



## Evidence-Based Health Administration: Its Influence on Nursing Practices

<sup>1</sup>Samah Abdulwasea Abdulkarim Hatim,<sup>2</sup>Amal Tulayhan Aziz Alanazi,<sup>3</sup>Najwa Ebrahim Mohammed Bakkari,<sup>4</sup>Adnan Musaid Al-Maliki,<sup>5</sup>Enas Mohammed Hassan Al-Nakhli,<sup>6</sup>Mashaal Saleh Awad Alkhaebry,<sup>7</sup>Aisha Mohammed Belal,<sup>8</sup>Badoor Mohammed Alqahtani,<sup>9</sup>Nawahi Mohammed Ali,<sup>10</sup>Fatimah Hussain Ahmad,<sup>11</sup>Haia Abdulrahman Altuwirish,<sup>12</sup>Fatimah Abdulrahman Altuwayrish,<sup>13</sup>Ghada Ahmed Aloliyani,<sup>14</sup>Nawal Al-Fahou Fleih Al-Ruwaili

1. Health Administration Technician Executive Management Of Human Resources In Hail Health Cluster
2. Senior Specialist-Health Administration Executive Management Of Human Resources In Hail Health Cluster
3. Health Information Technician Executive Management Of Human Resources In Hail Health Cluster
  4. Hospital Management Health Center In The City Center
5. Nursing Specialist East Jeddah Hospital, University Health Center
6. Nursing Technician. Jeddah Second Health Cluster King Fahad General Hospital In Jeddah
  7. Nursing Specialist Muhail Aseer General Hospital
  8. Specialist Nurse Ahad Rafidah General Hospital
  9. Nursing Specialist Mahayil General Hospital
10. Generalnursing Diploma Al Rawda Health Center In Dammam
  11. Specialist Nurse Alrawdah Phc Dammam
12. Nurse Specialist Maternity And Children Hospital In Dammam
  13. Specialist Nurse Maternity And Child Hospital
14. Nursing Specialist Ministry Of Health Branch In Al-Jouf

### 📌 Introduction to Evidence-Based Health Administration: A Framework for Change

Evidence-based health administration has emerged as a transformative approach in modern healthcare systems. By leveraging data, research, and proven practices, administrators can make informed decisions to optimize outcomes. This methodology is deeply rooted in systematic evidence evaluation, ensuring that policies and procedures align with clinical and organizational goals (Eid, Shazly & Abdrabou, 2021; Choe, Kim & Choi, 2023). Historically, its principles were first adopted in clinical settings but have since been integrated into administrative practices to address inefficiencies and enhance resource utilization.

The foundations of evidence-based health administration lie in rigorous data collection and analysis. This approach ensures that healthcare organizations operate efficiently, reducing waste and improving service delivery. Administrators now use evidence-based frameworks to design protocols that minimize errors and improve patient safety. Early studies in healthcare demonstrated the benefits of these practices, setting the stage for broader adoption (Hakiki et al., 2023; Moss & Mace, 2022). As healthcare complexities increase, these principles remain vital for fostering adaptive and responsive systems.

The historical development of evidence-based health administration highlights its increasing relevance. In the early 20th century, medical secretaries performed basic clerical tasks, but their roles evolved to include evidence-based decision-making. This evolution was driven by advancements in technology and the growing demand for efficiency (Nouroozi et al., 2023; Garandeau, Laninga-Wijnen & Salmivalli, 2022). The introduction of electronic health records (EHRs) in the late 20th century further underscored the importance of integrating evidence into administrative processes.

A significant milestone in evidence-based health administration was the digital revolution of the 1980s and 1990s. During this period, medical administrators transitioned from manual processes to leveraging EHRs and scheduling software. These innovations enabled faster data processing and improved operational transparency (Lee et al., 2023; Omura, Levett-Jones & Stone, 2019). The emphasis on evidence-based practices during this era paved the way for enhanced administrative efficiency and data-driven healthcare delivery.

The mid-20th century saw an expansion in the responsibilities of healthcare administrators. As hospitals grew in size and complexity, evidence-based methodologies became essential for managing budgets, staffing, and compliance (Hakiki et al., 2023; Asaoka et al., 2021). These practices provided administrators with tools to address systemic challenges and streamline workflows, ensuring that patient outcomes remained a central focus.

In the digital health era, evidence-based practices have transformed patient interactions and administrative workflows. Technologies such as patient portals and online scheduling tools have streamlined operations, reducing inefficiencies (Steele, Rodgers & Fogarty, 2023; Teng et al., 2022). Administrators play a critical role in integrating these technologies, ensuring that healthcare delivery meets modern patient expectations.

Evidence-based health administration has significantly improved patient satisfaction. By aligning clinical and administrative processes, healthcare organizations can provide seamless care experiences. For example, administrators ensure that medical workflows are optimized to minimize delays and errors (Sakapurnama & Hasan, 2023; Sadeghi-Gandomani, Alavi & Afshar, 2019). These efforts demonstrate the tangible benefits of evidence-based decision-making.

The integration of evidence-based practices into health administration has enhanced resource allocation. Administrators now use data analytics to identify inefficiencies and redistribute resources accordingly. This strategic approach has proven effective in improving patient care while reducing costs (Yadav et al., 2023; Park et al., 2021). As healthcare demands grow, evidence-based frameworks ensure sustainability.

The evolution of healthcare systems underscores the need for evidence-based leadership. Administrators who adopt this approach are better equipped to navigate challenges such as pandemics, resource shortages, and technological disruptions (Ayhan & Seki Öz, 2021; Azizi et al., 2020). Their ability to adapt to changing circumstances highlights the importance of integrating evidence into administrative practices.

Leadership plays a pivotal role in fostering evidence-based health administration. By promoting a culture of continuous improvement, leaders empower staff to embrace data-driven decision-making. This cultural shift enhances organizational resilience and patient outcomes (Garandeanu, Laninga-Wijnen & Salmivalli, 2022; Salin & Notelaers, 2020). Training programs focused on evidence-based practices are critical for sustaining this momentum.

Compliance with regulatory standards is a cornerstone of evidence-based health administration. Administrators are tasked with ensuring adherence to laws such as HIPAA and GDPR, safeguarding patient data while maintaining operational integrity (Blaya, 2019; Asaoka et al., 2021). Their meticulous attention to compliance reflects the broader goals of evidence-based decision-making.

