

Bullying in Nursing School? How Students Describe Their Reactions

Renee Buonaguro

Bullying is a vicious process that afflicts students in many settings from home and online, to school and in the community. It is a direct function of social or physical power differentials manifested through toxic relationships between and among students and others in their social worlds. It can occur in any setting but is troubling when it is identified in the workplaces related to nursing professionals and, even more troubling, when it occurs insidiously in nursing education. It is often overlooked as a threat to the nursing profession and reduced to a belief that bullying is a 'rite of passage' (Birks et al., 2018).

Although definitions vary from source to source, most agree that an act is defined as bullying when:

- *the behavior hurts, humiliates, or harms another person physically or emotionally, and*
- *those targeted by the behavior have difficulty stopping the action directed at them, and struggle to defend themselves, and*
- *there is also a real or perceived "imbalance of power," which is described as when the student with the bullying behavior has more "power," either physically, socially, or emotionally, such as a higher social status, or is physically larger or emotionally intimidating, and*
- *repetitive behavior; however, bullying can occur in a single incident if that incident is either very severe or arises from a pattern of behavior (PACER's National Bullying Prevention Center, 2020, para. 6)*



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Bullying within the nursing profession occurs in the United States and internationally (Difazio et al., 2019; Vessey et al., 2009; Yokoyama et al., 2016). In addition, it is well documented that bullying occurs in the United States and internationally within nursing schools (Birks et al., 2018; Bowllan, 2015; Burkley, 2018; Clarke et al., 2012; Karatas et al., 2017). The impact of bullying is linked to patient safety, psychosocial conditions, physical problems, and contributes to a systemic toxic environment (Houck & Colbert, 2017). It is estimated, during nursing school, 89% of students reported at least one act of bullying (Clarke et al., 2012). To promote the conversation within nursing student members of the National Student Nurses Association (NSNA), the investigators raised the question: What are the experiences of the NSNA student members and how do they react to these experiences?

Background Literature

Research studies of school bullying began with Olweus during the 1980s and

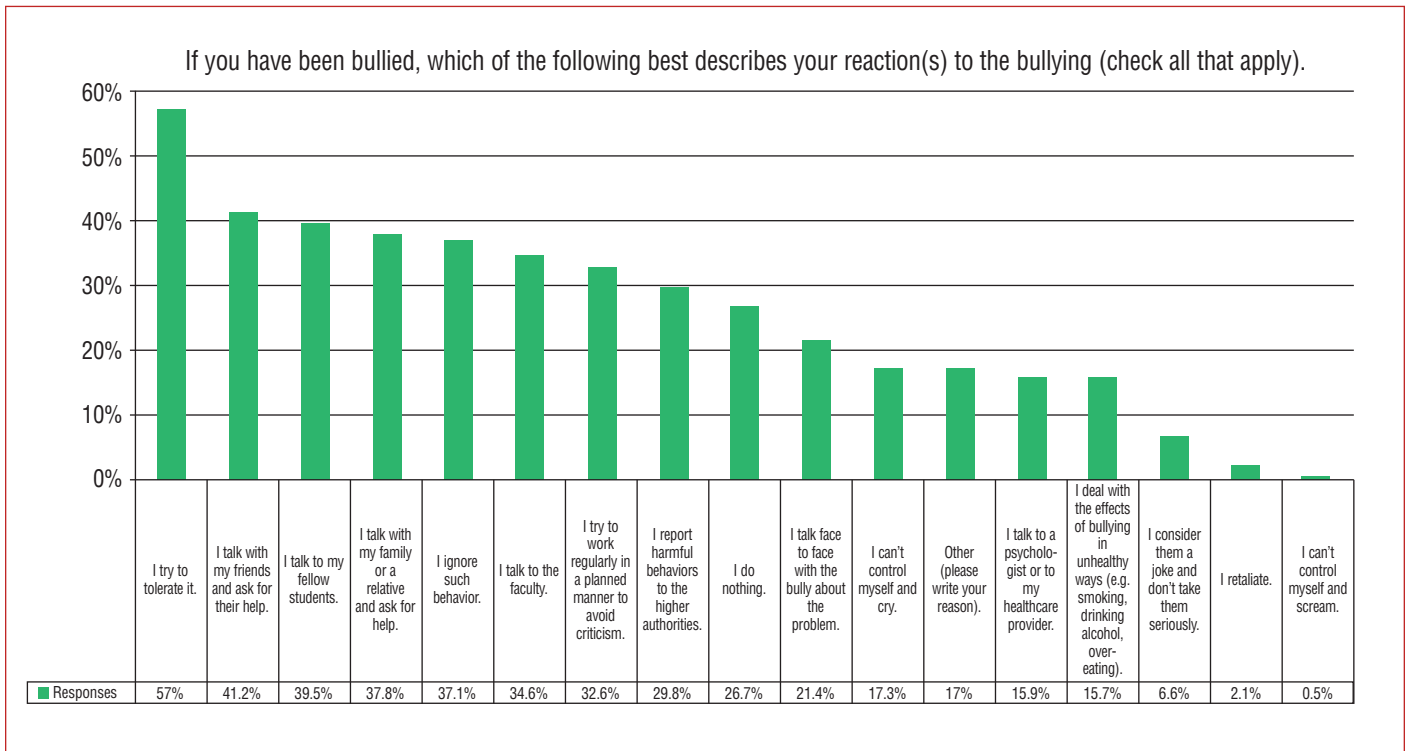
has gained momentum as an area of interest since that time (Karatas et al., 2017). Cox (1987) identified verbal abuse within nursing and its negative impact to the profession.

