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journal homepage: www.elsevier.com/locate/colli



A 'rite of passage?': Bullying experiences of nursing students in Australia

Melanie Birks^{a,*}, Lea M. Budden^a, Narelle Biedermann^b, Tanya Park^c, Ysanne Chapman^b

^a College of Healthcare Sciences, Centre for Nursing and Midwifery Research, James Cook University, Townsville, Qld, Australia

^b College of Healthcare Sciences, James Cook University, Townsville, Qld, Australia

^c Faculty of Nursing, University of Alberta, Edmonton Alberta, Canada

ARTICLE INFO

Article history:

Received 12 October 2016

Received in revised form 3 March 2017

Accepted 17 March 2017

Available online xxx

Keywords:

Bullying
Clinical placement
Harassment
Incivility
Nursing education
Nursing students
Workplace violence

ABSTRACT

Background: Bullying in nursing remains an unacceptable international phenomenon and one that is widely reported in the literature. Recently, reports of bullying and harassment of nursing students have been increasing.

Aim: This paper aims to describe bullying and harassment experienced by Australian nursing students while on clinical placement, as told by the participants.

Methods: As part of a larger study, 884 Australian baccalaureate nursing students were surveyed to identify the nature and extent of their experiences of bullying and/or harassment during clinical placement. Almost half of the students (430) provided open-ended comments. These textual data were explored using a content analysis approach.

Findings: The major themes derived from the analysis consisted of: *manifestations of bullying and harassment; the perpetrators, consequences and impacts*. Bullying behaviours included various forms of verbal, racial, physical and sexual abuse. Perpetrators of bullying included other nurses, medical professionals, administrative and support staff. Students reported anxiety, panic attacks, physical symptoms of distress and loss of confidence and self-esteem from their experience of bullying during clinical placement.

Discussion: Bullying in nursing is a widespread yet poorly understood phenomenon that impacts negatively on the learning experience of vulnerable nursing students, affecting them physically, mentally and emotionally. The potential implications of the bullying of nursing students on patient care reinforces the need for the culture of bullying that exists amongst the nursing profession to be addressed.

Conclusion: The findings of this research have implications for nursing educators and clinicians. Recommendations include ensuring adequate preparation of students, clinical instructors and registered nurses who work with students in the practice environment.

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1. Introduction

Undergraduate nursing programs include a combination of classroom work, simulation activities and professional experience (clinical) placements. Clinical placements are integral components of programs where students can immerse themselves in "real world" nursing practice. They experience firsthand the clinical work and culture of nursing in health care services. Nursing students completing their clinical placements are vulnerable to workplace stressors as a result of their position in the healthcare hierarchy, particularly given that they are not permanent employees of the organisations in which they are placed.

Many definitions of workplace bullying are cited in the literature. In the Australian context, a broadly accepted definition is that provided by the [Australian Human Rights Commission \(2013\)](#), who define workplace bullying as "verbal, physical, social or psychological abuse by your employer (or manager), another person or group of people at work". In Australia, the incidence of bullying has risen to 6.8% ([Dollard et al., 2012](#)).

Bullying, incivility, vertical and horizontal violence are not new phenomena in the nursing profession. Nursing has long been known for its culture of bullying practices, often described as "eating our young" ([Meissner, 1986](#)). Nurses worldwide acknowledge uncivil behaviour as commonplace in the profession. Research clearly demonstrates high levels of nurses experiencing and witnessing bullying. The actual level of bullying is difficult to determine; various studies report the incidence of bullying to be as high as 72% in nursing, with other studies citing figures around 50%

* Corresponding author.

E-mail address: Melanie.birks@jcu.edu.au (M. Birks).

Summary of Relevance

- Problem or Issue

Bullying is a recognised phenomenon in nursing. Nursing students are not immune to bullying and harassment while on clinical placement.

- What is Already Known

Bullying is widespread and broadly reported in the international literature. Experiences of nursing students are less well explored however reports of bullying of this vulnerable group are increasing.

- What this Paper Adds

Exposure to bullying and harassment in the clinical environment has consequences for the wellbeing of nursing students and can negatively impact patient care. Both education providers and health services need to take responsibility for managing this perpetual problem.

(Berry, Gillespie, Gates, & Schafer, 2012; Farrell & Shafiei, 2012; Spector, Zhou, & Che, 2014).

