

## **Bullying Management Program for Nurses and its Effect on their Turnover**

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### **Abstract**

**Background:** Bullying management is a critical issue because workplace bullying has serious negative consequences on staff nurses and organization as nurses' turnover. **Aim:** Determine bullying management program for nurses and its effect on their turnover. **Design:** A quasi-experimental design was utilized to achieve the aim. **Setting:** The study was conducted at Critical Care Units at Benha University Hospital. **Subjects:** Were composed of 80 staff nurses. **Tools:** Three tools were used for data collection namely, (I) Bullying Management Knowledge Questionnaire, (II) Bullying Management Observational Checklist, (III) Nurses' Turnover Questionnaire. **Results:** The majority of staff nurses (97.5%, 95%) had adequate knowledge regarding bullying management but the same percent had inadequate knowledge regarding bullying management strategies at immediately post and follow up program respectively compared with preprogram phases. As well as (95.0%, 92.5%) had satisfactory skills regarding bullying management at post and follow up program respectively compared with preprogram phases, and (27.5%) of studied staff nurses had high level of total turnover factors at pre-program that decreased to (13.7%) at post and follow up phases. **Conclusion:** There was a highly statistical significant improvement in staff nurses' knowledge and skills regarding bullying management at post and follow up compared with preprogram phases, also, there was no statistical significant difference in total staff nurses' knowledge regarding bullying management strategies at post and follow up program phases. **Recommendation:** Hospital quality unit needs to initiate an in-service training and educational programs for increasing staff nurses' knowledge and skills regarding bullying management strategies. Improving the compensation system of basic salary, bonuses, career development and other factors that decrease staff nurses' turnover.

**Keywords:** Bullying management, Nurses, Turnover.

### **Introduction**

There is an increasing evidence of nursing staff being exposed to violent behavior as workplace bullying. The health care organization has been identified as one in which workplace bullying can occur frequently. Nursing is the corner stone of health care system that is currently attack by challenges, problems and opportunities (Moslam, Ibrahim &Diab, 2021). Nurses are on the frontline of the healthcare system and have the closest contact with patients and their

relatives Workplace bullying is a serious event that has crucial and detrimental health effects on the nursing work force that may extend beyond individual nurses to an entire health care organization such as experiencing stress, frustration, physical and psychological disorders, absenteeism, poor performance and increases staff nurses' desire to leave their jobs (AlMuharrag, Baker &Alallah, 2022).

Workplace bullying is as a severe interpersonal conflict and a type of aggressive behavior that occurs repeatedly in

interpersonal relationship where power imbalance exists. Bullying can take many forms like hostile communication, abusive, offensive language or comments, aggressive conduct, humiliating comments, victimization, practical jokes, unjustified criticism or complaints, withholding information that is vital for effective work performance ,setting unreasonable timelines or constantly changing deadlines, setting tasks that are unreasonably below or beyond a person's skill level **(Mahmoud, 2019)**.

Prevalence of workplace bullying in health care organizations is estimated to be ranging from 16.2 to 27.5%. Workplace bullying has adverse effects on nurses and the whole organization. Nurses who are affected by workplace bullying suffer physically and psychologically; also it has negative effects on the whole organization as it reduces nurses' productivity, increases absenteeism, reduces nurses' commitment to the organization, increases nurses' desire to leave their jobs. So bullying management for nurses is becoming necessary to prevent nurses' turnover **(AlMuharraq, Baker & Alallah, 2022)**.

Bullying management refers to identifying factors which may increase the risk of workplace bullying occurring and eliminating or minimizing these factors. Also, management of bullying is seen as the foundational actions that should take place in the hospital environment and creating working environment that is free from unacceptable workplace behaviors and where nurses are treated with dignity, courtesy and respect **(Goosen, 2019)**. Bullying management for nurses can be achieved through improving communication skills, managing conflicts among nurses and enhancing teamwork skills. If workplace bullying can't be managed, it has widespread negative effects on the organization as a whole which reduces nurses' job satisfaction and commitment, decreases

productivity, decreases engagement and increases nurse's turnover **(Al-Ghabeesh & Qattom, 2019)**.

Nurses' turnover has become a critical issue in the field of nursing and has received increased attention worldwide. It is a major long standing health problem faced by all hospital. High turnover can be costly and impact negatively on any unit, particularly Critical Care Units. Nurses' turnover rates are roughly 30% in the first year of practice and as much as 57% in the second year of practice **(Mohamedy, 2019)**. There are many factors that affect on turnover such as low salary, poor relationships and hostile communication among nurses, poor work condition, poor leadership styles, inadequate growth and advancement opportunities and absence of support. When nurses are exposed to bullying behaviors at the work place, they view their work environment as unhealthy and they leave their work **(Joumana et al., 2021)**.

