by (42.3%) from the physicians, while the lowest source (11%) of bullying from colleagues.

Table (3):This table shows that, the highest percent less than half (45.6%) of the Nursing Students coping strategies toward bullying related item(find comfort in religion or spiritual beliefs), as well as about one third (33.1%, 32.4%, and 32.4%) related to items (do any other activity or take comfort from thinking about the behavior of oppression, get comfort and understanding with someone, and things to think about are done like (going to movies, watching TV, etc...)) respectively.

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Figure (2): It can be observed that the highest percentage of total perception level about bullying and coping strategies among Nursing Student’ s were moderate level (67.6% and 61.8%) respectively.

Table(4):This table shows that, the highest percent of Nursing Students regarding achievement factors were (97.1%, 90.4% and 83.8%) related social relationships in university, Practice-oriented education and support by family and friend respectively.

Table(5):This table shows that, the highest percent of Nursing Students were (54.4%,49.3%, 47.1%,43.4%) related items(hope I have more respect for myself, have a positive attitude towards myself, I am able to do things as others do and feel that I am a person of value or at least equal to others)respectively.

Figure (3): It can be observed; the highest percent (66.9%) had low level of self-esteem among Nursing Students.

Table (6): This table displayed that, week correlation with no statistically significant between total bullying perception and total self-esteem as calculated ($r= 0.12, p= 0.13$), while positive correlation between total coping strategies and self-esteem as calculated ($r=0.64, p =0.007$), while there is a strong positive correlation between total self-esteem and total achievement factors as reported ($r= 0.72, p= 0.02$).

Table (1): Frequency distribution of socio-demographic characteristics among Nursing Students at study setting (n=136).

Socio-demographic characteristics	No	%
Age		
From18 < 21	55	40.4
From 21 ≥ 23	81	59.6
Gender		
Male	36	26.5
Female	100	73.5
Martial statues		
Single	119	87.5
Married	17	12.5
Residence		
Urban	34	25.0
Rural	102	75.0
Number of family members		
< 5 persons	39	28.7
≥5 persons	97	71.3

Table (2): Frequency distribution of bullying Perception among Nursing Students at study setting (n=136).

Bullying Perception Items	Always		Usually		Never	
	No	%	No	%	No	%
Continuous criticism at clinical setting and effort	12	8.8	98	72.1	26	19.1
Block colleagues by making information aware of your performance	42	30.9	77	56.6	17	12.5
To carry out study skills at a level of efficiency	23	16.9	69	50.7	44	32.4
Spread gossip and rumors about you	85	62.5	40	29.4	11	8.1
opinions are excluded or disputed	49	36	68	50	19	14
Attend abusive remarks about personality, attitudes or your private life	55	40.4	68	50	13	9.6

Do you scream at me repeatedly and be subject to unjustified anger	64	74.1	60	44.1	12	8.8
The presence of the frustrating behavior or humiliating or intimidating by others such as finger pointing	15	11.0	56	41.2	65	47.8
Hints or signals from the parties to finish the study	25	18.4	60	44.1	51	37.5
Repeated reminders of errors	16	11.8	76	55.9	44	32.4
Ignorance or confrontation when there is a hostile reaction	26	19.1	69	50.7	41	30.2
There are charges against you	11	8.1	49	36.0	76	55.9
Pressing not to claim anything of your right	22	16.2	65	47.8	49	36.0
The sector has become unmanageable	40	29.4	72	52.9	24	17.6
Threats of violence, physical abuse or abuse	12	8.8	60	44.1	64	47.1

