

## Effect of Family Conflict on The Behavior of Nursing School Students

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### Abstract

**Background:** Family conflicts, especially between the father and mother, affect the physical, social, mental health of school students, and this will negatively affect their behaviors, their future relationships, and also their academic progress at school or college. **Aim:** This study aimed at assessing the effect of family conflicts on the behavior of nursing school students. **Study design:** A descriptive design used to conduct this study. **Setting:** The study was conducted at 16 schools of secondary nursing school affiliated to Ministry of Health in Cairo governorate. **Subjects:** A simple random sample consisted of 252 nursing students. **Study Tools:** Two tools were used in the study<sup>1st</sup> to assess demographic data, perception of student to family conflict, risk factors of family conflict. and youth self-report, and <sup>2nd</sup> to assess students' health problems, and academic achievement. **Results:** The results proved more than half of the study sample of nursing school students have 16 years, less than quarter of them had high perception of family conflicts, while the main risk factors of family conflicts were poor communication between parents for less than quarter and financial distress for more than half Regarding students' health problems, less than half of students suffered from trouble paying attention and concentrating, more than half of them feel tired and exhausted for no reason, and more than half had headache. Also, it presents that half and two third and less than half of students had very bad level of internalizing, and externalizing behavior, and social skills respectively. **Conclusion:** The study results concluded that there was a highly significant negative correlation between behavior and social problems of students and frequency of family conflict with P value < 0.001, while insignificant correlation between students' physical health problems and types of family conflicts for all items. **Recommendation:** Develop a counseling program for students about conflict resolution strategies and enable them to adapt more to family conflicts.

**Key words:** Behavior, Family Conflict, Nursing Student.

### Introduction:

Concept of family A family is a group of people who are related to each other by blood or marriage. It is the smallest unit of every community (Amadiali, 2015). There are rules and regulation controlling the activities of members of a family and each member has his or her right and responsibility in the family, children look up to their parents as example and try to put up behaviors as taught by parents. Usually in a family, the father is the head while the mother assists him. They live together in a house or compound and co-operate when carrying out activities such as cooking, caring for the young ones (Amadiali, 2015).

Secondary school students refer to age between 15-18 years which is called middle and late stage of adolescence. Adolescence is the period of development that begins at puberty and

ends in early adulthood. This stage is accompanied with different changes in psychological, physiological, social and cognitive domains, psychosocial problems such as behavioral, emotional and educational problems among adolescents (Poudel et al., 2020).

Family conflict can be defined as the state of tension or stress between marital partners as the couple try to carry out their marital roles. Marital conflict may be described as a struggle, clash, strife, disagreement or quarrel between husband and wife, and sometimes with other members of the household, over opposing needs, ideas, beliefs, values or goals (Elemery et al., 2016).

Causes of family conflict identified several major sources of family conflict, i.e., violent behaviors of husbands, lack of cooperation in the family, inability to spend enough time together, issues related to nursing student and

other families, lack of effective communication, and financial problems. Also, a quantitative study of couples highlighted personal traits, communication skills, commitment, and family background as the most significant factors related to conflicts in marriages (*Askalemariam, 2014*).

Identified several major sources of family conflict, i.e., violent behaviors of husbands, lack of cooperation in the family, inability to spend enough time together, issues related to children and other families, lack of effective communication, and financial problems (*Tiruwork et al., 2015*).

### **Significance of the study:**

Family conflict includes marital problems such as a lack of communication, quarrels about nursing student, disagreements over money, and sexual problems. Marital conflict has been linked to internalizing and externalizing problem behavior in children and adolescents. Egypt is the most populous country in the Arabic region with 104,983,968 million inhabit of which 25% are adolescent (*UNICEF, 2021*). Traditionally, adolescents in Egypt live with their parents and some may regularly witness inter-parental conflict in Egypt: Based on National Council for Women (NCW) statistics, around eight million Egyptian women are at risk of domestic violence each year, and up to 86 per cent of wives may face spousal abuse (*Roger et al., 2018*).

### **Aim of the study:**

This study aimed to assess Effect of Family Conflict on the Behavior of Nursing School Students

- Assessing nursing school student's perception of family conflict includes (Conflict properties, Perceived Self-Blame and Perceived Threat).
- Assessing nursing student's behavior and social skills.
- Assessing risk factors of family conflicts among nursing school students
- Assessing health problems among school students.

