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Australian nursing students' experience of bullying and/or harassment during clinical placement

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Summary Bullying and harassment in nursing are unacceptable behaviours in the workplace. There is a large body of evidence relating this problem, however little of it focuses on the experiences of nursing students. This prospective cross-sectional survey investigated Australian undergraduate nursing students' ($N=888$) experiences of bullying and/or harassment during clinical placement. Half (50.1%) of the students indicated they had experienced this behaviour in the previous 12 months. Younger students were more likely to be bullied/harassed than older students ($p=0.05$). Participants identified perpetrators of bullying/harassment as registered nurses (56.6%), patients (37.4%), enrolled nurse's (36.4%), clinical facilitators (25.9%), preceptors (24.6%), nurse managers (22.8%) and other student nurses (11.8%). The majority of students reported that the experience of being bullied/harassed made them feel anxious (71.5%) and depressed (53.6%). Almost a third of students (32.8%) indicated that these experiences negatively affected the standard of care they provided to patients with many (46.9%) reconsidering nursing as their intended career. In the face of workforce attrition in nursing, the findings of this study have implications for education providers, clinical institutions and the profession at large.

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1. Background

Bullying and harassment are unacceptable in any setting, especially in the workplace. This public health issue can lead victims to experience serious psychosocial and physical morbidities (World Health Organization, 2010) such as burnout (Allen & Holland, 2014) fatigue, anxiety and depression (Reknes et al., 2014). In Australia there have been increased (6.8%) reports of bullying in the workplace (Dollard et al., 2012). Most workplaces in the western world have policies and procedures to prevent and manage bullying and harassment involving their employees. Employers have a legal responsibility to provide safe workplaces for employees (Australian Human Rights Commission, 2013). Educational institutions also have a duty of care to protect students of the health professions from workplace violence during clinical placement.

Bullying in the workplace can be described as, "verbal, physical, social or psychological abuse by your employer (or manager), another person or group of people at work" (Australian Human Rights Commission, 2013). It has been estimated that workplace bullying/harassment costs between 6 and 36 billion dollars annually to the Australian economy (Parliament of the Commonwealth of Australia, 2012). Many other definitions exist and one by Hewett (2010) described workplace violence as "aggressive behaviour towards another person, or object of that person, finding expression in physical assault, sexual harassment and non-physical violence, such as verbal abuse, incivility, bullying and intimidation" (p. 10).

There are numerous papers in the literature regarding the issue of bullying in nursing (Birks, Budden, Park, Simes, & Bagley, 2014; Cleary, Hunt, & Horsfall, 2010; Croft & Cash, 2012; Etienne, 2014; Hutchinson, Jackson, Haigh, & Hayter, 2013; Hutchinson, Vickers, Wilkes, & Jackson, 2010; Khadjehturian, 2012). The sources of bullying in nursing (sometimes called workplace violence, aggression or incivility) can be other health professionals, nurses (Cooper & Curzio, 2012), or patients and their families (Hutchinson, 2013). Major changes such as decreased health funding, increased hospital bed waiting times and increasingly demanding roles in nursing have led to a more stressful working environment (Hegney, Tuckett, Parker, & Eley, 2010). As nursing students are vulnerable (Bowllan, 2015) they are particularly susceptible to the effects of a changing health-care workplace and increased aggression by patients and staff.

Some studies indicate that at least 30% of nurses have experienced bullying in their workplace (Farrell & Shafiei, 2012; Spector, Zhou, & Che, 2014). Other studies report a much higher figure of more than half (Cleary et al., 2010; Hegney et al., 2008; Hutchinson, 2014) to 72% (Berry, Gillespie, Gates, & Schafer, 2012) of nurses reporting workplace violence or aggression. Australian studies have also cited similar figures relating to the prevalence of bullying experienced by nurses (Hegney, Eley, Plank, Buikstra, & Parker, 2006; Hegney et al., 2010; Hutchinson et al., 2013). Many of these nurses may decide to leave their job, which can lead to an increased shortage of younger nurses in the workforce (Laschinger, Grau, Finegan, & Wilk, 2010).

Baccalaureate students spend considerable time in clinical settings to gain nursing skills and are vulnerable to experience workplace aggression. One recent Australian study (Hopkins, Fetherston, & Morrison, 2014) of 154 second and third year nursing students reported that over 57% of students had experienced non-physical violence while in the clinical setting. Also in this sample it was found that more than 33% of second year students had experienced some form of physical violence such as being punched, kicked or slapped and the perpetrator had been a patient, colleague or registered nurse. What is also concerning is that many nursing students underreport bullying behaviours such as verbal abuse (Ferns & Meerabeau, 2009) and thus the incidence could be much higher.

While the serious nature and incidence of bullying in nursing is well documented, it is only recently that international researchers have begun to explore the issue of bullying of students and the personal, organisational and professional implications (Magnavita & Heponiemi, 2011; Stevenson, Randle, & Grayling, 2006). In spite of this increased interest, there is still little known about the experiences of Australian nursing students and the impact that bullying has on them personally and professionally. The purpose of this study was to fill this gap in knowledge. The aim of the research reported in this paper is to identify the incidence and nature of bullying and/or harassment experienced by nursing students during clinical placement. Ultimately, the research team seeks to establish a clear picture of the problem and thus facilitate the identification of recommendations to improve future placement experiences for students of nursing.

The specific questions for the research were:

1. What is the incidence of bullying and/or harassment experienced by nursing students during clinical placement?
2. Who are the perpetrators of bullying and/or harassment towards nursing students?
3. What types of bullying and/or harassment are experienced by nursing students?
4. What is the impact of bullying and/or harassment on nursing students?
5. Do students report bullying and/or harassment and how are reports managed?

2. Method

This study employed a cross-sectional survey design, utilising an instrument adapted from the work of Hewett (2010), who developed and tested the tool with 218 undergraduate nursing students in South Africa. Content validity of the original tool was established via a pilot study. The original survey comprised five sections with 66 individual items based around workplace violence including intimidation, bullying or verbal abuse, non-physical violence, and reporting and management of workplace violence. The questionnaire used mainly closed-ended questions that were rated using a 4-point response scale on frequency, with opportunity for respondents to provide textual descriptions.

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