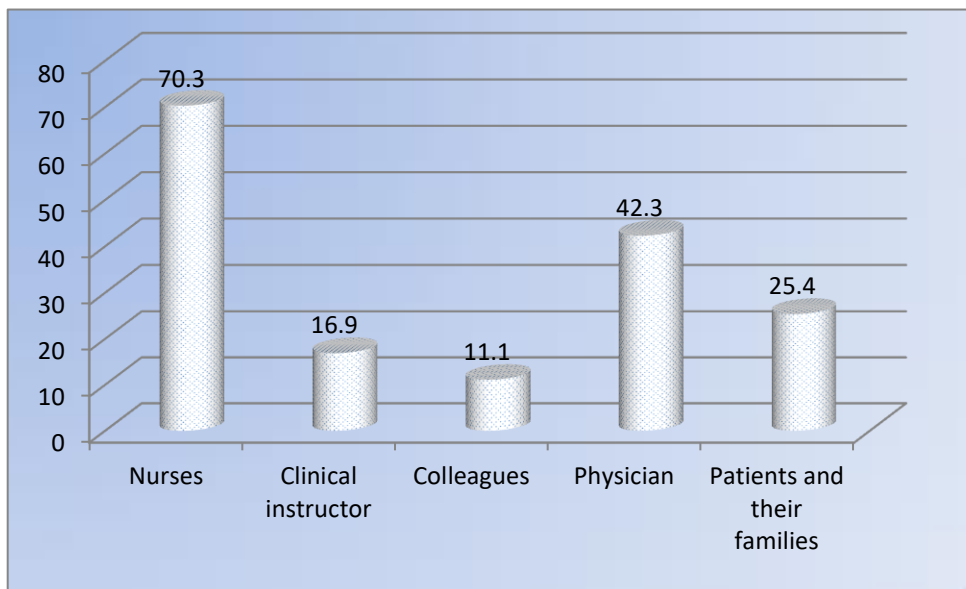


Figure (1): Frequency distribution of bullying sources among Nursing Students at study setting (n=136).

Table (3): Frequency distribution of coping strategies regarding bullying among Nursing Students at study setting (n=136).

Coping Strategies Items	Usually		Sometimes		Never	
	No	%	No	%	No	%
Pretend not to see the behavior of persecution.	15	11.0	103	75.7	18	13.2
Behavioral supervisors	23	16.9	83	61.0	30	22.1
Having a committee to find a solution to deal with the behavior of oppression	21	15.4	70	51.5	45	33.1
Search for educational programs to deal with the behavior of oppression	24	17.6	58	42.6	54	39.7
Encouragement or suggestion is made to deal with the behavior of oppression	22	16.2	50	36.8	64	47.1
Do any other activity or take comfort from thinking about the behavior of oppression	45	33.1	58	42.6	33	24.3
Screaming in the colleague to prevent the behavior	19	14.0	70	51.5	47	34.6
Use the methods that make me feel happy, smoking, (alcohol or drugs)	14	10.3	82	60.3	40	29.4

Emotional support is obtained from others	10	7.4	29	21.3	97	71.3
Assistance and advice are obtained from others	25	18.4	85	62.5	26	19.1
Trying to see behavior in a different	26	19.1	96	70.6	14	10.3
Light to make it seem more positive	20	14.7	74	54.4	42	30.9
Get comfort and understanding with someone	44	32.4	70	51.5	22	16.2
Look for something good in what is happening	34	25.0	62	45.6	40	29.4
Things to think about are done like (going to movies, watching TV, etc...).	44	32.4	61	44.9	31	22.8
Dealing with reality with attitude.	40	29.4	62	45.6	34	25.0
Negative feelings are expressed.	34	25.0	66	48.5	36	26.5
Find comfort in religion or spiritual beliefs.	62	45.6	56	41.2	18	13.2
Blame myself for the reason.	20	14.7	81	59.6	35	25.7
Total	34	25.0	84	61.8	18	13.2

