Perception Of Student Nurses' Bullying Behaviors And Coping Strategies Used In Clinical Settings

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Abstract

Background: Bullying in clinical settings exists, where nursing students share that same precarious nursing environment; it is imperative to discover if they too are the victims of bullying. ***Research purpose***: to explore bullying behaviors experienced by Damanhour nursing students in clinical nursing education, and to evaluate resources used to cope with these bullying behaviors. ***Methods:*** A comparative descriptive study design was adopted to carry out this study, at Faculty of Nursing in Damanhour. Total sample was all nursing students enrolled at the Faculty of Nursing - University of Damanhour at the academic year 2012-2013, (N=709). Two tools were used to collect the necessary data, consisted of three parts: Bullying Student Nurse Questionnaire; Brief COPE Inventory; and a demographic sheet. Data were analyzed using percentages and several chi-square tests. ***Results:*** the findings of this study revealed that 87.6 % of student nurses are experiencing bullying behaviors. The two most frequently reported negative behaviors were: negative remarks and undervalued efforts. Although, the most frequent source of bullying behaviors was demonstrators/clinical instructors; the confidant person, for whom students chose to report were faculty, and demonstrator/clinical instructor. Female students reported more frequently bullying behaviors rather than male students. The majority of students chose not to report bullying behaviors because they fear of poor evaluation, and as a response to bullying behavior "getting angry" was the most frequently reported. Students who experienced more bullying behaviors used religion and acceptance as adaptive strategies to cope with experiences of bullying behaviors. ***Conclusions:*** Bullying clearly exists in nursing education and is likely to continue unless nurse educators recognize the problem and agree to do something about it. Creating an organizational culture that actively encourages reporting of bullying is a first step in addressing this problem. Implications for practice include ensuring that demonstrators/clinical instructors are well prepared for their role as educators and implementing policies that address the issue of bullying to avoid perpetuating the cycle of bullying and the socialization of negative practices.

Key words: Bullying, nurses and bullying, coping strategies.

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1. Introduction

Many consider higher education one of the last domains of decorum — an environment for discovery and civility — an ivory tower where sage professors engage eager learners in academic debate, social discourse, and enlightened discussion (Clark, 2006). In nursing education, students are beginning to identify uncivil faculty behaviors, suggesting that, at times, faculty have contributed to dehumanizing conditions that negatively affect students (Hall, 2004). Indeed, Baldwin (1999) believes that a universal goal of higher education is to promote civility and respect, and argues that the role of higher education is to create scholars, working professionals, and good citizens. The concern over the presence of work-related violence and its impact on the wellbeing and retention of nurses continues to be a major concern in the nursing profession; bullying is one of the frequently encountered forms of work-related violence (Hutchinson, 2009); but due to its more subtle nature, research is emerging whereby it is separated (Bray, 2001). Workplace bullying is a serious problem for educational and other workplaces; it has existed for decades in nursing and in clinical settings, where nursing students share that same precarious nursing environment; it is imperative to discover if they too are the victims of bullying; as it appears to be a growing concern as nurse retention and recruitment become crucial factors in sustaining health care system (Clarke et al., 2012). Because today's students are tomorrow's colleagues, conversations regarding how to address bullying should include specific aspects of nursing academia and the preparation of new nurses (Luparell, 2011).

Nursing students are particularly vulnerable when entering this kind of workplace because they are often younger, have less clinical and life experience, fewer acquired coping skills, minimal power in the environment's hierarchy (Dellasega, 2009) and are unfamiliar with the environment and its standards (Andrews et al., 2005). The rates of bullying seem relatively high, which range from 2% to 5% in Scandinavian countries, 10% to 20% in the UK, and 10% to 14% in the United States (Keashly & Jagatic, 2011). Bullying refers to "situations where a person repeatedly and eventually feels subjected to negative treatment on the part of one or more persons, and where the person(s) exposed to the treatment have difficulty in defending themselves against these actions" (Einarsen et al., 2003). Stevenson et al. (2006) broadened this definition and offered that: "the bullying is generally repeated over time, and breaks the victim's will to defend him or herself by humiliating and demeaning the person in public or private". Sources of bullying against nurses include patients, patients' relatives, peers, faculty, and other professional groups (Lyneham, 2000). Bullying can be expressed in many ways, ranging from verbal aggression and excessive criticism or monitoring of work to social isolation or silent treatment; it is thus a question of the accumulation of many "minor" acts, amounting to a pattern of systematic maltreatment (Salin, 2008).

In schools of nursing, a hierarchy exists that reflects the dynamics of other workplace environments. The classroom embodies the structure of workplace units. Instructors and faculty represent supervisory positions. Students embody the status of subservient workers. If teacher-learner relationships are not positive, the student's needs for support and respect can go unmet, disempowering the student (Cooper et al., 2011). According to Cassell (2010), 72% of bullying

incidents in higher education are attributed to an imbalance of power due to the hierarchal structures of higher education. Since education precedes practice, nurse leaders and nurse educators need to be aware of power imbalances and whether bullying exists in order to know the type, source, and frequency of these behaviors and explore effective mechanisms to squelch such behaviors (Cassell, 2010). Clarke et al. (2012) cited that unhealthy work environments exist that include day-to-day violence and hostility in the workplace, which is a result of bullying, and the victimization of nurses. One theory of why individuals become bullies was proposed by Bray (2001), who suggests that workplace gender segregation, which can be found in careers such as nursing, and nurse education increase's the frequency of same-sex bullying; and states that 'people tend to work with colleagues of their own gender, there is a tendency for women to bully women and men to bully men'; and that the simple truth is that institutions need to address bullying to protect their students.

2. Literature Review

Although the phenomenon of bullying dates back decades, it is only in recent years that it has been at the forefront of research (Clarke et al., 2012). Bullying has been commonly associated with school yard settings and more recently places of work; however, bullying in the health care setting appears to be a growing concern that encompass negative and unwanted acts towards others (Clarke et al., 2012). In nursing education, students are beginning to identify uncivil faculty behaviors, suggesting that, at times, faculty have contributed to dehumanizing conditions that negatively affect students; leading to student anger, discontent, disrupted student-faculty relationships, problematic learning environments, and increased stress levels among students and faculty (Hall, 2004). Moreover, when students experience negative relationships with staff, they report feeling inhibited and undervalued (Vallant & Neville, 2006), intrusive, uncomfortable, and unwelcome (Jackson & Mannix, 2001). Students report feelings of anxiety during clinical rotation, which affects performance (Moscaritolo, 2009). Nursing students struggle with the stress of conflict in the classroom and clinical setting, creating an environment in which they witness and experience bullying firsthand (Lewis, 2004). Because nursing students are socialized into nursing while learning how to prioritize personal needs, nursing class assignments, and patient care needs, most students have little time to address or worry about bullying from others or directed toward others (Cooper et al., 2011).