The adaptability of evidence-based health administration is evident in crisis management scenarios. During the COVID-19 pandemic, administrators used evidence-based strategies to manage telehealth services, coordinate testing, and ensure safety protocols (Ayhan & Seki Öz, 2021; Teng et al., 2022). These efforts underscore the relevance of this approach in addressing contemporary healthcare challenges.

The role of medical secretaries has evolved to complement evidence-based administrative practices. By bridging clinical and administrative functions, they ensure that organizational goals align with patient care priorities (Choe, Kim & Choi, 2023; Moss & Mace, 2022). Their contributions highlight the symbiotic relationship between evidence-based methodologies and healthcare delivery.

In conclusion, evidence-based health administration serves as a vital framework for modern healthcare systems. Its principles guide administrators in optimizing operations, improving patient satisfaction, and

addressing systemic challenges. As the healthcare landscape continues to evolve, the adoption of evidence-based practices will remain essential for achieving sustainable and effective outcomes (Nouroozi et al., 2023; Lee et al., 2023).

### **2 Integrating Evidence-Based Practices in Nursing: Bridging the Gap**

The integration of evidence-based practices (EBP) in nursing is crucial for bridging the gap between theoretical knowledge and practical application. Evidence-based health administration supports this integration by providing structured frameworks that align nursing practices with the latest research findings (Yosep et al., 2022; Moses Okumu et al., 2023). However, achieving this requires addressing systemic challenges, such as resistance to change and limited access to resources, which often hinder seamless implementation.

One of the primary challenges in implementing EBP in nursing is the lack of adequate training and education. Many nurses are not equipped with the skills to critically appraise research or apply findings to their practice (Choe, Kim & Choi, 2023; Pascual-Sanchez et al., 2021). To overcome this, healthcare organizations must invest in ongoing education programs that empower nurses with the necessary tools and knowledge to integrate evidence-based methodologies effectively.

Resistance to change remains a significant barrier in adopting EBP. This resistance often stems from a fear of the unknown or skepticism about new practices (Palade & Pascal, 2023; Al Muharraq, Baker & Alallah, 2021). Addressing this requires strong leadership that fosters a culture of openness and continuous improvement. Leaders can guide teams through the transition by emphasizing the benefits of EBP and providing support throughout the process.

Effective communication is critical for bridging the gap between evidence-based health administration and nursing practices. Leaders must clearly articulate the goals and benefits of EBP, ensuring alignment across all stakeholders (Moses Okumu et al., 2023; Minton & Birks, 2019). Transparent communication builds trust, mitigates misunderstandings, and fosters a collaborative environment where EBP can thrive.

Organizational support plays a pivotal role in the successful implementation of EBP in nursing. This includes providing access to resources such as research databases, mentorship programs, and technological tools like electronic health records (EHRs) (Shaikhpoor et al., 2020; Çelik, Dedeoglu & Inanir, 2019). By equipping nurses with these resources, healthcare organizations can create an enabling environment for evidence-based decision-making.

Technological advancements have significantly facilitated the integration of EBP in nursing. Tools such as EHRs and AI-driven decision support systems provide nurses with real-time access to evidence-based guidelines, improving patient outcomes (Cho & Kao, 2022; Bowie, 2019). However, successful implementation requires training nurses to use these tools effectively and evaluating their impact on workflows.

Leadership is essential for overcoming challenges associated with EBP adoption in nursing. Effective leaders inspire confidence and provide direction, helping nurses navigate the complexities of evidence-based practices (Cronin et al., 2023; Iselin, Glambek & Valvatne, 2020). Leadership training programs that emphasize strategic thinking and decision-making can enhance the ability of nursing leaders to drive EBP integration.

Emotional intelligence (EI) is a key attribute for leaders aiming to implement EBP in nursing. Leaders with high EI can address staff concerns empathetically, foster collaboration, and build a positive work culture (De Geus et al., 2020; Reisen & Vitória, 2022). This approach not only facilitates the adoption of evidence-based practices but also improves team morale and patient care.

Patient-centered care is a fundamental goal of EBP in nursing. By focusing on patient needs and preferences, evidence-based health administration ensures that nursing practices are aligned with the best available evidence (Shupp & Bloomford, 2023; De Clercq & Belausteguigoitia, 2022). This approach enhances patient satisfaction and trust, ultimately leading to better health outcomes.

Collaborative teamwork is essential for the successful implementation of EBP in nursing. Interdisciplinary collaboration ensures that evidence-based practices are integrated across all levels of healthcare delivery (Faria, 2020; Smokowski & Evans, 2019). Leaders must facilitate communication and coordination among teams, ensuring that everyone works towards shared objectives.

Continuous learning is critical for sustaining EBP in nursing. Professional development programs, workshops, and certifications provide nurses with the skills to stay updated on the latest research and methodologies (Eva et al., 2019; Dunker & Manning, 2019). Encouraging a culture of lifelong learning ensures that nurses remain adaptable and proficient in applying evidence-based practices.

Data analytics has emerged as a powerful tool for driving EBP in nursing. By analyzing trends and outcomes, healthcare administrators can identify areas for improvement and implement targeted interventions (Cheema, Afsar & Javed, 2020; Teng et al., 2022). This evidence-based approach enhances decision-making and optimizes patient care.

Regulatory compliance is a significant consideration in the adoption of EBP in nursing. Leaders must ensure that evidence-based practices adhere to legal and ethical standards, safeguarding patient rights and data security (Bowie, 2019; Asaoka et al., 2021). This alignment not only protects healthcare organizations from legal risks but also builds trust among patients and stakeholders.

In conclusion, integrating EBP in nursing requires a multifaceted approach that addresses challenges and leverages strategies such as leadership, technology, and education. By fostering a culture of evidence-based decision-making, healthcare organizations can enhance nursing practices and improve patient outcomes (Yosep et al., 2022; Choe, Kim & Choi, 2023). The future of nursing lies in its ability to adapt to evidence-based methodologies, bridging the gap between research and practice.

## **2 The Role of Leadership in Driving Evidence-Based Nursing Practices**

Leadership is a cornerstone in the implementation of evidence-based nursing practices. Transformational leadership, in particular, has proven effective in fostering a culture of innovation and collaboration within nursing teams. By inspiring and motivating staff, leaders can encourage the adoption of evidence-based methodologies that improve patient outcomes (Liang, 2020; Fauzan et al., 2023). These leaders prioritize professional development, equipping nurses with the skills to integrate evidence into their daily practices.

