

Development of Peer Bullying Counseling Program Based on Peplau-Interpersonal Relations Model: A Study Protocol

Peplau-Kişilerarası İlişkiler Modeli'ne Temellendirilmiş Akran Zorbalığı Danışmanlık Programının Geliştirilmesi: Çalışma Protokolü

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Abstract

Aim: The purpose of this article is to report the study protocol of a research in which the effectiveness of the Peer Bullying Counseling Program (PBCP) based on the Interpersonal Relationship Model developed for 11-12 year old bullying children was evaluated, and the process of determining the content, flow, and educational methods used in the PBCP.

Methods: In this article, the study protocol of a pretest-posttest experimental design research with an intervention-control group was written under the guidance of 'Spirit Checklist/Protocol Version'.

Results: It was determined that the perspectives of the children included in the Peer Bullying Counseling Program improved, their empathy skills increased, their friendship relations improved, and their anger control increased.

Conclusions: This article is important as it sets an example for graduate students who will develop theory-based nursing care/approaches and school nurses who will care for bullying students. The fact that the developed counseling program is comprehensive and its effectiveness is evaluated with different parameters reveals the superiority of this research.

Key words: Bullying, interpersonal relations, nurse

Öz

Amaç: Zorbalık yapan 11-12 yaş grubu çocuklar için geliştirilen Kişilerarası İlişki Modeli'ne temellendirilmiş Akran Zorbalığı Danışmanlık Programı'nın etkinliğinin değerlendirildiği bir araştırmanın çalışma protokolünü ve AZDP'nin içerik, akış ve eğitim yöntemlerini belirleme sürecini raporlamaktır.

Yöntem: Bu makalede, müdahale-kontrol gruplu ön test-son test deneysel tasarıma sahip bir araştırmanın çalışma protokolü 'Spirit Checklist/Protocol Version' rehberliğinde yazılmıştır.

Bulgular: Akran Zorbalığı Danışmanlık Programı'na dahil olan çocukların zorbalığa yönelik bakış açılarının düzeldiği, empati becerilerinin arttığı, arkadaşlık ilişkilerinin geliştiği ve öfke kontrollerinin arttığı belirlenmiştir.

Sonuç: Bu makale, teoriye dayalı hemşirelik bakımı/yaklaşımları geliştirecek lisansüstü öğrencilere ve zorbalık yapan öğrencilere bakım verecek okul hemşirelerine örnek olması açısından önemlidir. Geliştirilen danışmanlık programının kapsamlı olması ve etkinliğinin farklı parametrelerle değerlendiriliyor olması bu araştırmanın üstünlüğünü ortaya koymaktadır.

Anahtar kelimeler: Hemşire, kişilerarası ilişkiler, zorbalık

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Introduction

Bullying during school years is one of the most common forms of peer violence.¹ The prevalence of peer bullying in schools worldwide varies between 10-65% according to the data of UNESCO (United Nations Educational, Scientific and Cultural Organization), peer bullying is seen at a rate 35% and peer victimization is 36%.^{2,3} It is reported that the prevalence of peer bullying is 25% in 15-year-old students in the Organization for Economic Cooperation and Development (OECD) countries, and 19% in Turkey.⁴ Bullying behaviors in children start to increase especially in the middle school period⁴⁻⁶ and tend to decrease towards the end of high school years.⁷ Especially in the transition from the fourth to the fifth class, the rate of being victimized by peers increases.⁶ Fifth class children's change in school, friends, and teachers and being in the transition period to puberty pose a risk in terms of peer bullying.⁸ It is recommended that middle school children be protected from the negative effects of peer bullying due to the increased risks, and that interventions for bullying should be planned and implemented in the early period.⁹