Nursing students have the highest risk of experiencing aggression because of inexperience, frequent ward changes and the challenge of meeting new environments (Ferns & Meerabeau, 2007). In a study of nursing students in New Zealand, Foster et al. (2004) suggested that 90% of them had experienced some form of bullying while in placement. Similarly, Randle (2003) reported that nursing students often found their experience to be 'distressing and psychologically damaging'. Moreover, in this case, 'all students provided examples where they felt that some of the nurses with whom they worked would have used their position to bully ''subordinates'', with some participants going as far as comparing their experiences to bullying in schools'. Moreover, in a British study, around 35% of students reported having been bullied; and around one in four of the 1,000 students questioned said they had been bullied by a doctor, while one in six had been bullied by a nurse (Andrews et al., 2005). Additionally, in a qualitative study, 57% of student nurses either witnessed or experienced horizontal violence, in the form of: humiliation and lack of respect; powerlessness and becoming invisible; the hierarchical nature of horizontal violence, and impacted coping strategies and future employment choices (Curtis et al., 2007).

Similarly, Stevenson et al. (2006) reported that 53% of student nurses surveyed indicated that they had experienced negative interactions during their clinical placements. Alarmingly, 100% of nursing students surveyed in a study investigating the state of abuse in nursing education in Turkey, reported being yelled at or shouted at, were behaved toward in an inappropriate, nasty, rude or hostile way, or were belittled or humiliated; and seventy four percent had vicious rumors spread about them (Celik & Bayraktar, 2004). In this same study, 83.1% of student nurses reported experiencing academic abuse as being assigned responsibilities as punishment rather than for educational purposes, being punished with poor grades (Celik & Bayraktar, 2004). Supporting these results, a U.S. study revealed that 95.6% of fourth year nursing students surveyed, reported experiences of bullying behaviors; in which the most frequently reported bullying behaviors perceived included cursing or swearing, inappropriate, nasty, rude or hostile behaviors and belittling or humiliating behavior (Cooper et al., 2011).

The study of types, sources and frequency of bullying or violence behaviors encountered by Egyptian nurses in the workplace attracted noticeable attention recently (Abbas et al., 2010; Samir, 2012). All of them demonstrated the existence of bullying in workplace, where nursing students undertake a significant amount of their nursing education. Since nursing students share that same ambiguous nursing environment with professional nurses, it is imperative to discover if they too are the victims of bullying. It is a professional and ethical responsibility to be aware and facilitate change to stop the cycle of bullying; in order to improve the students' educational experience prior to entering a workforce in which bullying has been well documented. According to the best of the researcher's knowledge there has been paid a little attention to the investigation of bullying against nursing students in Egypt. This present study attempts to make a contribution to redressing this gap by determining perceived bullying behaviors which are experienced by nursing students and coping strategies used. Therefore, this study's main purpose was to explore bullying behaviors experienced by Damanhour nursing students in clinical nursing education, and to evaluate resources used to cope with these bullying behaviors.

Research aim and questions

The aim of this study was to explore bullying behaviors as perceived by Damanhour nursing students in clinical nursing education, and to evaluate strategies used to cope with these bullying behaviors.

The primary research question for this study was: what is the state of bullying in nursing education? The more specific questions that this study aimed to answer were: What are the types of bullying behaviors experienced by student nurses? Who are the sources of bullying behaviors in nursing education? What are the most coping strategies used by student nurses to deal with bullying behaviors?

3. Material and Methods:

3.1 Research design:

This is a comparative quantitative descriptive study.

3.2 Setting

The study was conducted at Faculty of Nursing - Damanhour University (Egypt).

3.3 Subjects

All nursing students, who were enrolled at the first, second, third, and fourth year of the academic year 2012-2013, at the Bachelor of Nursing Sciences program, were included. In total, 752 questionnaires were delivered and 722 of them returned. The initial examination of the returned questionnaires showed that 18 were incomplete; these were therefore excluded from the data analysis process; and 12 students refused to participate. The number of usable questionnaires was 722 (96.01 %).

3.4 Tool for data collection

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

Part I:

The Bullying Student Nurse Questionnaire, developed by Stevenson et al. (2006), was used to investigate student nurses' experiences of bullying. It comprises 26 statements associated with the phenomenon of bullying, on which students are asked to indicate behavior frequency. 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 the scores, the higher experiences of bullying behaviors.

Part II:

This part was developed by the researcher based on review of literature (Cooper et al., 2011; Clarke et al., 2012; Palaz, 2013); it is composed of two sections. First section comprises items related to the effects of bullying behaviors on the nursing students 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. Second section includes additional items extracted from the Negative Acts Questionnaire (NAQ), developed by Einarsen et al., (1994) to document type and frequencies of bullying behaviors, as well as sources and confidants; and reasons for not reporting these behaviors.

Part III:

The Brief COPE Inventory, developed by Carver et al. (1989), was used to capture adaptive and maladaptive coping strategies 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. 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, the higher coping mechanisms used.

Part IV:

This part included questions related to demographic characteristics of the study subjects such as age, gender, and academic year.

3.5 Methods

The study was executed according to the following steps:

Official approval from the dean of the Faculty of Nursing, Damanhour University was obtained prior to initiation of this research. The study questionnaires were translated into Arabic by the

researcher and were tested for content validity by five experts in the field of nursing. The experts were asked to evaluate the questionnaires after translation for readability; appropriateness; and ease of understanding. Modifications were done accordingly. The tools used in this study was tested for reliability using Cronbach's Alpha Coefficient test, its value was: the Bullying Student Nurse Questionnaire (0.79); and the Brief COPE Inventory (0.91). A pilot study was conducted on 80 nursing students (10 %) of the total sample size (N = 792), who were selected randomly from the previously mentioned setting in order to test the relevance and applicability of the study tool (10 students from each academic years; and 40 students from the internship year), who were excluded from the main study sample. Incomplete questionnaires were omitted for reliable data (N = 18); as well as students' refusal to participate (N = 12) leading to a total sample size (N = 722).