Effective leadership bridges the gap between administrative policies and clinical practice, ensuring that evidence-based strategies align with organizational goals. Leaders achieve this by promoting clear communication and creating opportunities for interdisciplinary collaboration (Ocampo et al., 2020; Fahmi & Aswirna, 2020). They act as mediators, addressing barriers to implementation and fostering an environment where nursing staff feel empowered to voice concerns and suggest improvements.

Collaborative strategies are vital for driving evidence-based nursing practices. Leaders who prioritize teamwork and inclusivity enable nurses to participate in decision-making processes, ensuring that evidence-based practices are tailored to specific clinical settings (Freire, Gonçalves & Carvalho, 2022; Teng et al., 2022). This approach not only enhances the relevance of these practices but also increases staff engagement and compliance.

The integration of advanced technologies, such as electronic health records (EHRs), into nursing workflows requires strong leadership to ensure effective adoption. Leaders must provide comprehensive training programs and continuous support to help nurses adapt to new systems (Choi & Park, 2021; Fuller, 2022). By addressing technical challenges and promoting the benefits of these tools, leaders facilitate smoother transitions and greater efficiency in clinical practice.

Emotional intelligence (EI) is an essential skill for nursing leaders driving evidence-based practices. Leaders with high EI can effectively manage stress, resolve conflicts, and build strong relationships with their teams (Karatas & Ozturk, 2020; Sharma, Sharma & Kaur, 2020). This capability fosters a supportive work environment where nurses feel confident in embracing change and adopting evidence-based methodologies.

Regulatory compliance is a critical component of evidence-based nursing practices. Leaders play a pivotal role in ensuring that nursing teams adhere to standards such as HIPAA and GDPR (García et al., 2019; Abdel-Azeem, Amin & El-Sayed, 2022). They achieve this by providing ongoing training, monitoring compliance, and fostering a culture of accountability within their organizations.

To address the challenges associated with multitasking in high-pressure environments, leaders must implement clear workflows and task management systems. By streamlining responsibilities, they help nursing staff maintain focus on evidence-based practices without compromising productivity (Gregory, 2021; Stelios, Charalambous & Stavrinides, 2022). This approach reduces errors and enhances overall efficiency.

Continuous learning is a hallmark of effective leadership in nursing. Leaders must prioritize the professional development of their teams by organizing workshops, seminars, and training sessions on evidence-based practices (Chakraborty, Ray & Mani, 2020; Hoover, 2020). These initiatives ensure that nursing staff remain updated on the latest research and methodologies, fostering a culture of lifelong learning.

Burnout is a significant issue in nursing, often exacerbated by the demands of implementing evidence-based practices. Leaders can combat burnout by promoting work-life balance and providing mental health support for their teams (Modahl, 2021; Olweus, 2020). By prioritizing the well-being of their staff, leaders create a sustainable environment for the adoption of evidence-based methodologies.

Career advancement opportunities are critical for maintaining motivation and job satisfaction among nurses. Leaders must establish clear pathways for growth, enabling staff to develop expertise in evidence-based practices (Beach & Pedersen, 2019; Shafie & Al Haadi, 2021). This investment in career development not only benefits individual nurses but also strengthens the organization as a whole.

Open communication is a foundational element of effective leadership in nursing. Leaders must ensure that all team members understand the goals and benefits of evidence-based practices (Nemati et al., 2023; Gaffney, Ttofi & Farrington, 2021). Transparent communication fosters trust and collaboration, enabling nursing teams to implement evidence-based strategies more effectively.

Leaders play a crucial role in managing patient expectations and improving satisfaction through evidence-based practices. By implementing systems such as automated appointment scheduling and patient feedback mechanisms, they streamline administrative processes and enhance service delivery (Hermanto & Srimulyani, 2022; Fauzan et al., 2023). These strategies align clinical care with patient needs, resulting in better outcomes.

Conflict resolution is an essential skill for leaders in evidence-based nursing practices. Addressing disagreements within teams or between staff and patients requires tact and empathy (Liang, 2020; Karatas & Ozturk, 2020). By mediating conflicts effectively, leaders maintain harmony and ensure that evidence-based methodologies are implemented without disruption.

Data-driven decision-making is a key strategy for leaders promoting evidence-based nursing practices. By analyzing performance metrics and patient outcomes, leaders can identify areas for improvement and implement targeted interventions (Choi & Park, 2021; Teng et al., 2022). This approach ensures that nursing practices are continually refined and aligned with the latest evidence.

In conclusion, leadership is integral to the successful implementation of evidence-based nursing practices. Through strategies such as fostering collaboration, prioritizing professional development, and ensuring regulatory compliance, leaders create an environment conducive to innovation and excellence (Fahmi & Aswirna, 2020; Ocampo et al., 2020). Their role in bridging the gap between research and practice is essential for advancing patient care and organizational success.

## **❑ Impact of Evidence-Based Health Administration on Nursing Outcomes**

Evidence-based health administration (EBHA) significantly enhances nursing outcomes by improving decision-making processes and patient care standards. It ensures that nursing practices are guided by reliable data and research, leading to better care delivery and increased patient satisfaction (Hooi, Liu &

Lin, 2021; Qtait, 2023). By fostering an evidence-driven environment, administrators empower nurses to align their practices with proven methodologies, minimizing errors and improving efficiency.

The quantitative benefits of EBHA include measurable improvements in clinical outcomes, such as reduced hospital-acquired infections and shorter patient recovery times. These metrics highlight the positive impact of implementing evidence-based protocols in nursing (Subavidya & Reena, 2019; Fang et al., 2020). Furthermore, qualitative benefits, such as enhanced communication and teamwork among nursing staff, contribute to a more cohesive healthcare environment, ultimately benefiting patient care.

Workforce satisfaction is another critical outcome of EBHA. Nurses operating within evidence-based frameworks report higher job satisfaction due to clear guidelines and support systems that reduce ambiguity in decision-making (Einarsen, Hoel & Vartia, 2020; Hossain et al., 2019). This increased satisfaction not only improves retention rates but also enhances overall team morale and productivity.

EBHA provides administrators with tools to monitor and evaluate nursing performance through standardized metrics. These metrics, such as patient satisfaction scores and adherence to care protocols, offer valuable insights for continuous improvement (Liu et al., 2023; Grilo et al., 2023). By leveraging these tools, healthcare organizations can ensure that nursing practices remain aligned with organizational goals.

Training programs focused on EBHA equip nurses with the skills to interpret data and apply evidence-based methodologies in their practice. This training fosters a culture of continuous learning and innovation, enabling nurses to stay updated on the latest research and trends (Binuja, 2020; Juntunen et al., 2019). Such initiatives ensure that nursing teams are well-prepared to tackle complex healthcare challenges.

