Impact of Bullying Prevention Raising Awareness Workshop on Nurses' Quality of Work - Life and Coping Strategies Used

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Abstract: Exposure to bullying behaviors such as verbal abuse has been known to have negative effects on nurses' self-esteem, job satisfaction, morale, patient care, work productivity and professional error rates. Study aimed to evaluate the impact of bullying prevention raising awareness workshop on nurses' quality of work- life and coping strategies used. A quasi-experimental study design was utilized in carrying out this study, at Damanhur National Medical Institute. It included medical unit, surgical unit and critical care units (N=210), namely: medical units (N=55); surgical units (N=48); and critical care units (N=107). Four tools were used to collect the necessary data: Bullying Nurse Questionnaire, Effects of bullying behaviors, Brief COPE Inventory, Quality of nursing work life. Results displayed that 42.9% of studied nurses had a high level of exposure to bullying behaviors pre-workshop of nurses regarding exposure to bullying behaviors while 52.8% of studied nurses had a low level of exposure to bullying behaviors post-workshop. 38.1% of studied nurses had a moderate level of coping mechanism pre-implementation of the workshop while 61.9 % of studied nurses had a high level of coping mechanism post-implementation of the workshop. 42.8% of studied nurses had a low level of quality of work-life pre-implementation of the workshop while 47.6 % of studied nurses had a high level of quality of work-life post-implementation of the workshop. Conclusions: Awareness workshop had a positive effect on using the nurse's coping mechanism and marked improvement in nurse's quality of work life.

Key words: Bullying · Quality of Work · Coping Strategies

INTRODUCTION

Bad behavior has numerous terms: vertical, flat, or lateral violence; nurse-to-nurse persecution; disrespect; rudeness; and bullying. Whole represent the concept of bad behavior, which undermines a culture of safety and respect. Various degrees of bad behavior occur, from leaving the copier full for the coming person (low level) to overt menacing to harm (high level). However, whole levels of poor behavior need to be rejected in the workplace [1].

Nurses are fundamental in the saving of health care, so they extremely, affect the health of communities. Public trends are representative an increasing need for nurses due to an elderly population, more variegation in community, marginalized populations, multiculturalism, rapid change in technologies and a health care system needful individual contribution, all at the compassion of finite resources. A declining pool of available nurses has led to strained work environments that physically and psychologically bear a negative outcome on the nursing workforce. Capital cuts and a change to part-time and casual work has resulted in nurses departure the country to practice away or leaving the profession totally [2].

Workplace bullying is a working stressor shown to have a special harmful health outcome for those beleaguered, who are mistreated by exposure to recurrence and remaining undesirable actions in a situation where there is a real or apparent influence imbalance between the target and the perpetrator(s). Stress model prophesies that once a person is exposed to such actually stressful condition at work he or she will first appraise whether the condition is threatening or not (primary appraisal) before appraising his or her resources to transact with it (secondary appraisal). The power inequity involved in bullying among the target and the perpetrator(s) makes it hard for targets to avoid or stop the undesirable acts aimed towards them, subsequent in reduced health and well-being probably through sustained and long-term activation [3].

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Bullying is devastating, general and does not be appropriate in a profession that represents considerate and mercy. The effect of bullying reaches beyond each bullying incident; it strikes the culture as a virus and crushes the workplace environment from the inside out and has numerous effects as an effect on staff. Victims of bullying experience emotional hurt that can lead to physical soreness and high absenteeism. Victims can experience a set of feelings such as indignity, ineffectiveness, loss of self-worth and lack of confidence [4].

Bullying effects on the nursing career. Nurses who are sufferers of bullying might leave the career, in addition to the lack of high-quality nurses obtainable to care for patients and influencing individuals who continue working in a risky workplace environment. Bullying is becoming nursing's professional "black eye" such as people out of health care are learning about nurse-to-nurse bullying and are inquiring the nursing staff if they have a bullying problem in their workplace. The nursing profession's image as an ethical profession is in risk [5].

Impact's on health care organizations. Nonattendance to work due to bullying is on the altitude. Numerous nurses do not have the support or the skills altitude to deal with bullying and just miss work to avert the trial, particularly if they tell they are working with a "bully." Absenteeism tack to superfluous costs to organizations and adds a load to the remaining staff, leading to high turnover and nurse disengagement. The bottom line for the organization is high turnover leads to higher working expenses. Besides, the effect of bullying on patient care is most concerning. Nursing environments bothers by bullying behaviors has higher patient mortality rates. Why? Nurses are less likely to call their colleagues for help, but if they do not feel comfortable they will call coworkers for help, leading to situations where patients may not receive the care they need [6].

Though it can be tricky to resist on-going bullying behaviors, various coping patterns applied via targets have been defined in the literature ranging from encounter the bully, doing nothing, seeking help, or to ignore the offender. Though, prior studies about workplace bullying and coping show vague outcome regarding preferred coping patterns among targets. Likewise, studies on how the bullying-mental healthy relationship may be influenced by the individual coping pattern are scarce [7].