The consequence of bullying in the workplace includes negative effects on physical and mental health of the individual (Bardacki & Gunusen, 2014; D'Ambra & Andrews, 2014) leading to attrition from the nursing profession (Weaver, 2013). Bullying affects the person being bullied and their colleagues, contributing to workplace errors and concerns for patient safety (Bennett & Sawatzky, 2013; Etienne, 2014) with nursing students reporting various feelings such as fear and embarrassment (Tee, Üzar Özçetin, & Russell-Westhead, 2016).

Reports of nursing students experiencing bullying have become prevalent more recently in the literature. An Australian study (Hopkins, Fetherston, & Morrison, 2014) of 153 second and third year baccalaureate nursing students reported over half (57%) had experienced some form of non-physical violence. About a third of second-year and 25% of third-year students had been victims of physical attacks such as being punched or kicked during their time on clinical placement. Disappointingly, the reports are unchanged over time and distance. In 2011, more than a third of Italian nursing students reported having been exposed to at least one episode of workplace violence (Magnavita & Heponiemi, 2011). A study from Egypt found that 38% of nursing students experienced a moderate degree of bullying (Kassem, Elsayed, & Elsayed, 2015). A similar incidence (42%) was recently reported by UK nursing students (Tee et al., 2016).

While the studies discussed here demonstrate the unchanging prevalence of bullying, little is known about the experiences of Australian students in the clinical setting, which is where a significant component of their baccalaureate program is undertaken. As part of a larger study investigating the nature and extent of bullying experienced by students on clinical placement, this paper aims to describe these experiences as told by the participants in their own words.

2. Methods

This study employed a cross-sectional survey that was delivered online via the Survey Monkey platform. All students enrolled in baccalaureate nursing degrees in Australia were eligible to participate in the study. Following approval from the university's Human Research Ethics Committee, Heads of Schools of Nursing were con-

tacted via the Council of Deans of Nursing and Midwifery and asked to disseminate the survey link to their students. Participation was voluntary and submission of the survey indicated consent for use of the data. Participants could refuse to answer any or all of the questions.

The original survey tool was produced by Hewett (2010) who developed the instrument for her study of 218 undergraduate nursing students in South Africa. To ensure relevance to the local context, terminology used throughout the tool was adapted and a number of items were added. The revised instrument (*Student Experience of Bullying During Placement* (SEBDP) survey) (Budden, Birks, Cant, Bagley, & Park, 2015) consisted of 10 questions that sought demographic data, followed by a total of 83 items about experiences of bullying and/or harassment over 13 sections. Most questions used a frequency response scale of [1] 'Never' (0 times); [2] 'Occasionally' (1–2 times); [3] 'Sometimes' (3–5 times) and [4] 'Often' (>5 times). While the adapted version of the tool included an important early question asking whether students had been bullied or harassed, no actual definition of bullying or harassment was included in the survey to avoid leading respondents. Numerical and categorical data were analysed using inferential statistical tests. These findings have been presented elsewhere (Budden et al., 2015).

This paper reports on the textual data provided by participants throughout the survey and in response to a final question that asked whether they had any further comments to make about bullying and harassment of nursing students on clinical placement. Participants were given the option of adding these comments in order to clarify or illustrate their responses. These data were significantly greater than expected in terms of both quantity and richness. It was clear from the breadth and depth of these data that the students welcomed the opportunity to share their stories.

An inductive thematic analysis, employing an approach consistent with that described by Jirojwong, Johnson, and Welch (2014) was used to analyse the data. This process involved coding the qualitative clarifiers or comments provided during the survey and subsequently collapsing these into themes. This approach permitted a condensed and broad description of bullying and harassment in the clinical environment using the words of the participants. Thematic analysis facilitated categorisation of a large amount of textual data, distilling words into fewer content-related themes.

3. Findings

Of the 934 surveys returned, 398 contained a total of 430 comments that were included in the analysis. The majority of those who commented were female (88%) with a mean age of 29 years. Most were enrolled in baccalaureate nursing degrees, while 17 were enrolled in nursing-midwifery double degrees. Students across all Australian states and territories and from all year levels provided these comments. Almost half were from third year (43%). The majority (77%) were born in Australia and English was their first language (85%). Analysis of the data provided by these participants is presented under the major themes of: *manifestations of bullying and harassment; the perpetrators; consequences and impacts*.

3.1. Manifestations of bullying and harassment

The ways in which participants perceived bullying and harassment in the clinical workplace were diverse. Numerous responses were prefaced with a statement like "I'm not sure if this qualifies as bullying but...". Free text descriptions of bullying and harassment on clinical placement ranged from experiences of verbal abuse in front of patients, other staff, or other students, through to being overtly rejected from the clinical team with blunt, dis-

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