3.6 Ethical considerations: The purpose of the study was explained to each student and oral consent to participate in the study was obtained from them. Confidentiality and anonymity of participants; as well as their right to withdraw from the research at any time were ensured.

Data was collected through self-administered questionnaires that were distributed among the subjects at clinical settings to encourage full students' participation. Each questionnaire took approximately from 15 to 20 minutes/student. Extended time for data collection was performed (first year nursing students were collected at the end of the second semester) to ensure the experience gained by the first year nursing students at clinical settings. The data was collected for a period of 4 months started from the 1st of October 2012 to the 30th of November 2012 and from the 1st of March 2013 to the 30th of April 2013.

3.7 Statistical analysis

After data collection, it was revised, coded and fed to statistical software SPSS version 17. The given graphs were constructed using Microsoft Excel software. All statistical analysis was done using two tailed tests and alpha error of 0.05. P value equals to or less than 0.05 was considered to be significant. As for the tool, scores were given according to Likert scale items. Then the sum of scores for each subscale and total score was calculated by summing the scores given for responses. Descriptive statistics were done using frequencies, and percentages. Analytical statistics were done using significance test Pearson's chi square test and Mont Carlo exact test. The last one is alternative for the Pearson's chi square test if there were many small expected values.

4. Results

Table (1) shows that three-quarters of students had less than twenty years old (75.5 %); while about one-quarter had more than 20 years old (24.5 %). Approximately two-thirds of participants were female (67.5%); while only (32.5 %) were males. The majority of students were enrolled in the first academic year (31.4 %); whereas above one-quarter of the students were enrolled in the second year (26.3 %); followed by students of the fourth year (23.7 %). Lastly, the minority of the students were enrolled in the third year (18.6 %).

Table 1: Participants' Demographic Characteristics.

Demographic Characteristics	**No. (N = 722)**	**%**
Age (years)		

Demographic Characteristics	**No. (N = 722)**	**%**
▪ <20	545	75.5
▪ 20+	177	24.5
Gender		
▪ Male	*235*	*32.5*
▪ Female	*487*	*67.5*
Current Year of Study		
▪ First year	*227*	*31.4*
▪ Second year	*190*	*26.3*
▪ Third year	*134*	*18.6*
▪ Fourth year	*171*	*23.7*

Figure (1) shows the number of students who experienced bullying behaviors. The majority of nursing students experienced bullying behaviors (88 %); while the minority of them did not experience bullying behaviors (12 %).

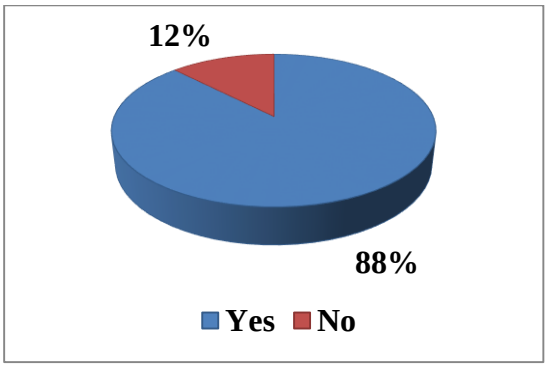

Figure (1): Distribution of the students who experienced bullying behaviors (N = 722).

Table (2) reveals that the undervaluing of efforts (83.2 %) is the most frequently reported bullying behavior as reported by student nurses in the clinical setting; followed by (81.9 %), who reported being subjected to negative remarks about becoming a nurse. The least reported bullying behaviors were: treated poorly on grounds of disability (1.3 %); then equal percentage for both treated poorly on grounds of race, and physically abused (1.8 %) each. Regarding first year, the top five reported bullying behaviors included: efforts being undervalued (66.1 %); negative remarks about becoming a nurse (65.2 %); treated with hostility (61.7 %); frozen out/ignored (60.4 %); and resentment towards me (53.3 %). Second year students reported most frequently that their efforts were undervalued (91.1 %); being told negative remarks about becoming a nurse (90.0 %); being treated with hostility (87.9 %); being frozen out or ignored (83.2 %); and being teased (82.6 %). Third year students reported most frequently their efforts were undervalued (98.5 %); being told negative remarks about becoming a nurse (96.3 %); receiving destructive criticism (93.3 %); being treated with hostility (92.5 %); and being frozen

out or ignored (90.3 %). Finally, fourth year students reported most frequently their efforts were undervalued (85.4 %); being told negative remarks about becoming a nurse (84.2 %); being treated with hostility (80.7 %); being frozen out or ignored (74.3 %); and receiving destructive criticism (66.7 %).