Coping refers to the thoughts and actions used to deal with a threatening situation. Coping means to invest one's conscious effort, to solve personal and interpersonal problems, to try to master, eliminate conflict and stress. Psychological coping techniques are mostly described as coping strategies or coping skills. Also, the coping term mostly points to adaptive coping strategies. That is strategies which reduce stress [8].

Several coping patterns have been determined in the literature. Professional nurses who have faced bullying behaviors in the workplace have notified taking days off of work, changing department/unit of practice, leaving nursing and attempting to clear the misunderstanding [9].

Proceedings to obstruct the Bullying Behavior there are around four proceedings a nurse can take to hinder and eliminate bullying behavior. These proceedings consist of identifying the behavior, separating one's self from the bullying, talking up and defying the behavior. Step 1: identifying the behavior. The first step to eliminate bullying is to identify bullying behaviors through spending time observing the behaviors of your coworkers. Step 2: Separating from the bully, Step 3: Speaking up to the bully and Step 4: Confronting the bully [10].

The study of types, sources and frequency of bullying or violence behaviors encountered by Egyptian nurses in the hospitals attracted noticeable attention recently [11, 12]. All of them explain the existence of bullying in the workplace. So, it is a professional and ethical responsibility to be aware and facilitate change to stop the cycle of bullying; to improve the work workplace environment. According to the best of the researcher's knowledge, there has been paid a little attention to the investigation of bullying against nurses in Egypt. This present study attempted to contribute to redressing the gap by determining perceived bullying behaviors which are experienced by nurses and coping strategies used. Therefore, this study's main purpose was to evaluate the impact of bullying behaviors experienced by nurses and to evaluate resources used to cope with these bullying behaviors.

Aim of the Study:

- To evaluate the impact of bullying prevention raising awareness workshop on nurses' quality of work- life and coping strategies used.

Research Hypothesis:
- There is a positive impact of bullying prevention raising awareness workshop on nurses' quality of work-life.
- There is a positive impact of bullying prevention raising awareness workshop on nurses' coping strategies used.

MATERIALS AND METHODS

Research Design: The quasi-experimental study design was utilized in carrying out this study.

Setting: The study was conducted at Damanhour National Medical Institute. It included medical unit, surgical unit and critical care units (N=210), namely: medical units (N=55) (general medical A & B; Herpetology; Renal; Hematemesis; and Neurology); surgical units (N=48) (general surgical A, B, C, & D; neurosurgery; and E.N.T surgery); and critical care units (N=107) (intensive care unit; coronary care unit and emergency recovery). The institute is affiliated to the General Organization for Teaching Hospital and Institutes and is considered the main teaching hospital in El-Beheira.

Subjects: The subject composed of all available nurses who worked at the previously mentioned settings and the study subjects composed of 210 nurses regardless of their age, gender, qualification and experience. Where four nurses refused to participate in the study, two did not complete the questionnaire and the remaining two did not return the questionnaire.

Tools: The data was collected through a self-administered questionnaire containing four major parts:

Part I: This part included questions related to demographic characteristics of studied nurses such as age, gender, working place, marital status, qualification and years of experiences.

Part II: The Bullying Nurse Questionnaire developed by Abe & Henly [13] and used to investigate nurses' experiences of bullying. It comprised of 26 statements associated with the phenomenon of bullying, on which nurses are asked to indicate behavior frequency.

Scoring System: Responses were measured on a 4-point Likert rating scale ranging from (1) never to (4) all the time. The total score ranged from 26 to 104. The higher scores mean higher experiences of bullying behaviors. These scores were summed and were converted into a percent score. It was classified into 3 categories;
- High experience of bullying behavior
- Moderate experience of bullying behavior
- Low experience of bullying behavior

Part III: This part was developed by the researcher based on review of literature [14] and is composed of items related to the effects of bullying behaviors on the nursing staff which consists of 15-items concerning (1) physical effects as: (feeling of extreme fatigue or exhaustion, becoming forgetful, insomnia, increasing consumption of cigarette, panic attack, damaging physical health); (2) psychological effects as: (getting angry, losing self-confidence, impossible to bear criticism, feeling guilty); and finally, (3) organizational effects as (thinking about leaving profession, diminishing faculty performance, loss of concentration, reducing motivation, dysfunction social life). Responses were measured on a 3-point Likert rating scale ranging from (1) never to (3) frequently or always. The total score ranged from 15 to 45.