### **Research Questions:**

- What is the effect of family conflicts on the

behavior of nursing school student?

- Is there relation between types of family conflicts and socio demographic characteristics of nursing student's?
- Is there relation between types of family conflicts and behavior change of nursing student's?

### **Subject and Methods**

#### **Research Design:**

Descriptive design was used to achieve the aim of this study.

#### **Study Settings:**

This study was carried out at was conducted in the secondary nursing schools which consisted of 16 schools of secondary nursing schools affiliated to Ministry of Health in Cairo Governorate.

#### **Subject:**

**Simple random sample** was consisted of 252 students from secondary nursing schools in Cairo. the total number of nursing students in each previously mentioned school was 90 female students except Nasser institute school which has 150 students. The total student's equal 1500 students.

#### **Tools of Data Collection:**

Data was collected through using two part the following tool

#### **I- A predesigned questionnaire sheet**

It was designed by the researcher after reviewing the related National and International literature, it was written in simple Arabic language to suit nurses' level of understanding, it was consisted **first tool: consist** of four part

**Part I:** Personal and Socio- demographic data: - It was developed by the investigator and it was a structured interviewing questionnaire which was consisted of the following parts: Personal data: such as student' s age, gender, school grade, residence, birth order, siblings, etc. Family data: such as parent' s age, occupation, etc. Socioeconomic data: crowding index, family income, home utilities, and media at home. Leisure habits: such as favorite hobbies, number of friends, etc. Social relationships: such as the

relationships with parents, peers, and sibling

**Part II** This scale was modified by (Saber, 2013) to assess family conflict from the child's perspective. It consists of 48 statements with three possible responses: "True", "Sort of True", or "False." The tool items are categorized under three subscales addressing: (Conflict properties, Perceived Self-Blame and Perceived Threat subscale), with 13 non-scored items.

#### ❖ Scoring system:

The statements have three possible responses: "True", "Sort of True", or "False." Each response is assigned a score between 0 and 2, with higher scores: indicating more negative conflict or appraisal. Item scores are summed for each subscale (e.g., higher scores on the resolution scale represent poorer resolution and higher scores on the blame scale reflect greater self-blame). The scoring was done following the instructions provided was classified into three categories:

Score <60% considered low (0:40) perception Score from 60% to ≤ 75% considered high (4 1:71) Score ≥ 75% considered moderate (72:96).

**Part III: Youth Self-Report (YSR);** This part assesses nursing school students' social and behavioral problems This scale was modified by (Saber, 2013). This measure consists of 91 statements that might describe the youth during the preceding six months. The scales enable measurement of the perception of children or teenagers (aged 11 to 18) in terms of their behavior and social skills.

#### ❖ Scoring system:

The responses are on a 3-point scale: not true, sometimes true, and often true. The items are categorized into the following subscales: (Internalization, Externalization, Social problems.

Bad <50% (1:90) borderline >75% (91:135) normal ≥ 75% (136:192)

#### Part VI:

##### Second tool

II- To assessing school medical record to assess the health problems and scholastic achievement.

It was developed by, to assess health problem among student scholastic achievement and. It was consisted (25) question.

Scoring system: A scoring system was followed to assess health problems; divided by the number of the steps, giving a mean score. These scores were converted into a percent score and classified as the following: -yes score (1) no score (0)

#### II-Operational Design:

The operational design includes preparatory phase, content validity and reliability, pilot study and field Work.

##### Preparatory phase

During this phase, the study tool was prepared through reviewing the available local and international related literature to be oriented with the various aspects of the research problem.

##### Content validity and Reliability

Content and face validity were performed by 3 professors of the community health nursing department, all experts were affiliated to Ain Shams University. The reliability test of translated version was established by using the Cronbach alpha and Pearson correlation which showed good internal consistency construct validity Cronbach alpha = (0.887).

##### Pilot study:

It was carried out at the beginning of the study for 25 students (10% of the total sample) to investigate the feasibility of data collection tools, content, validity, clarity, and simplicity. It took about one month from beginning of February 2022 Then subjects were included in the pilot study were excluded from the actual study sample,

##### Field Work:

The actual process of data collection was carried out in four months consequently the period from the beginning of March until the end of Jun 2022) in order to collect the total sample of 252 of nursing student. The investigator introduced her to the previous mentioned setting directors and the nurse teacher and the other school team workers that will help her in data collection to save the time and to also gain the trust of student. The investigator explained the

aim of the study to students and then interviewing the questionnaire sheet after clear explaining the way to fill it out. The interviewing tools took about maximum 30 minutes for every student and the. The medical record took about 15 minutes for each student. There were about 5-6 student each determined day.