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

Workplace bullying is a common phenomenon that has been reported worldwide. Up to 40% of nurses are exposed to bullying behaviors at workplace. Nurses who work in Critical Care Units are particularly exposed to bullying behaviors more than any other staff nurses due to job stressors and heavy demands. Nurses may encounter bullying behaviors from patients, families, doctors, coworker and manager. Bullying has severe consequences on nurses and the entire organization **(Al-Ghabeesh and Qattom, 2019)**. Study in 2020 recommended to conduct training program for staff nurses about bullying and different strategies to deal with it .So the need to prepare nurses to manage bullying behaviors is important issue to increase nurses' safety in the workplace, to have a positive work environment for nurses

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and to decrease nurses' turnover (Goosen, 2019).

Staff nurses' turnover rate is the highest rates of professional groups. The turnover rates ranged from 10-12% per year at United State of America. It is found that 65% of intensive care units nurses had high turnover intention due to heavy workload and stress in Alexandria, Egypt (Mohamedy, 2019). To ensure safe work environment for nurses which is free from bullying behaviors, nurses' knowledge and skills regarding bullying management should be improved through improving communication which nurses value each other by showing respect, also teamwork in nursing is an important component because it ensures safety in work and commitment for organization and managing conflicts among nurses (Goosen, 2019). Therefore, this study will be conducted to assess bullying management program for nurses and its effect on their turnover.

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

This study aimed to determine bullying management program for nurses and its effect on their turnover through:

1. Assessing staff nurses' knowledge regarding bullying management and its strategies thorough program.
2. Assessing staff nurses' skills regarding bullying management thorough program.
3. Assessing factors affecting on staff nurses' turnover thorough program.
4. Designing and implementing educational program for staff nurses about bullying management.
5. Determining the effect of bullying management program for staff nurses on their turnover.

### **Research Hypotheses**

It is hypothesized that an implementation of educational program will lead to significant improvement of staff nurses' knowledge and skill regarding bullying management and it will have a positive effect on staff nurses' turnover.

### **Subjects and method**

#### **Research Design**

A quasi-experimental research design with pretest, posttest and follow up assessments is carried out in this study.

#### **Setting:**

The current study was conducted at Critical Care Units at Benha University Hospital: The total number of studied units were 10 units.

#### **Subjects:**

The subjects included a systematic random sample every fifth of staff nurses who are working at the above mentioned settings and have more than three year experience with different level of education. The total numbers of staff nurses (80) who are working in the above mentioned study.

#### **Tools of data collection:**

Three different tools were used to collect data for this study.

#### **Tool (I): Bullying Management Knowledge Questionnaire**

It was developed by researcher based on related literature review (McGee, 2014, Mahmoud, 2019, Goosen, 2019 & Attia, 2020) to assess staff nurses' knowledge regarding bullying management and strategies. It consisted of two parts:

**Part (1-A):** Personal characteristics such as (age, work unit, marital status, gender,

educational qualifications, years of experience, work shift).

**Part (I-B):** General information about bullying management.

**Part (II-A):** It included different questions as (Multiple choice- MCQ, true and false and matching) to assess staff nurses' knowledge regarding bullying management.

**Scoring system:**

For answer in each question, scores were allocated as follow: (1) for correct, and (zero) for incorrect. So the total scores ranged from (0- 30). The participant who had a percent 60% and more equal (18-30) this indicated adequate knowledge about bullying management and if less than 80% 60 equal (0-17) this indicated inadequate knowledge about bullying management (Goosen, 2019).

**Part (II-B):** It included different questions to assess staff nurses' knowledge regarding bullying management strategies.

**Scoring system:**

For answer in each question, scores were allocated as follow: (1) for yes, and (zero) for no. So the total scores ranged from (0- 24). The participant who had a percent 60% and more equal (15-24) this indicated adequate knowledge about bullying management strategies and if less than 60% equal (0-14) this indicated inadequate knowledge about bullying management strategies (King, 2019).

**Tool (II): Bullying Management Observational Checklist**

It was developed by researcher based on related literature review (Abd-ElAzeem, 2018, Mohamedy, 2019 & Goosen, 2019) to assess staff nurses' skills regarding bullying management.

**Scoring system:**

For answers in each question, scores were allocated as follows: (2) completely done, (1) incompletely done, (0) not done. So total

scores were ranged from (0-50). The participant who had a percent more than 60% equal (30-50) this indicated satisfactory skills about bullying management and if less than 60% equal (0-29) this indicated unsatisfactory skills about bullying management (Goosen, 2019).