Part IV: The Brief COPE Inventory developed by Gibbons [15] and used to capture adaptive and maladaptive coping strategies was used to deal with bullying. It consists of 14 subscales representing 14 separate coping mechanisms with 2-items per scale, namely: self-distraction, active coping, denial, substance abuse, use of emotional support, use of instrumental support, behavioral disengagement, venting, positive reframing, planning, humor, acceptance, religion and self-blame

Scoring System: Responses were measured on a 4-point Likert rating scale ranging from (1) haven't been doing this at all to (4) have been doing this a lot. The total score ranged from 28 to 112. The higher the scores means used the higher coping mechanisms. These scores were summed and were converted into a percent score. It was classified into 3 categories:
- High coping mechanism (more than 60 %)
- Moderate coping mechanism (from 40-60)
- Low coping mechanism. (Less than 40%)

Part V: The tool used to collect data was adapted from Lee *et al*. [16] and used to assess the quality of nursing work life. This scale has 32 items with four dimensions. These dimensions were work life/home life dimension measured with 4 items, the work design dimension measured with 7 items, the work context dimension measured with 17 items and the work world dimension measured with 4 items.

Scoring System: The tool was a 5-point Likert scale with 1 denoting strongly disagree through 5 denoting strongly agree. The reliability of the scale as measured by the Cronbach's alpha value was 0.86. These scores were summed and were converted into a percent score. It was classified into 3 categories:

- High quality of work (more than 60%)
- Moderate quality of work (from 40-60)
- Low quality of work (Less than 40%)

Preparatory Phase: This phase included reviewing literature related to bullying behavior and effect on nurses' quality of work life. This served to develop the study tools for data collection. During this phase, the researcher also visited the selected places to get acquainted with the personnel and the study settings. Development of the tools was under supervisors' guidance and experts' opinions were considered.

Ethical Considerations: The research approval was obtained from the Faculty Ethical Committee before starting the study.

The ethical research considerations include the following:

- The research approval was obtained from the Faculty Ethical Committee before starting the study.
- The researcher has clarified the objectives and aim of the study to nurses included in the study before starting
- Verbal 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 as confidential and used for research purpose only.
- The researcher was assuring maintaining anonymity and confidentiality of subjects' data included in the study

The nurses 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.

Pilot Study: The pilot study was carried out on 21 nurses those represent 10% of nurses at the previously mentioned setting to test the applicability of the constructed tools and the clarity of the included tools. The pilot has also served to estimate the time needed for each subject to fill in the questionnaire.

Fieldwork: Approval was obtained from the previously mentioned setting affiliated Damanhur National Medical Institute. A letter was issued to them from the Faculty of Nursing, explaining the aim of the study to obtain their permission and cooperation. Data were collected in three months, from the beginning of June 2015 to the end of November 2015. The researcher first met with the nurses worked at the previously mentioned settings, explained the purpose of the study after introducing himself. The researcher was visiting the study setting 2 days / week at morning shift (8 am - 2 pm) and afternoon shift (2 pm - 8 pm) to collect data. The questionnaire was filled by nursing staff which takes 30-40 minutes.

Administrative Design: Official permission to conduct the study was obtained from the medical director of Damanhur National Medical Institute. The researcher met the hospital director and explained the purpose and the methods of the data collection.

Statistical Analysis: Data collected from the studied sample was revised, coded and entered using Personal Computer (PC). Computerized data entry and Statistical analysis were fulfilled using the Statistical Package for Social Sciences (SPSS) version 22. Data were presented using descriptive statistics in the form of frequencies, percentages. Chi-square test $(X2)$ was used for comparisons between qualitative variables. Spearman correlation measures the strength and direction of the association between two ranked variables. T. paired test used to compare pre/post-workshop.

RESULTS

Table (1) shows that, 28.6% of the studied nurses their age ranged between 25-30 years, the mean age of them was 36.54±8.91 year. As regard to gender and marital status, 68.1 and 76.7% of the studied nurses were female and married, respectively. In relation to the educational level of nurses under study, it was found that, 44.8% of them had technical nursing degree. Regarding working place, 50.9% of the studied nurses were working at Intensive and critical care units. Also, 56.7% of the nurses under study their years of experience ranged between 5<15 years, with mean14.6±8.31 years.

Table (2) shows that, there was a marked improvement in how the nurse handled bullying behaviors post implementation of workshop with statistically significant difference at (P = < 0.05) between pre and post implementation of workshop.

Fig. (1) Shows that, (42.9%) of studied nurses had high level of exposure to bullying behaviors pre workshop of nurses regarding exposure to bullying behaviors. While, (52.8%) of studied nurses had low level of exposure to bullying behaviors post workshop.

Table 1: Distribution of Nurses regarding their demographic characteristics. (N= 210).

