

Bullying among Nursing Students in UiTM Puncak Alam during Clinical Placement

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Abstract

Workplace violence among healthcare workers is a well-known issue internationally. This research seeks to identify UiTM nursing students' experience of bullying during clinical placement. A cross-sectional study was conducted using the questionnaire, Student Experience of Bullying during Clinical Placement (SEBDGP), among 182 nursing students. The finding showed that 25.3% of students were bullied, 37.9% were unsure about it, and the rest never been bullied. Also, the violence mainly came from patients (58.2%). For future suggestions, organisations should emphasise knowledge regarding bullying and develop bullying prevention strategies to minimise the adverse effect of the consequences of bullying on nursing student's psychological.

Keywords: workplace violence; horizontal violence; bullying; nursing

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1.0 Introduction

Nursing is a vital profession and a frontline member of the health care system that focuses on caring for patients holistically, which addresses their patients' emotional, physical, spiritual, and mental needs. Healthcare workers have a detrimental worldwide concern with workplace violence than other field workers (Shi et al., 2017). Workplace violence can be defined as physical or non-physical abuse against another colleague that could affect the victim physically, mentally, emotionally, sexually, or socially (Zahra & Feng, 2018). While workplace violence affects all healthcare providers, nurses are at greater risk because they typically have the highest degree of contact with people in distress (Jiao et al., 2015). This is due to the amount of time spent as nurses engaged in direct patient care and having direct contact with the family or other health care professionals during working hours. Additionally, nurses represent the majority in the healthcare system, and they work at the forefront of global health care. The previous study of workplace violence among nurses shows that one-third experienced physical abuse and two-thirds experienced a verbal disturbance in the last year (Spector, Zhou, & Che, 2014; Tian, Zhang, Li, Li, Ma, & Wu, 2019). According to Ramacciati, Ceccagnoli, Addey, and Rasero (2018), violence in the workplace has negative consequences for health care professionals. The rates of workplace violence faced by nursing workers remain intractable and, therefore, physically and psychologically damage them (Alameddine, Mourad, & Dimassi, 2015; Zhang et al., 2017; Zhao et al., 2018).

In the United Kingdom (UK), besides registered nurses, nursing students were also recognised as having a high potential for violence (Tee et al., 2016). There are indeed multiple reasons why nursing students are particularly prone to be bullied. These include

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their comparative lack of clinical experience, high contact time with the patient, regular changes in the unit, ignorance on the cultural norms within the healthcare environment and difficulties in adapting to a new environment and establish rapport with healthcare staff and patients. Bullying among nursing students can give them a significant impact and discouragement in learning. They will begin to hesitate and only come to clinical to complete the requirement without learning and improving the skills. Even worse, they could decide to quit nursing education. Intimidation and growing hostility by staff and/or patients may interfere with students' learning experience, confer resistance to their social interaction into nursing (Bowllan, 2015), and hinder the development of patient care attitudes (Adams, & Maykut, 2015).

Despite the numerous studies regarding violence against nurses worldwide, workplace violence in the healthcare setting in Malaysia is also a severe problem (Department of Statistics 2002). However, research on bullying among nursing students has been minimal to bring this matter to light. Concerning that, this research aims to determine bullying among nursing students at UiTM Puncak Alam campus and determine the consequences of bullying among UiTM nursing students.

2.0 Literature Review

Bullying among nursing students during clinical practice is increasingly recognised within the international literature (Budden et al., 2017; Tee et al., 2016). Oppressed group behaviour theory is a popular theory to describe the bullying phenomena in nursing professions (Robert, 1983). The theory believed that dominant people would devalue dominated people. Since nursing students devote a substantial amount of time practising during clinical in a different area that is not familiar, they are prone to bullying and/or harassment. They either encounter the violence on their own or as a witness. According to the previous study conducted, 42.18% of the students reported having experienced bullying/harassment. In comparison, another 30.4%, which is one-third, had witnessed intimidation of other students, and 19.6% involving registered nurses cases (Tee et al., 2016). A clinical setting is a place for the students to implement the knowledge and skills learned in the class into a real-life situation. The experience gained during the placement is as important as theoretical knowledge. According to the oppressed group behaviour theory, dominated people will feel powerless, low self-esteem, and develop anger (Robert, 1983). Thus, unpleasant experience from the clinical placement influences nursing students' attitudes toward the profession and negatively affects their clinical learning (Minton, Birks, Cant, & Budden, 2018; Tee et al., 2016). As for the physical assault, students may experience actual physical injury during their placement, such as being punched or slapped (Budden et al., 2017; Minton et al., 2018; Tee et al., 2016). Students will be afraid to attend the placement after the incident, resulting in physical and emotional distress. Several students reported that they had absented themselves from the workplace due to these feelings (Budden et al., 2017; Minton et al., 2018; Tee et al., 2016).