### III-Administration Design:

An official permission to carry out the study was obtained by submission of a formal letter issued from the Dean of Faculty of Nursing, Ain Shams University to the director of each of the previously mentioned settings to collect the necessary data for the current study after a brief explanation of the purpose of the study and its expected outcomes

### Ethical Considerations:

Ethical approval was obtained from the scientific ethical committee of Faculty of Nursing, Ain Shams University. the researcher was clarified the objective and aim of the study to the nurses included in the study before starting and oral approval was obtained from the nurses before inclusion in the study; a clear and simple explanation was given according to their level of understanding. They secured that all the gathered data was confidential and used for research purpose only. The researcher was assuring maintaining anonymity and confidentiality of subjects' data included in the study. The subjects were informed that they are allowed to choose to participate or not in the study and they have the right to withdrawal from the study at any time.

### IV-Statistical Design:

Data collected from the studied sample was revised, coded and entered using PC. Computerized data entry and statistical analysis were fulfilled using the statistical package for social sciences (SPSS) version 20. Data were presented using descriptive statistics in the form of frequencies, percentages. Chi-square test ANOVA test used for comparisons between qualitative variables. So, the p-value was considered significant as the following:

- P-value <0.05 was considered significant.
- P-value <0.001 was considered as highly significant.

### Results:

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

**Table (1):** Distribution of socio-demographic characteristics of the study sample of nursing school students) shows that, 62.3% of the study sample of nursing school students have 16 years, while the average age = 15.52 and SD = 0.677 years, however, 40.5% of them are still in the first grade of the school. Also, 11.1% of them were engaged and no one married. There were 59.9% of the students making less than 25 EGP per day as pocket money even though 32.1% of them work after school time and 97.5% of them work as nurses \.

**Figure (1):** illustrates that there were 10.3% of students had high perception of family conflicts while 85.7% of them had moderate perception.

**Figure (2):** demonstrates that, 37.3% of students feel tired and exhausted for no reason, and 38.1% of them had headache while 20.2% of them suffered from insomnia.

48.4% of fathers were handcraft. As well as there were 66.7% of study sample live in crowded house.

**Table (2):** demonstrates that, 18.7% of students said that the poor communication between parents is the mainly risk factor of family conflicts, while 27.8% of them said that the main risk factor is suffering from financial distress for long periods.

**Table (3) :** prove that there was highly significant statistical relation between family conflict types as content & Perceived threat and Sibling ranking as demographic data with p value <. 0.001. Also, there were significant relation between content of conflict and students' age also significant relation between perceived threat and educational grade with P value <o. 05.

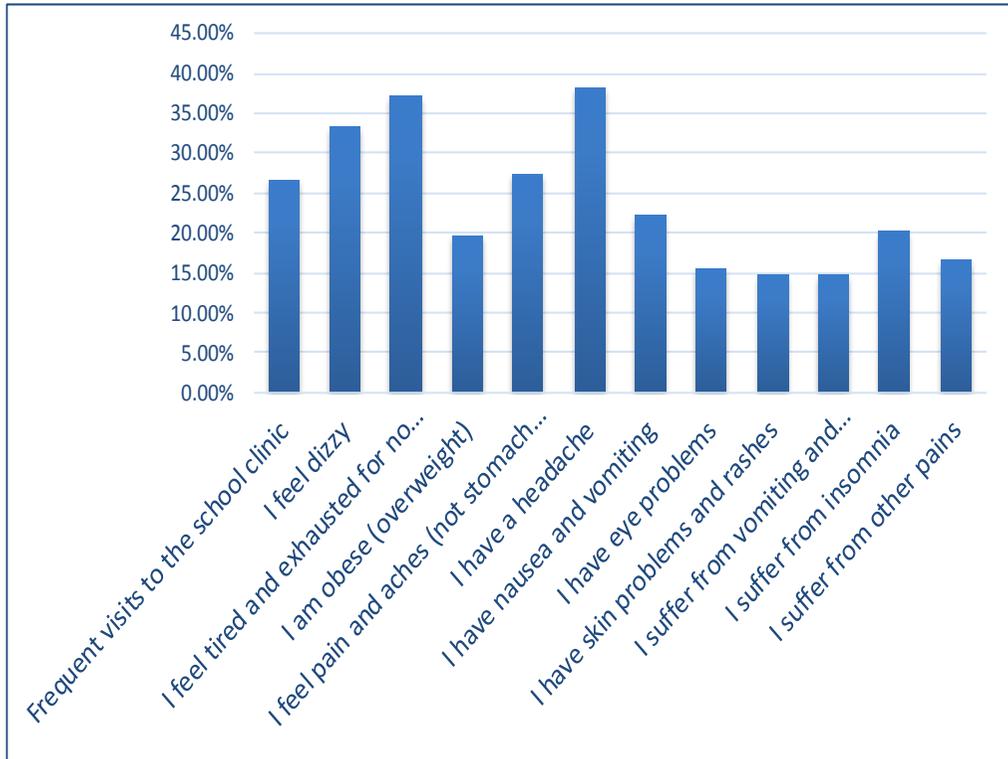
**Table (4):** shows that, there was a highly statistical relation between students' behavior and social problems and frequency of family conflicts. With P value < 0.001. Also, there were statistical relation between externalizing behaviors and intensity, content, coping efficacy, and self-blame with P value = <