Characteristics	No	%
Age		
20 - <25	55	26.2
25 - <30	60	28.6
30 - < 35	47	22.3
35 or more	48	22.9
x̄ S.D	36.54±8.91	
Gender		
Male	67	31.9
Female	143	68.1
Marital Status		
Married	161	76.6
Not Married	49	23.3
Qualification		
Secondary nursing degree	73	34.8
Technical nursing degree	94	44.8
Bachelor nursing degree	31	14.7
Higher education	72	5.7
Working place		
Intensive and critical care units	107	50.9
Medical units	55	26.2
Surgical unit	48	22.9
Years of Experience		
5 < 15 years	119	56.7
15 - <25 years	49	23.3
>25 years	42	20.0
x̄ S.D	14.6±8.31	

Table 2: Comparison between mean scores pre and post workshop of nurses regarding exposure to bullying behaviors (N= 210)

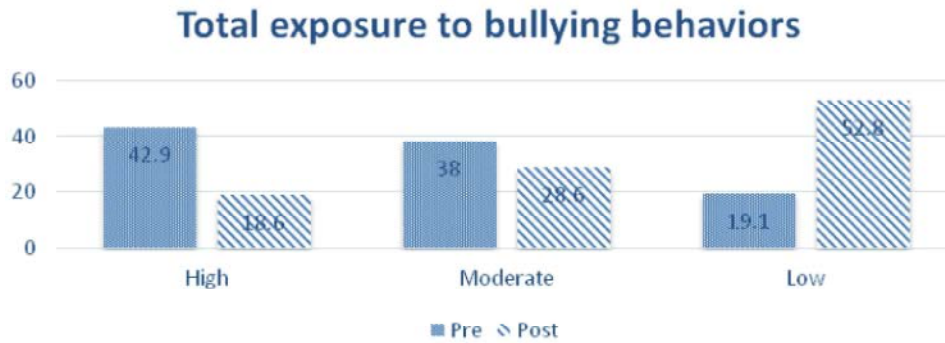| Items	Mean scores Pre workshop	Mean scores Post workshop	T. paired test	P. value
Threats of physical violence	3.71	2.86	6.321	.000
Intimidated with disciplinary measures	3.64	3.18	5.315	.000
Threatened with a poor evaluation	2.98	2.01	6.750	.000
Impossible expectations were set for me	3.88	3.00	4.356	.002
Inappropriate jokes were made about me	3.54	2.14	3.978	.001
Malicious rumors were spread about me	3.67	3.11	4.557	.002
Unjustly criticized	2.78	1.96	3.677	.006
Information was withheld from me purposefully	3.478	3.011	2.975	.009
Attempts were made to belittle/undermine my work	3.745	2.689	3.864	.001
Treated poorly on grounds of race	2.645	1.975	2.975	.003
Treated poorly on grounds of disability	2.684	2.435	4.601	.001
Treated poorly on grounds of gender	2.376	2.00	4.725	.000
Expectation of work were changed without notice	3.786	3.011	4.012	.002
Responsibilities were removed without warning	3.894	2.671	2.943	.012
Placed under undue pressure to produce work	3.097	2.555	4.325	.003
Physically abused	3.613	3.115	3.664	.004
Verbally abused	2.976	2.237	2.101	.009
Treated with hostility	3.956	3.462	3.004	.007
Attempts were made to demoralize me	2.876	2.133	3.840	.001
Teased	2.421	2.020	3.910	.001
Efforts were undervalued	3.00	2.673	3.033	.003
Humiliated in front of others	3.644	3.251	4.756	.000
Resentment towards me	2.994	2.643	5.648	.000
Destructive criticism	3.542	3.012	1.945	.014
Frozen out/Ignored	3.768	3.264	1.682	.015
Negative remarks about becoming a nurse	3.397	2.645	2.645	.009

Total exposure to bullying behaviors

Fig. 1: Percentage distribution of nurses regarding total exposure to bullying behaviors.

Table 3: Comparison between mean scores pre and post workshop of nurses regarding effect of bullying behaviors (N= 210)

Items	Mean scores Pre workshop	Mean scores Post workshop	T. paired test	P. value
Physical effect (5)	14.632	9.641	4.675	.003
Psychological effect (4)	11.397	7.947	5.910	.001
Organizational effect (6)	15.460	11.054	5.013	.001
Total	39.347	28.641	8.642	.000

Table 4: Comparison between mean scores pre and post workshop of nurses regarding coping mechanism (N= 210).

Items	Mean scores Pre workshop	Mean scores Post workshop	T. paired test	P. value
Self-distraction	2.301	3.645	2.356	.001
Active coping	1.946	3.210	3.130	.000
Denial	1.325	2.896	1.964	.003
Substance abuse	3.945	2.100	2.875	.002
Use of emotional support	2.010	3.956	3.146	.000
Use of instrumental support	2.100	2.876	4.678	.000
Behavioral disengagement	1.140	2.421	2.793	.001
Venting	3.110	3.00	1.643	.004
Positive reframing	2.010	3.644	2.702	.002
Planning	1.975	2.994	1.961	.005
Humor	2.435	3.542	3.265	.000
Acceptance	1.000	3.768	2.412	.003
Religion	2.011	3.124	1.643	.004
Self-blame	1.671	2.846	1.001	.001