**Tool (III): Nurses' Turnover Questionnaire**

It was developed by researcher based on related literature review (Mohamed, 2019, Mohamedy, 2019, Attar & Alsharqi, 2021) to assess factors affecting on staff nurses' turnover.

**Scoring system:**

For answers in each question, scores were allocated as follows: (2) agree, (1) neutral, (0) disagree. So total scores were ranged from (0- 90). The participant who had a percent more than 75% equal (68- 90) this indicated high level of staff nurses' turnover, if the score was from 60-75 % equal (54- 67) this indicated moderate level of staff nurses' turnover, if the score was less than 60% equal (0-53) this indicated low level of staff nurses' turnover (Mohamedy, 2019).

**Validity and reliability of the tools**

These three tools were tested for validity (Face, Content) through distribution of the tool to a jury of five experts on field of Nursing Administration consisting of three Professors of Nursing Administration from Tanta University and other two Assistant Professor of Nursing Administration from Benha University. Modifications were done in the light of their valuable comments such as modify some words to give the most appropriate meaning for the phrase which were not clear.

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**Table (1): Statistical reliability of tools:**

<b>Tools</b>	<b>No of items</b>	<b>Alpha Coefficient</b>
1-Bullying Management Knowledge Questionnaire	54	0.887
2-Bullying Management Observational Checklist	25	0.883
3- Nurses' Turnover Questionnaire	45	0.729

### **Ethical Considerations**

The study was conducted with careful attention to ethical standards of research and rights of the participants. The respondent rights was protected by ensuring voluntary participation, so the informed consent will be obtained by explaining purpose, nature time of conducting the study, potential benefits of the study, how data will be collected, any invasive procedure, expected outcomes and the respondent rights to withdrawing from the research study at any time in case of violation of his rights. To ensure scientific honesty, the researcher uses bucketing and intuiting to avoid bias.

### **Pilot Study**

Pilot study was carried out from the beginning of October, 2022 to the end of October, 2022 to assess tools clarity and applicability. It was done on 10% form the subject 8 staff nurses worked at Critical Care Units at Benha University Hospital were included in the main study subject because there no modifications are required. To evaluate the effectiveness of the proposed data collection tools, and assess the feasibility of the study. In addition to estimating the time required to fill the appendices that approximately ranged from 20 - 40 minutes. Subjects of pilot study were included in the study.

### **Field Work**

The following phases were adopted to achieve the aim of the current study: Assessment, designing, implementation and evaluation phases. These phases were carried out from the beginning of February, 2022 to the end of July, 2022.

#### **Assessment phase:**

The process of data collection was carried out in February, 2022 to assess staff nurses' knowledge and skills regarding bullying management before implementation of the program.

- The time required for finishing each questionnaire was around; 10-20 minutes.

#### **Planning phase:**

This phase started at March, 2022 based on baseline data obtained from pre-test assessment and relevant review of literature, the program was developed by the researcher.

#### **Implementation phase:**

This phase was initiated from the beginning of April 2022 to the end of May for three days weekly. The researcher visited each previous mentioned setting in the morning shift Then, the researcher divided the subjects to five groups, each group composed of (16) staff nurses.

The program involved (5) sessions and were implemented according to working circumstances. The duration of each session was two hours depending on workload and including periods of discussion according to their achievement and takes into account the precautionary measures through discussion, progress and feedback. The session started at (10.00) A.m to (12.00) P.m

#### **Evaluation Phase:**

The time of the data collection lasted for two months from the beginning of June, 2022 to end of July, 2022, during this phase, the impact of the program was evaluated.

Immediate evaluation included, immediate post program implemented for all subjects using the same tools which were used before the program.

During the period from the beginning of November to the end of December 2022 sufficient questionnaires for the number of staff nurses within each unit were distributed (follow up phases). And the data was analyzed and the results interpreted and clinical significance of findings were evaluated for comprehended discussion of the data analysis results of the study.

#### **Statistical analysis:**

Data were verified prior to entry into the computer. The Statistical Package for Social Sciences (SPSS version 22.0) was used for that purpose, followed by data analysis and tabulation. Descriptive statistics were applied quantitative data (frequency and percentages). ( $\chi^2$  p value) test was utilized to compare percentage between studied variable. Paired t test was used to compare mean scores between pre and post program. Non-significant level value was considered when p value > 0.05. A significant level value was considered when p value  $\leq$  0.05 and a highly significant level value was considered when p value  $\leq$  0.001. T. test is a test of significance used for comparison between two variables for the same sample and Pearson correlation (r) test was used for association between total scores. F test is a type of statistical test used to determine if there is a statistically significant difference between two or more categorical groups by testing for differences of means using variance.