The roles in which children are involved in peer bullying vary.⁷ In the peer bullying cycle, bullying children come first, and victims, bystanders, and bully/victim children are also included.¹⁰ It is known that peer bullying is associated with children's empathy, bullying cognition and anger control. Empathy skill reduces aggression and bullying by increasing social sensitivity, cooperation and other social behaviors. In general, it has been reported that bully children have low empathy tendencies and that the use of violence can be reduced by increasing their empathy skills.¹¹⁻¹⁴ The fact that children develop weak interpersonal relationships with individuals they interact with, such as their parents and peers, may lead to the formation of negative cognitive schemes and an increase in the risk of bullying.^{3,15,16} The normalization of bullying behaviors with false schemas results in an increasing continuation of peer bullying.¹⁶ It has been reported that children and adolescents do not have the skills to understand and manage anger as well as other emotions, and it is difficult to cope with anger in childhood.¹⁷ Poor anger control increases the risks of showing aggression and bullying behavior.¹⁸⁻²⁰ It has been reported that an increase in children's anger control levels is associated with a decrease in bullying behaviors.²¹ It is stated that the development of children's empathy skills and cognitive schemes for bullying will contribute to the reduction of peer bullying and other violent behaviors.^{16,17,22}

The permanent and destructive effects of bullying on children have led to an increased attention to peer bullying in the world.²³ Studies on peer bullying generally consist of school-

wide intervention and protection programs.^{24,25} Although the effectiveness of the programs developed for the whole school is accepted, it is stated that there is a need for interventions that will cover individual applications.^{26,27} It is emphasized that combating peer bullying can be facilitated through special trainings targeting the social, cognitive and moral factors of children's individual needs.^{26,27,28} In the literature, it is stated that there is a need for studies in which the programs developed by taking into account the characteristics of bullying children and their age period are supported by individual applications and the effectiveness of the developed programs are examined.^{26,27} It is recommended that bully children be supported to develop happy friendships in school life.²⁹

It is recommended that children who engage in peer bullying should be approached systematically under the guidance of nursing theories.³⁰ In this study, the effectiveness of the Peer Bullying Counseling Program based on the Interpersonal Relationship Model developed by Hildegard E. Peplau was evaluated in children aged 11-12 who were bullied. This model is more descriptive than other models about how nurse-bully child interaction will be. The fact that the counseling program is developed by taking into account the characteristics of the children who engage in peer bullying and their developmental period, is based on individual interviews and is limited to a theoretical framework reveals the originality of this research. It is thought that the results of the study will guide especially school nurses and other professionals working with school children about peer bullying.

Purpose of the research:

This research was conducted to evaluate the effectiveness of the Peer Bullying Counseling Program (PBCP), which is based on the Interpersonal Relationship Model (IPM) in middle school children who bully.

Material and Methods

Research Design

The research was conducted in the pretest-posttest experimental research design with intervention-control group. In the literature; it is reported that the 10-12 age period, when children transition from primary school to middle school, carries a risk in terms of peer bullying. Therefore, it is reported that there is a need for research on children in this age group.^{6,8,27,31,32} For this reason, the research was conducted with children attending the 5th and 6th grades. The universe of the study consists of all bullying children who attend the 5th and 6th class in the 2019-2020 academic year of 31 middle schools located in the city center where the researcher resides, and who have a high score in the Bullying Behavior Sub-dimension of the Peer Bullying Identification Scale (PBIS). The sample of the study consisted

of children who attended the 5th and 6th class of 2 different middle schools in the city center where the researcher resided in the 2019-2020 academic year and had a high score in the PBIS Bullying Behavior Sub-dimension (BBS). The inclusion criteria for the children are as follows: being 11 or 12 years old, not having any physical or mental health problems, the absence of a diagnosis of chronic disease, having an internet connection at home, having a computer and/or phone for internet access, having at least one standard deviation above the school average in the PBIS-SSB sub-dimension score, the voluntary acceptance of the child and his/her parents to participate in the research.

Data Collection Tools

Sociodemographic Information Form (SIF)

The Sociodemographic Information Form, which includes the descriptive features of the child and his family, was created by the researcher as a result of the literature review, taking into account the factors related to peer bullying.³⁴⁻⁴⁰

Peer Bullying Identification Scale (PBIS)

The PBIS was developed by Gültekin and Sayıl (2005).⁴¹ The scale consists of 27 items and each item has two sub-questions. The highest total score that can be obtained from the scale for each sub-dimension is “54” and the lowest score is “0”. Cronbach's alpha value was found to be 0.86. A high score from the scale indicates that the person is frequently the target of peer attack or frequently exhibits bullying behaviors. A low score from the scale indicates that he is rarely the target of peer attack or that he rarely exhibits bullying behavior. The scale has been used in various studies investigating peer bullying in children.^{42,43}