Total coping mechanism
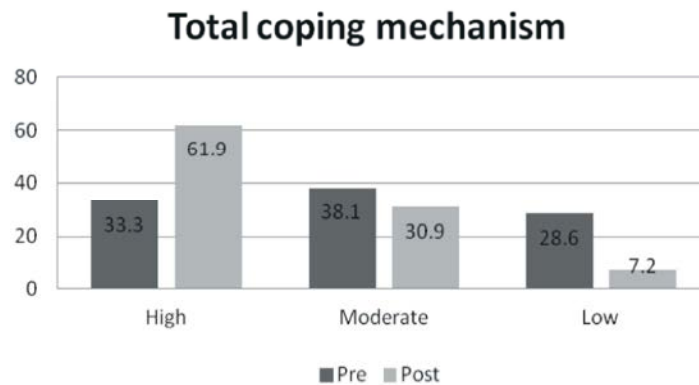
Fig. 2: Percentage distribution of nurses regarding total coping mechanism (N= 210)
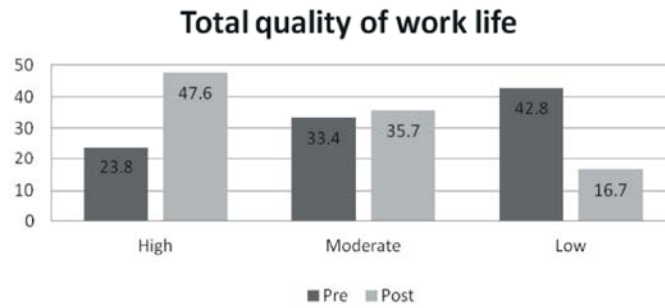
Total quality of work life

Fig. 3: Percentage distribution of nurses regarding total quality of work life (N= 210)

Table 5: Comparison between mean scores pre and post workshop of nurses regarding quality of work life (N= 210)

Items	Mean scores Pre workshop	Mean scores Post workshop	T. paired test	P. value
Work life/ home life dimension (4)	12.345	18.377	4.356	.003
Work design dimension (7)	19.087	31.940	7.946	.001
Context dimension (17)	43.812	69.712	11.840	.000
Work world dimension (4)	12.546	18.301	4.712	.003

Table 6: Relation between demographic Characteristics of staff Nurses and their Total exposure to bullying behaviors

		Exposure to bullying behaviors							
		High 39		Moderate 60		Low 111			
Items		N	%	N	%	N	%	X2 calculated	P- Value
Age	20 - <25	1	2.6	5	8.3	49	44.1	9.761	.001**
	25 - <30	5	12.8	15	25.0	40	36.0		
	30 - < 35	13	33.3	22	36.7	12	10.9		
	>35	20	51.3	18	30.0	10	9.0		
Gender	Male	9	23.1	18	30.0	40	36.0	13.551	.000**
	Female	30	76.9	42	70.0	71	64.0		
Marital status	Married	10	25.6	45	75.0	106	95.5	11.094	.000**
	Not Married	29	74.4	15	25.0	5	4.5		
Qualification	Secondary nursing degree	17	43.6	30	50.0	26	23.4	8.781	.002**
	Technical Health Diploma	20	51.3	18	30.0	56	50.5		
	Bachelor	2	5.1	10	16.7	19	17.1		
	Higher education	0	0.0	2	3.3	10	9.0		
Years of Experience	5 -15	4	10.3	13	21.7	102	91.9	2.316	.020*
	15-25	10	25.6	32	53.3	7	6.3		
	>25 years	25	64.1	15	25.0	2	1.8		
Working place	Critical	28	71.8	45	75.0	34	30.6	7.117	.003**
	Surgical	8	20.5	10	16.7	37	33.4		
	Medical	3	7.7	5	8.3	40	36.0		

Table (3) shows that, there was a marked decrease in total effects of bullying behaviors post implementation of workshop with highly statistically significant difference at (P= < 0.01) between pre and post implementation of workshop.

Table (4) shows that, there was a marked improvement in nurse's coping mechanism post implementation of workshop with highly statistically significant difference at (P= < 0.01) between pre and post implementation of workshop.

Fig. (2) Shows that, (38.1%) of studied nurses had moderate level of coping mechanism pre implementation of workshop. While, (61.9 %) of studied nurses had high level of coping mechanism post implementation of workshop.

Table (5) shows that, there was a marked improvement in nurse's quality of work life post implementation of workshop with highly statistically significant difference at (P= < 0.01) between pre and post implementation of workshop.

