



Clinical education

Developing nursing and midwifery students' capacity for coping with bullying and aggression in clinical settings: Students' evaluation of a learning resource



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ABSTRACT

An innovative blended learning resource for undergraduate nursing and midwifery students was developed in a large urban Australian university, following a number of concerning reports by students on their experiences of bullying and aggression in clinical settings. The blended learning resource included interactive online learning modules, comprising film clips of realistic clinical scenarios, related readings, and reflective questions, followed by in-class role-play practice of effective responses to bullying and aggression. On completion of the blended learning resource 210 participants completed an anonymous survey (65.2% response rate). Qualitative data was collected and a thematic analysis of the participants' responses revealed the following themes: 'Engaging with the blended learning resource'; 'Responding to bullying' and 'Responding to aggression'. We assert that developing nursing and midwifery students' capacity to effectively respond to aggression and bullying, using a self-paced blended learning resource, provides a solution to managing some of the demands of the clinical setting. The blended learning resource, whereby nursing and midwifery students were introduced to realistic portrayals of bullying and aggression in clinical settings, developed their repertoire of effective responding and coping skills for use in their professional practice.

1. Introduction

This paper describes a study located in a large urban university in Australia, where academics created, implemented and evaluated a blended learning resource to facilitate undergraduate nursing and midwifery students' capacity for coping with bullying and aggression in clinical settings. Past students provided feedback that they were challenged by the sometimes adverse working conditions they encountered on clinical placement, including experiences of aggression from patients and bullying from colleagues. The academic staff therefore recognised the need to provide students with strategies and resources to help them cope with the unique demands of the professions of nursing and midwifery. In response, a blended learning resource was created to develop the students' knowledge and skills and enhance their emotional well-being and capacity for coping. The following section provides an overview of the issues encountered by students in clinical practice and insights from the literature that reveal how these issues have been addressed by others; insights that informed our study.

2. Background and literature

While most nurses and midwives find their work rewarding, it can also be challenging and emotionally demanding (McAllister and McKinnon, 2009). Challenges in the workplace, which impact on the stress levels experienced by clinicians, include organizational change, frequent restructuring, heavy workloads, the disruption of shift work (Hunter and Warren, 2014). Workplace aggression and bullying from colleagues have also been identified as significant stressors experienced by clinicians (Roberts, 2008). Bullying and aggression in the workplace involves verbal, physical, social or psychological abuse by another person or group of people at work (Australian Human Rights Commission, 2013). It is of particular concern because it has become historically entrenched in the professions of nursing and midwifery (Copper and Curzio, 2012) and can cause students to leave before completing their program of study (Clarke et al., 2012).

In a large Australian study on workplace aggression experienced by doctors ($n = 9951$), Hills et al. (2012) found that in the previous twelve months, 70.6% experienced verbal or written aggression and 32.3% experienced physical aggression. Furthermore, their findings

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demonstrated that female practitioners and younger or more junior hospital-based doctors were at particular risk of experiencing workplace aggression. Similar research of nurses' experiences of violence in the workplace ($n = 2487$) was undertaken across two states in Australia (Roche et al., 2010). Approximately one-third of nurses who participated in this study perceived emotional abuse during the last five shifts worked. Reports of threats (14%) or actual violence (20%) were lower, but there was great variation among nursing units, with 65% of nurses in some units experiencing aggressive behaviours (Roche et al., 2010). These findings are supported by Celebioglu et al. (2010) who observed that females were more likely targets for aggression in the workplace.

In both Australia and the UK, nursing students' experience of workplace aggression and bullying was explored through national surveys (Birks et al., 2017). They found that Australian nursing students experienced a higher rate of bullying (50.1%) than UK students (35.5%) and identified other nurses as the main perpetrators (Australia 53%, UK 68%). These findings are supported by Jackson et al. (2011) who explored 231 Australian undergraduate nursing students' experiences of workplace aggression. The students reported experiences of invisibility, incivility, bullying and aggression. This bleak outlook was lifted for some students by their ability to resist "othering", through mutual support and naming the dominance they experienced (Jackson et al., 2011). In the case of nursing students, research more commonly reports bullying by an individual who has a higher level of authority; thus the violence is vertical in the form of overt or covert acts of aggression (Bowllan, 2015). Nursing students can feel powerless in these situations and particularly vulnerable when the staff who should be protecting the students are the perpetrators of bullying (Stevenson et al., 2006). This power dynamic can prevent students from raising concerns for fear of reprisals (Birks et al., 2017).

