

Research Article

A Descriptive Study to Assess the Effects of Bullying Behaviour on Self-efficacy and Coping Strategies used in Clinical Placement among BSc Nursing Students of Selected Nursing Colleges in Kashmir

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A B S T R A C T

Background: Research indicates that bullying in the form of verbal, physical, or psychological aggression in clinical settings is a global phenomenon. The study aimed at assessment of the effects of bullying behaviours in clinical placement on self-efficacy and coping strategies among the BSc students of selected nursing colleges in Kashmir.

Method: Quantitative descriptive design and non-probability convenience sampling technique were used to collect data from nursing students who fulfilled the inclusion criteria. Data were collected using a self-structured inventory for bullying in clinical placement, standardised scales general self-efficacy scale, and Brief COPE Scale. A pilot study was conducted on 21 BSc nursing students studying in 3rd year and 4th year at BHCNMT Srinagar, Kashmir. The main study was conducted on 210 BSc nursing students studying in 3rd year and 4th year at BHCNMT, MMINSR, and GCN Baghi Dilawar Khanyar Srinagar, Kashmir. Data were analysed using descriptive and inferential statistics.

Results: The results revealed that at 0.01 level of significance there was a moderately negative correlation ($r = -2.41$, $p = 0.551$) between bullying behaviours and general self-efficacy of the nursing students. Furthermore, findings showed that at 0.01 level of significance, there was a slightly positive correlation ($r = 0.290$, $p = 0.006$) between bullying behaviours and the use of dysfunctional coping strategies by nursing students in clinical placement.

Conclusion: A better nursing culture should be evolved based on acceptance, patience, and understanding.

Keywords: Bullying Behaviours, Self-Efficacy, Coping Strategies, Nursing Students

Introduction

Violence and harassment are other terms used for bullying in the health care system. The ANA cited Dellasega's¹ definition of bullying among nurses to refer to violence downwards from a higher level of authority. Lateral violence refers to the violence by individuals in authority, and horizontal violence is one among the individuals at the same level. A study further identified disruptive behaviour, which includes bullying, as a primary risk towards patient safety and a cause of medical errors, enhanced cost of treatment, and professional conflicts.² Research indicates that bullying in the form of verbal, physical, or psychological aggression in clinical settings is a global phenomenon. According to a study, globally, the prevalence of workplace bullying usually varies from 11% to 18%,³ whereas a study found a 39.7% prevalence of workplace violence in the nursing profession globally.⁴ Besides, several underlying causes of stress, for example, managing personal and work pressure, time and money matters, perceived dearth of support from colleagues and authorities, and potential mental health conditions or personal challenges negatively influence students' ability to cope with the situation.⁵ Bullying can enhance this stress and increase adverse emotions. Cooper and colleagues⁶ found that concepts of power disparity, incapacity for self-defence, and dearth of resources⁷ and support were significant dimensions of bullying among nursing students. Hence, this study was undertaken to assess the effects of bullying behaviours in clinical placement on self-efficacy and coping strategies among the B Sc students of selected nursing colleges in Kashmir.

Methodology

A quantitative approach and non-experimental descriptive design were used to accomplish the objectives of the present study.

The current study was conducted in three selected nursing colleges of Kashmir.

- Madre Meharban Institute of Nursing Science and Research, SKIMS Soura, Srinagar
- Bibi Halima College of Nursing and Medical Technology, Kaka Sarai, Srinagar
- Government College of Nursing, Baghi Dilawar Khanyar, Srinagar

In this study, the sample consisted of 210 students presently enrolled in the third and fourth years for B Sc in nursing at three selected nursing colleges of Kashmir. It is pertinent to mention here that one setting (Government College of Nursing Baghi Dilawar Khanyar Srinagar) had only 3rd year students because the college had been set up less than three years ago.

In the present study, non-probability convenience sampling

technique was used to select the study subjects.

The following criteria were set for the selection of study subjects.