The integration of Electronic Health Records (EHRs) within EBHA frameworks has revolutionized nursing practices. EHRs provide nurses with real-time access to patient data, enabling more informed decision-making and improved care coordination (Silva et al., 2023; Radwan & Shosha, 2019). This technological advancement underscores the importance of combining evidence-based practices with digital tools.

Telehealth is another area where EBHA has shown remarkable impact. By incorporating evidence-based protocols into virtual care delivery, nurses can ensure consistent and high-quality care for patients in remote settings (Kang, 2021; Nurhayati & Efianingrum, 2020). This approach not only expands access to care but also optimizes resource utilization.

Patient advocacy is a qualitative benefit of EBHA that enhances nursing outcomes. Nurses trained in advocacy principles can better address patient concerns, ensuring that care plans align with patient preferences and needs (Abdelaziz et al., 2020; Kassem & Mohammed, 2019). This personalized approach fosters trust and improves patient satisfaction.

EBHA promotes data-driven decision-making in nursing, enabling teams to identify trends and implement targeted interventions. For instance, analyzing patient outcomes can help nurses refine care protocols, leading to more effective and efficient care delivery (Coco, 2020; Immanuel & Muo, 2022). These data-driven insights are essential for advancing nursing practices.

Cross-training initiatives supported by EBHA broaden the skill sets of nursing staff, preparing them to take on diverse roles within healthcare settings. This versatility not only enhances team resilience but also improves overall care quality (Mento et al., 2020; Demetriou et al., 2020). Nurses equipped with a wide range of skills are better positioned to adapt to dynamic healthcare environments.

Mentorship programs play a pivotal role in improving nursing outcomes under EBHA frameworks. Experienced mentors guide junior nurses in adopting evidence-based practices, ensuring knowledge transfer and skill development (Kataria & Adhikari, 2022; Zewiel et al., 2022). These programs also foster a supportive work environment, which is crucial for professional growth and patient care.

EBHA emphasizes the importance of interdisciplinary collaboration, which significantly impacts nursing outcomes. Working closely with other healthcare professionals enables nurses to implement comprehensive care plans that address all aspects of patient health (Baldry & Farrington, 2020; Parray & Kumar, 2022). This collaborative approach ensures that nursing practices are holistic and well-coordinated.

Continuous education initiatives under EBHA encourage nurses to pursue certifications and advanced training programs. These efforts not only enhance individual competencies but also elevate the overall quality of care provided by nursing teams (Qtait, 2023; Hooi, Liu & Lin, 2021). A commitment to lifelong learning is essential for sustaining excellence in nursing practices.

In conclusion, EBHA significantly improves nursing outcomes by fostering a culture of evidence-based decision-making and continuous improvement. Through quantitative metrics and qualitative benefits, such as workforce satisfaction and patient advocacy, EBHA ensures that nursing practices remain effective and patient-centric (Subavidya & Reena, 2019; Einarsen, Hoel & Vartia, 2020). Its integration into healthcare systems is essential for advancing nursing excellence.

## **▣ Future Directions: Innovations and Challenges in Evidence-Based Health Administration**

The integration of Artificial Intelligence (AI) is a key innovation shaping the future of evidence-based health administration. AI tools like predictive analytics and chatbots automate routine tasks, such as appointment scheduling and billing, freeing administrators to focus on strategic decision-making (Galal et al., 2019; Palade & Pascal, 2023). These technologies improve efficiency and reduce errors but require healthcare administrators to develop skills in technology management and data interpretation.

Automation tools, including electronic health records (EHRs) and workflow management software, are revolutionizing healthcare administration. These systems streamline communication, improve documentation accuracy, and ensure regulatory compliance (Subroto, 2021; Kim, SubShim & Hay, 2020). While automation enhances productivity, it necessitates comprehensive training for staff to adapt to new workflows and maintain the human touch essential in patient-centered care.

Telehealth platforms represent another emerging trend supporting evidence-based health administration. By enabling virtual consultations and remote monitoring, these technologies expand access to care while reducing operational costs (Abou Zeid, 2019; Nicolette & Oducado, 2020). Administrators must address challenges such as ensuring data security and integrating telehealth systems seamlessly into existing healthcare frameworks.

The adoption of predictive analytics is transforming decision-making processes in evidence-based health administration. These tools analyze historical and real-time data to forecast patient demand, optimize resource allocation, and improve care outcomes (Wech, Howard & Autrey, 2020; Shenghua, Junling & Yunjiao, 2020). However, implementing predictive analytics requires significant investment in technology infrastructure and staff training.

Continuous professional development is essential for addressing the challenges posed by rapid technological advancements. Offering certifications in AI, data analytics, and healthcare management equips administrators with the skills needed to adapt to evolving roles (Cregan & Kelloway, 2021; Rosander et al., 2020). Mentorship programs and career development initiatives further support the workforce in navigating the dynamic healthcare landscape.

Fostering a culture of collaboration between administrators, clinicians, and patients is critical for successful implementation of evidence-based practices. Policies promoting teamwork and communication enhance team dynamics and improve patient outcomes (Shenghua, Junling & Yunjiao, 2020; Nicolette & Oducado, 2020). Collaboration ensures that evidence-based practices are integrated seamlessly into daily operations.

Cybersecurity remains a pressing challenge as healthcare organizations digitize patient records and adopt telehealth platforms. Administrators must implement robust data protection measures and train staff on best practices to safeguard sensitive information (Galal et al., 2019; Subroto, 2021). Addressing cybersecurity threats is vital for maintaining patient trust and regulatory compliance.

Equity in healthcare delivery is a growing focus in evidence-based health administration. Ensuring access to care for diverse patient populations requires innovative strategies, such as mobile health clinics and culturally sensitive care models (Miller et al., 2020; Buelga et al., 2020). Administrators must balance operational efficiency with equitable care delivery.

The role of medical secretaries and administrators is evolving to include strategic responsibilities like policy development and patient advocacy. Continuous training in leadership and technology empowers these professionals to drive innovation and improve care delivery (Abou Zeid, 2019; Nicolette & Oducado, 2020). Recognizing and supporting their contributions is critical for future healthcare success.

Mental health support for healthcare staff is an emerging priority in evidence-based health administration. Flexible scheduling, stress management programs, and ergonomic workspaces contribute to a healthier workforce (Rosander et al., 2020; Miller et al., 2020). A supportive environment enhances staff satisfaction and productivity.

