

Sources of Bullying Behavior, and Coping Strategies among Student Nurses in Karachi, Pakistan

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ABSTRACT

BACKGROUND & OBJECTIVE: Bullying is increasing daily among healthcare professionals. Nursing students (NS) are particularly victimized due to their novelty in nursing. The objective of the current study was to find out the frequency of bullying behavior, sources (perpetrators), and coping strategies among NS in Karachi, Pakistan.

METHODOLOGY: A cross-sectional survey was conducted among NS at the Dow Institute of Nursing and Midwifery, Dow University of Health Sciences, Karachi, Pakistan. The study duration was three months. Purposive sampling was applied to recruit the participants in the study. NS, who were bullied, were included in the study. Unwilling participants were excluded from the study. An adapted questionnaire was administered for data collection. According to its objectives, this study adapted the bullying behavior of nursing education questionnaire (BBNEQ) from previous studies. The data was analyzed and entered into SPSS version 26.0, and frequencies of different types of bullying, sources (perpetrators), and coping strategies were concluded through percentages, means, and standard deviations. The chi-square test was used to determine the association between frequencies of bully behavior and its sources and coping strategies by considering 95% C.I. and p-value <0.05, which are considered significant. For a pictorial view, a bar chart depicted the frequency of bullying at the nursing institute and during clinicals.

RESULTS: Out of 300 NSs, 193 (64.3%) were bullied in their clinical practice, and 35 (11.7%) reported bullying in nursing school. The frequency of bullying behavior was significantly ($p \leq 0.001$) associated with the source and coping strategies among NS. There were 171 seniors (57.0%) who regularly bully NS, 117 teachers (39.0%) who sometimes bully NS, and 145 physicians (48.3%) who rarely bully NS. Most female NS, 84 (28.0%), did nothing, and the highest proportion of male NS directly, 60 (20.0%), spoke to the perpetrator.

CONCLUSION: The present study found that most NS were bullied in clinical settings. Senior nurses and teachers were substantial sources of bullying among NS. Most NS did nothing as a coping strategy to combat bullying behavior. The sources of bullying behavior and coping strategies were significantly associated with the frequency of bullying behavior.

KEYWORDS: Bullying behavior, Perpetrators, Coping strategies, Student nurses.

INTRODUCTION

Nursing is recognized as a profession committed to compassion, yet bullying is widespread. ^[1] It is a crucial problem in modern society that bullying adversely affects a student's training and patient care. ^[2] During the past three decades, NS has been bullied in various ways, including through rude remarks, disrespect, aggressive behavior, unreasonable expectations, hostile treatment, derogatory comments, and threats ^[3].

Globally, the prevalence of bullying is increasing daily among healthcare professionals, especially nursing students (NS), who are victims due to their novelty in nursing ^[4]. Bullying is still a problem in the nursing profession ^[5]. In a recent study, 78% of students reported bullying ^[6]. Another study found that 60% of nurses leave their first jobs because of bullying ^[3]. Furthermore, 40% of student nurses are bullied on clinical placement in New Zealand ^[7]. Almost 32.6% are exposed to workplace violence in Australia ^[8]. A secondary analysis of 833 Australian and 561 UK students explored that Australian

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students faced a higher rate of bullying (50.1%) than UK students (35.5%) [9]. Bullying at work significantly impacts nursing outcomes in Zimbabwe [10]. In Hong Kong, 37.3% of nursing students reported clinical violence [11].

Nursing attrition rates in Pakistan are higher due to bullying experiences in clinical settings, which is detrimental [12]. The turnover of nurses in clinical settings in Pakistan is directly or indirectly affected by bullying [13]. In addition, 90% of nursing students have experienced abuse during their academic careers [14]. A survey of 203 nurses in Lahore, Pakistan, found that lateral violence was prevalent [4].

NS are bullied by different sources, including clinical faculty, students, house officers, senior doctors, nurses, patients, and head nurses [15, 16]. The following extended forms of coping strategies were identified: ignoring the situation, creating barriers, confronting the bully directly, pretending not to see the behavior, escalating the behavior to a higher authority, increasing the use of unhealthy coping behaviors, threatening the bully not to do it again, yelling at the bully, demonstrating similar behavior, reporting the behavior to floor management, and perceiving the behavior as funny [17].