#### **Results**

**Table (1):** Shows that, personal characteristic of staff nurses, regarding to age, about less than two thirds of staff nurses (63.7%) were had less than 30 years with Mean  $\pm$  SD (29.01 $\pm$ 4.29),

where less than one quarter of staff nurses (22.5%) working in intensive care unit, the majority of staff nurses (85.0%) were female, in relation to marital status, more than three quarters of staff nurses (78.7%) were married. As for their educational qualifications, less than three quarters of staff nurses (71.3%) had Technical Nursing Institute. As regards to their years of experience, about more than two thirds of staff nurses (67.5%) had less than 10 years of experience with Mean  $\pm$ SD (8.16 $\pm$ 4.96). In relation to their work shift, about nearly two thirds of staff nurses (65.0%) were working rotating shift.

**Figure (1):** Indicates that, the most of studied staff nurses (80.0%) had inadequate knowledge regarding bullying management through preprogram phase, but the majority of studied staff nurses (97.5%) had adequate knowledge regarding bullying management during immediately post program phase and decreased to (95.0%) at follow up phase after three months of program that still higher than pre-program phase.

**Figure (2):** Illustrates that, all of studied staff nurses (100, 0%) had inadequate knowledge regarding bullying management strategies through pre-program phase and slightly decreased to (97.5%, 95%) at post and follow up program phases respectively.

**Figure (3):** Indicates that, more than half of studied staff nurses (60.0%) had unsatisfactory skills regarding bullying management through pre-program phase, but the majority of studied staff nurses (95.0%) had satisfactory skills regarding bullying management at post program phase and decreased to (92.5%) at follow up phase after three months of program that still higher than pre-program phase.

**Figure (4):** Clarifies that, more than one quarter of studied staff nurses (27.5%) had high level of total turnover factors at pre-program that decreased to (13.7%) at

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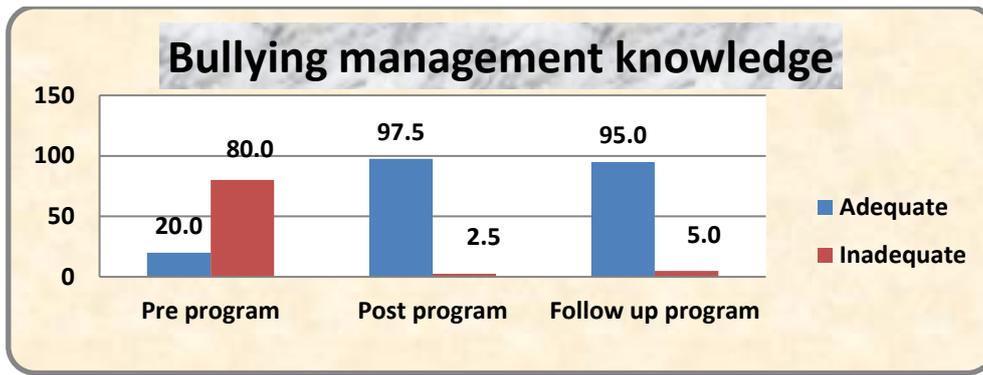
immediately post and follow up program phases.

**Table (2):** Reveals that, there was a highly statistical significant correlation between total knowledge of staff nurses and their skills at post and follow up program phases, while there was insignificant correlation between staff nurses' knowledge regarding bullying strategies and skills at post program, in

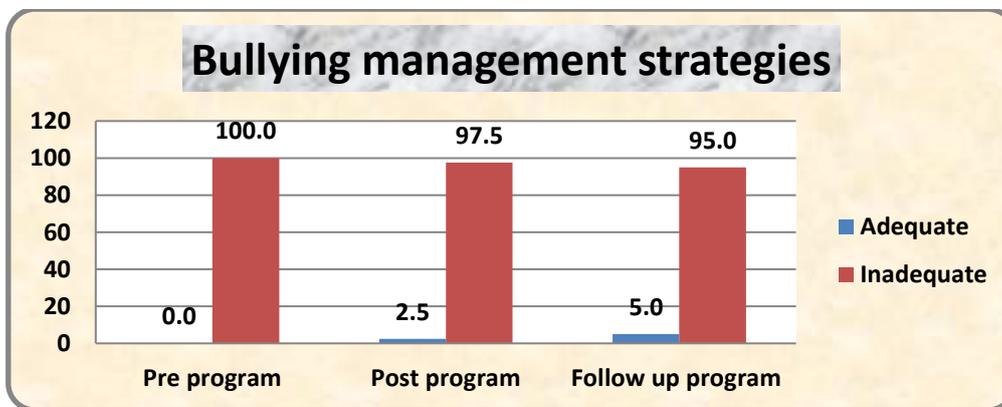
addition to there was negative insignificant correlation between total staff nurses' knowledge regarding bullying management and total factors of turnover at post and follow up program phases. Finally there was insignificant correlation between staff nurses' knowledge regarding bullying strategies and total factors of turnover at post program phase.

