Managing Bullying Behavior Training Program and its Effect on Staff Nurses Work Engagement

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Abstract

Background: Bullying behavior management is an advance toward eliminate bullying action on the work settings. Bullying behavior is a severe problem that affects negatively on individuals, organizations, and society. Aim: The aim of this study was to measure the effect of training program regarding managing bullying behavior among staff nurses work engagement. Design: Quasi-experimental one group pre- posttest design was used in this study. Setting: The study was conducted at medical hospital which affiliated to El Fayoum University Hospitals. Sample: The subjects of the study included 132 out of 200 staff nurses working in El Fayoum University hospitals. Tools: Three tools were used for data collection, bullying behavior knowledge questionnaire, negative act questionnaire-revised, and Utrecht work engagement scale. Results: The results indicated that there was a highly statistical significant difference between pre /post, pre / follow up results regarding bullying behavior knowledge level, work engagement level , staff nurses negative acts level were decreased after implementation of bullying behavior management training program, Total work engagement scores among staff nurses had improved after applying bullying behavior management training program. Conclusion: There was a negative correlation between total bullying and total work engagement among staff nurses after applying bullying behavior management training program. Recommendations: Conducting regularly training programs to increase staff nurses' awareness about harmful effect of workplace bullying, and developing policies to prevent workplace bullying, and how to report bullying.

Keywords: Bullying Behavior; Engagement; Staff Nurses.

INTRODUCTION

Nursing stands as the foundation of the healthcare system, facing a multitude of challenges, issues, and prospects. Around the clock, every day of the week. Favorable working conditions and proactive workplace conduct are deemed advantageous for healthcare institutions' overall performance. Nevertheless, the work atmosphere and job conditions within healthcare establishments frequently encounter difficulties, including conflicts, hierarchical structures, demanding schedules, frequent staff turnover, and significant stress levels **(Ren & Kim, 2023).**

Nursing staff also confront obstacles like elevated instances of bullying and harassment. Bullying represents a significant stressor with harmful repercussions for its targets, including psychological anguish and burnout. Such behavior precipitates disengagement in the workplace, heightening rates of absenteeism, and fostering intentions to resign **(Pouwelse et al., 2021)**.

Bullying presents a multifaceted phenomenon that necessitates examination through the lens of social, individual, and organizational dynamics. Emphasizing the significance of addressing workplace violence and bullying, it underscores the imperative for all organizations to remain

vigilant, given its impact on staff. Particularly concerning for nurses, such behaviors can extend their influence to affect patient well-being as well **(Qi et al., 2022).**

Bullying is characterized by its persistent, systematic, and continuous nature. Within the nursing environment, it constitutes a subset of workplace bullying, a longstanding issue within the profession. Defined as recurrent inappropriate conduct, whether direct or indirect, verbal, physical, or otherwise, perpetrated by one or more individuals against others within the workplace, it significantly undermines the dignity of staff nurses **(Al Muharraq et al., 2022).**

Bullying behavior entails the consistent occurrence of adverse actions and hostile conduct directed at nurses. These acts encompass three main categories: work-related bullying (such as withholding information, assigning tasks below one's competence level, imposing unreasonable deadlines, excessive monitoring, and overwhelming workloads), person-related bullying (which includes being humiliated in connection with work, enduring repeated reminders of errors, facing insulting or offensive remarks, and enduring persistent criticism), and physically intimidating bullying (including being shouted at, experiencing spontaneous anger directed at oneself, receiving threats of violence or physical abuse, or actually being subjected to such abuse) **(Shorey & Wong, 2021).**

A nurse's self-esteem is negatively impacted by bullying, and it can also lead to psychological issues including despair, anxiety, helplessness, dread, and PTSD. The organization as a whole is negatively impacted by bullying conduct on a broad scale may result in decreased engagement, productivity, contentment, and organizational citizenship as well as a higher likelihood of turnover and departure **(Malik et al., 2020).**

The interaction between staff nurses and their work environment determine their behavior. In accordance with this, the congruity of nurses and organizational values may encourage positive behavior in a work and organizational context. Thus, nurses may be willing to put in high levels of energy and be strongly involved in their work **(Djurkovic et al., 2021).**

Staff nurses' conduct is determined by how they engage with their work environment. Thus, good conduct in a work and organizational setting may be encouraged by the alignment of nurses' values with those of the organization. Because of this, nurses might be highly motivated and invested in their jobs **(Djurkovic et al., 2021).**

A personal dedication to achieving objectives is at the heart of the work engagement idea, and motivated nurses bring their own vitality and excitement to their jobs. Nurses may perform to the best of their abilities because of the attention and vigor that characterize job engagement. A good and gratifying job-related state of mind marked by vitality, devotion, and immersion is known as work engagement **(Chen et al., 2022).**

Vigor embodies elevated levels of energy and mental fortitude during work, a readiness to devote oneself to tasks, and a steadfastness in confronting challenges. Dedication entails a deep engagement with one's work, accompanied by feelings of importance, enthusiasm, inspiration, pride, and a sense of challenge. Absorption is marked by complete concentration and joyful immersion in work, where time seems to pass swiftly, and disengagement becomes challenging **(Ada Manga et al., 2023).**

Work engagement is recognized as a significant determinant of employees' performance and conduct; those who are engaged typically exhibit enhanced knowledge sharing, creativity, proactivity, and adaptability. Moreover, work engagement has garnered increasing recognition as a valid construct among scholars in academia. It is regarded as one of the organizational factors influenced by a variety of other variables **(Ugwu & Onyishi, 2020).**

Additionally, various factors can either enhance or diminish employee engagement. Of these factors, the organization and managerial influence hold particular significance and should be regarded as primary aspects affecting engagement. Engaged employees, in turn, exert an influence on an organization's outcomes, including customer satisfaction, retention rates, productivity, and profitability **(Mehrad et al., 2020).**