Moreover, studies showed that bullying in NS could not be studied in depth by researchers nationally in nursing education [1, 2, 3, 5, 10]. Inadequate literature on bullying in nursing education needs to be explored more specifically in Karachi, Pakistan. Hence, this descriptive cross-sectional study was conducted to find the frequencies, sources (perpetrators), and coping strategies of bullying behavior in nursing students (NS) Karachi, Pakistan. This study aims to fill the gap in advanced knowledge and develop data to generate policy and programme development for eradicating bullying and minimizing bullying behaviors towards Pakistani nurses.

METHODOLOGY

This cross-sectional survey was conducted from June to August 2022 at Dow (Institute of Nursing and Midwifery) University Health Sciences, Karachi, Pakistan. Purposive sampling was applied to recruit the participants in the study. NS, who were bullied, were included in the study. Unwilling participants were excluded from the study. The Institutional Review Board of Dow University Health Sciences has approved this study (Reference No.: IRB-2129/DUHS/Approval/2021). The software Open-Epi 3.0 was used to calculate the sample size by applying the prevalence (25.3%) of bullying behavior among NS in Pakistan [5]. Consider a confidence interval of 95% and a margin of error of 5%. The initially calculated sample size of the current study was 291, which was raised to 300. The questionnaire was tested in a pilot study among 10% of the same population for validity and reliability. A cronbach's alpha of 0.87 showed an acceptable value for the internal consistency of the modified questionnaire. Participants signed written consents and filled out anonymous questionnaires with code numbers such as BB01, BB02, etc.

This study adapted the bullying behavior of nursing education questionnaire (BBNEQ) from previous studies

according to its objectives [9, 10, 14, 15, 16]. The questionnaire comprised three domains. The respondents had three choices (always, sometimes, and rarely) throughout the three questionnaire domains. The first domain (02 items) was about "the frequency of different forms of bullying behavior. For example, they were "yelling, hostile behavior, gossiping, assigning a task for punishments, making negative remarks to a nurse, devaluing efforts, not giving credit for best performance, making verbal or physical threats, exhibiting ignorance or isolation, humiliation, and having heavy workloads. 2) What is the frequency of bullying behavior among NS at the nursing institute and clinical? The second domain has comprised three items of sources (perpetrators) of bullying behavior, including teachers, physicians, and seniors (staff nurses, head nurses, nursing supervisors, and nursing managers). The third domain was about the four coping strategies used by NS (could not do anything, speaking directly to the bully, overlooking the matter, and reporting the bully to a higher authority).

The data was analyzed and entered into SPSS version 26.0, and frequencies of different types of bullying, sources (perpetrators), and coping strategies were concluded through percentages, means, and standard deviations. The chi-square test was used to determine the association between frequencies of bully behavior and its sources and coping strategies by considering 95% CI and p-value <0.05, which are considered significant. For a pictorial view, a bar chart depicted the frequency of bullying at the nursing institute and during clinicals.

RESULTS

A majority of NSs, n=159 (53.3%), were between 20 and 25 years old, were in their 2nd year n=95(31.7), and were females n=161 (53.7%) Table-I.

Table-I: Demographic Attributes of Nursing Students.

Variables	N (%)
Age (years)	
20-25	159(53.0)
26-30	141(47.0)
Mean±SD	23.4533±3.08321
Gender	
Female	161(53.7)
Male	139(46.3)
Year of study:	
First-year	86(28.7)
Second year	95(31.7)
Third year	69(23.0)
Fourth Year	50(16.6)

Table-II: Frequency of different types of Bullying Behavior among Nursing Students.