Bullying Cognitions Scale for Children (BCSC)

The BCSC was developed by Gökkaya and Sütçü (2015) to assess the cognitive characteristics associated with peer bullying in children.⁴⁴ The twenty-two-item scale was graded in a 4-point likert type ('completely true', 'quite true', 'somewhat true', 'not true at all'). The highest total score that can be obtained from the scale is “88” and the lowest score is “22”. The higher the scores, the higher the cognitions about bullying. In other words, bullying is considered normal and usual. The internal consistency coefficient of the scale was found to be 0.91 by Gökkaya and Sütçü.⁴⁴ The scale has been used in some studies about peer bullying.^{45,46}

Empathy Scale for Children and Adolescents (ESCA)

The Turkish validity and reliability study of the Empathy Scale for Children and Adolescents was performed by Görtunca and Karakale in 2013.⁴⁷ The scale consists of 21 items. The lowest score that can be obtained from the scale is 0, and the highest score is 21. As the score

obtained from the scale increases, the empathic tendency increases, and as the score decreases, the empathic tendency decreases. The internal consistency coefficient of the scale was found to be 0.84 by Gürtunca and Karakale.⁴⁸ The scale was used in a study examining the relationship between bullying cognition-game addiction-empathy in adolescents.⁴⁵

Friendship Relations and Anger Control Evaluation Form (FRACEF)

The Friendship Relations and Anger Control Evaluation Form was created considering the PBCP (Peer Bullying Counseling Program) content. The form was prepared to measure the happiness levels of children in friendship relationships, sample behavior information about happy friendship relationships, and their knowledge and competence levels about anger control. The Friendship Relations and Anger Control Evaluation Form consists of 5 questions, two for happy friendship relationships and three for anger control. A total of 50 points can be obtained from the form, with 10 points for each question.

Adapting the Interpersonal Relationship Model to the Peer Bullying Counseling Program

Peplau's theory is based on humanist and existential philosophy. In this sense, human beings have a fundamental capacity for development and growth. The person has the potential to know himself, to direct himself, to adapt and to find his balance.⁴⁹ The model is included in the interaction paradigm class, which focuses on the improvement of communication between the patient and nurse. This paradigm emphasizes the relationship between people and the roles people play in society. The nurse puts her patient at the center and improves her communication with her, helping her to make sense of the problem. In this theory, the person is unique, valuable, and honorable.⁵⁰ In this study, peer bullying children were accepted as unique and valuable members of the society, and the Interpersonal Relationship Model was taken as a guide to ensure interaction without damaging their dignity.

According to Peplau, pediatric nurses can determine the biological developmental needs of children according to the characteristics of the period.⁵⁰ In order for school-age children to have a healthy developmental period and become healthy adults of the future, they need to establish positive communication and be protected from negative behaviors such as peer bullying.⁵¹ In this study, bullying children aged 11-12 were both combated with bullying and encouraged to have happy friendship relationships to support healthy growth and development.

The Peer Bullying Counseling Program (PBCP) used in this study was developed by benefiting from Nursing theorist Hildegard Elizabeth Peplau's Interpersonal Relationship

Model (PEP). In this program, the nurse-child relationship was mentioned instead of nurse-patient. The assumptions in the development of PBCP based on IPM are listed below.

1. The function of personality is to grow and develop. Children who bully their peers have the inner potential/capacity to solve the problem.

2. It is important for children who engage in peer bullying to have happy friendship relationships for a balanced personality development.

3. The bullying child needs to establish an interpersonal relationship with the nurse in order to understand and direct his/her own behavior and find his/her own balance.

4. Thanks to the therapeutic relationship between the bullying child and the nurse, the child can progress to the appropriate developmental level.

5. The PBCP provides a therapeutic environment for the bullied child. This therapeutic atmosphere helps the child to gain a correct perspective on bullying, to display a positive attitude towards the solution of bullying behavior, to develop empathy skills, to provide anger control and to develop positive friendships.