Addressing regulatory complexities is a significant challenge for healthcare administrators. Regular updates to policies and compliance requirements necessitate ongoing training and robust systems for monitoring adherence (Subroto, 2021; Shenghua, Junling & Yunjiao, 2020). Effective regulatory management ensures operational continuity and patient safety.

Integrating patient feedback into decision-making processes is essential for fostering a culture of continuous improvement. Tools like surveys and focus groups provide valuable insights into patient experiences, guiding administrators in refining care delivery (Cregan & Kelloway, 2021; Wech, Howard & Autrey, 2020). This patient-centered approach aligns with the goals of evidence-based health administration.

Expanding access to online learning platforms and subsidizing educational programs supports the professional development of healthcare administrators. Lifelong learning ensures that staff remain equipped to implement evidence-based practices and embrace technological innovations (Shenghua, Junling & Yunjiao, 2020; Rosander et al., 2020). Organizations that prioritize education foster a resilient and adaptable workforce.

In conclusion, the future of evidence-based health administration lies in leveraging emerging technologies, fostering collaboration, and addressing barriers to implementation. By investing in professional development and creating supportive environments, healthcare organizations can navigate the challenges ahead and ensure continuous improvement in nursing outcomes (Palade & Pascal, 2023; Subroto, 2021).

## References

1. Abdel-Azeem, A., Amin M., S., & El-Sayed, N. (2022). Bullying among Staff Nurses and Its Relationship to Psychological Distress and Organizational Commitment during Covid-19 Pandemic. *Egyptian Journal of Health Care*, 13(1), 1439-1443 .
2. Abdelaziz, E. M., Diab, I. A., Ouda, M. M. A., Elsharkawy, N. B., & Abdelkader, F. A. (2020). The effectiveness of assertiveness training program on psychological wellbeing and work engagement among novice psychiatric nurses. In *Nursing forum* (Vol. 55, No. 3, pp. 309-319).
3. Abou Zeid, M. G., (2019). Effect of application of kanter empowerment theory on nurse intern asseretiveness. *Tohoku J.Exp. unpublished MSCN Thesis in nursing administration departement at ain shams university*.pp:283-289.
4. Akinwale, O. E., & George, O. J. (2020): Work environment and job satisfaction among nurses in government tertiary hospitals in Nigeria. *Rajagiri Management Journal*, 14(1), 71-92 .
5. Al Muharraaq, E., Baker, O and. Alallah, S. (2021). The prevalence and The relationship of workplace bullying and nurses' turnover intentions Original Research Article. Volume 8: pp. 1–10.
6. Anjum, S.(2020). Impact of internship programs on professional and personal development of business students: a case study from Pakistan. *Future Business Journal*. ,
7. Asaoka, H., Sasaki, N., Kuroda, R., Tsuno, K., & Kawakami, N. (2021). Workplace Bullying and Patient Aggression Related toand its Association with Psychological Distress among Health Care Professionals during the Pandemic in Japan. *Tohoku J. Exp. Med*, 255(4).pp:283-289.
8. Ayhan, D., & Seki Öz, H. (2021). Effect of assertiveness training on the nursing students' assertiveness and self-esteem levels: Application of hybrid education in COVID-19 pandemic. In *Nursing Forum.. nouvality Science journal*, 19, 728–737 .



9. Azizi, S. M., Heidarzadi, E., Soroush, A., Janatolmakan, M., & Khatony, A. (2020). Investigation the correlation between psychological empowerment and assertiveness in nursing and midwifery students in Iran. *Nurse education in practice*, 42, 102667.
10. Baldry, A., & Farrington, D. (2020). Evaluation of an intervention program for the reduction of bullying and victimization in schools. *Aggressive Behavior*. 30. 1 - 15 .
11. Beach, D., & Pedersen, R. B. (2019). *Process-tracing methods: Foundations and guidelines*. University of Michigan Press.
12. Binuja, P. (2020). Assertiveness and self-esteem of nurses. *Asian Journal of Nursing Education and Research*, 10(2), 160-162.
13. Blaya, C. (2019). Cyberbullying among university students in France: Prevalence, consequences, coping, and intervention strategies (W. Cassidy, C. Faucher, & M. Jackson (eds.)). *Cyberbullying at university in international contexts*.
14. Bowie, N. (2019): The moral obligations of multinational corporations. In *Problems of international justice* (pp. 97-113 ).(
15. Buelga, S., Postigo, J., Martínez-Ferrer, B., Cava, M. J., & Ortega-Barón, J. (2020). Cyberbullying among adolescents: Psychometric properties of the CYB-AGS cyber-aggressor scale. *International Journal of Environmental Research and Public Health*, 17(9 ).(
16. Çelik, S., Dedeoglu, B.B., & Inanir, A. (2019): Relationship Between civlance behavior and Organizational Commitment and Job Satisfaction at Hotel Organizations/Otel Isletmelerinde Etik Liderlik, Örgütsel Baglilik ve Is Tatmini Arasindaki Iliski. *Ege Akademik Bakis*, 15(1), 53. *Cochrane.org*. Accessed May/2019.
17. Chakraborty, S., Ray, A., & Mani, S. (2020). A Comparative Study regarding Assertiveness, Self-esteem and Leadership Potentiality between Students of Selected Nursing and General College in West Bengal. *International Journal of Nursing & Midwifery Research* (E-ISSN: 2455-9318), 7(3), 4-11.
18. Cheema, S., Afsar, B., & Javed, F. (2020): Employees' corporate social responsibility perceptions and organizational citizenship behaviors for the environment: The mediating roles of organizational identification and environmental orientation fit. *Corporate Social Responsibility and Environmental Management*, 27(1), 9-21.
19. Cho, C. C., & Kao, R. H. (2022): Developing sustainable workplace through leadership: Perspectives of transformational leadership and of organizational citizenship behavior. *Frontiers in Psychology*, 13, 924091 .
20. Choe, C., Kim, Y. B., & Choi, K. (2023). Do Internships Matter?: the Impact of Internship Participation on Employability. *The Singapore Economic Review*, 1-18.
21. Choi, B., & Park, S. (2021). Bullying Perpetration, Victimization, and Low Self-esteem: Examining Their Relationship Over Time. *Journal of Youth and Adolescence*, 50(4), 739–752 .
22. Coco, M. S.A.M. (2020). Internships, a try before you buy arrangement. *Advanced Management Journal*, 65(2), 41-43.
23. Cregan, B., & Kelloway, E. K. (2021). Physical Intimidation and Bullying in the Workplace. *Special Topics and Particular occupations, Professions and Sectors*, 33- 53.
24. Cronin, R. M., Quayle, N., Liu, X., Landes, K., Crosby, L. E., Kassim, A. A., ... & DeBaun, M. R. (2023). A feasibility randomized controlled trial of an mHealth app vs booklets for patient-facing guidelines in adults with SCD. *Blood Advances*, 7(20), 6184-6190.
25. De Clercq, D., & Belausteguigoitia, I. (2022): Political skill and organizational identification: Preventing role ambiguity from hindering organizational citizenship behaviour. *Journal of Management & Organization*, 28(5), 973-992.
26. De Geus, C. J., Ingrams, A., Tummers, L., & Pandey, S. K. (2020):Organizational citizenship behavior in the public sector: A systematic literature review and future research agenda. *Public Administration Review*, 80(2), 259-270 .
27. Demetriou, A., Kazi, S., Spanoudis, G., & Makris, N. (2020). Cognitive ability, cognitive self-awareness, and school performance: From childhood to adolescence. *Intelligence J*, 79:101432.
28. Dunker, K.S., & Manning, K. (2019): Civility Training for Faculty Using Role-Play: Creating a Healthy Clinical Environment to Maximize Student Learning.

