



# Assessing the effect of school bullying prevention programs on reducing bullying



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## ABSTRACT

This study was conducted for the purpose of assessing the effects on reducing bullying of a school bullying prevention program (BPP). A pre-test/post-test and control group, semi-experimental design was used for the research. The universe and sampling for the study comprised 583 pupils, ages 12–15, enrolled in two elementary schools in Istanbul. The BPP was prepared in accordance with the Behavioral–Ecological Model (BEM) and the Neuman Systems Model (NSM) and it encompassed faculty members, families and students. In the post-test, the mean scores of the study group in all of the sub-scales of the Peer Victimization Scale (PVS) and in the “threatening/intimidating” sub-scale of the Peer Bullying Behavior Scale (PBBS) were found to be significantly lower than those of the control group ( $p < .05$ ). It was concluded that the BPP organized in line with the BEM and the NSM was effective in reducing bullying and could be used in nursing practices.

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## 1. Introduction

One of the many problems affecting health that are experienced in the schools is the issue of peer bullying. Bullying is a form of violence and the term refers to routinely repeated aggressive behavior that derives from ill intentions and involves an imbalance of power (Ball & Bindler, 2008; Olweus, 1994; Selekman & Praeger, 2006). Bullying affects about one-third of the child population and children who are victims of bullying may become bullies themselves (O’Conner, 2007). Studies conducted in Turkey have found the prevalence rate of bullying among 11–16 year-old pupils to vary in the range of 13.9–22% (Gültekin, 2003; Arslan, 2007; Alikasifoglu, Erginöz, Ercan, Uysal, & Albayrak-Kaymak, 2007). In research carried out across Turkey, it is reported that the rate of bullying among pupils of ages 6–14 is 65.2% (The Turkey 2006 Report, 2009).

Being a bully or a victim of bullying can affect health in many ways (Karataş & Öztürk, 2009). When bullying continues, the victim may suffer depression, develop diminished self-respect, become asocial and even commit suicide (Çetinkaya, Nur, Ayyaz, Özdemir, & Kavakcı, 2009; <http://school-nursing.org/bullyindex.html>, Date of Access: May 3, 2009; Kapcı, 2004; O’Conner, 2007; Raskauskas, 2009). Bullies are more liable to exhibit risky behaviors such as smoking, drinking, and bringing weapons to school (Ball & Bindler, 2008; Ditzhazy & Burton, 2003; Genç, 2007). Bullies are less successful in school (Bilgiç, 2007; Genç, 2007; Sukut, 2009). The Turkish literature reveals that families

and teachers are aware of the existence of bullying in the schools (Kartal & Bilgin, 2009). Families, teachers and students, however, do not agree on the types of bullying that are experienced, their causes, or any possible remedies that would resolve the issue (İrfaner, 2009; Kartal & Bilgin, 2008; Tekin, 2006; Unalmış, 2010). In Turkey, There are very few studies on the subject and existing studies are not clear about the frequencies of types of bullying nor which types of bullying attitudes teachers and students accept as normal and natural behavior (Kartal & Bilgin, 2009). For example, Kartal and Bilgin (2008) show that teachers have reported that bullying occurs mostly in the school yard, whereas students and parents report that it takes place in the classroom. Students and parents state that bullying is mostly reported to parents while teachers say they are the ones to be informed of incidents of bullying (Kartal & Bilgin, 2008).

Studies generally confirm that bullying exists in Turkey and point to the need for effective bullying prevention programs (Alper-İlhan, 2008; Aydoğan & Kılinc, 2006; Karaman Kepenekci & Çınkır, 2006; Kartal & Bilgin, 2007; Pişkin, 2006). School authorities, parents, students and the general public must cooperate to resolve the issue of bullying in the schools (Beaty & Alexeyev, 2008).

Graduates of four-year university nursing programs in Turkey are not required to take courses or certificate programs related to school nursing. On the other hand, nurses graduate from the nursing schools with a strong background in children's health. Because standards of practice for school nurses have not been set down in the legislation, it is important that the results of nursing interventions at the schools be taken into consideration when legislation is being drawn up. Diverse programs, standards or models are needed to enable nursing

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interventions. Every program may not be appropriate for every school and community. For this reason, programs need to be tried out and turned into a form that is suitable for the school and the community (Yoneyama & Naito, 2003). Approaches to bullying may differ from country to country and even from region to region in the same country. This is why each country should devise prevention programs that are appropriate for conditions specific to its own culture.

There are many programs in the literature, such as the “Olweus Bullying Prevention Program,” as well as various models and skill-learning programs that are designed to reduce bullying. These models, on the other hand, do not present strategies that nurses can implement directly (Ergül, 2008; Smokowski & Kopasz, 2005; Ugürol, 2010). Differing from other programs and models, however, the Behavioral-Ecological Model (BEM) and the Neuman Systems Model (NSM) do offer strategies for reducing bullying that nurses can implement. While the BEM recommends strategies on individual, local, social and socio-cultural levels, the NSM offers suggestions as to strategies that can be applied to individuals on primary, secondary and tertiary prevention levels (Dresler-Hawke & Whitehead, 2009; <http://school-nursing.org/bullyindex.html>, Date of access: 03.05.2009; Muscari, 2003).