**Table (1):** Distribution of socio-demographic characteristics of the study sample of nursing school students (n=252).

Items	No	%
<b>Students ' age</b>		
14 years	26	10.3
15 years	69	27.4
16 years	157	62.3
Mean = 15.52 Std. Deviation = 0.677		
<b>Social status</b>		
Single	224	88.9
Engaged	28	11.1
Married	0	0.0
<b>Educational grade</b>		
1 st	102	40.5
2 nd	79	31.3
3rd	71	28.2
<b>Sibling ranking</b>		
First	116	46.0
Middle	123	48.8
Only one	13	
<b>Number of siblings</b>		
< 3 siblings	82	32.5
3-5 siblings	155	61.5
> 5 siblings	15	6.0
<b>Pocket money</b>		
< 25 L. E	151	59.9
25:50 L. E	90	35.7
> 50 L. E	11	4.4
Mean=28.25 Std. Deviation +13.710 Minimum=5 Maximum=80		
<b>Main Source of Pocket money</b>		
Father	231	91.7
Mother	19	7.5



**Figure (1):** demonstrates that, 37.3% of students feel tired and exhausted for no reason, and 38.1% of them had headache while 20.2% of them suffered from insomnia.



**Figure (2):** Distribution of the studied sample of nursing school students’ according to their physical health problems (n=252)

**Table (2):** Distribution of the studied sample of nursing school students’ according to risk factors of family conflicts (n=252).

Items	Mainly		Mainly		Never	
	No	%	No	%	No	%
1. Poor communication between parents	47	18.7	79	31.3	126	50.0
2 Mistreatment of one party by the other	47	18.7	81	32.1	124	49.2
3 Difficulty communicating well, especially when something is not agreed upon	74	29.4	91	36.1	87	34.5
4 Failure to solve the problem for both parents	63	25.0	91	36.1	98	38.9
5 Not accepting the other opinion during the discussion	67	26.6	94	37.3	91	36.1
6 Different attitudes towards the important issues	72	28.6	97	38.5	83	32.9
7 Suffering from financial distress for long periods	70	27.8	85	33.7	97	38.5
8 The father does not take the responsibility of the family	53	21.0	62	24.6	137	54.4
9 There are children from the previous marriage to the father and the mother	26	10.3	72	28.6	154	61.1
10 There is a separation for one of the parties, whether the father or the mother	47	18.7	58	23.0	147	58.3

**Table (3):** The relation between types of family conflicts and socio demographic characteristics of nursing students (n=252).