In terms of age, the research found out that younger nurses are more vulnerable to being bullied (Budden et al., 2017; Minton et al., 2018). The oppressed group behaviour theory support that younger nurses had a higher tendency to be bullied (Robert, 1983). The expression "nurses eat their young" is commonly used to describe that bullying usually happens among inexperienced nurses (Castronovo et al. 2016). In placing more emphasis, Budden et al. (2017) also claimed that the younger nurses would experience bullying at the workplace higher than the older nurses. In contrast, Xiang et al. (2017) stated in their research that there were no significant differences in workplace violence incidence and its three types of nurses related to age. However, the study conducted by Xiang et al. (2017) focused exclusively on nurses in the mental health department, which the perpetrators may not concern about the age of the victims.

The opposed group theory provides a framework for looking at the consequences of bullying. As students provide care to the patient during clinical placement, students who have experienced bullying will show negative behaviour. They also admit their relationship with the co-workers was also affected (Budden et al., 2017; Minton et al., 2018; Tee et al., 2016). Those who had been bullied but only kept it to themselves usually showed low self-esteem attitude. This is because they are traumatised and incapable of handling their feelings. Most of the nursing students stated that they had considered leaving nursing after the incident of bullying (Budden et al., 2017; Minton et al., 2018; Tee et al., 2016). An unexpected experience that students gained from the clinical setting might change their perception of the profession.

3.0 Methodology

3.1 Participants

The study was conducted at the Faculty of Health Sciences, Universiti Teknologi MARA (UiTM), Puncak Alam Campus, using the descriptive cross-sectional design. The participants were nursing students in UiTM Puncak Alam, who are pursuing diploma and degree in nursing. The exclusion criterion was a full-time UiTM nursing student who has not yet undergone clinical practice. A total of 182 nursing students participated in the study, and 182 questionnaires were answered completely. Approval to conduct the study was obtained from the UiTM Research Ethics Committee.

3.2 Instruments

Data were collected via self-administered questionnaires, which is *Student Experience of Bullying during Clinical Placement (SEBDP)* (Budden et al., 2017). This instrument consists of 97 items, in 19 main questions, about bullying and/or harassment (including intimidation, physical or verbal abuse, and non-physical violence) and the informing and handling of stated events. It comprises of closed-ended items with a response by using a 4-point Likert scale based on the frequency of [1] Never (0 times); [2] Occasionally (1–2 times); [3] Sometimes (3–5 times) and [4] Often (>5 times). To provide a textual summary, an 'other' response category was also offered. Data entry and analysis was done using the Statistical Package for Social Science (SPSS) software version 25.0.

4.0 Findings

4.1 Demographic Characteristic

Table Error! No text of specified style in document..1Demographic Characteristics of Nursing Students

Variable	Frequency(n)	Percentage (%)	Mean (SD)
Gender			
Male	18	9.9	
Female	164	90.1	
			1.90(0.299)
Age			
20 years old	4	2.2	
21 years old	78	42.9	
22 years old	48	26.4	
23 years old	47	25.8	
24 years old	5	2.7	
			21.84(0.930)
Education level			
Diploma	32	17.6	
Bachelor degree	150	82.4	
			1.82(0.382)
Semester			
3	59	32.4	
5	78	42.9	
7	45	24.7	
			4.85(1.508)

The survey instrument consisted of 4 items of demographic information involving gender, age, education level, and semester. Most respondents were female, followed by the male, 9.9% (18) and 90.1% (164). Most of the respondents, 42.9% (78), were 21 years old. 26.4% (48) and 25.8% (47) of them were 22 and 23 years old, respectively. The least of the respondents, 2.7% (5) and 2.2% (4), were 24 and 20 years old, respectively. Education level showed that 17.6% (32) were from diploma while 90.1% (150) were from degree level. From demographic data, the highest respondent of 42.9% (78) was from semester three. Meanwhile, 32.4% (59) and 24.7 % (45) were from semester five and semester seven, respectively. Details of the demographic data are shown in Table Error! No text of specified style in document..1.