29. Eid, O.A, Shazly, M.M, and Abdrabou, H.M. (2021). Assertiveness among Nurses in El Fayoum University Hospitals. *Egyptian Journal of Health Care*, 12(4), 1044-1056.
30. Einarsen, S., Hoel, H., & Vartia, M, (2020). Empirical findings on prevalence and risk groups of bullying in the workplace. *Bullying and harassment in the workplace: Theory, research, and practice*, 105-162 .
31. Eva, N., Meacham, H., Newman, A., Schwarz, G., & Tham, T. L. (2019): Is coworker feedback more important than supervisor feedback for increasing innovative behavior?. *Human Resource Management*, 58(4), 383-396.
32. Fahmi, R., & Aswirna, P. (2020). The Social Support and Assertive Behavior of Students. *Psikoislamika: Jurnal Psikologi Dan Psikologi Islam*, 17(1), 1-9.
33. Fakhruddin, F., Bunyamin, B., Desmawati, L., Pathumcharoenwattana, W., & Siswanto, Y. (2023). Internship Program to Enhance Youth Development: Learning from the Real World. *Journal of Nonformal Education*, 9(2), 251-258.
34. Fang, L., Hsiao, L., Fang, S., & Chen, B. (2020). Effects of assertiveness and psychosocial work condition on workplace bullying among nurses: A cross-sectional study. *International journal of nursing practice*, 26(6), e12806.
35. Faria, L. (2020): The Effect of Personality on Work Motivation and Its Impact on Organizational Citizenship Behavior of Employees of Public Department in Portugal. *Studies*, 9(2), 96-110 .
36. Fauzan, A., Triyono, M. B., Hardiyanta, R. A. P., Daryono, R. W., & Arifah, S. (2023). The Effect of Internship and Work Motivation on Students' Work Readiness in Vocational Education: PLS-SEM Approach. *Journal of Innovation in Educational and Cultural Research*, 4(1), 26-34.
37. Freire, C., Gonçalves, J., & Carvalho, M. R. (2022): Corporate social responsibility: the impact of employees' perceptions on organizational citizenship behavior through organizational identification. *Administrative Sciences*, 12(3), 120 .
38. Fuller, L. P. (2022): Employee Perception of Leadership Tolerance of Deviance and the Moral Disengagement from Organizational Citizenship Behavior. *Journal of Human Resource and Sustainability Studies*, 10(3), 356-379.
39. Gaffney, H., Ttofi, M. M., & Farrington, D. P. (2021). Effectiveness of school-based programs to reduce bullying perpetration and victimization: An updated systematic review and meta-analysis. *Campbell systematic reviews*, 17(2), e1143.
40. Galal, A.Samir, Y., Emadeldin, M., Mwafy, M.(2019). Prevalence and correlates of bullying and victimization among school students in rural Egypt. *Journal of the Egyptian Public Health Association*, 2019, 94: 1-12.
41. Garandeau, C. F., Laninga-Wijnen, L., & Salmivalli, C. (2022). Effects of the KiVa anti-bullying program on affective and cognitive empathy in children and adolescents. *Journal of Clinical Child & Adolescent Psychology*, 51(4), 515-529.
42. García, P.J.J.; Gallegos, L.I.F.; Lira, C.J.; Vásquez, S.I.A. (2019): Perceived psychological well-Being among university students: A comparative study by gender. *Eur. Sci. J.* 2019, 15, 318–326 .
43. Gregory, K. (2021): 'my life is more valuable than this': Understanding risk among on-demand food couriers in edinburgh. *Work, Employment and Society*, 35(2), 316-331.
44. Grilo, A. M., Vinagre, G., Santos, M. C. D., Martinho, J. F., & Gomes, A. I. (2023). Attitudes toward Patient-Centred Care, Empathy, and Assertiveness among Students in Rehabilitation Areas: A Longitudinal Study. In *Healthcare* (Vol. 11, No. 20, p. 2803). MDPI.
45. Hakiki, M., Budiman, R. D. A., Firdaus, M., & Astiti, A. D. (2023). The Influence Of Internship Experience And Career Guidance On Student Work Readiness: A Quantitative Descriptive Research Study. *Jurnal Inovasi Pendidikan Dan Teknologi Informasi (JIPTI)*, 4(2), 123-133.
46. Hermanto, Y. B., & Srimulyani, V. A. (2022): The Effects of Organizational Justice on Employee Performance Using Dimension of Organizational Citizenship Behavior as Mediation. *Sustainability*, 14(20), 13322.
47. Hooi, L. W., Liu, M. S., & Lin, J. J. (2021): Green human resource management and green organizational citizenship behavior: do green culture and green values matter?. *International Journal of Manpower*, 43(3), 763-785 .