The practice of bullying prevents staff nurses from participating fully in their profession. As a result, poor levels of work engagement are linked to bullying in the workplace. Thus, the need to focus on understanding variables that impact nurses' well-being and work behaviors, such as engagement, has increased in recent years as the demand to recruit and retain engaged nurses has grown. Bullying at work is among the most significant variables **(Attia et al., 2020).**

Significance of the Study

Bullying results in resource depletion and the absence or depletion of resources can reduce energetic processes, and may result in low level of engagement. Bullying can be considered a hindrance demand which causes prolonged mental strain on the affected person and difficulty of coping with it which results in a low level of engagement **(Filipova, 2022).**

The researcher during round with nurse intern In El-Fayoum University Hospital, the researcher observed some behaviors between nurses such as withholding knowledge to get co-workers in trouble, lack of support, verbalizing harsh innuendos and criticism, undermining personal values and beliefs and verbal and non-verbal aggression. The majority of workplace bullying researches indicate that there is a negative relation between the presence of bullying behaviors and the presence of unfavorable outcomes for individuals and the organization. Therefore, this study will split light on bullying behavior, work engagement and measuring effect of bullying behavior management training program on work engagement among staff nurses.

AIM OF THE STUDY

The aim of this study was managing bulling behavior training program and its effect on staff nurses work engagement through:

1. Assessing staff nursing knowledge regarding bullying behavior before and after intervention.

2. Assessing staff nursing knowledge regarding work engagement before and after intervention.

3. Designing and implementing the program.

4. Evaluating the effect of bullying behavior management training program on staff nurses work engagement.

Research hypothesis:

Bullying behavior management training program will positively affect on work engagement among staff nurses.

Research design

Quasi -experimental one group pretest posttest design was used in this study.

Setting

The study was conducted at medical hospital affiliated to El Fayuom University Hospitals in El Fayuom governorate. Medical university hospital consists of 5- floors, total bed capacity of the hospital (170 bed) which includes (11) department.

Subjects

Simple random sampling technique was utilized in conducting of this study, the subjects for the study consisted of 132 staff nurses out of 200 staff nurses working at El- Fayoum University Hospital. Subject worked for at least six months. This number was calculated by the following equation:

$$n = \frac{N \times p(1-p)}{\left[\!\left[N-1 \times \left(d^2 \div z^2\right)\right]\!\right] + p(1-p)}$$

(*Thompson, 2012*).

Tools of data collection:

Data for this study were collected by using three tools namely: bullying behavior knowledge questionnaire, Negative act questionnaire –revised, and Utrecht work engagement scale.

(1) Bullying behavior knowledge questionnaire:

This tool was developed by the researcher based on review of relevant literatures **(Donna, 2016, Rosander, and Blomberg, 2019, and Blackwood et al., 2019).** This tool aimed to assess staff nurses' knowledge regarding bullying behavior. The tool consisted of two main parts as follows.

First Part: It aimed at collecting data regarding socio-demographic characteristics of the staff nurses such as age, gender, qualification, years of experience, department, and attended training session.

Second Part: This part consisted of 50 questions in the form of multiple-choice questions (MCQ) were classified into ten dimensions includes workplace bullying(13), work engagement(5), leadership(2), communication(11), team building(4), empowerment(4), motivation(1), conflict management(2), stress management(6), and problem solving(2).

Scoring system

For each knowledge question, a correct answer had a score "1" and the incorrect "0". The scores of the items of each area and for the total questionnaire were summed-up and the total divided by the number of the items giving a mean score for each area of knowledge. These scores were converted into percent scores. The staff nurse's knowledge ware considered satisfactory if the percent score was 60% or above and unsatisfactory if less than 60% **(Blackwood et al., 2019).**

(2) Negative act questionnaire –revised:

It was adopted from **Einarsen, Hoel & Notelaers (2009).** It intended to determine the level of bullying behavior in the work place. It consists of 22 items which divided into three domains includes work-related bullying (7 items), person-related bullying (12 items), and physical intimidation bullying (3 items).

Scoring system:

Responses of subjects were measured by using five-point Likert scale ranging from 1 to 5 (never, now and then, monthly, weekly and daily). For each domain, the scores of the items were summed-up and the total divided by the number of the items, giving a mean score for the part. The highest mean score indicates the most common exposure to this type of bullying. **(Einarsen, Hoel, & Notelaers, 2009).**

(3) Utrecht Work Engagement Scale:

It aimed to assess level of work engagement among staff nurses. It is adopted from **Kamal, (2014)** based on **Schaufeli, Bakker, & Salanova, (2006).** It consists of 32 items divided into three dimensions includes vigor (11 items), dedication (11 items), and absorption (10 items).

Scoring system:

Scoring system were done using five-point Likert scale ranging from 1 to 5 (never=1), (rarely=2), (sometimes=3), (mostly=4), (always=5). For each dimension, the scores of the items were summed-up and the total divided by the number of the items, giving a mean score for the part. The highest mean score indicates to the high level of work engagement and the lowest mean score indicates the low level of work engagement **(Schaufeli, Bakker, & Salanova, 2006).**

Operational Design:

The Preparatory Phase:

In order to develop the data collection tools, the researcher researched relevant material from the past, present, and worldwide utilizing textbooks, scientific publications, magazines, journals, and the internet.

Tools validity and reliability

Tools validation: Validity for the preliminary form of the questionnaires were presented to a panel of experts in nursing administration for assessment of their validity. The jury group who performed validation consisted of seven experts: three professors of Nursing Administration at the Faculty of Nursing, Ain Shams University, in addition to two professors of Nursing Administration at the Faculty of Nursing, Cairo University, one professor of Nursing Administration at the Faculty of Nursing, Zagazig University and one professor of Nursing Administration at the Faculty of Nursing, El fayoum University.

Tools reliability: Tools of data collection were examined through assessing their internal consistency by Cronbach's Alpha Coefficient test. Bullying behavior knowledge questionnaire was scored (0.845), Negative act questionnaire –revised (0.956), and Utrecht Work Engagement Scale (0.876).