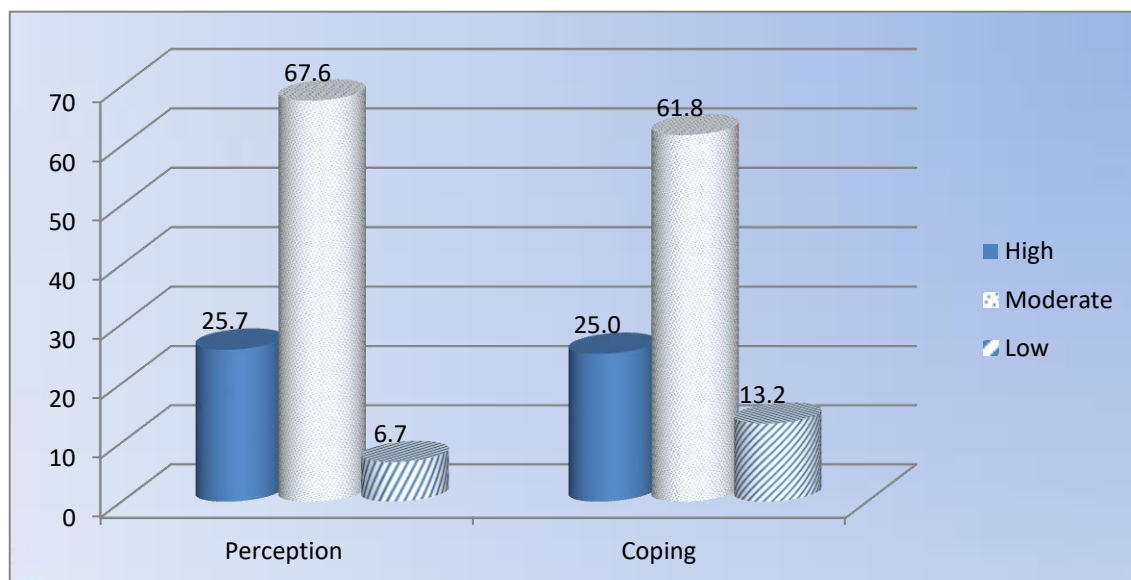


Figure (2): Frequency distribution of total perception level of bullying, total coping strategies among Nursing Students at study setting (n=136).

Table (4): Frequency distribution of achievement factors among Nursing Students at study setting (n=136).

Achievement factors Items	Important		Sometime Important		Not important	
	No	%	No	%	No	%
Support by family and friend	123	90.4	11	8.1	2	1.5
Practice - oriented education	114	83.8	13	9.6	9	6.6
Social relationships in university	132	97.1	4	2.9	0	0.0
Support for student learning in class	110	80.9	26	19.1	0	0.0
Student study habit	90	66.2	31	22.8	15	11.0
Student attitude towards responsibilities in university	53	39.0	31	22.8	52	38.2
Assistance provided by the remedial courses	90	66.2	28	20.6	18	13.2
Conscious career choice	62	45.6	60	44.1	14	10.3

Table (5): Frequency distribution of self-esteem among Nursing Students at study setting (n=136).

Self-esteem Items	Always		Usually		Never	
	No	%	No	%	No	%
Overall I am satisfied with myself.	45	33.1	78	57.4	13	9.6
Sometimes I think I'm not good at all.	12	8.8	87	64.0	37	27.2
Feel that I have many good qualities.	49	36.0	80	58.8	7	5.1
Able to do things as others do.	64	47.1	56	41.2	16	11.8
Feel I do not have much to be proud of.	33	24.3	53	39.0	50	36.8
Certainly feel useless at times.	16	11.8	53	39.0	67	49.3
Feel that I am a person of value or at least equal to others.	59	43.4	54	39.7	23	16.9
Hope I have more respect for myself.	74	54.4	44	32.4	18	13.2
In general, I tend to feel that I am a failure.	15	11.0	55	40.4	66	48.6
Have a positive attitude towards myself.	67	49.3	45	33.1	24	17.6