Types of Bullying Behavior	Frequencies of Bullying Behavior		
	Always n (%)	Sometime n (%)	Rare n (%)
Shouting or Aggression	135(45.0)	104(34.7)	61 (20.3)
Hostile behavior	30(10.0)	91(30.3)	179(59.7)
Rumors or Gossips	66(22.0)	103(34.3)	131(43.7)
Assign tasks for punishment.	30(10.0)	91(30.3)	179(59.7)
Negative comments about being a nurse	115(38.3)	111(37.0)	74(24.7)
Devalue of efforts.	118(39.3)	121(40.3)	61(20.3)
No credit for the best performance	162(54.0)	71(23.7)	67(22.3)
Physical or verbal threats	61(20.3)	114(38.0)	125(41.7)
Ignored or isolated	138(46.0)	77(25.7)	85(28.3)
Humiliation	171(57.0)	75(25.0)	54(18.0)
Heavy workloads	133(44.3)	94(31.3)	73(24.3)

The most common bullying behaviors reported by NS include n=162(54.0%) for no creditability and humiliation n=171(57.0%) (Table II).

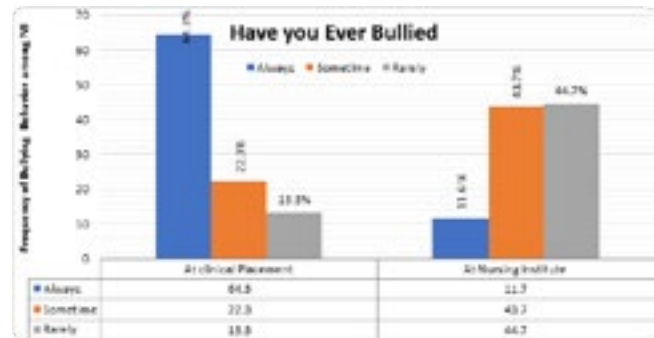


Figure I: Frequency of Bully Behavior at Nursing Institutes and Clinical

The majority n=193(64.3%) of student nurses reported being bullied in their clinical practice, while n=35 (11.7%) reported bullying in nursing school (Figure-I).

Table- III: Association between Sources (perpetrators) and Frequencies of Bully Behavior.

Sources of Bullying Behavior	Frequencies of Bullying Behavior	Students affected by bullying behavior		Total n (%)	p-value
		Male n (%)	Female n(%)		
Teachers	Always	20(6.6)	79(26.3)	99(33.0)	≤0.001**
	Sometime	65(21.6)	52(17.3)	117(39.0)	
	Rare	54(18.0)	30(10.0)	84(28.0)	
Physicians	Always	40(13.3)	41(13.6)	81(27.0)	≤0.001**
	Sometime	30(10.0)	44(14.6)	74(24.7)	
	Rare	69(23.0)	76(25.3)	145(48.3)	
Seniors (Staff Nurse, Head Nurses, and Nursing manager)	Always	100(33.3)	71(23.6)	171(57.0)	≤0.001**
	Sometime	20(6.6)	63(21.0)	83(27.7)	
	Rare	19(6.3)	27 (9.0)	46(15.3)	
Total		139(46.3%)	161(53.6%)	300	

p-value <0.05 *

The frequency of bullying behavior among NS is significantly associated with the source of the bullying behavior. There were 171 seniors (57.0%) who regularly bully NS, 117 (39.0%) teachers who sometimes bully nursing students and 145 (48.3%) physicians who rarely bully NS Table III.

Table- IV: Association between Coping Strategies and Frequencies of Bully Behavior.

Coping Strategies of Nursing Students	Coping Strategies adopted by Nursing students		p-value
	Male n (%)	Female n(%)	
Did nothing	25(8.3)	84(28.0)	≤0.001**
Spoke directly to the perpetrator	60(20.0)	42(14.0)	
Overlook bully behavior	44(14.7)	30(10.0)	
Report the bully to the superior/authority	10(3.3)	5(1.6)	
Total	139(46.3%)	161(53.6%)	

p-value <0.05 *

There was a significant association between bullying frequency and NS's coping strategies. Most female NS n= 84(28.0%) did nothing, and the highest proportion of male NS who spoke directly was n=60(20.0%) to the perpetrator (Table-IV).

DISCUSSION

This study investigated various forms of bullying, sources of bullying (perpetrators), and coping strategies among NS. The highest percentage of NS bullied regularly at their clinical, n=193(64.3%), and the lower rate, n=34.8 (11.7%), was bullied at the nursing institute. However, only some studies found a lower percentage compared to our study as one of the descriptive studies by Minton 2019 in New Zealand [7]. Findings discovered that 40% of nursing students faced bullying behavior during clinical duties [18]. In contrast to the present study, a descriptive analysis conducted in Taiwan, bullying negatively affects the clinical practice of 202 nursing students [19]. These variations in bullying behavior frequency might occur because of different study tools/questionnaires and diverse study populations and may also be due to other regions [17,18,19].