Ethical consideration

Official permission will be obtained from Scientific Ethical Committee, Faculty of Nursing-Ain Shams University and the director of the foregoing hospital to collect data for the study. Then the researcher will meet with subjects to explain the purpose of the study and to obtain their agreement to participate. They will be reassured about the anonymity of the information collected, and that it would be used only for the purpose of scientific research (informed consent), and will be informed about their rights to refuse or withdraw from the study at any time. The studies do not entail any harmful effects on participants.

III-Administrative design:

Letters explaining the aim of the study were sent from the Dean of the Faculty of Nursing, Ain-Shams University, to the medical directors of hospitals and to the general nursing director of El Fayoum University hospitals. Official permissions for data collection and the implementation of the program were obtained. The researcher then met with the medical and nursing directors of the hospital to explain the study's objectives and the tools to be utilized for data collection during the various phases of the training program. Their approval was sought, and their support was enlisted for the duration of the study.

Pilot study:

The pilot study was aimed at examining the clarity of the language and applicability of the tools and their relevance to the study. It was conducted on 13 of the staff nurses representing about 10% of study sample. The pilot study also helped to estimate the time needed for filling the tools. The time needed to fill the Utrecht work engagement scale by the researcher ranged from 25 to 30 minutes, while the filling of bullying behavior knowledge questionnaire ranged from 20 to 25 minutes, and negative act questionnaire–revised from 10 to 15 minutes. No changes were done in the tools. The pilot sample was included in the main study sample. This stage took two weeks at the first half of May 2021.

Field work:

This phase took ten months. The actual fieldwork of the study started from June 2021 to the end of March 2022. It involved phases of assessment, planning, implementation, and evaluation.

Assessment phase: Data collection was done from the subject groups throughout this two-month period in June and July of 2021, following the completion of the data collecting instruments based on the findings of the pilot project. Prior to the commencement of the program, staff nurses who verbally consented to participate in the study were given the questionnaire forms. A schedule was held for 4 days/ week during morning shift and each day was divided into two sessions in the presence of the researcher to clarify any queries and prevent any knowledge contamination and checked by the researcher to ensure its' completeness. Each staff nurse took time to fill in each questionnaire ranged from 20-30 minutes. The same technique was applied immediately after the program and after three months (follow up). The filled forms were handed back to the researcher in the same day. Tools were collected and checked for completeness and to ensure absence of any data.

Planning phase: This phase took two months at August to September 2021 after completing the data collection in the assessment phase, analysis was done in order to identify staff nurses' needs related to bullying behavior. Based on the data obtained from analysis of the assessment phase data, and review of related literatures, the researcher designed the management bullying behavior program for the staff nurses. General objective of the program was set, also the program plan was established and the content of the program was formulated. Methods of teaching were identified and the place for conducting the program sessions was booked and prepared.

Implementation phase: This phase took one month and half from October 2021 to half November 2021. The researcher began the program implementation with the staff nurses. The time allotted for implementing the program was 24 hours, 12 sessions through 6 weeks (2 sessions/week) and every session took 2 hours. The program was implemented in the different departments in the hospital. During the first session, the researcher provided an overview of the training program, including its aims, objectives, plan, content, outlines, and methods of evaluation. At the outset of each session, an orientation to the session's objectives was provided. Additionally, daily verbal informal feedback was solicited at the conclusion of each session, focusing on the presented content and instructional methods. The researcher encouraged active participation from the staff nurses throughout the program. Various instructional strategies were employed as the program was being implemented. Lectures, role plays, discussions in small groups, tasks, and real-world and professional examples were some of these techniques. The researcher established a positive rapport with the staff nurses and inspired them to take part in and contribute to program activities. Flipcharts, white boards, and data shows were among the audiovisual tools employed. The program content sessions were issued as handouts by the researcher for the staff nurses to use as a memorial reference. Additionally, a booklet summarizing all program sessions was provided.

Evaluation phase: it lasted one month, beginning in October 2021. Following the implementation of the program, a post-test was administered to all subjects using the same data collection tools as before. Subsequently, for follow-up, the identical process was repeated three months after the post-program evaluation, utilizing the same data collection tools. This follow-up phase extended over two months, concluding at the end of March 2022.

IV-Statistical design:

The collected data were applied, edited, and coded in a Microsoft Excel spreadsheet. Subsequently, the data were exported to SPSS (Statistical Package for the Social Sciences), Version 26. All comparisons were conducted using two-tailed tests. Descriptive statistics, such as frequencies and percentages for qualitative variables, and means and standard deviations for quantitative variables, were employed to present the data. The Shapiro-Wilk Test and Kolmogorov-Smirnov Test were utilized to assess whether variables followed a normal distribution. When the assumption of normal distribution was met, the ANOVA Test, paired T test, and Pearson correlation were applied. Multiple linear regressions were employed to estimate variations in factors affecting work engagement. Statistical significance was considered at a p-value < 0.05.