4.2 Experience of Bullying and/or Harassment

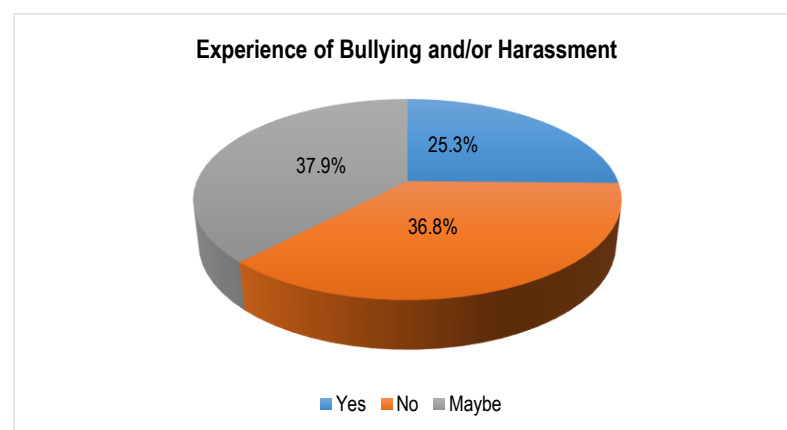


Figure Error! No text of specified style in document..1: Experience of Bullying and/or Harassment

From the data, 25.3% (46) respondents agreed they were bullied, followed by 36.8% (67) who did not experience bullying, while 37.9% (69) were unsure whether they were bullied or not. The frequency and percentage of respondents who experienced bullying and/or harassment are shown in Figure Error! No text of specified style in document..1.

Table Error! No text of specified style in document..2 Bullying Experiences in Clinical Setting

Clinical area	Frequency,n (%)			
	Never	Occasionally	Sometimes	Often
Hospitals	91(50.0)	53(29.1)	36 (19.8)	2(1.1)
Community settings, e.g., community clinic, clinics	140(76.9)	22(12.1)	20(11.0)	0 (0.0)
Other	0(0.0)	0(0.0)	0(0.0)	0(0.0)

Table Error! No text of specified style in document..2 shows the result of bullying experiences in clinical settings. The result showed 50% (n=91) of respondents experienced bullying in the hospital, which occasionally 29.1% (53), sometimes 19.8% (36), often 1.1% (2). Meanwhile, in community settings (e.g., community clinics or clinics), only 23.1% (42) had experienced bullying and/or harassment which 12.1% (22) occasionally and 11% (20) sometimes while remaining 76.9% (140) of respondents never experienced bullied in any setting.

4.3 Consequences of Bullying and/or Harassment.

Table Error! No text of specified style in document..3 Work Outcome Consequences

Consequences	Frequency, n (%)				Mean (SD)
	Never	Occasionally	Sometimes	Often	
Made me consider leaving nursing	83(45.6)	59(32.4)	22(12.1)	18(9.9)	1.86(0.979)
Caused me to call in absent	144(79.1)	26(14.3)	12(6.6)	0(0)	1.27(0.577)
Made me afraid to check orders when I wasn't sure.	91(50.0)	66(36.6)	19(10.4)	6(3.3)	1.67(0.794)
Negatively affected the standard of care I provided to patients.	102(56.0)	59(32.4)	16(8.8)	5(2.7)	1.58(0.766)
Negatively affected the way I worked with others.	103(56.6)	57(31.3)	15(8.2)	7(3.8)	1.59(0.800)
Other	0(0)	0(0)	0(0)	1(0.5)	4.00(0.00)

The respondents reported the number of consequences following the experienced bullying that they had. Table Error! No text of specified style in document..3 shows that more than half of respondents with 54.4% (99) considered leaving nursing in which 32.4% (59) "occasionally", 12.1% (22) "sometimes" and 9.9% (18) "often" because of bullying. This issue also had made 44% (80) of respondents admit that standard care of patients was negatively affected, 43.4% (79) influenced the routine they worked with others, and 20.9% (38) caused them to call absent. An equal percentage of 50% (91) complained that they were afraid to check orders when they were not sure. Meanwhile, there was one respondent who answered the "open-ended" 0.5%, stated that he often felt incompetent.