Table 2: Individual Bullying Behaviors Experienced According to Year of Study

Bullying Behaviors	*1st year (N = 227)*		*2nd year (N = 190)*		*3rd year (N = 134)*		*4th year (N = 171)*		*Total (N = 722)*	
	No.	*%*	*No.*	*%*	*No.*	*%*	*No.*	*%*	*No.*	*%*
Threats of physical violence	*10*	*4.4*	*11*	*5.8*	*19*	*14.2*	*62*	*36.3*	*102*	*14.1*
Intimidated with disciplinary measures	*67*	*29.5*	*122*	*64.2*	*96*	*71.6*	*13*	*7.6*	*298*	*41.3*
Threatened with a poor evaluation	*49*	*21.6*	*73*	*38.4*	*75*	*55.9*	*32*	*18.7*	*229*	*31.7*
Impossible expectations were set for me	*63*	*27.8*	*128*	*67.4*	*101*	*75.4*	*11*	*6.4*	*303*	*42.1*
Inappropriate jokes were made about me	*41*	*18.1*	*106*	*55.8*	*81*	*60.4*	*15*	*8.8*	*243*	*33.7*
Malicious rumors were spread about me	*15*	*6.6*	*21*	*11.1*	*18*	*13.4*	*13*	*7.6*	*67*	*9.3*
Unjustly criticized	*77*	*33.9*	*146*	*76.8*	*113*	*84.3*	*26*	*15.2*	*362*	*50.1*
Information was withheld from me purposefully	*13*	*5.7*	*74*	*38.9*	*21*	*15.7*	*4*	*2.3*	*112*	*15.5*
Attempts were made to belittle/undermine my work	*92*	*40.5*	*147*	*77.4*	*99*	*73.9*	*25*	*14.6*	*363*	*50.3*
Treated poorly on grounds of race	*1*	*0.4*	*6*	*3.2*	*2*	*1.5*	*4*	*2.3*	*13*	*1.8*
Treated poorly on grounds of disability	*1*	*0.4*	*3*	*1.6*	*3*	*2.2*	*2*	*1.2*	*9*	*1.3*
Treated poorly on grounds of gender	*15*	*6.6*	*33*	*17.4*	*69*	*51.5*	*7*	*4.1*	*124*	*17.2*
Expectation of work were changed without notice	*17*	*7.5*	*109*	*57.4*	*91*	*67.9*	*14*	*8.2*	*231*	*32.1*
Responsibilities were removed without warning	*9*	*4.0*	*75*	*39.5*	*26*	*19.4*	*5*	*2.9*	*115*	*16.1*
Placed under undue pressure to produce work	*104*	*45.8*	*123*	*64.7*	*111*	*82.8*	*85*	*49.7*	*423*	*58.6*
Physically abused	*3*	*1.3*	*5*	*2.6*	*3*	*2.2*	*2*	*1.2*	*13*	*1.8*
Verbally abused	*102*	*44.9*	*121*	*63.7*	*109*	*81.3*	*83*	*48.5*	*415*	*57.5*
Treated with hostility	*140*	*61.7*	*167*	*87.9*	*124*	*92.5*	*138*	*80.7*	*569*	*78.8*
Attempts were made to demoralize me	*91*	*40.1*	*145*	*76.3*	*101*	*75.4*	*27*	*15.8*	*364*	*50.4*
Teased	*79*	*34.8*	*157*	*82.6*	*109*	*81.3*	*53*	*30.9*	*398*	*55.1*
Efforts were undervalued	*150*	*66.1*	*173*	*91.1*	*132*	*98.5*	*146*	*85.4*	*601*	*83.2*
Humiliated in front of others	*103*	*45.4*	*119*	*62.6*	*112*	*83.6*	*82*	*47.9*	*416*	*57.6*
Resentment towards me	*121*	*53.3*	*142*	*74.7*	*107*	*79.9*	*112*	*65.5*	*482*	*66.8*
Destructive criticism	*119*	*52.4*	*131*	*68.9*	*125*	*93.3*	*114*	*66.7*	*489*	*67.7*
Frozen out/Ignored	*137*	*60.4*	*158*	*83.2*	*121*	*90.3*	*127*	*74.3*	*543*	*75.2*
Negative remarks about becoming a nurse	*148*	*65.2*	*171*	*90.0*	*129*	*96.3*	*144*	*84.2*	*592*	*81.9*

According to table (3) there were no significant differences between academic year and sources of bullying behaviors reported by nursing students. Student nurses identified demonstrators or clinical instructors as the most frequent perpetrators of bullying behaviors (89.3 %); whereas the least frequent perpetrators of bullying behaviors were physicians (53.7 %). The first, second, third and fourth year nursing students found that demonstrators or clinical instructors were the most frequent sources of bullying behaviors (86.3 %, 91.1 %, 91.0 %, and 90.1 %), respectively.

However, the first year students stated that the least frequent sources was faculty (43.2 %); third year students indicated that the least frequent sources were patient/family member (41.8 %); and finally, the second and fourth year students stated that the least frequent sources were physician (50.0 %, and 36.8 %), respectively.

Table 3: Sources of bullying behaviors reported by nursing students

Sources [$]	***1st year***		***2nd year***		***3rd year***		***4th year***		***Total***		**P** [+]
	(N = 227)		***(N = 190)***		***(N = 134)***		***(N = 171)***		***(N = 722)***		
	No.	***%***	***No.***	***%***	***No.***	***%***	***No.***	***%***	***No.***	***%***	
Demonstrator/Clinical instructor	*196*	*86.3*	*173*	*91.1*	*122*	*91.0*	*154*	*90.1*	*645*	*89.3*	0.514
Faculty	*98*	*43.2*	*147*	*77.4*	*74*	*55.2*	*96*	*56.1*	*415*	*57.5*	0.185
Staff nurse	*189*	*83.3*	*123*	*64.7*	*116*	*86.6*	*169*	*98.8*	*597*	*82.7*	0.208
Physician	*135*	*59.5*	*95*	*50.0*	*95*	*70.9*	*63*	*36.8*	*388*	*53.7*	0.075
Other hospital staff	*179*	*78.9*	*116*	*61.1*	*99*	*73.9*	*100*	*58.5*	*494*	*68.4*	0.185
Classmate	*122*	*53.7*	*124*	*65.3*	*89*	*66.4*	*149*	*87.1*	*484*	*67.0*	0.227
Patient/Family member	*167*	*73.6*	*109*	*57.4*	*56*	*41.8*	*119*	*69.6*	*451*	*62.5*	0.083

P [+] P value for Pearson X^2 test
[$] More than one response was allowed

Table (4) shows that there were significant differences between academic year and demonstrator/clinical instructor; as well as faculty as confidant person to whom student nurses chose to tell their experiences of bullying behaviors where P = (0.048, and 0.041), respectively. The first, second and fourth year students stated that their classmate were the most confidant person (87.2 %, 78.4 %, and 91.2 %), respectively. However, the third year students indicated that their faculty were the most confidant (88.8 %).

Table 4: Confidant to whom student nurses chose to tell their experiences of bullying behaviors.