Peplau states that people have physical and psychological needs. Every organism strives to reduce the tension created by needs.⁴⁹ Psychobiological experiences of needs, frustration, conflict, and anxiety affect the functioning of personalities. These experiences are also sources of energy that can result in constructive and destructive behaviors. Increasing anxiety causes deterioration in interpersonal relations.^{50,52} A child experiencing obstacles in his activities will directly release his aggression, unlike an adult. In adults, aggression is more often inhibited, directed, or suppressed.⁴⁸ In the light of this information, it is thought that bullying behavior in children occurs as a result of unhealthy interpersonal relationships and that these behaviors will decrease with the therapeutic interpersonal relationship established with the nurse. Figure 1. shows the adaptation of the Interpersonal Relationship Model to the Peer Bullying Counseling Program. Figure 1 was created by the researcher within the scope of

Interpersonal Relations Model.

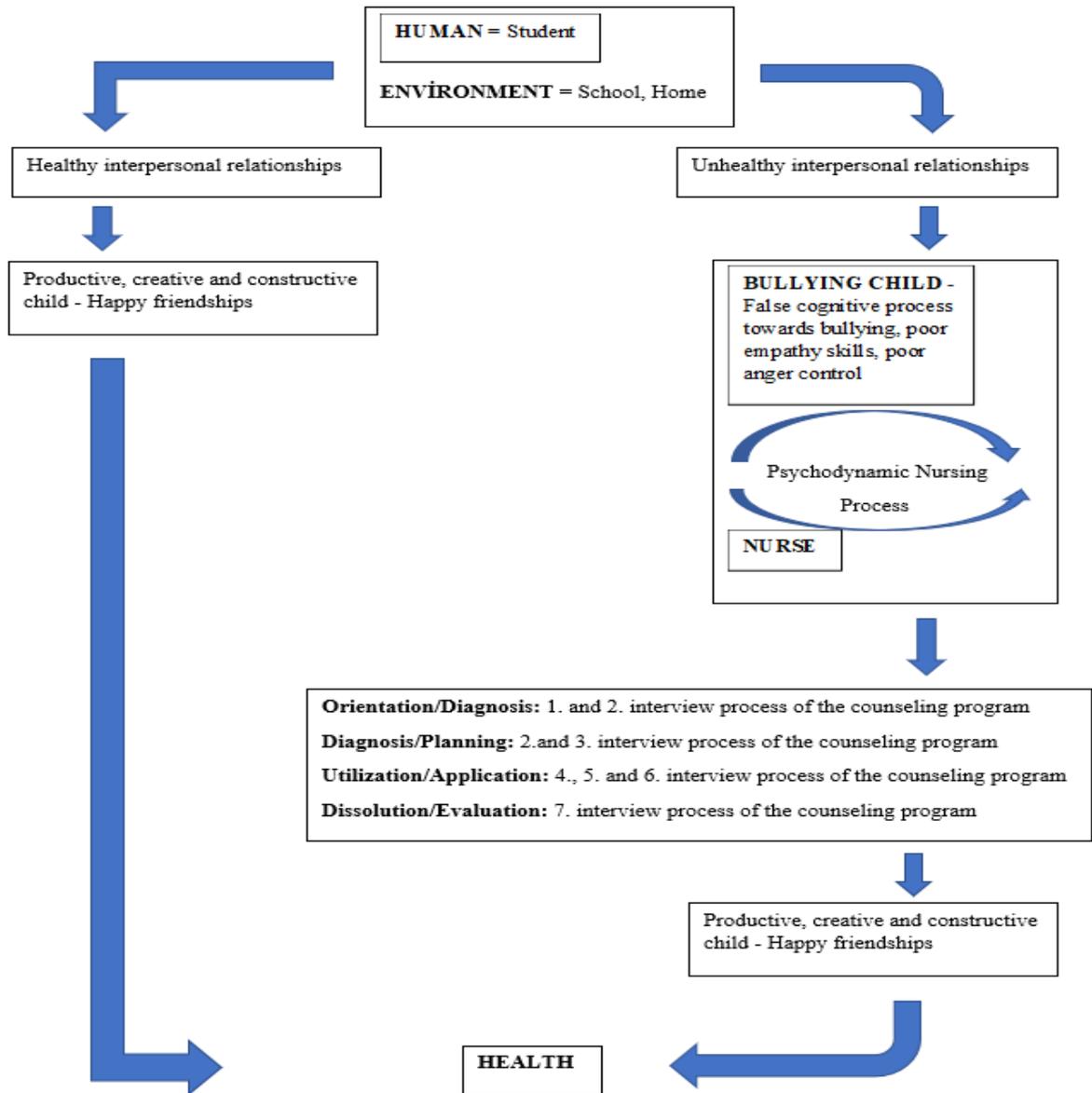


Figure 1. Adaptin the IRM to the PBCP

Developing the Content of the Peer Bullying Counseling Program and Determining the Training Techniques to be Used