Table Error! No text of specified style in document..4 Impact of Bullying on Personal Feeling

Impact	Frequency, n (%)				Mean (SD)
	Never	Occasionally	Sometimes	Often	
Angry	68(37.4)	74(40.7)	25(13.7)	15(8.2)	1.93(0.917)
Depressed	94(51.6)	54(29.7)	24(13.2)	10(5.5)	1.73(0.893)
Humiliated	99(54.4)	56(30.8)	22(12.2)	5(2.7)	1.63(0.802)
Embarrassed	68(37.4)	73(40.1)	27(14.8)	14(7.7)	1.93(0.911)
Anxious	77(42.3)	62(34.1)	29(15.9)	14(7.7)	1.89(0.940)
Fearful	84(46.2)	60(33.0)	29(15.9)	9(4.9)	1.80(0.884)
Confused	81(44.5)	72(39.6)	23(12.6)	6(3.3)	1.75(0.802)
Inadequate	118(64.8)	39(21.4)	17(9.3)	8(4.4)	1.53(0.839)
Unsafe	130(71.4)	34(18.7)	12(6.6)	6(3.3)	1.42(0.759)
Other	0(0)	0(0)	0(0)	0(0)	0(0)

Possible effects of bullying on personal feelings throughout the past year were analysed. The result of this study indicated most respondents, 62.6% (114) had reacted to bullying and/or harassment with anger and felt embarrassed. Furthermore, 57.7% (105) respondents felt anxious, 53.8% (98) fearful, 55.5% (101) confused, and 48.4% (88) depressed resulting from the experience of bullying and/or harassment. Felt humiliated, inadequate, and unsafe during clinical placement had the lowest percentage with 45.6% (83), 35.2% (64) and 28.6% (52), respectively. However, the three lowest percentage still had more than 50 respondents experienced the impact. Detailed findings are shown in Table Error! No text of specified style in document..4

Table Error! No text of specified style in document..5 Associations between Age and Experience of Bullying

Variable	Experience of bullying, Mean (SD)			F-stats(df)	p value
	Yes	No	Maybe		
Age	21.54(0.912)	21.84(0.931)	22.04(0.898)	4.133(2)	0.018

Table Error! No text of specified style in document.. shows the relationship between age and experience of bullying, which was determined by using the one-way ANOVA test. One-way ANOVA test is used to compare means of two or more samples. The sample mean \pm SD of age for respondent answered: "Yes" were (21.54 \pm 0.912), "No" (21.84.12 \pm 0.913) and "Maybe" (22.04 \pm 0.898). The assumption in the test of equality of variance is met with p-value=0.104 (>0.05). The relationship between the experience of bullying and/or harassment and age showed a statistically significant with $F(2,179) = 3.451$, $p=0.018$. Post-hoc testing was done, and the result showed significant differences in mean age between respondents who were bullied and unsure of bullying. Therefore, the younger age has more experience of bullying and/or harassment than older age.