Table 7: Relation between demographic Characteristics of staff Nurses and their total coping mechanism

Items		Total coping mechanism						X2 calculated	P- Value
		High 130		Moderate 65		Low 15			
		N	%	N	%	N	%		
Age	20 - <25	50	38.5	5	7.7	0	0.0	8.217	.001**
	25 - <30	45	34.6	12	18.5	3	20.0		
	30 - < 35	30	23.1	14	21.5	3	20.0		
	>35	5	3.8	34	52.3	9	60.0		
Gender	Male	52	40.0	10	15.4	5	33.3	10.754	.000**
	Female	78	60.0	55	84.6	10	66.7		
Marital status	Married	110	84.6	41	63.1	10	66.7	1.645	.065
	Not Married	20	15.4	24	36.9	5	33.3		
Qualification	Secondary nursing degree	40	30.8	23	35.4	10	66.7	9.008	.000**
	Technical Health Diploma	54	41.5	36	55.4	4	26.7		
	Bachelor	26	20.0	4	6.2	1	6.6		
	Higher education	10	7.7	2	3.0	0	0.0		
Years of Experience	5 - 15	90	69.2	28	43.1	1	6.6	13.587	.000**
	15 - 25	28	21.5	16	24.6	5	33.4		
	>25 years	12	9.3	21	32.3	9	60.0		
Working place	Critical	55	42.3	42	64.6	10	66.7	12.201	.000**
	Surgical	35	26.9	16	24.6	4	26.7		
	Medical	40	30.8	7	10.8	1	6.6		

Table 8: Relation between demographic Characteristics of staff Nurses and their Total quality of work life

Items		Quality of work life						X2 calculated	P-Value
		High 100		Moderate 75		Low 35			
		N	%	N	%	N	%		
Age	20 - <25	49	49	4	5.3	2	5.7	7.194	.012*
	25 - <30	35	35	20	26.7	5	14.3		
	30 - < 35	10	10	26	34.7	11	31.4		
	>35	6	6	25	33.3	17	48.6		
Gender	Male	57	57	7	9.3	3	8.6	9.310	.001**
	Female	43	43	68	90.7	32	91.4		
Marital status	Married	76	76	60	80.0	25	71.4	0.974	.067
	Not Married	24	24	15	20.0	10	28.6		
Qualification	Secondary nursing degree	24	24	30	40.0	19	54.3	10.075	.000**
	Technical Health Diploma	35	35	44	58.7	15	42.8		
	Bachelor	29	29	1	1.3	1	2.9		
	Higher education	12	12	0	0.0	0	0.0		
Years of Experience	5 -15	68	68	35	46.7	7	20.0	3.399	.041*
	15-25	25	25	14	18.7	10	28.6		
	>25 years	7	7	17	22.6	18	51.4		
Working place	Critical	25	25	58	77.3	24	68.6	10.368	.000**
	Surgical	35	35	12	16.0	8	22.8		
	Medical	40	40	5	6.7	3	8.6		

Table 9: Correlation between studied variable

Items	Exposure to bullying	Effect of bullying	Coping mechanism	Quality of work life
Exposure to bullying		R .931 p. value .000	R - .752 p. value .002	R - .784 p. value .001
Effect of bullying	R .931 p. value .000		R - .613 p. value .003	R - .809 p. value .000
Coping mechanism	R - .752 p. value .002	R - .613 p. value .003		R .717 p. value .001
Quality of work life	R - .784 p. value .001	R - .809 p. value .000	R .717 p. value .001	

Figure (3) shows that, (42.8%) of studied nurses had low level of quality of work life pre implementation of workshop. While, (47.6 %) of studied nurses had high level of quality of work life post implementation of workshop.

Table (6) shows that, there were highly statistically significant relations between total exposure to bullying behaviors of the studied nurses and their age, gender, marital status, qualification and working place at (P= < 0.01). While, there were statistically significant relation with their years of experience at (p= < 0.05).

Table (7) shows that, there were highly statistically significant relations between total coping mechanism of the studied nurses and their age, gender, qualification, years of experience and working place at (P= < 0.01). On the other hand, there were no statistically significant relation with marital status at (p= > 0.05).

Table (8) shows that, there were highly statistically significant relations between total quality of work life of the studied nurses and their gender, qualification and working place at (P= < 0.01). While, there were statistically significant relations with their age and years of experience at (p= < 0.05). On the other hand, there was no statistically significant relation with marital status at (p= > 0.05).

Table (9) shows that, there was highly significant negative correlation between total coping mechanism of the studied nurses and exposure to bullying behaviors and effect of bullying behaviors. There was highly significant positive correlation between total exposure to bullying behaviors of the studied nurses and effect of bullying behaviors. The table shows also that, there was highly significant positive correlation between total coping mechanism of them and total quality of work life. Moreover, there was highly significant negative correlation between total quality of work life of the studied nurses and exposure to bullying behaviors and effect of bullying behaviors.

DISCUSSION

Nurses and administrators need to understand the phenomenon of bullying, including contributing causes and the effect it has on the nurse, patient and workplace. Studies indicate that nurse bullying and other disruptive behaviors impede communication, which ultimately harms essential information being shared between health care workers [17].