RESULTS

Table (1): Socio-demographic characteristics of staff nurses in the study sample (N= 132)

Demographic data	N	%
Age/years		
<30	94	71.2
30-35	15	11.4
35-40	19	14.4
> 40	4	3.0
Gender		
Male	42	31.8
Female	90	68.2
Marital Status		
Single	69	52.3
Married	51	38.6
Widower	4	3.0
Divorced	8	6.1
Nursing educational qualifications		
Diploma in Nursing	38	28.8
Technical institute	40	30.3
bachelor's degree in nursing	50	37.9
Master's degree	4	3.0
Years of experience		
< 10 years	92	69.7
10-15 years	36	27.3
15 - 20 years	4	3.0
Department		
In-patient	35	26.5
Intensive care unit	51	38.6
Dialysis	14	10.6
ER	15	11.4
Out-patient	10	7.6
Nursing office	7	5.3
Attended training sessions on workplace bullying		
Yes	0	0
No	132	100

Table (1) Indicates that (71.2%) of staff nurses were less than 30 years old and (68.2%) were female. (52.3%) were single. As regards their qualification, (37.9%) had bachelor degree in nursing and (69.7%) less than 10 years of experience. While (38.6%) were working in ICU. As evident from the table no one was attending training program on work place bullying.
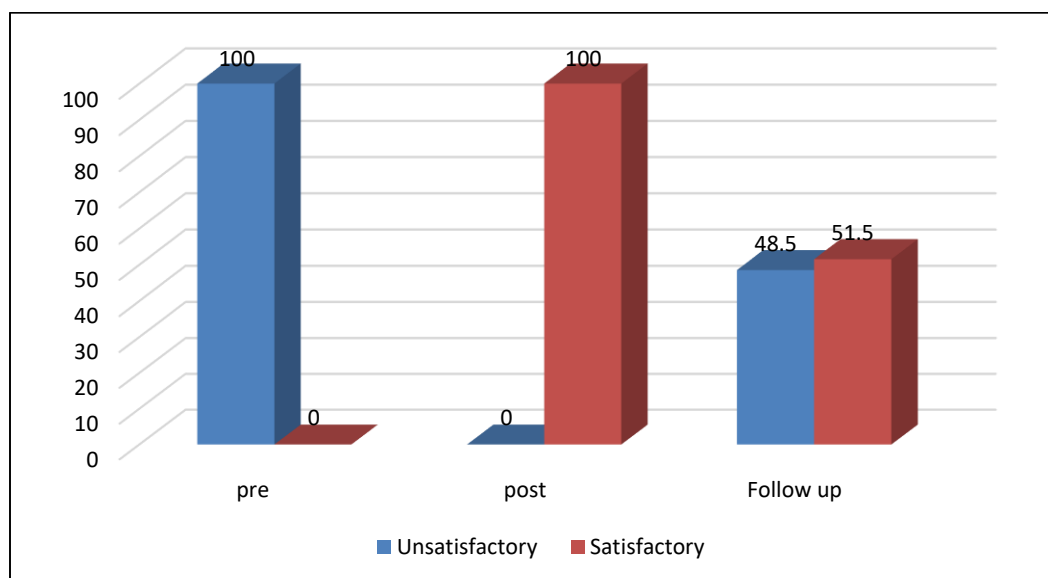

Figure (1): staff nurse's total knowledge regarding bullying behavior throughout program phases (n= 132)

Figure (1) Shows significant improvement in total staff nurses' knowledge regarding bullying behavior , (47%) of staff nurses had satisfactory knowledge regarding bullying behavior before implementing the program while improved in the post intervention phase (91 %) and (51.5%) in the follow up phase as compared with pre intervention.

Table (2): Total dimensions of staff nurses' negative acts level throughout program phases (n= 132)

Negative act Dimensions	Pre		Post		Follow		Pre- post Test		Pre-follow Test	
	X^2	SD	X^2	SD	X^2	SD	Paired T	P value	Paired T	P value
Total Work-related bullying	3.31	.55	2.12	.79	2.68	.63	3.555	.001**	-4.660	.000**
Total Person-related bullying	2.27	1.05	1.33	.40	1.88	.38	5.437	.000**	.364	.718
Total Physical intimidation bullying	3.15	1.85	1.38	0.71	1.85	1.11	5.468	.000**	3.774	.001**

(**) highly statistically significant p<0.001

Table (2) illustrates that total mean in work related bullying ,person related bullying and physically intimidating bullying was decreased after implementation of bullying behavior management training program with highly statistically significant difference with p value in comparison with preprogram.
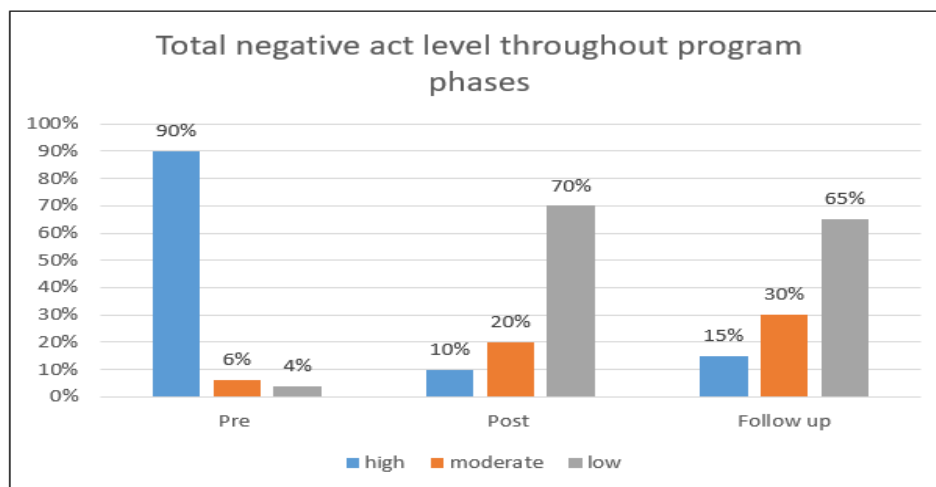
Figure (2): Total staff nurses negative acts level throughout program phases (n= 132).

Figure (2) Show significant improvement in total staff nurses' level regarding negative act, (90%) of staff nurses had high level regarding negative act before implementing the program while decreased in the post intervention phase (10 %) and (15 %) in the follow up phase as compared with pre intervention.

Table (3): Total dimensions staff nurses work engagement level throughout program phases (n= 132).