**Table (1): Distribution of studied staff nurses regarding their personal characteristics (n=80)**

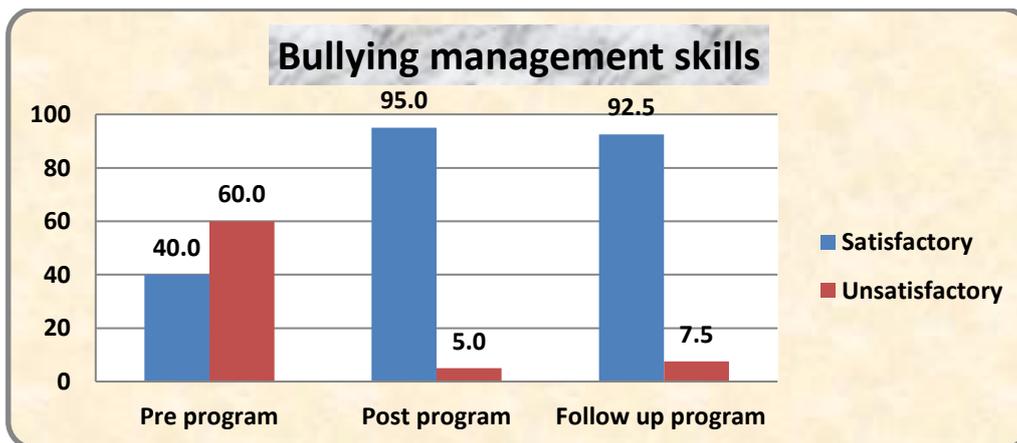
Personal characteristics		No	%
Age (in years)	< 30 years	51	63.7
	30- < 35 years	19	23.8
	35- < 40 years	7	8.8
	≥ 40 years	3	3.7
	<b>Range 24-41</b> <b>Mean ± SD</b>	<b>29.01±4.29</b>	
Units	Intensive Care Unit	18	22.5
	Coronary Care Unit	10	12.5
	Cardiology Care Unit	5	6.25
	Thoracic Care Unit	4	5.0
	Cardio Thoracic Care Unit	4	5.0
	Emergency Care Unit	8	10.0
	Psychiatric Care Unit	6	7.5
	Neonatal Care Unit	10	12.5
	Immediately Care Unit	10	12.5
	Hepatic Care Unit	5	6.25
Gender	Female	68	85.0
	Male	12	15.0
Marital status	Married	63	78.7
	Unmarried	17	21.3
Educational qualifications	Diploma Degree in Nursing	4	5.0
	Technical Nursing Institute	57	71.3
	Bachelor Degree in Nursing	19	23.7
Years of experience	< 10 years	54	67.5
	10- < 15 years	15	18.7
	15- < 20 years	7	8.8
	≥ 20 years	4	5.0
	<b>Range 3-23</b> <b>Mean ± SD</b>	<b>8.16±4.96</b>	
Work shift	Morning (6 Hours)	0	0.0
	Night (12 hours)	0	0.0
	Rotating (Morning, Evening, night)	52	65.0
	All the day (24 hours)	28	35.0



**Figure (1): Total knowledge levels of studied staff nurses regarding bullying management through program phases.**



**Figure (2): Total knowledge levels of studied staff nurses regarding bullying management strategies through program phases.**



**Figure (3): Total skills levels of studied staff nurses regarding bullying management through program phases.**

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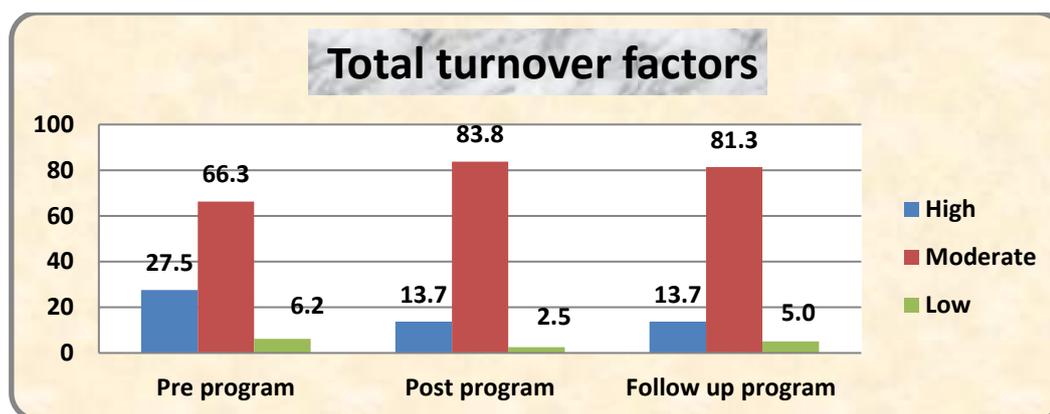