Although bullying behaviors at the workplace are seen in every sector, it has been determined that they are more common in healthcare institutions [6]. The research on bullying prevention programming has increased considerably over the past 2 decades, which is likely due in part to the growing awareness of bullying as a public health problem that impacts quality work-life of nurses as well as the broader social environment [7]. Therefore the current study performed to assess the impact of bullying prevention raising awareness workshop on nurses' quality of work-life and coping strategies used.

According to the characteristics of studied nurses, the current study revealed that the mean age of them was 36.54±8.9 years and mean years' experience was 14.6±8.31 years. This result agrees with the study performed by Farrell & Shafiei [18] titled in Workplace aggression, including bullying in nursing and midwifery: A descriptive survey, who found that the mean age of studied nurses was 37.11±6.2 years and mean years' experience was 13.95±6.18 years. On the other hand, this result in is contrast with the study performed by Reknes *et al*.[19] titled in Exposure to bullying behaviors as a predictor of mental health problems among Norwegian nurses: results from the prospective SUSSH-survey, who found that mean age of studied nurses was 24.35±4.79 years.

According to the characteristics of studied nurses, the current study revealed that more than three-quarters of studied nurses were married and only less than one-fifth of nurses had bachelor nursing. This results may be due to A large proportion of graduates of nursing institutes do not have a passion for completing college study and a large proportion of them tend to marry early, which negatively affects their completion of college study. This result is in contrast with the study performed by Ganz *et al*. [20] titled in Bullying and its prevention among intensive care nurses, who reported that almost of nurses had bachelor nursing.

According to exposure to bullying behaviors pre/post awareness workshop, the current study revealed that there was a marked improvement in how the nurses handled bullying behaviors post-implementation of awareness workshop with a statically significant difference at (p< 0.05). This result may due to the effectiveness of the workshop and it included many important items about bullying and how to avoid them and deal with them. This result agrees with the study performed by Chipps and McCurry [21] titled in The development of an educational intervention to address workplace bullying: A pilot study and in line with the study performed by Franklin & Chadwick, [22] titled in The impact of workplace bullying in nursing, who found enhancement in prevention of bullying behaviors post educational program for nurses.

Regarding total exposure of nurses to bullying behaviors, the current study showed that slightly less than half of the studied nurses exposed to high bullying behavior, on the other hand, half of them exposed to low bullying behavior, so there was marked decrease in a total exposure of nurses to bullying behaviors. This result may be due to, after the training program the nurses started avoiding situations that exposed them to problems and bullying behaviors. This result is in line with the study performed by Berry *et al.* [23] and Ekici and Beder [24] titled in Novice nurse productivity following workplace bullying and the effects of workplace bullying on physicians and nurses, respectively. Who found more than half of studied nurses exposed to high bullying behaviors and decrease the level of exposure after the intervention program.

According to the negative effect of bullying behaviors on nurses "physical, psychological & organizational effect", the current study reported that there was a marked decrease in total effects of bullying behaviors post-implementation of the workshop with a highly statistically significant difference at (P= < 0.01) between pre and post-implementation of the workshop. This result may be due to decreased exposure of nurses to bullying behaviors post awareness workshop consequently, the effect of it reduced less than pre-workshop. This result forms an agreement with the study done by Sauer and McCoy [25] titled in Nurse bullying: Impact on nurses' health, who reported that decrease of psychological and physical effect of bullying on nurses after given instructions. This result supports the study performed by Allen, Holland and Reynolds [26] titled in the effect of bullying on burnout in nurses: the moderating role of psychological detachment.

Regarding coping mechanism, the current study showed that there was a marked improvement in nurse's coping mechanism post-implementation of the workshop with a highly statistically significant difference at (P= < 0.01) between pre and post-implementation of the workshop. This results may due to there was a full explanation of the coping mechanism during the workshop and its different types and its optimal use. This result is in agreement with the study performed by Wilkins [27] titled in the use of cognitive reappraisal and humor as coping strategies for bullied nurses and the study performed by Karatuna [28] titled in Targets' coping with workplace bullying: a qualitative study. Qualitative research in organizations and management found improvement in using coping mechanism regarding the decreasing effect of bullying behaviors.

According to total coping mechanism, the current study showed that more than one-third of studied nurses had a moderate level of coping mechanism pre-implementation of the workshop. While more than half of the studied nurses had a high level of coping mechanism post-implementation of the workshop. This results may due to there was a full explanation of the coping mechanism during the workshop and its different types and its optimal use. This result disagrees with the study performed by Berry *et al.* [29] titled in Psychological distress and workplace bullying among registered nurses & using coping strategies, who reported half of the studied nurses had a moderate level of coping mechanism. On the other hand, this result is in line with the study performed by Simons and Sauer [17] titled in an exploration of the workplace bullying experience: Coping strategies used by nurses.