Inclusion Criteria

Nursing students who fulfilled the following criteria were selected for the study:

- Presently enrolled in third and fourth years for B.Sc in nursing at selected nursing colleges of Kashmir
- Who were available during the study period among students presently enrolled in the third and fourth years for B Sc in nursing at selected nursing colleges of Kashmir
- Who were willing to participate in the study among students presently enrolled in the third and fourth years for B Sc in nursing at selected nursing colleges of Kashmir

Exclusion Criteria

The exclusion of nursing students was based on the following criteria:

- Not enrolled in the third and fourth years for B.Sc Nursing at selected nursing colleges of Kashmir
- Not available at the time of data collection
- Not willing to participate in the study

Prior permission was obtained from the Principal of MMINSR SKIMS, Soura to conduct the research study. Consent was taken in writing, before including them as sample in the study. Privacy, confidentiality, and anonymity were maintained.

The data collected were analysed using both descriptive (frequency, mean, median, SD, range) and inferential statistics (Karl Pearson's Product Moment Method of Correlation). The analysis and interpretation of the data of this study were based on the data collected through self-structured inventory on bullying in clinical placement and standardised General self-efficacy scale and Brief COPE scale. The data were stored and coded in MS Excel and analysed with the help of SPSS version 20 where all the statistical formulae were applied to the data as required. All the inferences were checked at $p \leq 0.05$ and 0.01 level of significance.

Results

Table 1 reveals the frequency of bullying behaviours' outcomes as experienced by nursing students. Pertaining to physiological symptoms, palpitations (43.3%), fatigue (39%), and restlessness (25.7%) were the highest reported effects of bullying behaviours experienced by nursing students.

Table 2 describes with regard to psychological effects, the most reported effect of bullying was that the nursing

students felt a loss of confidence (52.4%) followed by low mood (39.5%) and lack of interest (22.4%).

Table 1. Physiological Effects of Bullying Experienced by Nursing Students

Physiological Effects	Frequency (f)	Percentage (%)
Fatigue	80	39.0
Restlessness	54	25.7
Insomnia	42	20.0
Palpitations	91	43.3
Body aches	11	5.2
GI disturbance	20	9.5

Table 2. Psychological Effects of Bullying Experienced by Nursing Students

Psychological Effects	Frequency (f)	Percentage (%)
Low mood	83	39.5
Loss of confidence	110	52.4
Inability to bear criticism	57	27.1
Feeling guilty	23	11
Feelings of loneliness	16	7.6
Lack of interest	47	22.4

Table 3 describes that thinking about leaving the profession (44.8%) followed by diminishing performance (34.8%) and low morale (21%) were the highest reported organisational effects of bullying experienced by nursing students.

Table 3. Organisational Effects of Bullying Experienced by Nursing Students

Organisational Effects	Frequency (f)	Percentage (%)
Thinking about leaving the profession	94	44.8
Diminishing performance	73	34.8
Absenteeism from clinics	24	11.4
Risk to patient safety	24	11.4
Low morale	44	21.0
Dysfunction in social life	37	17.6

Table 4 reveals that at 0.05 level of significance, there is a moderately negative correlation ($r = -0.241$, $r^2 = 0.057$, $p = 0.004$) between bullying behaviours and the general self-efficacy of nursing students.

Table 4. Correlation of Bullying Behaviours Experienced by Nursing Students with their Self-efficacy in Clinical Placement

Bullying Behaviours	General Self-efficacy	Pearson's Correlation (r) & Coefficient of Determination (r^2)	P value
Mean $\pm$ SD	Mean $\pm$ SD	-0.241 (0.057)	0.004**
17.59 $\pm$ 11.493	31.90 $\pm$ 6.611		

**Correlation is significant at 0.01 level

Data in Table 5 shows that at 0.01 level of significance, there is a moderately positive correlation ($r = 0.290$, $p = 0.006$) between bullying behaviours and dysfunctional coping strategies used by nursing students in clinical placement. There is no correlation of bullying behaviours with emotion-focused ($p = 0.188$) and problem-focused strategies ($p = 0.890$).