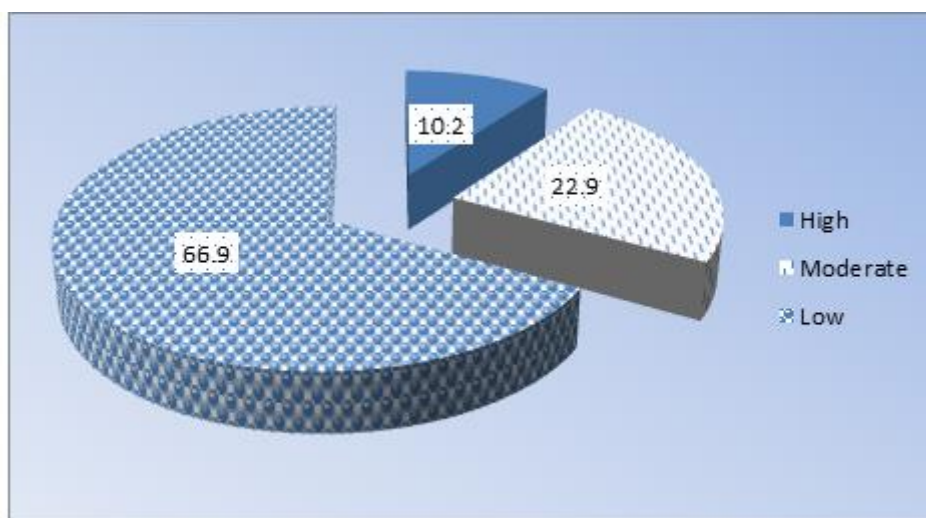


Figure (3): Frequency distribution of total self-esteem among Nursing Students at study setting (n=136).

Table (6): Correlation between total bullying perception, total coping strategies, and total achievement factors and total self-esteem among Nursing Students at study setting (n=136).

Variables	Total self-esteem	
	r	p-value
Total bullying perception	-0.12	0.13
Total coping strategies	0.64	0.007
Total achievement factors	0.72	0.02

4. DISCUSSION

Bullying is a universal problem, so it's a vital need for an understanding of bullying behaviors in Nursing and Nursing education. When a Student's nurse identify this problem and dealing with it. This helps Student's nurses to wellbeing, better integration into the profession, increased achievement and satisfaction with Nursing and reduces their tendency to go the profession (Stanley, 2014). DeWet, (2010) found that the impact of workplace bullying on teachers and students is significant, 10% of bullied teachers and missed time from work as a direct result of the experience; 53% experienced physical and emotional consequences including loss of sleep, loss of appetite, anxiety, depression and compromised self-confidence; and fully 34% of targets sought psychological treatment for their workplace bullying-related problems.

The current study findings showed that the highest percentage of Nursing Students related their age was near to two thirds between $21 \geq 23$ because they are at Baccalaureate degree, where fourth-year students on average are reported experiencing the greatest amount of bullying behaviors. This is supported by *Abd El Rahman, (2014)* where his view finding is reasonable considering the fact that fourth-year student has accrued the most amount of clinical experience overall, and nearly three quarters of sample were female this is may be due to nature of this faculty where it was female only and currently yet receiving male, according martial statues most of the sample were single it's may be related to their younger age.

As regard bullying perception to Nursing Students, this study found, the highest percentage of them were 74.1% related to unjustified anger and followed by 62.5% related item spread gossip. This result supported by *Cooper et al., (2011)* who found that bulling behaviors perceived to be bullying included cursing or swearing (41.1%), inappropriate, nasty, rude or hostile behaviors (41%) both swearing and hostile are forms of anger, whereby spread gossip may be due to nature of our community. And may in part, be due to the fact that Nursing Students have been reported to justify and excuse unjustified anger as a result of a patient's mental status, as regards to least frequent negative behavior selected by the students was physical abuse which was the present study revealed that, 8.8% of the sample. Moreover, *Clarke et al., (2012)* pointed out that 7.2% of student nurses reported having been physically abused and 87 students (12.9%) reported having been threatened with physical harm. As the same line, *Palaz, (2016)* found that the least bullying behavior selected by the students was the threat of actual physical violence which was reported by 2.5% of the sample.