Regarding the total quality of work-life, the current study showed that slightly less than half of studied nurses had a low level of quality of work-life pre-implementation of the workshop. While slightly less than half of the studied nurses had a high level of quality of work-life post-implementation of the workshop. There was a marked improvement in nurse's quality of work-life post-implementation of the workshop with a highly statistically significant difference at (P= < 0.01) between pre and post-implementation of the workshop. This results may due to nurses' training program helped to reduce their exposure to bullying behavior and increased their use and reliance on coping strategies, resulting in improved quality of work life. This result supports the study performed by Trépanier *et al.* [30] titled in Work environment antecedents of bullying: A review and integrative model applied to registered nurses. This result is in line with the study performed by Yun *et al.* [31] titled in the Work environment and workplace bullying among Korean intensive care unit nurses, who found enhancement in nurse's quality of work-life post-implementation of an educational program.

Regarding the relation between characteristics of studied nurses and their total exposure to bullying behaviors, the current study showed that there were a highly statistically significant relation between total exposure to bullying behaviors of the studied nurses and their age, gender, marital status, qualification and working place at (P= < 0.01). While there was a statistically significant relationship with their years of experience at (p= < 0.05). This results may due to if the nurse is older, his/her exposure to bullying behavior is higher, female nurses are more exposed to bullying behaviors

than males, exposure rate of unmarried nurses more than that of married nurses, If nurses are more educated, they are less exposed to bullying behavior. This result forms an agreement with the study performed by Franklin and Chadwick [22] titled in the impact of workplace bullying in nursing, who found that there was a relation between nurses' demographic characteristics and exposure to bullying behaviors.

Regarding the relation between characteristics of studied nurses and their total coping mechanism, the current study revealed that there were highly statistically significant relation between the total coping mechanism of the studied nurses and their age, gender, qualification, years of experience and working place at (P= < 0.01). On the other hand, there was no statistically significant relation with marital status and at (p= > 0.05). This results may due to, If the nurses are younger, their dependence on coping strategies increases, male nurses using coping mechanism more than females if nurses have higher education can use coping mechanism more than lower education, nurses had low years of experience used coping mechanism than high years' experience. This result supports the study performed by Ashker, Penprase and Salman [32] titled in Work-related emotional stressors and coping strategies that affect the well-being of nurses working in hemodialysis units. This result is in line with the study performed by Mosadeghrad [33] titled in Occupational stress and turnover intention and using coping mechanism: implications for nursing management, who found that there was an impact for nurses' demographic characteristics on using coping mechanism.

Regarding the relation between characteristics of studied nurses and their total quality of work-life, the current study showed that there were highly statistically significant relationship between total quality of work-life of the studied nurses and their gender, qualification and working place at (P= < 0.01). While, there was a statistically significant relation with their age, years of experience at (p= < 0.05). On the other hand, there was no statistically significant relation with marital status and at (p= > 0.05). This result is in contrast with the study performed by Almalki, FitzGerald and Clark [34] titled in Quality of work life among primary health care nurses in the Jazan region, Saudi Arabia: a cross-sectional study, who reported there was no relationship between gender, age and quality of work life. This result supports the study performed by Kim and Ryu [35] titled in Structural equation modeling of quality of work-life in clinical nurses

based on the Culture-Work-Health Model, who revealed there was the high impact of demographic characteristics of nurses on quality of work life.

According to the correlation between studied variables, the current study showed that there was a highly significant negative correlation between the total coping mechanism of the studied nurses and exposure to bullying behaviors and effect of bullying behaviors. There was a highly significant positive correlation between total exposure to bullying behaviors of the studied nurses and effect of bullying behaviors. There was a highly significant positive correlation between the total coping mechanism of them and total quality of work life. Moreover, there was a highly significant negative correlation between the total quality of work-life of the studied nurses and exposure to bullying behaviors and the effect of bullying behaviors. This result supports the study performed by Franklin and Chadwick [22] titled in the impact of workplace bullying in nursing, who found there was a positive correlation between coping mechanism and quality of work life.

CONCLUSIONS

Awareness workshop had a positive effect on using the nurse's coping mechanism, marked improvement in nurse's quality of work-life and decrease exposure to bullying behaviors. There was a highly significant negative correlation between total coping mechanism and exposure to bullying behaviors and the effect of bullying behaviors. There was a highly significant positive correlation between the total coping mechanism of them and total quality of work life. Moreover, there was a highly significant negative correlation between the total quality of work-life of the studied nurses and exposure to bullying behaviors and the effect of bullying behaviors.

Recommendations: According to the results of the current study, the following recommendation is suggested: Continuous evaluation of bullying behaviors in the working environment:

* To identify weakness points to be relied upon during educational training.
* Further researchers, about nurses' bullying behaviors with increasing sample size and different settings.
* Preparing of continuous awareness workshop about bullying behaviors.

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