The Neuman Systems Model focuses on the concepts of the human being, the environment, health and nursing. It views the client (the pupil) as an open, single system open to interaction with the internal and external environment. The internal and external environment that is in constant interaction with the client (pupil) encompasses stressors and stimuli. Stressors may be intrapersonal, interpersonal or extra personal. Each stressor has the potential of penetrating flexible and normal lines of defense. In this context, bullying is an important stressor that has the potential to break across a pupil's lines of resistance (Ume-Nwagbo, DeWan, & Lowry, 2006). Neuman argues that pupils can be strengthened in the face of the bullying stressor with programs that will provide primary, secondary and tertiary protection levels (Muscari, 2003, <http://school-nursing.org/bullyindex.html>, Erişim tarihi: 03 May 2009).

Besides strengthening pupils' systems against bullying stressors, it is also necessary to become aware of and ultimately take control of the environmental factors that set the scene for bullying in schools. The purpose of the Behavioral–Ecological Model is to take preventive measures in order to create a safe school environment for children (Dresler-Hawke & Whitehead, 2009). The BEM is a guide for recognizing the risks of bullying or the order in which bullying incidents transpire (Dresler-Hawke & Whitehead, 2009). While the Neuman Systems Model targets strengthening pupils to withstand bullying on an individual level, the Behavioral-Ecological Model calls attention to external factors that contribute to the emergence of bullying. The use of both models will act in complementary fashion, providing the opportunity of better plan anti-bullying approaches from a more integrated view point. Both models have been employed separately as anti-bullying strategies and the benefits of each have been set forth in the literature. The integration of the two models not only provides a new program, but also general and specific approaches to the issue of bullying. No instances have been found in the literature where both models have been used together.

This study was conducted for the purpose of assessing the effects on reducing bullying of a school bullying prevention program prepared in line with BEM and NSM.

## 2. Methods

### 2.1. The definition of the program and components

The bullying prevention program was set up in line with the strategies of the Behavioral-Ecological Model and the Neuman Systems Model (Fig. 1). The researcher conducted the part-time volunteer nursing program at the school where the students in the study group were enrolled (Figs. 2 and 3).

### Components of the Bullying Prevention Program:

- The research was carried out with pupils enrolled in the 6th, 7th and 8th grades of a primary school who volunteered to take part in the study; written letters of consent were obtained from the students, their families and the school principal.

“Peer bullying” among the study and control groups was defined prior to the research and before the start of data collection as stated below.

“Instances where a pupil or pupils exhibited the following behavior toward another pupil, such as saying belittling or offensive things, making fun or calling a pupil deprecating or offensive names; completely ignoring a pupil in the peer group, ostracizing that pupil from participation in groups or deliberately excluding the pupil from activities; beating up, kicking, pushing around or locking up the pupil; telling lies about a pupil, spreading untrue gossip, sending out degrading notes and making an effort to prejudice other pupils against the pupil; and engaging recurrently in other similar degrading actions” are defined as peer bullying.

The data collection instruments (“Personal Information Form,” “Peer Bullying Behavior Scale-PBBS” and “Peer Victimization Scale-PVS”) were implemented in March 2011.

- The study group was provided with education 1 h a week, for a total of 5 h.
- The pupils, teachers and school staff as well as the parents of students were provided with education and counseling on bullying.
- Bullying pupils and their victims were identified and monitored.
- Safety measures were heightened in and around the school with the help of teachers.
- Agreements were signed with pupils regarding unwanted behavior in the classroom and hung on the bulletin boards in the classrooms.
- A school newspaper and a webpage with information on peer bullying were published for parents, teachers and pupils to read.
- All of the data collection instruments were implemented again at the end of the Program (May 2011).
- The program was completed with the results of the program being shared with the school administration and the Provincial National Education Directorate.
- Five months after the completion of the Program, in October 2011, the same data collection instruments were administered to the same pupils once again.

### 2.2. The study location and setting

The study was of a semi-experimental research design that incorporated a pre-test/post-test and a control group. It was conducted in the 2011–2012 academic year with 367 (222 control, 145 study group) pupils in the 12–15 age group who were students at two public elementary schools in Istanbul. The Program was initiated in March of the 2011–2012 academic year and completed in May of the same year, thus fulfilling a term of three months.

### 2.3. The study participants

The universe of the study and the sampling consisted of 583 students. To ensure that the pupils did not influence each other, the schools that were chosen were at a distance from each other. Pupils at one of the two schools agreeing to participate in the research were assigned as the study group, the other as the control group. The study group contained 145 students; 222 students participated in the control group. At the post-test, however, some students had withdrawn from school and therefore data were collected from 85 students in the study group and from 157 in the control group. The families and teachers of the students in the study group also participated in the program. The researchers made no evaluation in the

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