Items	ANOVA Test	Types of Family Conflicts							
		Frequency	Intensity	Resolution	Content	Perceived threat	Coping efficacy	Self-blame	Triangulation
Students' age	F	0.749	2.219	0.693	3.345	2.711	388.	618.	2.862
	P value	0.474	0.111	0.501	.037*	.101	.679	.540	.092
Social status	F	1.208	0.249	0.390	1.676	2.426	2.048	2.576	1.239
	P value	0.300	0.780	0.678	.189	.121	.131	.078	.267
Educational grade	F	1.127	2.657	1.475	.677	4.212	510.	1.720	081.
	P value	0.326	0.072	0.231	.509	.041*	.601	.181	.776
Sibling ranking	F	2.254	312.	0.949	5.226	7.581	1.236	470.	1.983
	P value	0.107	0.732	.389	.006**	.006**	.292	.626	.160
Number of siblings	F	3.683	945.	0.244	.923	.412	1.206	1.658	1.195
	P value	0.027	0.390	0.784	.399	.521	.301	.193	.275
Pocket money	F	0.164	2.221	4.761	.504	2.541	1.293	2.784	973.
	P value	0.849	0.111	0.009	.605	.112	.276	.064	.325
Source of money	F	0.976	0.625	0.816	4.974	.024	1.105	4.899	899.
	P value	0.378	0.536	.443	.008	.877	.333	.008*	.344
Working after school time	F	0.328	1.305	0.881	5.406	.106	1.071	5.247	1.027
	P value	0.721	0.273	0.416	.005*	.745	.344	.006*	.312
Work as a nurse	F	0.029	1.474	0.4690	5.928	.153	1.412	3.153	1.312
	P value	0.972	0.231	0.626	.003*	.696	.246	.044*	.253

**Table (4)** The relation between types of family conflicts and behavior changes of nursing student (n=252).

Types of Family Conflicts	Internalizing behaviors			Behavior changes of nursing student			Behavior and Social Problems		
	Mean &SD	χ <sup>2</sup>	P Value	Mean &SD	χ <sup>2</sup>	P Value	Mean &SD	χ <sup>2</sup>	P Value
Frequency	2.50±.532	7.908	0.095	2.41±.554	4.853	0.303	2.21±.448	29.424a	0.00**
Intensity	2.50±.532	8.172	0.085	2.41±.554	9.706	0.046*	2.21±.448	6.414	0.170
Resolution	2.50±.532	2.977	0.562	2.41±.554	4.353	0.360	2.21±.448	8.536	0.074
Content	2.50±.532	3.923	0.417	2.41±.554	11.703	0.020*	2.21±.448	8.235	0.083
Perceived threat	2.50±.532	0.448	0.799	2.41±.554	0.325	0.850	2.21±.448	02.401	0.301
Coping efficacy	2.50±.532	1.165	0.884	2.41±.554	11.184	0.025*	2.21±.448	7.366	0.118
Self-blame	2.50±.532	3.961	0.411	2.41±.554	9.648	0.047*	2.21±.448	13.148	0.011*
Triangulation	2.50±.532	0.860a	0.650	2.41±.554	4.390	0.111	2.21±.448	7.890	0.019*

**Discussion:**

Concerning distribution of socio-demographic characteristics of the study sample of nursing school students, the studied sample demonstrated that, nearly two third of the studied sample their age was 16 years. From the researcher point of view this result might be due to age of secondary nursing schools' students' ranges between 15-17 years, and this age group was capable of giving reliable feedback on parental conflicts and being aware of parent conflict. This result was similar with the result of study performed by **Elsayed et al. (2022)**. Who conducted a study about "the effect of inter-parental conflict on

psychological well-being and academic achievement among secondary school students at Benha City," indicated that less than two thirds of studied students are between ages from 15 to less than 17 years old.

Also, the result of the study was similar to **Gamal et al. (2020)** who conducted a study "about family conflict and academic performance of the secondary schools nursing students", reported that nearly one third of the studied sample their age was 17 years. As regard to study grade of the sample, the results of the current study indicated that less than half of them were at first year.

These results approved with the

study performed by *McLaren et al. (2018)* who carried out a study about “Prevalence and predictors of stress and anxiety among college students” and found that more than half of them at first year.

As regard to ranking between siblings, the results of the current study indicated that less than half of the studied sample was first siblings. These results disagreement with *Gamal et al. (2020)* reported that more than one third of the studied sample was middle between siblings.

Concerning distribution of the studied sample of nursing school students' according to their physical health problems, the studied sample demonstrated that more than one third of students feel tired and exhausted for no reason and had headache. While, less than one quarter of them suffered from insomnia. This result was in consistent with *Gomaa, et al., (2020)* who conducted a study about health risk behaviors among Port Said University students, who stated that less than half of the students had unhealthy dietary behaviors. In addition, more than two third of the students was not practicing physical exercise. These findings were supported by *Amin, et al., (2017)* who conducted a study about risk taking behaviors among nursing who found that one quarter of the students reported overweight, almost half of the studied students had unhealthy dietary behaviors, almost half of the studied students had unhealthy physical activity.