Our study reported that NS's most frequent types of bullying behavior were no credit, n=162(54.0%) for achievement, and humiliation n=171(57.0%). The most common bullying behavior witnessed by nursing students in the Kausar et al. study was verbal abuse and humiliation in public [4]. Smith et al. 2016 revealed six bullying behaviors encompassed isolation, undesirable behavior, and communication, made embracing and guilty in front of the patient and other healthcare providers [20]. Students in nursing often experience high levels of bullying because they are less experienced and less knowledgeable about social norms and culture. Several studies indicate that nursing students have been abused verbally, physically, or sexually [21]. Another survey conducted by Samadzadeh and Agha Mohammadi 2018 conveyed three categories of bully behavior: Physical, verbal, gender-based, and sexual curbed within 13%, 73, 40%, and 5%, respectively [22].

In the current study, the frequency of bullying behavior among NS is significantly associated with the source of the bullying behavior. There were 171 seniors (75.7%) who regularly bully NS, 117 teachers (39.0%) who sometimes bully NS, and 145 physicians (48.3%) who rarely bully NS. An analogous finding was that senior nurses teased 53% to 68% of clinic participants [18]. On the opposite, Ahmed et al. study in 2022 highlights that teachers mocked 30% of students [20]. According to Seibel, several sorts of bullying became a challenge to nursing students in both clinical and classrooms from their classmates, teachers, physicians, and nursing instructors [16].

This study significantly associated bullying frequency and NS's coping strategies. Most female NS n=84(28.0%) did nothing, and the highest proportion of male NS who spoke directly, n=60(20.0%) the perpetrator. A similar finding was found by Smith et al. in 2016, that a more significant number of the respondents were passive, did nothing against bullying behavior, and pretended not to see any bullying behavior; therefore, the problem is under-reported to a higher authority [20]. A descriptive study held by Karatas et al. among nursing students showed that the highest percentage of respondents used copying strategies likewise: directly warned perpetrators about their intimated behavior and reported bullying behavior to authority [4]. In Kausar et al.'s study, most respondents (64.6%) resolved the bullying

situation by doing something, while others (35.4%) did not. However, 43% of students reported that teachers did not help address a bully [4]. A similar study stated that most students did not know when and where the bully said and thought no one could help them; thus, they merely proceeded for help [18]. Another study by Minton & Birks 2018 highlighted that students felt powerless to approach the faculty in the institute because of their discouraging attitude [7].

Demographic information of existing study has highlighted that NS age n= 159(53.0%) was lies between 20- 25 years, studied in 2nd year n=95(31.7%) and female n= 161(53.7%). Numerous studies found similar findings [2, 3, 4, 11, 21] and, in contrast, by Fang et al. [22] and Pandey et al. [22, 23].

CONCLUSION

The present study found that the most significant number of NS were bullied in their clinical settings. Senior nurses and teachers were substantial sources of bullying among NS. Most NS did nothing as a coping strategy to combat bullying behavior. The sources of bullying behavior and coping strategies were significantly associated with the frequency of bullying behavior.

LIMITATION

Only 300 participants participated in this descriptive study, so the results cannot be generalized. There are several ways to prevent bullying in nursing institutes, including establishing clear policies about bullying, promoting reporting, creating a positive school climate, supporting bullying victims, and educating students regarding bullying. Therefore, it is recommended that educational sessions be conducted to raise awareness among nursing students. Furthermore, longitudinal studies should be conducted in public and private nursing institutes. So, results can be generalized.

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Author's Contribution:

Muhmooda Abdul Razzauqe: Conception of idea, design, final approval, and guarantor of the article.

Sabir Hussain: Analysis and interpretation of the data.

Yasmeen Azad: Drafting, Revision of the article, Methodology and Discussion.

Abdul Wahid: Critical revision of the article for important intellectual content.

Abdul Razzak: Collection and assemble of data.

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