Gerberich et al., (2011), said that educators and administrators who are bullied at work often become isolated from their colleagues and their work, questioning their competence and suffering in their performance. Frustration, anger, trouble sleeping, irritability, sadness, and anxiety were the most common teacher symptoms of both physical and nonphysical victimization. Also workplace bullying has been associated with stress as well as a decrease in job satisfaction (*Lutgen-Sandvik, Tracy, and Alberts, 2007*). *Bond, Tuckey, and Dollard, (2010)* found that, over time, workplace bullying lead to symptoms of post-traumatic stress disorder (PTSD), particularly in workplaces with a low psychosocial safety climate, which was defined as "freedom from psychological harm at work.

Regarding the source of bullying behavior, the results of this study revealed that nurses and physician are the most frequent sources of bullying behaviors as perceived by Nursing Students. It could be related to increased workload, previous experiences of bullying and shortage of hospital staff which promote and perpetuate oppressive conditions, such as inability to take uninterrupted breaks, inadequate staffing ratios and limited supplies, in addition to lack experience of Nursing Students with fear from the responsibility, these conditions cause more frustration and lack of coworker support which in turn contribute to the bullying behaviors with Nursing Students.

This finding congruent with *Kassem et al., (2015)*, who found that, physician and other hospital staff are the most frequent sources of bullying behaviors as perceived by Nursing Students. On the other hand, faculty and classmate were the lowest sources of bullying behavior as perceived by Nursing Students. This finding inconsistent with *Abd El Rahman, (2014)* who reported that, Nursing faculty and clinical instructors are the most frequent perpetrators of bullying behaviors as perceived by the Nursing Students were the most frequent source of bullying.

Regarding coping strategies used by the study Nursing Students to cope with bullying behavior, we find comfort in religion or spiritual was the highest coping strategy used by study Nursing Students with moderate level (61%) and displayed moderate positive correlation with total self-esteem as calculated ($r=0.64$, $p=0.007$), this is may be related to the faculty staff have insight toward Nursing Students and reflect on adopting 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 at different times which also reflected on their self-esteem and academic achievement. This result supported with *Kassem et al., (2015)*, who reported that, 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 the faculty of Nursing Students

The finding of this study illustrated that the highest percent of Nursing Students regarding achievement factors were (97.1%, 90.4% and 83.8%) related social relationships in university, Practice-oriented education and support by family and friend respectively. The results of the present study in the same line with *Abd-Naby, (2018)* who showed that students social relationships in university, to be the first important factor, support by family and friend, to be the second most important and career choice was the third most important of the eight factors then Practice-oriented education.

Similarity, this result agreed with *Clarke and Colette, (2009)* who found that, students who perceived a greater amount of bullying, used emotion-focused coping to a greater degree, therefore, students chose most frequently to seek emotional support a means of coping with bullying behaviors. If bullying behaviors are negatively impacting mood states, as one would hypothesize, then the self-esteem of those who have experienced bullying behaviors would too be negatively impacted. Therefore, negative emotions can damage self-esteem. Considering the fact that those with low self-esteem can be characterized by tending to feel with failure, least equal to others and do not have much to be proud of, those students who are recipients of bullying behaviors, which have been identified as negatively impacting self-esteem in the clinical setting. In the same line, *Haka and Pervizi, (2017)* who found that, the bullying direction is negative with self-esteem, as well as strength, is a weakness. This agreed with *Kassemet and Elsayed, (2015)* who found that the Nursing Students in the faculty of Nursing 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, and also, revealed that more than half of total Nursing Students had mild self- efficacy, 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.