Figure (4): Total factors affecting on studied staff nurses' turnover through program phases.

Table (2): Correlation matrix among study variables

Variables			Total bullying management knowledge	Total management strategies knowledge	Total Bullying management skills	Total turnover factor
Bullying management knowledge	Pre program	r	.....	0.058	0.267	0.107
		p-value	.....	0.607	0.017*	0.344
	Post program	r	.....	0.108	0.492	-0.247
		p-value	.....	0.340	0.001**	0.027*
	Follow up program	r	.....	0.061	8.124	-0.036
		p-value	.....	0.591	0.000**	0.753
Management strategies knowledge	Pre program	r	0.058	.....	0.144	0.088
		p-value	0.607	.....	0.204	0.438
	Post program	r	0.108	.....	0.078	0.114
		p-value	0.340	.....	0.494	0.315
	Follow up program	r	0.061	.....	0.122	0.198
		p-value	0.591	.....	0.283	0.078
Bullying management skills	Pre program	r	0.267	0.144	.....	0.020
		p-value	0.017*	0.204	.....	0.857
	Post program	r	0.492	0.078	.....	0.158
		p-value	0.001**	0.494	.....	0.162
	Follow up program	r	8.124	0.122	.....	0.065
		p-value	0.000**	0.283	.....	0.656
Turnover factors	Pre program	r	0.107	0.088	0.020	.....
		p-value	0.344	0.438	0.857	.....
	Post program	r	-0.247	0.114	0.158	.....
		p-value	0.027*	0.315	0.162	.....
	Follow up program	r	-0.036	0.198	0.065	.....
		p-value	0.753	0.078	0.656	.....

(\* A statistical significant difference  $P \leq 0.05$ ) \*\* A highly statistical significant difference  $P \leq 0.001$ )

## **Discussion**

Management of bullying is seen as the activities that be performed by managers or leaders to reduce bullying behavior and its consequences Bullying management for nurses can be achieved through improving communication skills, managing conflicts among staff nurses and enhancing teamwork skills (King, 2019). If workplace bullying can't be managed, it has widespread negative effects on nurses and the whole the organization as a whole. Which produces less organizational citizenship, reduces nurses' job satisfaction and commitment, decreases productivity, decreases engagement and increases nurse's turnover (AlMuharraq, Baker & Alallah, 2022).

The current study aimed to determine bullying management program for nurses and its effect on their turnover. This is achieved through; Assessing staff nurses' knowledge regarding bullying management through program, assessing staff nurses' skills regarding bullying management through program, assessing factors affecting on staff nurses' turnover through program, designing and implementing educational program for staff nurses about bullying management and determining the effect of bullying management program for staff nurses on their turnover.

Discussion of the study was presented in a six sequences. **The first part;** concerned with personal characteristics of studied nurses. **The second part;** elaborated knowledge regarding bullying management among staff nurses through program phases. **The third part;** focused on skills regarding bullying management among staff nurses through program phases ;**The fourth part;** focused on factors affecting on staff nurses' turnover. **The**

**fifth part;** concerned with relation between studied variables and personal characteristics of staff nurses through program phases. **The six part;** concerned with correlation matrix between study variables through program phases.

The present study illustrated that the distribution of personnel characteristics of staff nurses, concerning age, where about less than two thirds of staff nurses were had less than 30 years, regarding to work unit, less than one third of staff nurses are working in intensive care unit, the majority of staff nurses were female, in relation to marital status, more than three quarters of staff nurses were married. As for their educational qualifications, less than three quarters of staff nurses had Technical Nursing Institute. As regards to their years of experience, about more than two thirds of staff nurses had less than 10 years of experience. In relation to their work shift, about nearly two thirds of staff nurses were working rotating shift.

Concerning total knowledge levels of studied staff nurses regarding bullying management through program phases. The present study illustrated that, the most of studied staff nurses had inadequate knowledge regarding bullying management through preprogram phase, but the majority of studied staff nurses had adequate knowledge regarding bullying management during immediately post program phase and decreased to at follow up phase after three months of program that still higher than pre-program phase.