Consequently, workplaces are often not particularly nurturing environments for students (Birks et al., 2017; Jackson et al., 2011; McAllister and McKinnon, 2009). Bullying and aggression by staff and/or patients may sabotage students' learning experiences, form a barrier to their socialisation into the profession (Bowllan, 2015), and stunt the development of caring behaviours for patients (Adams and Maykut, 2015). As it is unlikely that this situation will change in the immediate future, developing the capacity for coping in students through education in effective responses to aggression and bullying may provide a solution to managing the demands of the workplace.

Nurses and midwives can benefit from education and training in effective responses to bullying and aggression. For example, de-escalation techniques aim to stop the escalation of aggression via a range of psychosocial techniques (Bowers et al., 2013). Nau et al. (2010) engaged a panel of experts knowledgeable in de-escalation techniques to assess videos of trained and untrained students. The trained students were rated as showing a significant increase in performance of de-escalating aggressive behaviour, with findings not influenced by the student's age or nursing experience (Nau et al., 2010). Kynoch et al. (2009) conducted a systematic review to establish best practice in the prevention and management of aggressive behaviours in acute hospital settings. Of the 13 studies that met review criterion, only three studies evaluated training outcomes. Of these studies, all demonstrated some improvements in the levels of knowledge, skills and attitudes of acute care staff in the management of aggressive behaviour.

Birks et al. (2017) contend that bullying can be managed through the instillation of key coping skills. They maintain that strategies such as practical sessions on developing resilience, assertiveness, mindfulness and emotional intelligence can function to diffuse negative situations before they escalate. In the United Kingdom (UK), Hunter and Warren (2014) examined midwives' personal and professional factors which contributed to or hindered their resilience. They described resilience as a learned process and identified coping strategies that enhanced their resilience such as self-reflection, discussions with colleagues, social interactions and separating work from home life (Hunter and Warren, 2014). A similar study in Australia explored the

experiences of nurses and midwives who perceived themselves as resilient, and the strategies they used to maintain their resilience despite encountering serious workplace adversity (McDonald et al., 2016). The participants in this study attributed their ability to thrive in the workplace to a number of factors, including collegial networks of support, combined with solitary self-care activities such as yoga, running or gardening; they helped them to maintain a positive work/life balance and provided protection from workplace adversity. Jackson et al. (2011) also reported that mutual support and advocacy from fellow-students were beneficial in increasing students' capacity for coping when dealing with aggression and bullying in clinical settings. Such strategies help to minimise the continuation of the cycle of abuse that appears to have permeated nursing and midwifery culture.

After reviewing the literature it is evident that staff and students encounter workplace challenges such as bullying and aggression. It has been suggested that the education and training of students in effective responses to bullying and aggression in clinical settings may help to build their capacity for coping. Using these insights from the literature as a guide, and the reports from students that they experience adverse conditions in clinical settings, the following resource was designed to develop nursing and midwifery students' capacity for coping with bullying and aggression in clinical settings. We assert that the blended learning resource, whereby nursing and midwifery students were introduced to realistic portrayals of bullying and aggression in clinical settings, developed their repertoire of effective responding and coping skills for use in their professional practice.

3. Research design

3.1. Participants and setting

Participants were undergraduate nursing and midwifery students at an urban Australian university. There were 336 undergraduate students enrolled in the subjects in which the educational intervention was embedded and 210 students completed an anonymous evaluation (62.5% response rate).

3.2. Educational intervention

A blended learning resource (BLR) was developed and embedded in two clinical practice subjects within the undergraduate Bachelor of Nursing and the Bachelor of Midwifery programs. The BLR included online, interactive learning modules comprising film clips of simulated bullying and aggression scenarios in clinical settings, links to relevant literature, and reflective activities, followed by in-class role-play practice of effective responding and guided reflection of the role-play experience. The simulated scenarios were based on past students' experiences of bullying and aggression that they encountered during their clinical placements in health care settings. Academic staff, a former student and a professional actor performed in the filmed scenarios.

The BLR focused on two key content areas: (i) responding effectively to bullying and (ii) responding effectively to aggression.

(i) Responding effectively to bullying

The students viewed the first film clip of a scenario in which a nursing student experienced bullying by a registered nurse in front of a patient. Following this, students were prompted to reflect on the scenario and consider the feelings it aroused. In the second film clip the nursing student, following the above scenario, sought support from a nursing educator. The educator discussed a range of practical strategies on how to manage this incident. Sources of support available to students at the University and within clinical placement settings were identified, such as counselling. The third film clip depicts the student, supported by the nursing educator, assertively addressing her concerns with the registered nurse from the first scenario. This was followed up

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