Work engagement Dimensions	Pre		Post		Follow		Pre- post Test		Pre-follow Test	
	X^2	SD	X^2	SD	X^2	SD	Paired T	P value	Paired T	P value
Total Vigor	2.04	.88	3.74	.44	3.09	.97	-10.811	.000**	-4.931	.000**
Total Dedication	2.49	.814	4.03	.740	3.04	.265	-8.726	.000**	-4.033	.000**
Total Absorption	2.16	.33	4.13	.73	3.72	.88	-15.294	.000**	-10.259	.000**

(**) highly statistically significant p<0.001

Table (3) displays that, mean ±SD of total work engagement scores staff and sub items of work engagement (vigor, dedication, and absorption) among staff nurses had improved after applying bullying behavior management training program as it was as regard pre, regarding immediate post, and regarding follow up of applying bullying behavior management training program with highly statistical significant difference with p value as compared with preprogram.
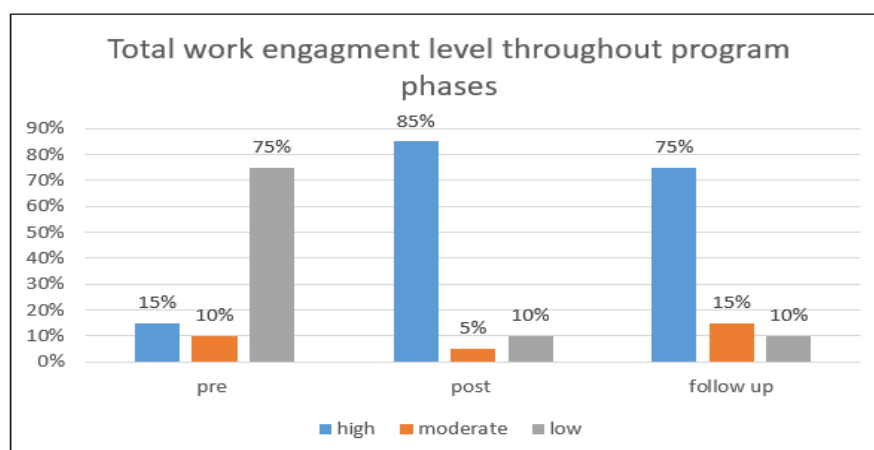

Figure (2): Total staff nurses work engagement level throughout program phases (n= 132).

Figure (2) Show significant improvement in total staff nurses' level regarding work engagement, (15%) of staff nurses had high level regarding work engagement before implementing the program while improved in the post intervention phase (85%) and (75 %) in the follow up phase as compared with pre intervention.

Table (4): Correlation between bullying behavior management on staff nurses work engagement (n=132).

Items	Total Knowledge	
	R	P value
Work Engagement	**.717****	**.000**
Negative act	**-.340***	**.034**

Correlation is significant at the 0.01 level (2-tailed).

Correlation is significant at the 0.05 level (2-tailed).

Table (4) clarifies that there was highly statistically significant correlation between staff nurses work engagement and staff nurse's total knowledge score while there was statistically significant correlation between negative act and staff nurse's total knowledge score.

Table (5): Multiple linear regression model with work engagement as dependent variable, negative act, knowledge and demographics-work characteristics as independent variables

Independent variable	Beta Coefficient	Standard error	T values	P values
(Constant)		.369	4.587	.000
Negative act	-.616	.049	-7.979	.000**
Knowledge	.495	.017	5.951	.000**
Age	.147	.127	.864	.1325
Gender	-.005	.108	-.056	.956
Marital status	.060	.081	.583	.564
Qualification	.053	.054	.693	.494
Experience	-.106	.176	-.714	.481
Workplace	-.034	.034	-.425	.674

As shown in table (5), staff nurses negative acts scores were highly statistically significant independent negative predictors of staff nurses work engagement while staff nurse's knowledge scores are a highly statistically significant independent positive predictors of their work engagement.

DISCUSSION

Workplace bullying violates the ethical principle that is paramount to nursing respect the worth, dignity and human rights of all individuals. Nurses are entitled to work in an environment that is free from bullying behaviors. Workplace bullying is a social and organizational problem within the health care; it has several adverse effects and closely associated with nurses' work engagement **(Chikobvu & Harunavamwe, 2022).**

This study aimed at identifying the effect of training program regarding managing bullying behavior among staff nurses work engagement through assessing staff nursing knowledge regarding bullying behavior before and after intervention, assessing staff nursing knowledge regarding work engagement before and after intervention, designing and implementing the program, and evaluating the effect of bullying behavior management training program on staff nurses work engagement.

Concerning staff nurses total knowledge related to work place bullying, the present study findings showed that, less than half of staff nurses had satisfactory knowledge regarding bullying behavior before implementing bullying behavior management training program, while improved in the post intervention phase and in the follow up phase as compared with pre intervention. From the

researcher point of view this result may be due to ability of staff nurses to understand, concentrate and demonstrate new knowledge.

This study results agreed with **Ismail, Keshk, & Elsayed (2021)** who studied "The effect of workplace bullying management program on nursing personnel's work engagement" and noticed that two thirds of study subject had good knowledge level regarding workplace bullying management immediate post applying the program and the majority of them had good knowledge level follow up applying the program. Also, the current study results were supported by **Ada Manga et al., (2023)** who studied " Workplace Bullying Seen from the Perspective of Bystanders: Effects on Engagement and Burnout, Mediating Role of Positive and Negative Affects." and showed that, more than half of study sample had good knowledge regarding policy effectiveness toward bullying on the hospital after educating sessions.

Concerning staff nurses' level of exposure of total negative acts, the study results revealed that staff nurses develop high level of negative act pre applying bullying behavior management training program, this result decreased after applying bullying behavior management training program. This may be due to good understanding of bullying behavior, increase ability of dealing with negative behaviors, awareness of anti-bullying policy, improvement of communication among staff nurses, encouragement of knowledge sharing, increasing of supervision and staff nurses become knowledgeable regarding management of bullying acts.