Table 5. Correlation of Bullying Behaviours Experienced by Nursing Students with their Coping Strategies used in Clinical Placement

	Bullying Behaviours	Coping Strategies		
		Emotion focused	Problem focused	Dys-functional Coping
Mean $\pm$ SD	17.59 $\pm$ 11.493	27.32 $\pm$ 6.772	17.30 $\pm$ 4.44	24.81 $\pm$ 5.14
Pearson's correlation		$r = 0.091$ $r^2 = 0.008$	$r = 0.010$ $r^2 = 0.000$	$r = 0.290$ $r^2 = 0.084$
P value		0.188	0.890	0.006**

**Correlation is significant at 0.01 level

Discussion

Clarke et al.¹⁰ conducted a descriptive study ($N = 674$) to assess the effects of bullying behaviours on student nurses in the clinical setting. Of 674 students, the majority reported that they received adverse comments about their goal to be a nurse and most of them reported vicarious bullying.

Ebrahim and Elrefaey¹² conducted a descriptive correlation study in order to evaluate the association between bullying, achievement factors, and self-esteem at a university with convenience sampling of 136 subjects. It was found that the staff nurses were the major source of bullying (70.3%) and physicians came afterwards (42.3%), whereas classmates formed the group that bullied the least (11%).

The findings of the study revealed negative self-reported effects of bullying behaviours among nursing students.

Fatigue (39.0%), restlessness (25.7%) insomnia (20.0%), palpitations (43.3%), body aches (5.2%), GI disturbance (9.5%), safety concerns were the common reported effects.

The most-reported effect of bullying was that nursing students felt a loss of confidence (52.4%) followed by thinking about leaving the profession (44.8%), palpitations (43.3%), and fatigue (39%). However, the least common effect was body aches (5.2%) followed by a feeling of loneliness (7.6%) and GI disturbance (9.5%).

These results are confirmed by Mohamed¹³ who conducted a study to explain the phenomena of bullying behaviours among Saudi nursing students during their clinical placement in the nursing education programmes. The study results document that bullying effects include: the subjects always felt angry/ anxious (32.3%), dissatisfied (30%), wanted to leave the profession (26.2%), felt depressed (25.4%), increase in absenteeism (26.9%), insomnia (34.6%), and extreme fatigue (33.1%).

The findings of the study stated that the range of the General Self Efficacy reported by nursing students was 30, while mean $\pm$ SD was 31.90 ± 6.61 , and median was 34.0.

Maximum (72%) nursing students reported mild levels of self-efficacy while 15% reported low and only 12% reported complete self-efficacy.

Further findings of the study revealed that at 0.01 level of significance, there is a moderately negative correlation ($r = -0.241$, $p = 0.004$) between bullying behaviours and the general self-efficacy of the nursing students.

The findings of the study are supported by Elsayed and Wessam,¹⁴ who conducted a descriptive comparative correlational study on bullying behaviours and self-efficacy among 338 nursing students in clinical settings. Mild self-efficacy was recorded in 58.7% of the nursing students. There was a significant association between bullying behaviours and self-efficacy among the subjects.

The findings of the study are further supported by Richard and Carrie¹⁵ who conducted a study to describe the level of self-efficacy among 103 third-year undergraduate nursing students. The distribution of self-efficacy among the junior nursing students in the authors' school was in normal distribution and the average score was 23.62 ± 3.98 .

The minimum score of self-efficacy was 15, and maximum was 33. The data suggest that there is a feeble but significant association between subjects' general self-efficacy and actual bullying behaviours experienced ($r = -0.33$, $p = 0.003$).

Findings show that at 0.01 level of significance, there is a slightly positive correlation ($r = 0.290$, $p = 0.006$) between bullying behaviours and dysfunctional coping strategies used by nursing students in clinical placement.