Bullying could be covert, overt, horizontal violence, lateral violence, relation aggression, or mobbing (Caristo & Clements, 2019). Overt bullying is easy to recognize, the perpetrator is generally aggressive and others may or may not be aware. Covert is more difficult to observe and includes passive-aggressive behaviors, eyerolling, and withholding information (Edmonson & Zelonka, 2019). Another area for bullying to occur is through digital media including social media, text messages, and online forums. Whatever the platform, the impact could be devastating – especially for nursing students and nurses new to the profession.

Nurse bullying does not occur in a vacuum and it is well documented new nursing graduates experience the consequences. It is estimated 43% of newly licensed nurses leave their first job within 3 years and 17.5% resign within the first year of work (Kovner et al., 2014). In addition, this impacts institutions financially as well. It is estimated turnover costs are as high as \$2.1 billion (Kovner et al., 2014).

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Figure 1.
Bullying Incidents Among Nursing Students



Purpose

The purpose of the NSNA bullying study was to explore the dynamics of bullying – statistically and qualitatively – as reported by students. In response to reports of this growing problem and in order to identify how bullying is described by members of NSNA, the organization launched an initiative beginning with this survey. The purpose of this study was to describe the incidence of whether or not students report they are bullied, in what relationships, and how they describe the experiences in their own words. The “Two-Minute Survey” is part of a routine activity where students of NSNA are sent (via e-mail) a brief survey with minimal questions (i.e. under 2 minutes to complete). The questions are brief, open-ended, and elicit how participants respond to the questions in their own words:

- 1) Have you been bullied?
- 2) If you have been bullied, please provide a short description of the situation including who bullied you.
- 3) Please briefly describe how the bullying situation was handled.

Methods

To recruit NSNA members, questionnaires were posted on the website using

SurveyMonkey® for students at all levels. The items were developed specifically for this project and included several demographic questions with open-ended phrases developed to capture the students’ self-reported experiences. With over 1,000 student responses from primarily junior and senior participants ($n = 1,315$), the results were examined statistically and coded for the qualitative analysis to highlight in their own words some of their bullying experiences and its effect on them personally.

Bullying is a sensitive subject to ask participants to self-disclose and the study was IRB approved. SurveyMonkey provides protection that all responses are anonymous. Consent was implied in their willingness to participate by clicking the link. Participants were allowed to stop at any time; however, they appeared to be eager to tell their stories as evident in the amount of lengthy typed-in responses.

Results

The results yielded a total of 1,315 survey responses and 995 qualitative data entries with lengthy narrative descriptions that were analyzed using constant comparative content analysis. The quantitative statistics on this large national survey provided several insights about the problem of bullying in nursing

education and several of the meaningful phrases from the open-ended questions state the impact it is having on nursing students today in their own words.

The sample included 87% (1,139) females and 12% (149) males. Their ages ranged 18-22 (27%), 23-28 (27%), 29-35 (20%), and 36 or over (25%). Type of program attended included: Associate Degree (34%), Pre-licensure Baccalaureate (52%), Diploma (3.7%), Direct Entry Masters (3%), and RN to BSN (8%). The respondents expected graduation date included: 46% (Year 2020), 31% (Year 2021-2022), 23% (Year 2023 or other).