48. Hoover, L. A. (2020). Lived experiences of new nurses with lateral violence and their decision to remain in the nursing profession (Doctoral dissertation, University of Phoenix.)
49. Hossain, S.; Anjum, A.; Uddin, M.E.; Rahman, M.A.; Hossain, M.F. (2019): Impacts of socio-cultural environment and lifestyle factors on the psychological health of university students in Bangladesh: A longitudinal study. *J. Affect. Disord.* 2019, 256, 393–403.
50. Immanuel E., & Muo. F. (2022). Marital Status, Religion and Gender as factors in Assertiveness. *Zik journal of multidisciplinary research.* ZIK. 2022 Aug 26; 5(1.)
51. Iselin, R., Glambek, M., and Valvatne, S. (2020). Injustice perceptions, workplace bullying and intention to leave .
52. Juntunen, J. K., Halme, M., Korsunova, A., & Rajala, R. (2019): Strategies for integrating stakeholders into sustainability Innovation Management, 36(3), 331-355 .
53. Kang, E. (2021): Qualitative content approach: Impact of organizational climate on employee capability. *East Asian Journal of Business Economics*, 9(4), 57-67 .
54. Karatas H., & Ozturk C. (2020). Examining the Effect of a Program Developed to Address Bullying in Primary Schools. *J. Pediatr. Res.* 2020;7:243–249. doi: 10.4274/jpr.galenos.2019.37929 .
55. Kassem, H.A., & Mohammed, A.B. (2019): Incivility behavior and engagement among Technical and Health Institute Nursing Students at the Classroom. *International Journal of Nursing Didactics*; 9 (05): 21-28 .
56. Kataria, S., & Adhikari, B. (2022): Evaluating Dimensions of Organization Citizenship Behavior–With Reference to Hospitals. *International Management Review*, 18(Fall), 68-74 .
57. Kim, J., SubShim, H., & Hay, C., (2020). Unpacking the dynamics involved in the impact of bullying victimization on adolescent suicidal ideation: Testing general strain theory in the Korean context, *Article Metrics*, 110: 64-80 .
58. Lee, S. E., Kim, E., Lee, J. Y., & Morse, B. L. (2023). Assertiveness educational interventions for nursing students and nurses: A systematic review. *Nurse Education Today*, 120, 105655.
59. Liang, H., (2020). Exploring the relationship between school bullying and academic performance: the mediating role of students' sense of belonging at school, *Journal Educational Studies*.
60. Liu, Q., Feng, Y., London, K., & Zhang, P. (2023). Coping strategies for work and cultural stressors in multicultural construction workplaces: a study in Australia. *Construction Management and Economics*, 0(0), 1–17 .
61. Mento C., Silvestri M.C., Bruno A., Muscatello M.R.A., Cedro C., Pandolfo G., Zoccali R.A. (2020). Workplace Violence against Healthcare Professionals: A Systematic Review. *Aggress. Violent Behav.* 2020;51:101381 .
62. Miller, P., Brook, L., Stomski, N., Ditchburn, G., & Morrison, P. (2020). Bullying in Fly-In-Fly-Out employees in the Australian resources sector: A crosssectional study. *Plos one*, 15(3), e0229970.
63. Minton, C. & Birks, M. (2019). "You can't escape it": Bullying experiences of New Zealand nursing students on clinical placement. *Nurse Education Today*, 77. 12-17 .
64. Modahl, C. A. (2021). Bullying Prevention Program: Pairing Assertiveness Training to Empower Bully Victims. PhD Thesis. Capella University .
65. Moses Okumu, M., Kim, Y., Sanders, E.J., Makubuya, M., Small, E., and & Hong, j., (2023). Gender-Specific Pathways between Face-to-Face and Cyber Bullying Victimization, Depressive Symptoms, and Academic Performance, *Child Indicators Research*, 13:2205–2223.
66. Moss, J. & Mace, C. . (2022). Assertiveness, Self-Esteem, and Relationship Satisfaction. 10.13140/RG.2.2.23082.29127.
67. Nemati Z, Maghsoudi S, Mazlom SR, Kalatemolaei M. (2023). Evaluating effect of assertive training program on assertiveness communication and Self-Concept of nurses. *Journal of Sabzevar University of Medical Sciences.* x Jul 11; 29(2).243-54.
68. Nicolette, A. U., & Oducado, R.M.F. (2020). Perceived Competence and Transition Experience of New Graduate Filipino Nurses. *Journal of Keperawatan Indonesia*, 23 (1), P48–63.
69. Nouroozi, A., Etemadifar, S., Deris, F., & Davoodvand, S. (2023). The effect of assertiveness-based empowerment on professional commitment and moral courage of nurses working in Shahrekord educational hospitals. *Journal of Multidisciplinary Care*, 12(3), 111-116.