Implications

Nursing Education

- Educate students on bullying and its effects and adaptive coping strategies to deal with the stress of bullying
- Educate students on what is not bullying, such as constructive feedback and progressive performance planning to avoid confusing constructive criticism with bullying
- Students should have the freedom and safety to express themselves regarding bullying
- All educators should model effective approaches to reduce hostility in classrooms and clinical settings
- Students, health care professionals, patients, and visitors should all be treated with respect by nurse educators

Nursing Administration

- Nurses are challenged to play the role of efficient administrators as well as practitioners. The nurse administrators need to organise nursing conferences, group discussions and implement programmes periodically regarding bullying, its effects and coping strategies for student nurses
- Nursing students must be informed about zero-tolerance policies and reporting guidelines during orientation to the hospital setting for a safer and more secure environment
- There must be an easy way for victims of bullying to voice their feelings to their seniors. This could be made easier with suggestion/ complaint boxes
- In order to assist in making this a reality, policies must be in place to address investigations of bullying and "zero tolerance" for such behaviour when it is proven
- Defining good behaviour, including defining shared values that embrace respect and setting expectations for how we interact should be encouraged
- It's important for anyone filing a complaint to feel confident that their concerns will be addressed appropriately and solutions will be found. This means identifying the perpetrators of bullying and pursuing disciplinary action, or dismissing them if necessary
- Nursing administrators must find a technique to accomplish the delicate balance between requiring excellence from student nurses due to the critical nature of their educational focus and doing so in a supportive, non-threatening way that supports their healthy development
- The code of ethics should be implemented in letter and spirit. When interacting with peers, nurses must adhere to the standards of professional behaviour as determined by state and local regulatory agencies

- Victims and perpetrators should both be offered counselling

Nursing Practice

- Nurses at all levels should practice empathy with their colleagues and every member of the team should be treated with courtesy and respect
- Staff nurses should strive to set examples by their behaviour in order to encourage nursing students into their professional roles
- Nursing students as victims of bullying should realise that they are just emotions, and they cannot actually hurt unless they allow them to
- Nursing students must avoid tying bullying to their personal identity and choose to simply make it mean that bullies have a negative opinion, and that is okay
- Nursing students must resist the urge to rationalise or justify bullying actions or words
- Nursing students always have the choice to walk away or have a conversation with the person and set boundaries that way
- Nursing students should report accurate and factual bullying if it needs to be brought to someone else's attention
- Following reporting, wait and allow the change to occur, and be okay even if it does not. It is more likely to change, and nursing students are going to learn to handle them better and better every time

Limitations

- The study was conducted only on 210 nursing students which imposed a limit on the generalisation of findings
- The study was conducted only on B Sc nursing students excluding general nursing midwives, postgraduates and doctoral scholars which imposed a limit on the generalisation of findings
- Bullying behaviours alter over a period of time and differ among clinical placements; this limits the generalisability of the outcomes
- The investigated nursing student population was recruited via WhatsApp, and thus researcher could not determine the response rate. It is possible that some nursing students may have limited access to WhatsApp

Recommendations

On the basis of the findings of the study, following recommendations are put forward for further research:

- A similar study on a larger sample size is required to confirm the result of the study
- A similar study can be conducted with other variables and reporting practices
- In an effort to support generalisable findings, it would be advantageous for researchers to develop a psychometric and standardised tool that measures

bullying in nursing education, in an effort to identify bullying more accurately and move forward internationally

- There is no consensus regarding the definition of bullying and therefore measurement of this phenomenon is an issue. Future research is recommended into the concept of student nurses regarding bullying behaviours to reach a definition

Conclusion

The prevalence of bullying behaviours experienced by nursing students is more and more evident in the current study. This behaviour adversely affects their physical, psychological, and organisational health with a consequent decrease in their general self-efficacy and perpetuating increased use of maladaptive coping strategies to overcome bullying stress. Thus the researcher concludes that a better nursing culture should be evolved based on acceptance, patience, and understanding, instead of indifference and hostility to break the vicious cycle of bullying.

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