Confidant [$]	***1st year***		***2nd year***		***3rd year***		***4th year***		***Total***		**P** [+]
	(N = 227)		***(N = 190)***		***(N = 134)***		***(N = 171)***		***(N = 722)***		
	No.	***%***	***No.***	***%***	***No.***	***%***	***No.***	***%***	***No.***	***%***	
Demonstrator/Clinical instructor	*43*	*18.9*	*36*	*18.9*	*59*	*44.0*	*61*	*35.7*	*199*	*27.7*	0.048*

Confidant [$]	*1st year (N = 227)*		*2nd year (N = 190)*		*3rd year (N = 134)*		*4th year (N = 171)*		*Total (N = 722)*		P [+]
	No.	*%*	*No.*	*%*	*No.*	*%*	*No.*	*%*	*No.*	*%*	
Faculty	*89*	*39.2*	*77*	*40.5*	*119*	*88.8*	*143*	*83.6*	*428*	*59.3*	0.041*
Staff nurse	*7*	*3.1*	*3*	*1.6*	*5*	*3.7*	*59*	*34.5*	*74*	*10.2*	0.057
Hospital manager	*2*	*0.9*	*0*	*0.0*	*0*	*0.0*	*15*	*8.8*	*17*	*2.4*	0.417!
Classmate	*198*	*87.2*	*149*	*78.4*	*109*	*81.3*	*156*	*91.2*	*612*	*84.8*	0.678
Others(student's family members)	*99*	*43.6*	*127*	*66.8*	*89*	*66.4*	*68*	*39.8*	*383*	*53.0*	0.195

P [+] P value for Pearson X^2 test
!P value based on Mont Carlo exact probability
[$] More than one response was allowed
** P < 0.05 (significant)*

Table (5) indicates that out of 722 participants, 66.1 % (n = 477) did not report bullying behaviors. Moreover, it was noted that females were more likely to report incidents of bullying behaviors than males (P = 0.000). The highest percentage of female students reported bullying (75.5 %); compared to the highest percentage of male students who did not report bullying behaviors (36.7 %).

Table 5: Relationship between bullying behaviors reported and gender

Gender	*Reported (N = 245)*		*Not reported (N = 477)*		*P +*
	No.	*%*	*No.*	*%*	
Male	*60*	*24.5*	*175*	36.7	0.000*
Female	*185*	*75.5*	*302*	63.3	

P [+] P value for Pearson X^2 test
** P < 0.05 (significant)*

Table (6) states that there were significant differences between academic year and fear of poor evaluation; dealing with bullying behaviors by him/herself; and the effort not worth where P = (0.008, 0.017, and 0.021), respectively. Among 477 participants who did not report bullying behaviors, the fear of poor evaluation (65.6 %) and the belief that it is not worth the effort (56.4 %) were most commonly reported reasons why students did not report their experiences of bullying behaviors.

Table 6: Reasons why students chose not to report experiences of bullying behaviors

Reasons[$]	*1st year (N = 191)*		*2nd year (N = 129)*		*3rd year (N = 98)*		*4th year (N = 59)*		*Total (N = 477)*		*P* +
	No.	*%*	*No.*	*%*	*No.*	*%*	*No.*	*%*	*No.*	*%*	
Fear of poor evaluation	*99*	*51.8*	*89*	*68.9*	*74*	75.5	*51*	*86.4*	*313*	*65.6*	0.008*
Not worth the effort	*91*	*47.6*	*79*	*61.2*	*57*	58.2	*42*	*71.2*	*269*	*56.4*	0.021*
Nothing will be done	*74*	*38.7*	*59*	*45.7*	*66*	67.3	*49*	*83.1*	*248*	*51.9*	0.257
I have to deal by myself	*5*	*2.6*	*7*	*5.4*	*36*	36.7	*57*	*96.6*	*105*	*22.0*	0.017*

P + *P value for Pearson X^2 test*
$ More than one response was allowed
** P < 0.05 (significant)*

Table (7) emphasizes that there were no significant differences between nursing students at the four academic year and the effects of bullying on them. The most reported effect of bullying was that nursing students felt "anger", at the four academic years (88.6 %); followed by "becoming forgetful" (68 %); then "loss of concentration" (58.9 %). However, the least frequent effect was "increasing consumption of cigarette" (1.7 %); followed by "panic attack" (4.7 %); and finally, "damaging physical health" (5.7 %).

Table 7: Effects of Bullying on nursing students

Effects [$]	*1st year (N = 227)*		*2nd year (N = 190)*		*3rd year (N = 134)*		*4th year (N = 171)*		*Total (N = 722)*		P +
	No.	*%*	*No.*	*%*	*No.*	*%*	*No.*	*%*	*No.*	*%*	
Physical effects											
Feeling of extreme fatigue or exhaustion	*97*	*42.7*	*85*	*44.7*	*61*	*45.5*	*88*	*51.5*	*331*	*45.8*	*0.671*
Becoming forgetful	*146*	*64.3*	*115*	*60.5*	*108*	*80.6*	*122*	*71.3*	*491*	*68.0*	*0.107*
Insomnia	*32*	*14.1*	*25*	*13.2*	*19*	*14.2*	*29*	*16.9*	*105*	*14.5*	*0.816*
Increasing consumption of cigarette	*2*	*0.9*	*3*	*1.6*	*2*	*1.5*	*5*	*2.9*	*12*	*1.7*	*0.842!*
Panic attack	*12*	*5.3*	*9*	*4.7*	*6*	*4.5*	*7*	*4.1*	*34*	*4.7*	*0.661*
Damaging physical health	*16*	*7.0*	*10*	*5.3*	*7*	*5.2*	*8*	*4.7*	*41*	*5.7*	*0.558*
Psychological effects											
Getting angry	*189*	*83.3*	*178*	*93.7*	*119*	*88.8*	*154*	*90.1*	*640*	*88.6*	*0.705*
Losing self confidence	*79*	*34.8*	*57*	*30.0*	*44*	*32.8*	*65*	*38.0*	*245*	*33.9*	*0.557*
Impossible to bear criticism	*46*	*20.3*	*28*	*14.7*	*24*	*17.9*	*35*	*20.5*	*133*	*18.4*	*0.712*