This result matched with **Park & Choi, (2023)** who studied "Development and evaluation of a workplace bullying cognitive rehearsal-based nursing Simulation Education Program: a mixed-methods study" and showed that, less than three fifths of staff nurse have a low level of negative act after education program. This result consistent with **Mehrad, (2021)** who studied "Leadership Styles, work Engagement and Perceived Organizational Support among Nurses, Program of Doctor in Health reported that high level of negative act among nurses pre applying education program, while decreased negative act level after applying education session.

Concerning studied staff nurses' level of work engagement dimensions for study sample at El Fayoum University Hospital, the present study findings revealed that studied sample had improved of dedication, after applying bullying behavior management training program compare with pre, regarding immediate post, and follow up of applying bullying behavior management training program with highly statistical significant difference Dedication is considered the highest level of work engagement dimensions among staff nurses because upon the spread of COVID-19 disease, the position of nursing profession had been improved in the view of nurses themselves, patients and communities. Although COVID19 patients felt helpless and dissatisfied, their love and interest for the nurses who cared for them improved, making them proud to be nurses. This finding could be due to staff nurses feel that their work has significance and purpose.

The present study findings were agreement with **Ismail, Keshk & Elsayed, (2021)** who studied "The effect of workplace bullying management program on nursing personnel's work engagement" who found that the dimension score of dedication was the highest in the work engagement scale after implementation of education session.

While, the result of the present study was disagreed with **Bakery, El Molla and Etway, (2022)** who studied "Effect of educational program about motivation for nurse unit managers on their behavior and staff nurses engagement" and reported that among the three dimensions of work engagement, absorption scored the highest mean score after implementation of session.

Concerning to staff nurses' level toward total work engagement, the finding of the present study showed that staff nurses' level of total work engagement throughout program phases, was generally low preprogram. While there was highly statistical improvement in staff nurses' level in post program and follow up phase after applying bullying behavior management training program. This may be due to job satisfaction, sense of meaning and purpose, career advancement opportunities, and improvement of staff nurses' knowledge, empowerment, supportive work environment and staff nurses become more energetic in their work.

This result consistent with **Hanon et al. (2022)** who studied "Efficacy of leadership program for head nurses' empowering and supportive role on nurses' work engagement at Tanta Cancer Center" and found that Preprogram nurses showed low engagement level for vigor, dedication and absorption, respectively had high level of work engagement post program. In the same line, this result matched with **Bakery, El Molla and Etway, (2022)** who studied "Effect of educational program about motivation for nurse unit managers on their behavior and staff nurses engagement" and found that a statistical significant improvement in mean scores at all dimensions regarding work engagement level at follow-up phase.

Regarding correlation of staff nurses work place bullying and work engagement, the current study illustrated that there was a highly statistically negative correlation between staff nurses' level of workplace bullying and work engagement. From the researcher's view of point, this result might due to; the bullied staff nurses are less likely to have their basic demands, lost their inherent motivation to be engaged with their profession, less energetic, unable to deal with work place bullying, perception of injustice in the work place decrease employees' commitment and their loyalty to their work. They also may have a lack of support from their supervisors and leadership, which results in a negative work environment (poor performance, low quality of patient care and dissatisfaction).

The finding of present study matched **Ismail, Keshk & Elsayed, (2021)** who studied "The effect of workplace bullying management program on nursing personnel's work engagement" and revealed that there was a negative correlation between total engagement and total bulling among all nursing personnel after applying workplace bullying educational program. As well, this result consistent with **Attia, Abo Gad, & Shokir, (2020)** who studied "Workplace bullying and its effect on staff nurses' work engagement" and revealed that, there was statistically negative significant correlation between nurses perceived bullying and their engagement.

In addition, this result matched with **Ali and Mohamed, (2019)** who studied "The relation between bullying workplace, organizational support, and work engagement as perceived by staff nurses" and found that there was a negative correlation between nurses' perception of bullying workplace and work engagement.

Regarding staff nurses' negative acts scores were highly statistically significant independent negative predictors of staff nurses work engagement while staff nurse's knowledge scores are a highly statistically significant independent positive predictors of their work engagement. This result might be due to effect of training program of favorable bullying behavior are highly dependent on work engagement, when staff nurses had efficient knowledge about negative and positive behavior that can affect on work condition and increase liable more engagement.

This result supported with **Einarsen et al., (2020)** who studied **"**Outcomes of a Proximal Workplace Intervention Against Workplace Bullying and Harassment: A Protocol for a Cluster Randomized Controlled Trial Among Norwegian Industrial Workers" who found highly statistically significant independent negative predictors of staff nurses work engagement while staff nurse's knowledge scores are a highly statistically significant independent positive predictors of their work

engagement. However, inconsistent with **Pirzada et al., (2020)** who studied **"**Study of Employee silence, Organizational Justice and Work Engagement: Mediation Analysis" and **Wang, Hsieh & Wang, (2020).** Abusive supervision and employee engagement and satisfaction: the mediating role of employee silence found that there weren't statistically significant independent negative predictors of staff nurses work engagement.

CONCLUSION

In the light of the current study findings, it can be concluded that staff nurses had low satisfactory level of knowledge regarding bullying behavior before the program, while there is highly statistically improvement during post program and in follow up phase as compared with preprogram. Total work engagement scores among staff nurses had improved after applying bullying behavior management training program. Also, Staff nurses' negative acts level was decreased after implementation of bullying behavior management training program. Highly statistically significant correlation between staff nurses work engagement and total knowledge score, while there was statistically significant correlation between negative act and total knowledge score. Furthermore, there was a negative correlation between total bullying and total work engagement among staff nurses after applying workplace bullying training program. This finding confirmed the research hypothesis which stated that after implementing workplace bullying management training program, work engagement level will be increased.

RECOMMENDATIONS

Based on the results of the present study the following recommendation is suggested:

- Increasing nurses' awareness about harmful effect of workplace bullying through training programs, seminars, mass media, booklets and workshops.

- Nursing personnel should be informed to report bullying.

- Developing policies to prevent bullying, and how to report bullying .