The main purpose of the Peer Bullying Counseling Program is to improve the empathy skills of the bullying child, to enable them to gain the right perspective towards bullying, to develop anger control, and to help them establish happy friendships. The content of the program was created by the researcher in line with the issues that peer bullying children need support based on their bullying-related characteristics in the light of the relevant literature.^{1,20,26,27,39,53-59} Education topics prepared in this framework; 'Empathy', 'Peer Bullying', 'Anger Management'

and 'Happy Friendship Relationships' were determined. The main nursing problem of the research is “peer bullying”.

After determining the training topics in the content of the Peer Bullying Counseling Program, the training methods to be used were created. The content of the Peer Bullying Counseling Program; drawing, brainstorming, empathy demonstration, white paper activity, educational matching game, peer bullying demonstration, case studies, educational emotion puzzle game, anger control information video were applied using educational techniques. In Figure 2, there are training techniques applications in the program for the training topics determined for the characteristics related to bullying created in the light of the literature. Then, the interview content and training plan of the Peer Bullying Counseling Program comes in Table 1. Before determining the training techniques to be used in the PBCP, the researcher conducted research on the development of a pedagogical program. Training techniques have been developed taking into account the following literature recommendations.

1. The theoretical framework on bullying should be organized by considering the developmental characteristics of students.
2. The content of the program should be enriched by using different ethics techniques in order not to have a monotonous flow and to keep the attention active.
3. Applications should be built in small steps.
4. The program should be able to respond to the individual needs of students.
5. The student should be given positive reinforcements and feedback for appropriate thoughts and behaviors in the learning process.
6. The duration of the program should be arranged by considering the developmental characteristics of the students.²⁷⁻⁶⁰⁻⁶²