Effects [$]	*1st year* (N = 227)		*2nd year* (N = 190)		*3rd year* (N = 134)		*4th year* (N = 171)		*Total* (N = 722)		P [+]
	No.	*%*	*No.*	*%*	*No.*	*%*	*No.*	*%*	*No.*	*%*	
Feeling guilty	*21*	*9.3*	*15*	*7.9*	*11*	*8.2*	*10*	*5.8*	*57*	*7.9*	*0.499*
Organizational effects											
Thinking about leaving profession	*52*	*22.9*	*33*	*17.4*	*31*	*23.1*	*49*	*28.7*	*165*	*22.9*	*0.547*
Diminishing faculty performance	*83*	*36.6*	*65*	*34.2*	*54*	*40.3*	*76*	*44.4*	*278*	*38.5*	*0.634*
Loss of concentration	*121*	*53.3*	*106*	*55.8*	*95*	*70.9*	*103*	*60.2*	*425*	*58.9*	*0.305*
Reducing motivation	*109*	*48.0*	*94*	*49.5*	*76*	*56.7*	*98*	*57.3*	*377*	*52.2*	*0.631*
Dysfunction social life	*27*	*11.9*	*18*	*9.5*	*14*	*10.4*	*16*	*9.4*	*75*	*10.4*	*0.541*

P [+] P value for Pearson X^2 test
!P value based on Mont Carlo exact probability
[$] More than one response was allowed

According to table (8), student nurses reported using "religion" as coping strategies most frequently (45 %); followed closely by "acceptance" coping (44 %); "self-blame" coping (36.6 %); and "humor" coping (26.2 %). However, the "use of instrumental support"; and the "positive reframing" were the least used coping strategies (6.1 %, and 6.4 %), respectively.

Table 8: Individual coping strategies used to overcome bullying in nursing education

Coping strategies used with bullying in nursing education [$]	*No. (N = 722)*	*%*	*Ranking*
Self distraction	*113*	*15.7*	*6*
Active coping	*84*	*11.6*	*10*
Denial	*102*	*14.1*	*7*
Substance abuse	*63*	*8.7*	*11*
Use of emotional support	*97*	*13.4*	*8*
Use of instrumental support	*44*	*6.1*	*14*
Behavioral *disengagement*	*138*	*19.1*	*5*
Venting	*57*	*7.9*	*12*
Positive *reframing*	*46*	*6.4*	*13*
Planning	*86*	*11.9*	*9*
Humor	*189*	*26.2*	*4*
Acceptance	*318*	*44.0*	*2*
Religion	*325*	*45.0*	*1*
Self-blame	*264*	*36.6*	*3*

$ More than one response was allowed

5. Discussion

Bullying must be dealt with at different levels (interpersonally, organizational and societal); as it is multifaceted phenomenon (Clarke et al., 2012). In nursing, bullying behaviors have commonly been referred to as nurses "eating their young" (Bartholomew, 2006). Those at particular risk of being targeted include students, inexperienced graduate nurses, and new hires (Randle, 2003). Nursing education mainly is based in clinical settings, so it is important to be conducive to learning, because part of the learning is social in nature, and consequently the development of professional self-esteem takes place, where students develop their identity as a nurse as well as begin to assimilate professional norms (Randle, 2003). When staff-student relationships are successful, socialization of students to the professional nursing role allows for development and refinement of the knowledge and skills necessary to manage care as part of a team (American Association of Colleges of Nursing, 2008). Therefore, the current study was performed to explore bullying behaviors as perceived by Damanhour nursing students in clinical nursing education, and to evaluate strategies used to cope with these bullying behaviors.

The current study findings showed that 88% of nursing students experienced bullying behaviors in the clinical setting, where nursing students undertake a significant amount of their nursing education. This could be due to the societal trend toward tolerance for increasing levels of negative behaviors or even their fear and intimidation. In addition to that, all students are young, so they lack the suitable way to deal with bullying. These results are consistent with Clarke et al. (2012), who found that the majority of nursing students (88.72%) surveyed, reported experiencing negative behaviors, otherwise recognized as bullying behaviors in the clinical setting. Other international studies where upwards of 90% of nursing students reported experiencing bullying behaviors in the clinical setting (Celik & Bayraktar, 2004; and Foster et al., 2004; Cooper et al., 2011). On the other hand, it is much higher than a Turkish and U.K. studies that stated only more than half of the respondents were exposed to bullying during their education (60%, and 53%), respectively (Stevenson et al., 2006; Palaz, 2013). This is supported by Baltimore (2006), who concluded that nursing students do encounter bullying behaviors in baccalaureate nursing schools which leave them feeling powerless and frustrated and create a hostile environment.

Bullying was experienced by nursing students in the form of undervaluing of efforts, being subjected to negative remarks about becoming a nurse and verbal abuse that appears to be the most predominant forms of bullying. Moreover, the highest percentages of bullied students was from third year, followed by second, fourth and finally first year. This may be related to the students' perception of themselves as an oppressed group and that teaching staff have the upper hand on their evaluation. Moreover, the first year nursing students' training is limited to only one semester of clinical area; whereas, the third, second, and fourth year students had their clinical training for the whole year which make their contact with others more often, exhausting and stressful for them. Consistent with this study is Foster et al. (2004), who identified that 90% of nursing students reported experiencing some form of bullying while on clinical placement. Alarmingly, 100% of nursing students surveyed in a study investigating the state of abuse in nursing education in Turkey, reported being yelled at or shouted at, were behaved toward in an

inappropriate, nasty, rude or hostile way, or were belittled or humiliated. Seventy four percent had vicious rumours spread about them (Celik & Bayraktar, 2004). In this same study, 83.1% of student nurses reported experiencing academic abuse which included being told negative remarks about becoming a nurse, were assigned responsibilities as punishment rather than for educational purposes, were punished with poor grades or were shown hostility following an academic accomplishment (Celik & Bayraktar, 2004).

Supporting these results, a U.S. study which revealed that the most frequently reported behaviors perceived to be bullying included cursing or swearing (41.1%), inappropriate, nasty, rude or hostile behaviors (41%) and belittling or humiliating behavior (32.7%) (Cooper et al., 2011). Moreover, Stevenson et al. (2006) found that the least frequent negative behavior selected by the students was the threat of actual physical violence which was reported by 2.5% of the sample. Partially consistent with the results of this study is Clarke et al. (2012), who stated that third and fourth year nursing students are experiencing more bullying behaviors than first and second year students, with first year students reporting the least amount of bullying behaviors. A Turkish study also noted statistical significance in third and fourth year students who experienced verbal and academic abuse more often than first and second year students (Celik & Bayraktar, 2004). Conversely, Clarke et al. (2012) pointed out that 7.2% of student nurses reported having been physically abused and 87 students (12.91%) reported having been threatened with physical harm. Additionally, in a survey of third year nursing students, Ferns and Meerabeau (2007) reported that 45.1% of respondents experienced verbal abuse, and that the fourth most reported bullying behavior for student was making sarcastic remarks or gestures. Furthermore, a New Zealand study of student nurses revealed that the majority of student nurses who were bullied, were in their first year (27.7%) and second year (61%) (Foster et al., 2004).