- Healthcare organizations should develop and implement programs to increase awareness about definition, causes and sources of bullying incidence to control.

References

1) **Ada Manga, J.P.; Desrumaux, P., N'dong Nguema, W. (2023).** Workplace Bullying Seen from the Perspective of Bystanders: Effects on Engagement and Burnout, Mediating Role of Positive and Negative Affects. Int. J. Environ. Res. Public Health 2023, 20, 6821. https://doi.org/10.3390/ ijerph20196821

2) **Al Muharraq, E.H., Baker, O.G., Alallah, S.M. (2022).** The Prevalence and the Relationship of Work Place Bullying and Nurses Turnover Intentions: A Cross Sectional Study. SAGE Open Nurs. 2022; 8:2095727839. https://doi. org/10.1177/ 23779608 221074655.

3) **Ali, R.M., & Mohamed, E.A. (2019).** The Relation between Bullying Workplace, Organizational Support, and Work Engagement as Perceived by Staff Nurses. Indian Journal of Public Health Research & Development, 10(11), 2184. https://doi.org/10.5958/0976-5506.2019.03884.1

4) **Attia, A., Abo Gad, R., & Shokir, M. (2020):** Workplace Bullying and Its Effect on Staff Nurses' Work Engagement, Tanta scientific nursing journal, 18(1), 105.

5) **Bakery Sh, El Molla M, and Etway, E (2022):** Effect of Educational Program about Motivation for Nurse Unit Managers on Their Behavior and Staff Nurses Engagement, NeuroQuantology, 20(6), 785-791| doi: 10.14704/nq. 2022.20.6. NQ22075

6) **Blackwood, D'souza, N., & Sun, J. (2019):** Understanding Management Competencies for Managing Bullying and Fostering Healthy Work in Nursing, College of Nurses, At: Https://Www. Research gate. Net/ Publication/ 333457829.

7) **Borges, N., Sequeira, C., Queiros, I., & Mosteiro-Diaz, P. (2020).** Work Aholism, Engagement and Family Interaction: Comparative Study in Portuguese and Spanish Nurses. Journal of Nursing Management. 38(3), 242-263. .

8) **Chen, D., Lin, Q., Yang, T., Shi, L., Bao, X., Wang, D. (2022).** Distributive Justice and Turnover Intention among Medical Staff in Shenzhen, China: The Mediating Effects of Organizational Commitment and Work Engagement. Risk Manag Healthc P. 2022; 15:665–76. Https://Doi. Org/10.2147/RMHP.S357654

9) **Chikobvu, P., & Harunavamwe, M. (2022).** The Influence of Emotional Intelligence and Resilience on Work Engagement amongst Nurses in Public Hospitals. SA Journal of Industrial Psychology, 48. Https://Doi.Org/ 10.4102/ Sajip. V48i0.1919

10) **Djurkovic N, Mccormack D, Hoel H, Salin D. (2021).** The Role of Human Resource Professionals (Hrps) In Managing Workplace Bullying: Perspectives from Hrps and Employee Representatives in Australia. Pers Rev. 2021; 50: 1599–1612. Https://Doi. Org/ 10.1108/PR-07-2020-0502

11) **Donna, M. (2016):** Relationships Among Work Engagement, Drivers of Engagement, And Bullying Acts in Registered Nurses Working in Hospital Setting, Journal of Nurse Management, 18(2), 173–181

12) **Eldesoky, E., El Shaer, A., El Said, N. (2021).** Organizational Culture, Individual Innovation and Their Relation to Nursing Staff's Work Engagement [Unpub- Lished Thesis]. Mansura, Egypt: Mansura University. 49–50.

13) **Einarsen, K., Nielsen, M.B., Hetland, J., Olsen, O.K., Zahlquist, L., Mikkelsen, E.G., et al., (2020).** Outcomes of a Proximal Workplace Intervention against Workplace Bullying and Harassment: A Protocol for a Cluster Randomized Controlled Trial among Norwegian Industrial Workers. Front Psychol. 2020; 11. https://doi.org/10. 3389/fpsyg.2020.02013 PMID: 32986046

14) **Einarsen, S., Hoel, H., & Notelaers, G. (2009).** Measuring Exposure to Bullying and Harassment at Work: Validity, Factor Structure and Psychometric Properties of the Negative Acts Questionnaire-Revised, Work & Stress Journal, 23(1), 24-44.

15) **Fatima, D., Abdul Ghaffar, M., Bin, Zakariya, R., Muhammad, L., Sarwar, A. (2021).** Workplace Bullying, Knowledge Hiding and Time Theft: Evidence from the Health Care Institutions in Pakistan. J Nurs Manag. 2021; 29: 813–821. Https://Doi.Org/ 10.1111/ Jonm.13222 PMID: 33275805

16) **Filipova, A.A. (2022).** Leadership Implications Related to Bullying and Intent to Leave Among Licensed Practical Nurses. J Nurs Adm. 2022; 52(5):266–72. Https:// Doi. Org/10.1097/ NNA. 000000 0000001146.

17) **Gómez-Salgado, J., Domínguez-Salas, S., Romero-Martín, M., Romero, A., Coronado-Vázquez, V., & Ruiz-Frutos, C. (2021).** Work Engagement and Psychological Distress of Health Professionals during the Covid-19 Pandemic. Journal of Nursing Management, 29(5), 1016-1025. Https://Doi.Org/10.1111/Jonm.1323.

18) **Hanon, M., Shabaan, F., El Sayed, K., & Shokir, M. (2022).** Efficacy of Leadership Program for Head Nurses' Empowering and Supportive Role on Nurses' Work Engagement at Tanta Cancer Center. Tanta Scientific Nursing Journal, 24(1), 204-225. Https:// Doi.Org/10.21608/Tsnj.2022.217969 Relationship Between Transformational:

19) **Hisel, M. (2020).** Measuring Work Engagement in a Multigenerational Nursing Workforce. Journal of Nursing Management, 28(2), 294–305. Https:// Doi. Org/10.1111/ Jonm. 12921

20) **Huang, X., Wang, L., Dong, X., Li, B., & Wan, Q. (2021).** Effects of Nursing Work Environment on Work-Related Outcomes among Psychiatric Nurses: A Mediating Model. Journal of Psychiatric and Mental Health Nursing, 28(2), 186-196.