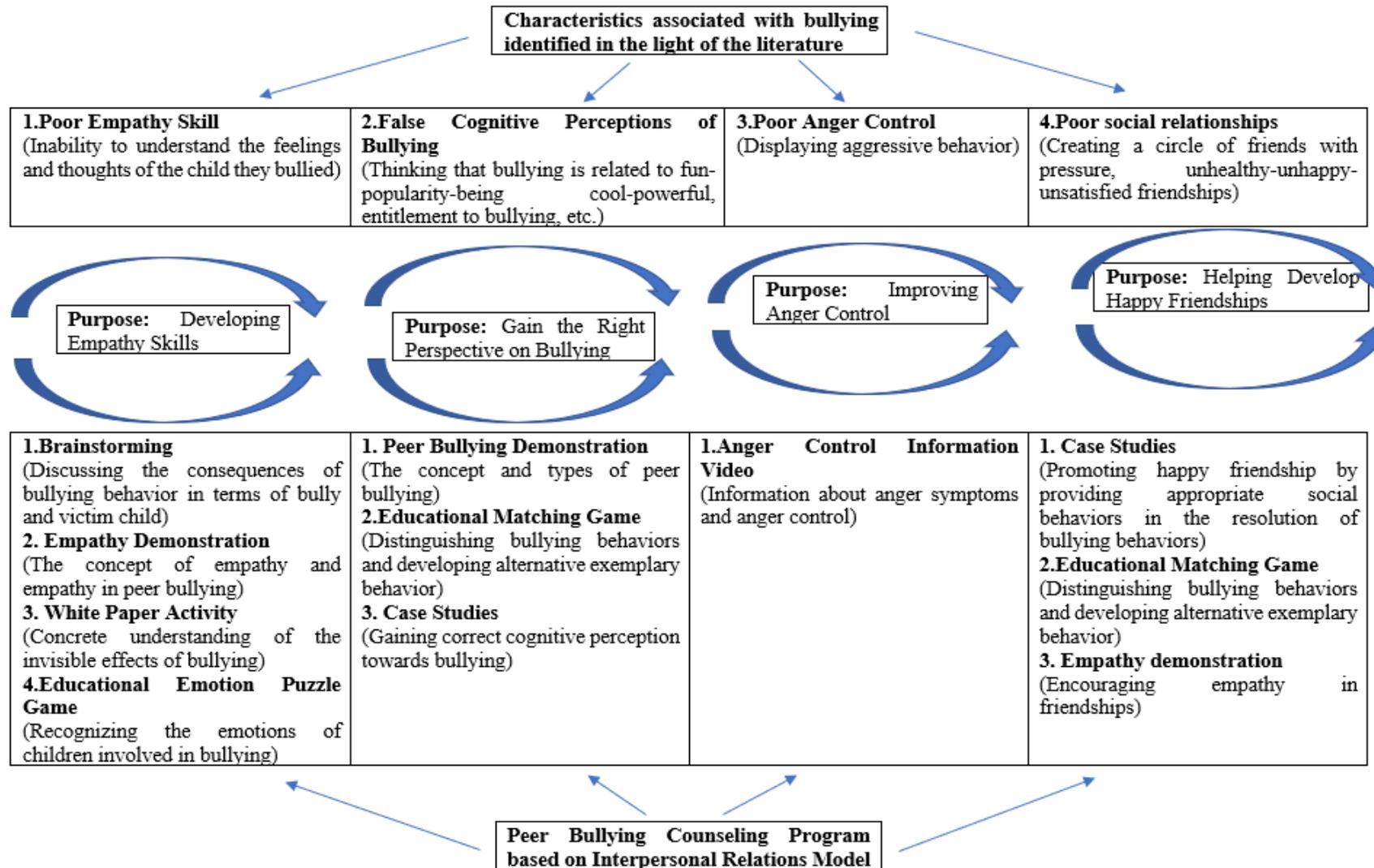


Figure 2. PBCP applications for the training topics determined for the characteristics related to bullying

Table 1. Interview content and training plan of the Peer Bullying Counseling Program

Interview No	Place and Duration of the Interview	Interview Content	Aim	Learning Objectives
1.Interview	Home visit, 30 minutes	-introductory meeting - Implementation of veri collection forms -Picture Drawing Activity	-Initiating therapeutic communication, -To enable the child to gain insight into the friendship relationship	-
2.Interview	Via the Internet via the Zoom Meeting application, 20 minutes	-Friendship relations -The Concept of Empathy -White Paper Event	-Recognizing the negative consequences of unacceptable friendship relations, -To teach the concept of empathy -To present an experimental example of the concept of empathy to the child	- The child's ability to list 3 of the negative consequences of unacceptable friendship relations, - The child's ability to explain the concept of empathy - The child's ability to correctly answer 3 examples of empathy - The child expresses that he/she understands that unacceptable friendship relations have invisible negative effects
3.Interview	Via the Internet via the Zoom Meeting application, 20 minutes	-Peer Bullying -Educational Matching Game	-To teach the concept/types of Peer Bullying -Recognizing that there is acceptable and appropriate behavior against peer bullying	-The child's ability to explain the concept of peer bullying -The child's ability to distinguish bullying behavior from normal friendship relationships during the matching game -The child's expression of willingness to exhibit the exemplary behaviors accepted in friendships
4.Interview	Via the Internet via the Zoom Meeting application, 20-30 minutes	-Detailed analysis of peer bullying through the 1st case study -Educational Emotion Puzzle Game -Anger Control Video	-To provide the child with a solution-oriented perspective on peer bullying. - Eliminating false beliefs about friendship relations - Making the child aware of the feelings of the people involved in the bullying -Informing about anger management	-The child's ability to give mostly correct answers to the questions asked in the case study analysis -The child's ability to correctly identify the emotions of the people involved in the bullying through the emotion puzzle image -The child's ability to count 3 of the important information from each case study -The child expresses that anger is a controllable emotion
5.Interview	Via the Internet via the Zoom Meeting application, 20-30 minutes	-Detailed analysis of peer bullying through the 2nd case study -Educational Emotion Puzzle Game	-To provide the child with a solution-oriented perspective on peer bullying. - Eliminating false beliefs about friendship relations - Making the child aware of the feelings of the people involved in	-The child's ability to give mostly correct answers to the questions asked in the case study analysis -The child's ability to correctly identify the emotions of the people involved in the bullying through the emotion puzzle image -The child's ability to count 3 of the important information from each case study