Regarding the sources of bullying, the results of this study revealed that demonstrators/clinical instructors are the most frequent perpetrators of bullying behaviors as perceived by the nursing students of the four years followed by staff nurses; whereas the least frequent perpetrators of bullying behaviors were physicians for the second and fourth year; faculty for the first year; and finally, patient/family member for the third year nursing students. This may be related to the students' frequent contact with their teaching assistants and staff nurses in clinical settings where they spend long clinical hours; while physicians deal frequently with teaching staff for any suggestions or comments. The faculty also deal passionately with first year in order to engage them more in faculty's life. These results are consistent with that of Clarke et al. (2012), who identified that student nurses are experiencing and witnessing bullying behaviors at various frequencies, most notably by clinical instructors, who hold both authoritarian and evaluative position, and staff nurses, who were behaving in a passive and unhelpful manner. Furthermore, Magnussen and Amundson (2003) noted that respondents reported that some nursing instructors actually impede their educational experiences, undervalue them, or treat them in uncaring ways. In contrary, Celik and Bayraktar (2004) found that all the studied nursing students were bullied by their classmates as the primary offender through verbal abuse, followed by faculty (41.3%), patients (34.2%), nurses (33.8%) and physicians (31.6%). Along with this last study is the study of Cooper et al. (2011), who investigated student nurses' perceptions of bullying behaviors, and found that classmates were the most frequent source of bullying behaviors by 8 out of 12; followed by faculty by 5 out of 12. Ferns and Meerabeau (2007) likewise reported that patients were the greatest perpetrators of verbal abuse against student nurses in a U.K. study, followed by

health care workers and visitors or relatives. In addition to that, Baltimore (2006) stated that faculty were cited as the primary source of bullying behaviors by all the nursing students, who had encountered at least one bullying behavior. This is supported by Cooper et al. (2011), who found that teaching assistants were the most frequently reported source for bullying behaviours, which is manifested by assignments, tasks, work, or rotation responsibilities made for punishment rather than educational purposes; a bad grade given as punishment; and unmanageable workloads or unrealistic deadlines leading to potential negative impact on student health and academic performance.

Concerning the confidant person for whom the nursing students choose to verbalize their experience of bullying behaviors, the results showed that there were significant differences between academic year and demonstrator/clinical instructor; as well as faculty. The first, second and fourth year students stated that their classmate were the most confidant person. This may be due to their fear from punishment or stressful situation, so they choose an informal source to tell them their victimization experience. Surprisingly, the third year nursing students choose faculty to be the most confidant person. This may be related to their trust in faculty who were not from their academic year of study but deal with them during extra-curricular activities. These results are consistent with several studies who indicated that students mentioned their classmates as the most frequent confidant for reporting bullying experiences because victims chose most frequently close sources, such friends and family members when reporting their experiences of victimization (Stevenson et al., 2006; Longo, 2007; Clarke et al., 2012).

Pertaining to bullying behaviors reported, there was a significant difference between gender and the reporting of bullying behaviors. The majority of the respondents did not report bullying behaviors; whereas the majority of the reporting part were females, who were more likely to report incidents of bullying behaviors than males. This may be due to the female's nature of being underestimated than male; male also found that they will lose their dignity and will feel shamed if they will report the bully behaviors. This is in line with Sable et al. (2006), who revealed that males were significantly more concerned about shame, guilt and embarrassment, issues surrounding confidentiality and fear of not being believed, which support society's prevailing misconception that males are innately strong and assertive and are in no need for protection or support. This may be also in part due to the fear of stigmatization that accompanies the reporting of male victimization (Victims of Violence, 2008). This is supported by Bray (2001), who suggested that workplace gender segregation, which can be found in careers such as nursing, and nurse education, increases the frequency of same-sex bullying. Bray (2001, p. 23) states '...people tend to work with colleagues of their own gender, there is a tendency for women to bully women and men to bully men.'

As for the reason of not reporting the experienced bullying behavior, there were significant differences between academic year and three reasons why students chose not to report their experiences of bullying behaviors, namely: fear of poor evaluation; the effort not worth; and dealing with bullying behaviors by him/herself. This may be due to the lack of mechanisms to deal with bullies, as the absence of disclosure procedures for bullying experiences safely, no counseling for the bullied or disciplinary or training strategies to deal with the bully. This is consistent with the findings of Clarke et al. (2012), who stated that nursing students justified not taking action as a result of experiencing bullying behaviors by making excuses for the poor

behavior, minimizing the event and its impact, normalizing the behavior and fearing a poor evaluation. Furthermore, Stevenson et al. (2006) found that nursing students identified that reporting bullying was not worth the effort, wished not to jeopardize their assessment and that it is something that one must simply adapt with. Additionally, Foster et al. (2004) mentioned that nursing students hesitated to report bullied behavior which may explain the small number of students who reported these behaviors. This is also in line with Hoel et al. (2007) who, in a qualitative study investigating the realities and expectations of nursing students, reported that students defended the poor behavior, to the extent of suggesting that it may serve a purpose or that it was due to pressure and/or workload or previous experiences of bullying. Gray and Smith (2000) suggested that this may be as an attempt to facilitate the process of socialization and become accepted within the nursing society.