70. Nurhayati, Dwiningrum, S.I.A., & Efianingrum, A. (2020). School Policy for Bullying Prevention. *Journals*, doi.org/10.2991/assehr.k.200204.054, 902.
71. Ocampo, A. C. G., Reyes, M. L., Chen, Y., Restubog, S. L. D., Chih, Y. Y., Chua-Garcia, L., & Guan, P. (2020). The role of internship participation and conscientiousness in developing career adaptability: A five-wave growth mixture model analysis. *Journal of Vocational Behavior*, 120, 103426.
72. Olweus, D., (2020). Long term school-level effect of the Bullying Prevention Program. *Journal Psychology*, 61(1). 108-116.
73. Omura, M., Levett-Jones, T., & Stone, T. E. (2019). Design and evaluation of an assertiveness communication training programme for nursing students. *Journal of clinical nursing*, 28(9-10), 1990-1998.
74. Palade T, & Pascal E.(2023). Reducing Bullying through Empathy Training: The Effect of Teacher's Passive Presence. *Behav Sci (Basel)*. Mar 2;13(3).216. doi: 10.3390/bs13030216. PMID: 36975241; PMCID: PMC10044840.
75. Park, M.S.A., Golden, K.J., Vizcaino-Vickers, S., Jidong, D., & Raj, S. (2021). Sociocultural values, attitudes and risk factors associated with adolescent cyberbullying in east asia: A systematic review. *Cyberpsychology*, 15(1), 1–19 .
76. Parray W., & Kumar S. (2022). The Effect of Assertiveness Training on Behaviour, Self esteem, Stress, Academic Achievement and Psychological Well-Being of Students: A Quasi-Experimental Study. *Research & Development*; 3(2).83-90.
77. Pascual-Sanchez, A., Hickey, N., Mateu, A., Martinez-Herves, M., Kramer, T., & Nicholls, D. (2021). Personality traits and self-esteem in traditional bullying and cyberbullying. *Personality and Individual Differences*, 177 .
78. Qtait M. (2023).Head Nurses' Leadership Styles and Nurses' Performance systematic review. *International Journal of Africa Nursing Sciences*. Immanuel EU, Muo FC. Marital Status, Religion and Gender as factors in Assertiveness. *Zik journal of multidisciplinary research*. Mar 25:100564.
79. Radwan, R., & Shosha, A. (2019). Pediatric Nursing Students' Experience of Bullying Behavior in Clinical Placements and the Role of Staff Faculty. *American Journal of Nursing Research*, Vol. 7, 2019, Pages 479-489, 7(4), 479–489 .
80. Ramadan, E.N, Abdel-Sattar, S.A.L., Abozeid, A.M., & El Sayed, H.A.E. (2020). The Effect of Emotional Intelligence Program on Nursing Intern nurses' Clinical Performance during Community Health Nursing Practical Training. *American Journal of Nursing Research*, 8(3), 361-371 Available online at <http://pubs.sciepub.com/ajnr/8/3/6> Published by Science and Education Publishing DOI:10.12691/ajnr-8-3-6
81. Reisen, A., & Vitória, A.V. (2022). Bullying among adolescents: are the victims also perpetrators, *Braz. J. Psychiatry*, 41 (6 .(
82. Rosander, M., Salin, D., Viita, L., & Blomberg, S., (2020). Gender matters: workplace bullying, gender, and mental health. *Frontiers in psychology*, 11, 2683
83. Sadeghi-Gandomani H, Alavi NM, & Afshar M, (2019). Psychometric testing of the Persian version of the conditions of work effectiveness questionnaire-II (CWEQII- PV). *J Educ Health Promot*;8:32 .
84. Sakapurnama, E., & Hasan, S.A. (2023). The Effect of Internship Quality Toward Self-Perceived Employ ability Through the Mediation of Reduced Career-Entry Worries: Evidence from Final Year Students of Universitas Indonesia. *The Asian Journal of Technology Management*, 16(1), 1-12.
85. Salin, D., & Notelaers, G, (2020). The effects of workplace bullying on witnesses: violation of the psychological contract as an explanatory mechanism?. *The International Journal of Human Resource Management*, 31(18). 2319-2339 .
86. Shafie, A, & Al Haadi B., (2021). Enhancing the self-efficacy and assertiveness level among the bullied victim school students by using cognitive behaviour therapy (cbt) in group counselling approach. *International Journal of Academic Research in business and social science*.
87. Shaikhpoor, G., Mafi, M., Mafi, M., Amiri, A., & Hosseinigolafshani, S. (2020). Effect of Assertiveness Training on Adaptive and Aggressive Assertiveness in Nurses. *Journal of Inflammatory Disease*, 24(3), 212-223.

88. Sharma, D., Sharma, M., & Kaur, G. (2020). A Quasi Experimental Study to Assess the Effectiveness of Assertiveness Training Program on Self Esteem and Interpersonal Communication Satisfaction among Nursing Students in Selected Nursing Institutes of Ambala, Haryana. *Indian Journal of Forensic Medicine & Toxicology*, 14(4).
89. Shenghua, X., Junling, X., & Yunjiao, G., (2020). Bullying Victimization, Coping Strategies, and Depression of Children of China: *Journal of Interpersonal Violence*.
90. Shupp, M. R., & Bloomford, C. (2023). The Graduate Internship: Opportunities to Prepare for Professional Practice. *About Campus*, 27(6), 16-21.
91. Silva, A. C. S. S. D., Silvério, M. S., Alves, D. N., Amarante, L. H., Góes, F. G. B., & Correia, G. D. S. (2023). Educational booklet with guidelines on the main injectable drugs in pediatrics: validation study. *Revista de Pesquisa: Cuidado é Fundamental*, 15(1).
92. Smit, D. M. D. (2022). The double punch of workplace bullying/harassment leading to depression: legal and other measures to help South African employers ward off a fatal blow. *Law, Democracy & Development*, 25(1), 24-63.
93. Smokowski, P., & Evans, C.B. (2019). *Bullying and Victimization Across the Lifespan* (1ST editio). Springer Nature Switzerland.
94. Steele, N.M., Rodgers, N., & Fogarty, G. J.(2023). The Relationships of Experiencing Workplace Bullying with Mental Health, Affective Commitment, and Job Satisfaction: Application of the Job Demands Control Model, *International Journal of Environmental research and Public Health* 17, 2151.
95. Stelios, N.G., Charalambous, K., & Stavrinides, P., (2022). Mindfulness, impulsivity, and moral disengagement as parameters of bullying and victimization at school, *Research Article*, 46(1). 107-115.
96. Subavidya, R., & Reena, E. (2019). Assertive behavior and self-esteem among adolescent girls. *The Journal of Nursing Trendz*, 10(2), 22-26.
97. Subroto W. (2021). Prevention Acts towards Bullying in Indonesian Schools: A Systematic Review. *AL-ISHLAH J. Pendidik*. 2021;13:2889–2897.
98. Teng, Z., Yang, C., Stomski, M., Nie, Q., & Guo, C. (2022). Violent video game exposure and bullying in early adolescence: A longitudinal study examining moderation of trait aggressiveness and moral identity. *Psychology of Violence*, 12(3), 149–159 .
99. Wech, B., Howard, J., & Autrey, P. (2020). Workplace Bullying Model: a Qualitative Study on Bullying in Hospitals Employee Responsibilities and Rights *Journal*. <https://doi.org/10.1007/s10672-020-09345-Z>.
100. Yadav, P., Verma, R., Yadav, S., & Sumiya, M. S. (2023). A study to assess the effectiveness of information booklet on knowledge regarding novel approaches, guidelines to surfactant therapy among staff nurses working in nicu in selected hospitals at kanpur, uttar pradesh. *Journal of Research Administration*, 5(2), 4432-4438.
101. Yosep, I., Hikmat, R., Mardhiyah, A., Hazmi, H., & Hernawaty, T. (2022). Method of Nursing Interventions to Reduce the Incidence of Bullying and Its Impact on Students in School: A Scoping Review. *Healthcare (Switzerland)*, 10(10).
102. Zewiel, M. A., El Sayed, Z. E., El-Sharkawy, M. H., & El salamony, A. A. (2022). Effect of Educational Program on Level of Self -Esteem of School Age Children and Adolescents Exposed to Bullying. *International Egyptian Journal of Nursing Sciences and Research (IEJNSR)*, 2(2), 98–106 .
103. Zych, I & Farrington, D. (2021). Stability and Change in Bullying and Cyberbullying Throughout the School Years. [10.1002/9781118482650.ch36](https://doi.org/10.1002/9781118482650.ch36)