6.Interview	Via the Internet via the Zoom Meeting application, 20-30 minutes	-Detailed analysis of peer bullying through the 3rd case study -Educational Emotion Puzzle Game	the bullying -To provide the child with a solution-oriented perspective on peer bullying. - Eliminating false beliefs about friendship relations - Making the child aware of the feelings of the people involved in the bullying	-The child's ability to give mostly correct answers to the questions asked in the case study analysis -The child's ability to correctly identify the emotions of the people involved in the bullying through the emotion puzzle image -The child's ability to count 3 of the important information from each case study
7.Interview	Home visit, 20-30 minutes	- Closing and thanks - Implementation of data collection forms	-End therapeutic communication	-

The content of PBCP and the training techniques used were created in the form of a one-on-one interview because it responds to individual needs and the nursing care is personal. Expressions of praise and congratulations as a result of the appropriate thoughts and behaviors of the children during the application (for example; bravo correct answer, congratulations you found the appropriate answer, your willingness for happy friendship relations is proud) were used as reinforcement. Children who participated in the program were given a Certificate of Achievement for taking responsibility in improving their friendship relations. According to the Interpersonal Relations Model, attention was paid to the use of interactive education techniques in order for the nurse and the child to cooperate (Table 1.).

Basing the Peer Bullying Counseling Program on the Interpersonal Relations Model

In order to evaluate the compliance of the flow and content of the Peer Bullying Counseling Program with the Interpersonal Relations Model, expert opinions were obtained from 7 faculty members in the field of Child Health and Diseases Nursing. Expert opinions were examined using the Davis Technique and the Content Validity Index (CVI) of each item and the Content Validity Index (CVI) of the form were calculated. It was determined that the flow and content coverage of PBCP was sufficient in terms of IRM (CVI=0.94).

In Table 2., the theoretical basis of PBCP based on IRM and the stages of the psychodynamic nursing process within the program are explained.

Table 2. Nursing process based on the Interpersonal Relationship Model of the Peer Bullying Counseling Program

Nursing Process Phase of the Model	Interview no	Nursing Roles Related to the Model	Nursing Approach to the Model	Application Steps
Orientation – Diagnostics	1. Interview	-Foreign -Consultant	In the first meeting, the nurse and the child are in the role of two strangers. The nurse does not act prejudiced against the child and does not use a statement about bullying. A soft tone of voice, appropriate eye contact and a caring approach are displayed to initiate a trusting relationship. In the role of the nurse consultant, she observes the child's picture without adding her own interpretation.	-The nurse introduces herself and gives enough time to the child and family to introduce herself. -Explains the purpose and content of the interviews to the child. -It gives the child an opportunity to ask questions. -Relevant data collection forms are applied. -The nurse gives the child a set of A4 paper and 7 colored crayons. She asks her to draw a picture describing her relationship with her friends at school. -The child tells the picture he drew. The nurse listens without judgment. -The nurse summarizes the interview and explains the plan of the next meeting. -Informs the family about the Zoom Meeting program. - Ends the conversation by thanking him.
Orientation – Diagnostics	2. Interview	-Source Person -Trainer	While the nurse is brainstorming, she provides cooperation to help the child perceive peer bullying as a problem. Determines the educational content by considering the period characteristics of the child. Uses activities to reinforce learning.	-The nurse summarizes the last interview. -Explains the purpose and content of this interview. -The nurse shows the pictures (matching cards) related to the appropriate and unsuitable friend relations for the child. -Ask him to choose the inappropriate picture. -The nurse and the child brainstorm together about the negative consequences of the problem experienced through the picture chosen by the child. -The answers created are saved. -The nurse makes a presentation about empathy to the child. -The nurse makes the child do the 'White Paper' activity. -The nurse evaluates whether the learning goals have been achieved. -The nurse summarizes the interview and explains the plan of the next meeting to the child. - Nurse ends the conversation with a thank you.
Diagnostics - Planning	3. Interview	-Source Person -Trainer -Leader	The nurse determines the educational content by considering the characteristics of the child's period, uses activities to reinforce learning. In this process, the nurse	-The nurse summarizes the last interview. -The explains the purpose and content of this interview. -The nurse gives information about peer bullying with a short presentation. In particular, it emphasizes the importance of knowing which behaviors