An overwhelming 71% of nursing students in the survey were bullied and 29% were not. Of those who were bullied, 44% were bullied by faculty, 37% by fellow students, and 33% by hospital staff. Not surprisingly, there were significant gender differences for males versus females who answered: “not bullied” (35% males versus 28% females) and for “bullied by fellow students” (27% males versus 38% females) ($p < 0.05$). The responses to the question about the bullying incident(s) offer a snapshot into how students reported their reactions (see Figure 1). Although most students have a minimal type of reaction such as “tolerate, ignore, do nothing, talk with people I

trust about the incident,” there was a large number of reactions that were directed inward including “talk with psychologist, lose control and cry or scream,” and unhealthy behaviors that are concerning. Only 21% stated they talked with the bullies about the problem.

There was a large number of responses to the open-ended question. In fact, many students gave lengthy descriptions of bullying incidents suggesting their enthusiasm to discuss it. Several statements addressed these areas of concern and the effects the bullying had on the student being bullied. These included:

- 1) Minimal reaction: Tolerate it, ignore it, do nothing, speak to someone they trust.
- 2) Personally taking action: Planned avoidance, reporting to others, retaliate.
- 3) Internalizing serious feelings of despair: Cry, lose control, scream, mental breakdown, talk to a therapist.

“I simply ignored their laughs and comments.”

The first and most common cluster of statements were coded in the ‘minimal reaction’ group to the question, “How was the bullying handled?” Statements included:

- “I did not do anything to resolve the situation; I tried to talk to the nurse about my viewpoints and what I learned in school.”
- “I just kept moving and let it go. Was told it’s a part of the profession.”
- “It wasn’t [handled]. It made me very bitter for a while. Honestly, the whole situation made me lose complete faith in the administration of the school. I suppose, in a twisted way, it is a very good lesson in what to expect from hospital administration.”

“I decided to take action or enlist others to resolve the problem.”

The second most common cluster of statements were coded in the ‘personally taking action’ group to the question, “How was the bullying handled?” Statements included:

- “Basically, I decided that I wasn’t going to lay down and take it from her. So, I read over the contract and nursing school handbook. Then I met with her and showed her where she was wrong. She just said: ‘oh my bad.’ No apology, nothing.”

- “I stood up for myself and informed them to stop.”
- “I went to the student advocate at the school and used them as an intermediary to solve the issue with me.”
- “I finally went to the dean of nursing and explained about a faculty member and their actions and words. She was very distraught. I have asked other students about this person and they said yes to them too. More people need to report. No matter how you feel or if you’re scared.”
- “It has been discussed in our school chapter Student Nurse Association meetings while our supervising faculty was present. The only response we have received was ‘yes, the culture needs to change’ without any details in how they plan to handle this.”
- “[A] clinical RN on unit – I kept silent until a week later when my kind clinical professor seemed to know something had happened, I cried and told her, she said it happened to her when she was a student too, I learned I needed to be confident and believe in myself, and ask for help right away.”

“I cried and doubted myself that affected me personally.”

The third cluster of statements were coded in the “internalizing serious feelings of despair” group to the question, “How was the bullying handled?” Statements included:

- “I took that semester off.”
- “I was supposed to be grateful for the ‘help’ as they were trying to ‘make me a better nurse.’ Crying every day and doubting yourself does not make a better nurse.”
- “I went to talk therapy for support, my classmates and I supported each other.”
- “It never was handled. I felt like the black sheep constantly and never fit in. It brought me into a very deep depression. I still to this day get bullied by those in my old cohort but I choose to ignore them. That faculty is still working but my second time around I got a different lab instructor.”
- “Not very well. The professor failed me, and I had a mental breakdown, thus impacting the rest of my classes, which I performed poorly in during that time period.”

- “I went home and cried, told myself I won’t be in nursing school forever, got over it and got back to work.”
- “I cried.”
- “I was afraid of retribution. I didn’t know who to go to. I didn’t even feel safe giving her a review because I found out she was talking about me to other staff members.”

Discussion

We found bullying occurs at alarming rates, yet it is poorly understood how members of the most trusted profession – nursing – can be so hostile towards one another. Is it a case arrested development? Are our chronological ages not matching our behaviors?

This study, as in the study by Birks and colleagues (2018), of nursing students’ in Australia, found bullying behaviors included verbal, racial, and physical abuse. Many statements concurred with the researchers’ findings that the victims had lasting consequences including emotional instability, physical illness, and seeking professional help. Nursing students are vulnerable and exposure to bullying can leave students feeling incompetent and powerless (Bowlan, 2015). It is essential to understand the contributing factors in order to develop effective strategies to intervene (Hartin et al., 2018).

Bullying needs to be addressed, recognized, and mitigated until it is eradicated. The moment we see bullying, it must be corrected and recognized as unacceptable behavior. Bullying cannot continue to be accepted as a rite of passage. Bullying is unacceptable behavior and, as with any behavior, it can be modified. **DN**

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