21) **Ismail,A.H., Keshk, I.L., & Elsayed, H.H.W. (2021).** The Effect of Workplace Bullying Management Program on Nursing Personnel's Work Engagement. Egyptian Journal of Health Care, 12(4), 1661-1674. Https://Doi. Org/10. 21608/Ejhc.2021.223448

22) **Kamal, A. (2014).** Work Engagement, Moral Distress and Critical Reflective Practice Among Nursing Personnel in Intensive Care Units at Zagazig University Hospital, Thesis for Doctorate Degree Pp 103-105.

23) **Lyu, H., Yao, M., Zhang, D., & Liu, X. (2020).** Undefined. Relationship among Organizational Identity Psychological Resilience and Work Engagement of the First-Line Nurses in the Prevention and Control of Covid-19 Based on Structural Equation Model, 13, 2379-2386. Https://Doi.Org/10.2147/Rmhp.S254928 . 32.

24) **Malik, O.F., Sattar, A., Shahzad, A., Faiz, R. (2020).** Personal Bullying and Nurses' Turnover Intentions in Pakistan: A Mixed Methods Study. J Interpers Violence. 2020; 35(23–24):5448–68. Https://Doi.Org/ 10.1177/ 0886260517719903.

25) **Mehrad, A., Fernández-Castro, G, & De Olmedo, M.P. (2020):** A Systematic Review of Leadership Styles, Work Engagement and Organizational Support, International Journal of Research in Business and Social Science 9(4, Available Online at Www. Ssbfnet.Com Journal Homepage: Https://Www.Ssbfnet. Com/Ojs/ Index.Php/Ijrbs.

26) **Mousa, Wa, Eldinfekry, Ne, Elewa Ah. (2019).** Relationship between Nurse Manager Leadership Style and Staff Nurses' Work Engagement. Egypt Nurs J 16:206.

27) **Neuber, N., Englitz, C., Schulte, N., Holling, H. (2021).** How Work Engagement Relateds to Performance and Absentieesm: A Meta-Analysis, European Journal of Work and Organizational Psychology, 21(2), 200–205. Doi: 10.108013594/32x.2021.1953989.

28) **Park, M., Choi, J.S. (2023).** Development and Evaluation of a Workplace Bullying Cognitive Rehearsal-Based Nursing Simulation Education Program: A Mixed-Methods Study. Int J Environ Res Public Health. 2023; 20(6). Https://Doi.Org/10.3390/ Ijerph 20064974.

29) **Pirzada, Z.A., Mirani, S.H., Phulpoto, N.H., Dogar, H., Mahar, S.A., Zuhaibuddin, (2020).** Study of Employee silence, Organizational Justice and Work Engagement: Mediation Analysis. Int J Comput Sci Netw Secur. 2020; 20: 9–14.

30) **Pouwelse, M., Mulder, R., Mikkelsen, E.G., (2021).** The Role of Bystanders in Workplace Bullying: An Overview of Theories and Empirical Research. In**:** D'Cruz, P., Noronha, E., Baillien, E., Catley, B., Harlos, K., Høgh, A. (Eds.), Pathways of Job-Related Negative Behaviour: Handbooks of Workplace Bullying, Emotional Abuse and Harassment Vol. 2. Springer, Pp. 385–422.

31) **Qi L, Chaudhary NI, Yao K, Mirza F, Khalid R. (2022).** The Moderating Role of Transformational Leadership on the Relationship between Deviant Workplace Behaviors and Employee Turnover Intentions in China. Front Psychol. 2022; 13:1005055. Https://Doi. Org/10.3389/Fpsyg.2022.1005055

32) **Ren L, Kim H. (2023).** Serial Multiple Mediation of Psychological Empowerment and Job Burnout in The Relationship Between Workplace Bullying and Turnover Intention Among Chinese Novice Nurses. Nurs Open. 2023; 10(6):3687–95. Https:// Doi. Org/10.1002/ Nop2. 1621.

33) **Rosander, M. And Blomberg, S. (2019):** Levels of Workplace Bullying and Escalation – A New Conceptual Model Based on Cut-Off Scores, Frequency and Self-Labelled Victimization, European Journal of Work and Organizational Psychology Https://Doi.Org/10.1080/1359432 X.2019. 1642874.

34) **Schaufeli, W.B., Bakker, A.B., & Salanova, M. (2006).** The Measurement of Work Engagement with a Short Questionnaire: A Cross-National Study. Educational and Psychological Measurement, 66, 701-716.

35) **Shen HS, Ma SC, Guo SL, Kao CC, Tsai JC, Chung MH, Huang HC. (2022).** The Role of Workplace Bullying in The Relationship Between Occupational Burnout and Turnover Intentions of Clinical Nurses. Appl Nurs Res. 2022; 68: 151483. Https:// Doi.Org/ 10.1016/J.Apnr.2021.151483.

36) **Shorey S, Wong PZE. (2021).** A Qualitative Systematic Review on Nurses' Experiences of Workplace Bullying and Implications for Nursing Practice. J Adv Nurs. 2021; 77(11):4306–20. Https://Doi. Org/ 10.1111/ Jan.14912

37) **Thompson, S. (2012).** Sample Size for Estimating a Proportion, Sampling, 3rded, Johan Wiley & Sons, Hoboken, New Jersey, Canada; Pp: 59-61.

38) **Wang C-C, Hsieh H-H, Wang Y-D. (2020).** Abusive supervision and employee engagement and satisfaction: the mediating role of employee silence. Pers Rev. 77(11):4306–20.