Also, this result agreed with *Ahmed & Fathalla, (2017)* who conducted a study about risk taking behaviors among nursing students who revealed that the most risk-taking behaviors among nursing students in Tanta University were unhealthy dietary behavior, violence and unintentional injuries, and physical in activity.

This result was contradicted with

*Khamaiseh, (2017)* who conducted a study about assessment of health risk behaviors among university students in Jordon and reported that smoking, obesity and domestic violence were the most common risk behaviors among students. Unhealthy dietary habits include intake of fast food such as fried food, snacking, canned food and soda beverages that can adversely affect students' health status. Students often select fast food due to its palatability, availability and convenience.

Regarding nursing school students according to their total behavior and social skills, the studied sample illustrates that, slightly more than half of the studied sample had very bad internalizing behavior, less than half of them had very bad externalizing behavior, and one quarter of them had very bad social skills.

From the researcher point of view; adolescent is strongly affected by inter parental conflict in their families which can develop symptoms of depression, and the greater the conflict, the more serious the symptoms, continuous conflicts between their parents affected psychologically, especially in their way of thinking and their perception of the future. Students who witness quarrel or fights in their family may get depressed leading to poor concentration in school and subsequently affects their academic performance.

This result was contrasted with *Rabia, et al., (2019)* who mentioned that inter-parental conflict had a significant positive fair correlation with youth incompatibility, both internalizing and externalizing more internalizing behavior than externalizing behavior.

This result was agreed with *Esfandyari, et al., (2019)* who conducted a study about background of inter parental conflicts and internalizing behavior problems among adolescents, who found a significant relationship between positive

family relations and the decrease of externalizing behavior problems, such as social aggression and internalizing behavior problems, such as depression and self-esteem.

This result was matched with **Achenbach & Rescorla (2017)** who conducted a study about multi-cultural supplement to the manual for the ASE-BA school-age forms & profiles, who perceived marital conflict was strongly related to the decrease of adolescent internalizing and externalizing behaviors and had detrimental effects on adolescent adjustment. This result was disagreed with **Saber, et al., (2017)** who reported that more than one third of the students had internalization feelings, less than one quarter of them had externalizing and social problems

Concerning distribution of the studied sample of nursing school students' according to risk factors of family conflicts, the studied sample demonstrated that less than one quarter of the studied sample said that the poor communication between parents is the mainly risk factor of family conflicts, while one quarter of them said that the main risk factor is suffering from financial distress for long periods, failure to solve the problem for both parents, and the father does not take the responsibility of the family.

From the researcher point of view this is because of the lower level of income increases marital conflict due to decreased money and inability to meet needs also, family conflict may be due to increased stress, increased responsibilities, comparison and a lack of privacy and personal space within extended family. This result comes in the same line with **Moawad, et al., (2022)** who conduct a study about marital conflict among parents and its effect on their adolescents, behaviors in **Menoufia**, who reported that financial, poor communication and

difficulty in understanding each other's point of view correctly are strongly associated with marital conflict.

This result was in consistent with **Ali et al., (2021)** who conducted a study about " Influences of extended family on intimate partner violence " it was revealed that extended family can have a considerable impact on conflict within couples. This result was in consistent with **Janković (2021)** who conducted a study about " Assertiveness, self-esteem and parental influence (fathers) as factors in high-risk behavior of high school students "it was revealed that risky behaviors among high school students were high.

This result was matched with **Tiruwork, (2019)** who conducted a study about " Inter parental conflict and its influence on adolescent's academic self-regulation" it was reported that the major risk factors of family conflicts was related to poor communication and failure to solve the problem for both parents. This result was agreed with **Saber, et al., (2017)** who reported that family income was the major risk factors of family conflicts.

Regarding relation between types of family conflicts and socio demographic characteristics of nursing students, the studied sample prove that there was highly significant statistical relation between family conflict types as content & Perceived threat and Sibling ranking as demographic data. Also, there were significant relation between content of conflict and students' age also significant relation between perceived threat and educational. From the researcher point of view this may be due to that first order adolescents are riskier taking, belief that they are mature enough to do what they want any time, but youngest order is more pampered and not have enough experience to deal with any problems.

This result was in the same context,

**Mayne et al., (2020)** who conducted a study about clustering of unhealthy behaviors in a nationally representative sample of US children and adolescents, it was revealed that family conflict increased significantly with age among adolescents, and there was highly significant statistical relation between family conflict and sibling ranking.