The most reported effect of bullying was feeling of anger; followed by becoming forgetful and finally, lose concentration, at the four academic years. On the other hand, the least frequent effects, for the nursing students at the four year, were increasing consumption of cigarette; panic attack; and lastly, damaging physical health. This may be due to the bullying behaviors which may ruin the emotions of the students and make them frustrated leading to alteration in performance within the academic setting. Additionally, the power struggle and imbalance between students and faculty will influence students that they will have too much to lose if they stood up for themselves or tried to confront faculty. Bullying also impacted the participants, in most cases, by making them more resilient and focused on succeeding in order to overcome the bullying behavior. This is consistent with Randle (2003), who identified that student nurses exhibited signs of burn out, apathy, passive anger and distancing themselves from colleagues and patients. Nurses also have compared the clinical setting to that of a battlefield and described their environment as hostile (Farrell, 2001). Similarly and across studies, nursing students have reported both psychological and physical reactions such as, feelings of helplessness, feeling depressed, fear and guilt (Celik & Bayraktar, 2004), sleeplessness, anger, anxiety, worrying, stress, self-hatred, a decrease in confidence, and an increase in absence or sickness (Randle, 2003; Foster et al., 2004; Clarke et al., 2012). This is supported by the Institute for Safe Medication Practices (2004), which revealed that 7% of healthcare providers surveyed, reported being involved in a medication error as a result of intimidating behavior, leading to patient exposure to the ill effects of bullying behaviors too.

Religion was the most frequently used coping strategy by nursing students; followed by acceptance; self-blame; and humor. However, use of instrumental support; and positive reframing were the least used coping strategies. This may be related to the religious effect, traditions, culture and the impact of prayer places; as well as familial bond on the respondents. Moreover, nursing students use these adaptive coping strategies in order to put aside any barriers that is required for successful completion of their program of study or may hinder their scholarly progress which will result in delaying their career. This is in line with Hoel et al. (2007), who reported that student nurses rationalized nurses' bullying behaviors, by blaming it on stress and pressure in the workplace, and described having to develop a thicker skin to cope. In another study, nursing students made excuses for the perpetrators' behaviors and accepted bullying behavior as a normal part of their experiences as a student, and also reported putting up with it as a means of coping (Stevenson et al., 2006). Partially consistent with the findings of the present study is a U.S. study, which determined behaviors used to cope with bullying as: doing nothing,

putting up barriers, speaking to the bully, pretending not to see the behavior, reporting the behavior to a superior and increasing the use of unhealthy coping behaviors (Cooper et al., 2011). On the other hand, Clarke et al. (2012), who estimated that students who experienced more bullying behaviors used more maladaptive strategies to cope with experiences of bullying behaviors. Nursing students also increase the use of coping behaviors, such as doing nothing, putting up barriers and pretending not to see the abuse most frequently (Celik & Bayraktar, 2004; Cooper et al., 2011). Moreover, Randle (2003) described that student nurses reported the use of adaptive coping methods such as reframing, seeking emotional support, using active coping and seeking instrumental support. This was supported by Curtis et al. (2007), who revealed that student nurses who were subjected to violence resorted to accepting that nursing is a difficult profession to survive, with unavoidable negative experiences and they have to develop a tough exterior to carry on.

The results of this study indicate a critical need in nursing and nursing education for a better understanding of bullying behaviors. Regardless of the scant empirical evidence to date that suggests bullying in nursing education is harmful, student nurses share a workplace environment with staff nurses, patients, physicians, clinical instructors, classmates and other hospital staff members, where the negative effects of bullying have been duly confirmed. Faculties of nursing must ensure that clinical instructors are equipped with the knowledge and skills to effectively interact with students in the clinical setting, in order to modify the learning environment to facilitate respectful interactions and to teach students how to respond appropriately when bullying behavior occurs (Baltimore, 2006). It is noted that academic bullying can disrupt students' interactions, as well as creating problematic learning environments filled with stress; therefore increasing support to nursing students to cope with and address bullying behaviors may result in enhanced student well-being, as well as reduce their propensity to leave the profession (Celik & Bayraktar, 2004). While the types, frequencies, and sources of bullying vary, the presence of these behaviors at any level is problematic and requires the development of supportive interventions and additional research.

6. Limitations of the study

The strengths of this study are the large number of respondents from baccalaureate program. There are some limitations to this study. At best, there is the potential for inaccurate results due to the possibility of over reporting. Finally, generalisability is limited by the nature of the study and the study sample, as it is not representative of all nursing students in the country.

7. Conclusion and recommendations

This paper has addressed a specific issue of Egyptian student nurses' experiences of bullying while on clinical settings, it has identified common issues that future student nurses may face during their education, which leave them feeling powerless and frustrated and create a hostile environment. Results suggest that nursing students experience and witness bullying behaviors at various frequencies, most notably by demonstrators/clinical instructors and staff nurses at the four academic year. Therefore, the results of the study indicate a critical need in nursing and nursing education for a better understanding of bullying behaviors. Nursing students need increased support in order to cope with and address bullying behaviors. This may result in enhanced student well-being, better integration into the profession, increased satisfaction with nursing and reduce their propensity to leave the profession. In doing this, nurse educators and

health care organizations that offer placement opportunities should recognize the problem and agree to do something about it, by creating an organizational culture that actively encourages reporting of bullying. It is hoped that this research will empower employers, clinical colleagues, and educators to support an organizational response to bullying for the benefit of nursing students who need a positive teaching-learning environment in which to learn to give nursing care and improve relationships between students and faculty.

Recommendation is to create a culture where management supports the workforce against bullying and is prepared to develop and actually implement anti-bullying procedures. Resources for effective communication and feedback, orientation, teaching and evaluation strategies may be useful for clinical instructors in assuming their role as educators in the clinical setting, prior to placing them in a position of authority and influence to minimize bullying. Furthermore, strategies to increase nursing student awareness of this problem and its potential consequences are indicated, such as: the development of written policies and guidelines with a clear statement of a "Zero Tolerance" approach to any inappropriate behaviors; identifying a single resource available to students for coping with bullying; and a well publicized, active, and supportive resource center would serve to decrease the incidence of bullying in the classroom. It is further recommended that faculties should develop student orientation programs, and seminars sessions for the inclusion of formal and informal training on bullying. Faculty development programs should include training to raise awareness of and increase sensitivity to bullying, along with resolutions to the problem in nursing education.

8. Implications for nursing management

Implications for nursing management include ensuring that clinical instructors are well prepared for their role as educators. Policies must be developed that address the issue of bullying within nursing programs and within health care facilities where nursing students undertake their clinical nursing education. Reinforcement in the curriculum through professional behavior courses will assist faculty and students to remain aware of bullying. Additionally, educational content focused on skill building to help student nurses respond appropriately when they are a victim of bullying as well as when they witness bullying of another could help break the cycle of abuse.

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9. References

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