From researcher's point of view inadequacy of staff nurses' knowledge related to bullying management through preprogram phase might be due to staff nurses didn't have adequate training for it than before or lack of

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interest from nurse managers to acquire new knowledge and this topic was new. This improvement could be due to simple, clear and concise way of presentation and lectures and the availability of relevant media that gave more illustration for understanding the text. The decrease that occurred in knowledge scores at the follow-up phase could be explained by a gradual decrease in the staff nurses knowledge over time due to many causes such as; there is no continuing training and education programs, increasing work load, forgetting and lack of monitoring.

This result agreed with **(Stagg & Sheridan, 2019)** who conducted study about “Effectiveness of bullying and violence prevention programs” reported that majority of studied nurses had adequate knowledge regarding bullying and violence prevention during immediately post program phase and decreased at follow up phase after three months of program but still more than pre-program phase.

In relation to total knowledge levels of studied staff nurses regarding bullying management strategies through program phases. The present study illustrated that, all of studied staff nurses had inadequate knowledge regarding bullying management strategies through pre-program phase, and slightly decreased at post program and follow up program phases respectively. From researcher's point of view this might be due to staff nurses at Benha University Hospital didn't receive any a specific anti-bullying training program for dealing with bullying behaviors and it is the role of hospital's management and administrators. Also hospital' polices regarding bullying behaviors didn't be accessible for all nurses and didn't be written in a simple language for nurses.

This result disagreed with **(Albishi & Alsharq, 2018)** who conducted study about "Factors counteracting nurses' bullying in health care organizations" reported that more than half of staff nurses didn't have any knowledge regarding bullying prevention strategies. On the same line this result contrasted with **(King, 2019)** who conducted study about "Strategies to identify and reduce workplace bullying to increase productivity" reported that more than one third of studied nurses had adequate knowledge regarding bullying management strategies.

Also this result disagreed **(Salin et al., 2018)** who conducted study about "Prevention and interventions of workplace bullying" mentioned that majority of studied nurses had adequate knowledge regarding bullying prevention immediately post program phase and at follow- up phase after three months of program.

In relation to total skills levels of studied staff nurses regarding bullying management through program phases, the findings of the present study indicates that, more than half of studied staff nurses had unsatisfactory skills regarding bullying management through pre-program phase, but the majority of studied staff nurses had satisfactory skills regarding bullying management at post program phase and decreased at follow up phase after three months of program that still higher than pre-program phase.

From researcher's point of view the program had a greater effect on improving staff nurses' skills levels regarding bullying management throughout post and follow-up phases (after three months) of the program compared with the preprogram phase. Also there was defect in staff nurses' skills regarding communication, conflict management and teamwork skills in pre-program phase, but after receiving

educational program these skills had been improved. This result agreed with **(Stagg & Sheridan, 2019)** who conducted study about “Effective-ness of bullying and violence prevention programs” reported that the skills of the majority of studied nurses were improved after implementation of the program.

Regarding total factors affecting on studied staff nurses' turnover through program phases, the present study illustrated that, more than one quarter of studied staff nurses had high level of total turnover factors at pre-program that decreased at post and follow up program phases. From researcher's point of view this might be due to the program had greater effect on improving staff nurses knowledge and their skills that affect on decreasing factors of turnover as it improved staff nurses relationships, their cooperation and communication.

This result disagreed with **(Mohamedy, 2019)** who conducted study about "Enhancement head nurses' team work program and its effect on staff nurses' perception regarding factors affecting turnover in critical care units" reported that three quarters of staff nurses had low level of perception regarding factors affecting turnover at pre-program. While more than two thirds of them had moderate level of perception at the post and follow up phases of the program respectively and more than one quarter of them had high level of perception at the post and follow up phases of the program respectively.

Regarding to correlation matrix between study variables of staff nurses through program phases. The present study revealed that, there was a highly statistical significant correlation between total knowledge of staff

nurses and their skills at post program phase. From researcher's point of view this means that when knowledge increase, skills will increase also.

This result was supported by **(Goosen ,2019)** who conducted study about "A model to manage workplace bullying between nurses at a private hospital group in South Africa" reported that there was a highly statistical significant correlation between total nurses' knowledge and skills at post program. On the same line this result agreed with **(Stagg & Sheridan, 2019)** who conducted study about “Effective-ness of bullying and violence prevention programs” reported that there was a highly statistical significant correlation between nurses' knowledge and skills at post program.