This result was contradicted with the study conducted by **Breining et al., (2020)** who conducted a study about " Birth order and delinquency " which was revealed that in families with two or more children, second born sons are more likely to be disciplined in school and enter the criminal justice system than are their firstborn siblings. Also, this result was contradicted with **Mikhailchenkova et al., (2020)** who conducted a study about " Strategies of Adolescents' delinquent Behavior and Reasons for Its Emergence " it was revealed that most adolescent delinquents were second children in their families and the firstborn children were the organized and demonstrated obedience with ethics and law.

Regarding the relation between types of family conflicts and behavior changes of nursing student the studied sample shows that, there was a highly statistical relation between students' behavior and social problems and frequency of family conflicts. Also, there were statistical relation between externalizing behaviors and intensity, content, coping efficacy, and self-blame.

From the researcher point of view this may be due to many reasons such as family income that money problems make adolescents unable to meet their needs so, increase engagement in risky behaviors. In addition to poor communication between parents, negative relations between parents, lack of trust between parents, inability to handle family issues properly, lack of experience of parents in dealing with

family problems, lack of attachment of either adolescent to their parents or lack of attachment between parents and their adolescents, inability of parents to deal effectively with their adolescents' problems. All the previous reasons are significant issues which will negatively affect their adolescents' behaviors and will make them more liable to engage in risky behaviors

This result was matched with **Moawad, et al., (2022)** who reported that there was a positive significant relationship between marital conflict and their adolescents' behavior. This result is in the same line with **Olatunji & Idemudia (2021)** who conducted a study about " The multidimensionality of inter parental conflict on aggression and mental health among adolescents" who was revealed that there was a positive association between parents' marital conflict and adolescents' behavioral problems. This result is also in the same line with **Buehler (2020)** who conducted a study about " Family processes and children's and adolescents' well- being" it was reported that there is a positive correlation between inter-parental conflict and adolescents' behavioral problems.

In addition to, these results are consistent with the study by **Lucas et al., (2020)** who conducted a study about " Inter parental conflict, attention to angry interpersonal interactions, and adolescent anxiety "it was revealed that frequent marital conflicts cause multiple psychological and behavioral problems among adolescents. These results are consistent with **Van Dijk et al., (2020)** who conducted a study about " A meta-analysis on inter parental conflict, parenting, and child adjustment in divorced families " it was reported that correlations between inter parental conflict and adolescent adjustment were mostly significant.

This result agrees with the study of **Turner & Kopic (2017)** who conducted a study about "Exposure to inter-parental conflict and psychological disorder among young adults" which showed that college students who were exposed to high levels of inter-parental conflict had twice or more the risk of developing an episode of major depressive disorder, and experiencing dependence problems.

Also, the results were matched with **Achenbach & Rescorla (2017)** who perceived that marital conflict was strongly related to adolescent internalizing and externalizing behaviors and had detrimental effects on adolescent adjustment. On the other hand, **Esfandyari et al., (2016)** who found a significant relationship between positive family relations and the decrease of externalizing behavior problems, such as social aggression and internalizing behavior problems, such as depression and self-esteem.

### Conclusion:

The result of this study concluded that the effect of family conflict on the behavior of nursing school students led to more than half of the students having very bad internal behavior, while external behavior was very bad for more than a fifth of them, and only one fifth of them having very poor behavioral and social skills. Moreover, there was a highly significant statistical relation between family conflict types and sibling ranking as demographic data with  $p$  value  $> .001$ .

Also, a highly statistical relation between students' behavior, social problems, and frequency of family conflicts. While a highly significant negative correlation between students' behavior and social problems and frequency of family conflict with  $P$  value  $> 0.001$ .

Shows that, there was a highly significant negative correlation between behavior and social problems and frequency of family conflict, self-blame, and triangulation with  $P$  value  $< 0.001$ .

### Recommendations:

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

- Develop program for student for conflict resolution strategies and enable them to adapt more to the marital debate of parents.
- Periodical workshops for school students to develop programs to cover good relationships and how to give solutions to the conflict and how to develop good means to express their emotions.
- Further research to study the Comparison between constructive marital conflict effects versus destructive marital conflict effects between student.
- Further research to study developing school curricula to include behavioral and emotional problem student.
- Activating the role of the family health nurse as a school nurse in the school in all secondary school.

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