Regarding self-esteem, the current study revealed that only 10.2% have high self-esteem, this is supported by *Basal and Elhossiny, (2014)* founded that, students who perceived bullying behaviors occasionally losing confidence. Points out that it is possible for extreme self-consciousness to bear an impact on self-esteem, adds that in the more self-conscious person, this may lead to low self-esteem. It was also noted that Nursing Students who self-labeled themselves as being bullied had lower self-esteem scores than those who labeled themselves as not having been bullied. Once again, this may be supported the idea that the perception or subjective appraisal of an event may play a part in the impact of bullying on self-esteem. As well as, the current study revealed a somewhat weak relationship between self-esteem and perception experience of bullying behaviors. The result of this study consistency with *Clarke and Colette, (2009)* who revealed that, a somewhat weak relationship between self-esteem and perception of bullying behaviors. The current study finding with points out that several factors may be related to one's self-esteem, and include more respect for self and positive attitude towards self and achievement factors include practice- oriented education, social relationships in university, and support by family and friend, and include this is supported by *Haka and Pervizi, (2017)* who points out that several factors may be related to one's self-esteem, include social group membership, parental involvement.

The current study viewed that, the majority of Nursing Students have low to moderate self-esteem as well as 89% used mild to high emotion-focused coping strategies. Whatever the types of behaviors are using by the Nursing Students to deal with bullying behaviors, as it may assist in the identification of students facing bullying experiences. This is may be due to greater exposure to bullying behavior, this finding congruent with *Law et al., (2012)* who reported that, students who experienced more bullying behaviors used more strategies to cope with experiences of bullying behaviors, where the current study reported that, the majority of Nursing Students having mild to high perception of bullying behavior or prolonged stress excite the ego to increasingly energetic and expansive activity in the interest of homeostatic maintenance. This study suggests that weak correlation with no statistically significant between total self-esteem and total bullying perception. Those with higher mean bullying scores had lower mean self-esteem scores for mood state. This result agrees with a study of 433 Danish manufacturing employees which found no association between exposure to bullying behaviors and self-efficacy (*Mikkelsen and Einsarsen, 2002*). If experiencing bullying behaviors is considered to be a negative life event, then this relationship supports with *Carver's, (1997)* who reported that, adverse interpersonal events are a significant and unique predictor of global self-esteem in undergraduate students in college.

The current study reported that, moderate positive correlation between total self-esteem and total achievement factors as reported ($r= 0.72, p= 0.02$). This is may be due to the Nursing Students good communicate and attached with psychological counseling unit in the faculty to increase Student's awareness about this unit through psychiatric and mental health Nursing department that's had a positive impact on the Student's achievement. In the same line *Gold, (2010)* who reported that, students with higher academic achievements tended to have higher scores on the academic self-esteem, while students with lower academic achievements have lower scores on the academic self-esteem. This result consisted with *Kassemet and Elsayed, (2015)*, who revealed that majority of Nursing Students at the faculty of Nursing were exposed to the moderate degree of bullying had mild self-efficacy, and there was a significant relationship between bullying behavior and general self-efficacy among the studied Nursing Students. These 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 the experience to solve difficult problems, and didn't invest the necessary efforts to solve most problems.

5. CONCLUSION

The results of this study can be summarized as follows, the majority of Nursing Students at the faculty of Nursing were moderate perception level of bullying, Nurses, physicians, were the most sources of bullying as perceived by Nursing Students. On the other hand, colleague were the lowest sources of bullying as perceived by Nursing Students.

Highest percent of Nursing Students regarding achievement factors were agreed on (social relationships in university, Practice-oriented education, and support by family and friend). In addition to, there was no statistically significant correlation between total bullying perception and total self-esteem, however, coping strategies were moderate level within a low level of self-esteem; there are strong positive between total self-esteem and total achievement factors as reported.

6. RECOMMENDATION

- Conducting psycho-educational program and seminars sessions to raise awareness of bullying in nursing education that enhance their academic achievement and self-esteem.

- Establishment and development of written policies regarding bullying in each faculty.

-The Nursing curriculum should incorporate activities that help students in developing self-esteem, which gave the students an opportunity to think more positively about themselves.

-Further research:

- Replication of the study on a larger probability sample is highly recommended to achieve generalizable results.

- Determine factors leading bullying and its effect on academic achievement.

- Enhancing educational programs regarding bullying and its effect on academic achievement and self-esteem among Nursing Students.

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