The present study revealed there was negative insignificant correlation between staff nurses knowledge, their skills and total factors of turnover at immediately post program. From researcher's point of view this might be due to when nurses' knowledge and skills improved, the factors and causes of turnover decreased. This result disagreed with **(AlMuharrag, Baker & Alallah, 2022)** who conducted study about "The prevalence and the relationship of workplace bullying and nurses turnover intentions" revealed that there was a highly statistically significant correlation between the incidence of workplace bullying and turnover of nurses.

### **Conclusion**

Implementation of the educational program on bullying management was effective. There was a highly statistical significant improvement in staff nurses' knowledge and their skills regarding bullying management through program phases, while there was no statistical significant difference in total staff nurses' knowledge regarding

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bullying management strategies at immediately post and follow up program phases, and there was slightly decreased of staff nurses' turnover factors through program phases. In addition to there was a highly statistical significant correlation between total knowledge and skills score regarding bullying management at immediately post program.

### **Recommendations**

#### **Recommendations for hospital administration level**

- ❖ Having clear understanding of hospital bullying policies and realize its importance to staff nurses and patients to reduce workplace bullying behaviors.
- ❖ Making efforts to develop bullying policies and anti-bullying reporting tools and mechanisms that allow staff nurses to report incidents of bullying.
- ❖ Formulating a committee that is responsible for responding to and dealing with workplace bullying behaviors rapidly.
- ❖ Improving the compensation system of basic salary, bonuses, career development and other factors that decrease staff nurses' turnover.

#### **Recommendations for quality unit**

- ❖ Providing continuing education programs and workshops to reinforce and update staff nurses' knowledge regarding bullying management strategies to deal with it, including verbal and writing down techniques.
- ❖ Initiating an in-service educational and continuous training course for nurses to improve their bullying management skills such as communication, teamwork and conflict management skills.

#### **Opportunities for Further researches**

- ❖ Replication of the study on a large probability sample is highly

recommended to achieve generalizable results.

- ❖ Applying an educational program to determine the effect of bullying management strategies on nurses' retention.

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برنامج إدارة الاضطهاد للمرضين وتأثيره على تركهم للعمل  
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تعد إدارة الاضطهاد مشكلة بالغة الأهمية لأن الاضطهاد في مكان العمل له عواقب سلبية وخطيرة على المرضين والعاملين في المؤسسة مثل ترك العمل. لذلك هدفت الدراسة إلى تحديد برنامج إدارة الاضطهاد للمرضين وتأثيره على معدل تركهم العمل. وقد أجريت هذه الدراسة في وحدات الرعاية الحرجة بمستشفى بنها الجامعي ، وبلغ العدد الإجمالي للوحدات التي تم الدراسة عليها عشر وحدات وإجمالي عدد المرضين ٨٠ ممرضة. وظهرت النتائج ان اغلب المرضين (٩٧,٥% ، ٩٥%) كان لديهم معرفة كافية بشأن إدارة الاضطهاد خلال فترة ما بعد البرنامج مباشرة وفي مرحلة المتابعة. بالإضافة الي أكثر من نصف المرضين (٦٠,٠%) لديهم مهارات غير مرضية فيما يتعلق بإدارة الاضطهاد خلال مرحلة ما قبل البرنامج ، لكن اغلبهم (٩٥,٠% و ٩٢,٥%) لديهم مهارات مرضية فيما يتعلق بإدارة الاضطهاد في مرحلة ما بعد البرنامج مباشرة وفي مرحلة المتابعة على التوالي. الخلاصة انه توجد علاقة ذات دلالة إحصائية عالية بين اجمالي معرفة المرضين فيما يتعلق بإدارة الاضطهاد ومهاراتهم في مرحلة ما بعد ومتابعة البرنامج. كما يوجد ارتباط ضئيل بين معرفة المرضين فيما يتعلق باستراتيجيات الاضطهاد واجمالي عوامل ترك العمل في مرحلة ما بعد البرنامج. وايضا يوجد ارتباط سلبي غير ذي دلالة إحصائية بين اجمالي معرفة المرضين فيما يتعلق بادارة الاضطهاد وعوامل ترك العمل في مرحلة ما بعد ومتابعة البرنامج. كما اوصت ببذل جهودات لتطوير سياسات الاضطهاد وأدوات وآليات الإبلاغ عن مكافحة الاضطهاد التي تسمح للمرضين الإبلاغ عن حوادث الاضطهاد وكذلك توفير برامج التعليم المستمر وورش العمل لتحديث وتعزيز معرفة ومهارات المرضين فيما يتعلق باستراتيجيات إدارة الاضطهاد من خلال التقنيات اللفظية والتدوين.