			ensures that education achieves its purpose by maintaining cooperation. The nurse encourages the child to exhibit exemplary behavior in friendships and gives hope as a leader.	are unacceptable and how to overcome them. -The nurse explains to the child how to play the educational matching game (EMG). -The nurse makes the child do the 'EMG' activity. -The nurse evaluates whether the learning goals have been achieved. -The nurse summarizes the interview and explains the plan of the next meeting to the child. - The nurse ends the conversation by thanking him.
Utilization – Application	4.5.6. Interview	-Consultant -Surrogate -Trainer	With the 'Case Case' analysis, the nurse continues to cooperate with the child. She gives clues to the child during the analysis. For the child, this interaction to solve case studies is highly therapeutic. The nurse respects the similarities and differences of each child. She pays attention to the freedom of the child to defend his own opinion. This supports the development of the child and increases his autonomy.	-The nurse summarizes the last interview. -The explains the purpose and content of this interview. -The nurse realizes respectively the 1st, 2st, 3st case study application plan with the child. -The nurse explains how to play the 'Educational Emotion Puzzle (EEP)' game. -The nurse plays the game with the child. -A video about anger management is watched. -The nurse evaluates whether the learning goals have been achieved. -The nurse summarizes the interview and explains the plan of the next meeting to the child. - Ends the conversation by thanking him.
Dissolution – Evaluation	7. Interview	-Consultant -Source Person -Leader	The nurse gives the child a certificate of achievement for completing the program. She indicates to the child her belief the child will be successful in friendships. The nurse thanks to the family and the child.	-The nurse makes a general summary. -Explains the purpose and content of this interview. -The nurse gives the child and his family the opportunity to ask questions and their questions are answered. -The nurse thanks the child for completing the program and gives the certificate of success. -The nurse applies the relevant data collection forms to the child.

Evaluation of Data:

Evaluation of the data was made in SPSS for Windows 11.5 (Chicago INC.) package program. Number, percentage, arithmetic mean, standard deviation, median, and minimum-maximum values were used in the intra-group distribution of descriptive data and scale scores. Non-parametric tests (Wilcoxon Test for intragroup difference, Man-Whitney U Test for intergroup difference) were used for statistical analysis of data that did not show normal distribution. Statistical significance value was accepted as $p < 0.05$.

Ethical Aspect of Research:

Written approval was obtained from the University Ethics Committee and the relevant Directorate of National Education for the implementation of the data collection forms and the Peer Bullying Counseling Program. The children participating in the study and their families were informed about the research and their verbal and written consents were obtained.

Results

After the Peer Bullying Counseling Program, it was determined that the BCSC scores of the children aged 11-12 who were bullied decreased and their ESCA and FRACEF scores increased.

Discussion

Different nursing approaches are required for children (bully, victim, spectator) who are in the cycle of bullying. In particular, there are no studies with a high level of evidence on how to care for bullying children. This theory-based study offers a different perspective to nurses and other professionals who will work with bullying children, who are the leading actors of the bullying cycle. The strengths of this research are that the counseling program enriched with different training techniques, taking into account the characteristics of the age period, was carried out with nurse-child one-to-one interaction/communication. This study protocol is different from the protocol of a similar study previously conducted by Albayrak et al. in Turkey.⁶³ Our protocol has brought a different perspective to the international literature in terms of developing special content for bullying children aged 11-12 and being based on individual interviews. The fact that the data were obtained only from measurement tools and the absence of parent/teacher participation can be considered as the limitations of the research.

The article 'SPIRIT 2013 Statement: Definition of Standard Protocol Items for Clinical Trials' translated into Turkish by Akın and Koçoğlu-Tanyer was used to write this study protocol.⁶⁴ In recent years, study protocol publications have begun to appear in the nursing

literature.^{65,66} Study protocol publications provide an opportunity for authors to present the model-based background of their research and important practical details.

Conclusion

In order to protect/improve child health, support growth and development, and thus create healthy societies, it is important that children who are bullied receive nursing care in coping with peer bullying. It is believed that the Peer Bullying Counseling Program based on the Interpersonal Relationship Model will be effective for bullying children aged 11-12 to display correct behaviors in peer relations and to increase their school welfare.

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