5.0 Discussions

5.1 Types of Bullying Experienced by UiTM Nursing Students in the Clinical Setting

The finding for this study indicated that a lower percentage of respondents, 25.3% (46), experienced bullying and/or harassment during clinical placement. Over one-third of the study participant, 36.8% (67), had never been bullied. This finding also found a higher proportion of nursing students (37.9%) was unsure either they had been bullied or not as they were still uncertain about what actions describe as bullying. These findings contradicted most previous studies due to the higher percentage of students involved in bullying. High bullying rates were recorded from 55% to 89% reported in the UK, Australia, and Canada (Hopkins, Fetherston, & Morrison, 2014; Tee, Üzar Özçetin, & Russell-Westhead, 2016). A recent study conducted in New Zealand also found a high percentage of nursing students encounter bullying and/or abuse, 40% ($n=118$). (Minton, Birks, Cant, & Budden, 2018). Moreover, Australian researchers have revealed that more than 50% of nursing students encountered intimidation and/or were threatened in the workplace, and the remaining 12.3% ($n = 109$) were uncertain. However, this study corresponding with Australian research with more than one-third (37.5%; $n = 333$) who reported that they do not have bullying experience (Budden et al., 2017). The result of the high percentage of bullying also occurred in the UK with 42.18% ($n=232$) of the participants reported feeling personally bullied and/or harassed with another 16.55% ($n = 91$) being unsure whether it was bullying or harassment (Tee et al., 2016). The same goes with a study conducted in Canada 88% ($n=674$)(C. M. Clarke, Kane, Rajacich, & Lafreniere, 2012) and Turkey 60.9% ($n = 740$) (Tee & Erkan, 2020) demonstrate the high percentage of students involved in bullying. Most of the studies that were mentioned above showed a higher rate of nursing students being involved in bullying. This might be due to the larger population used in the previous studies.

5.2 Consequences of Bullying

The consequences of bullying in this study were observed based on two viewpoints which were work outcome consequences and personal feeling consequences. Based on the perspective of work performed in this study, more than half of the respondents with 54.4% (99) considered leaving nursing. However, a UK analysis revealed only 20% of nursing students considered leaving the profession as a result of exposure to violence during clinical placements (Tee et al., 2016). While a study by Minton et al. (2018) showed 40.3% considered leaving the nursing profession. Most of the preceding study showed less than half of the respondents considered leaving the profession, which could indicate that they had a high level of endurance and effective coping skill. This research also showed consequences of "to call in absence" with 14.3% (2) "occasionally", 6.6% (12) "sometimes" with none of them experience as "often", more than 50% were "afraid to check orders when wasn't sure" with 3.3%(6) occurred as "often" and 43.3% "affected the way of working with others". Other than that, 44% of respondents in this study admitted that workplace violence affected their standard of patient care negatively, which was approximately similar to a study in Turkey by Tee & Erkan (2020) with 40.4% ($n = 491$). Findings in this study and a previous one emphatically indicate that workplace violence had resulted in negative work-related consequences. This enormous experience not only affected their confidence and quality of life but also can harm patient care.

Meanwhile, for impact on personal feeling, many respondents 62.6% (114) had reacted to bullying and/or harassment with anger and felt embarrassed. This study was supported as anger was also the most common emotional response in studies on verbal abuse

in Turkey (Kisa, 2008). Furthermore, this study also showed that 57.7% (105) of respondents had felt anxiety, 55.5% were confused, and 48.4% depressed, resulting from the experience of bullying and/or harassment. Felt humiliated, inadequate and unsafe during clinical placement had the lowest percentage of 45.6%, 35.2% and 28.6%. Corresponding with research done in Turkey, nursing students reported feeling angry, embarrassed, depressed, humiliated, anxious, fearful, confused, inadequate, and unsafe due to workplace violence (Tee & Erkan, 2020). Instead of confronting the issue, the oppressed group felt powerless and low self-esteem (Rossi et al., 2020). These negative feelings could lead to students questioning nursing values and might force them to consider leaving the profession. If sustained, students will wonder about their commitment to the training and profession. They may even project their feelings on nursing care delivery, adversely affecting the outcome of the patient.

5.3 The Relationship between Age and Experience of Bullying

The study results showed a statistically significant association between age and the experience of bullying and/or harassment ($p = 0.018$) that showed that younger age students were more likely to be harassed than older students. This finding was supported by a New Zealand study where younger age students (aged 24 years or less; $n = 201$) were more likely to report bullying than 83 students over the average age of 24 years ($p < 0.001$) (Minton et al., 2018). The Australian study also showed that the respondents' age was significantly associated with the harassment/intimidation experience ($p = 0.05$) in which the younger participants were more likely to experience bullying or harassment (Budden et al., 2017). However, a study by Alyaemni & Alhudaithi (2016) showed that there was no significant association between age and experience of bullying with $p = 0.61$. In the nursing literature, the theory of oppression behaviour has been used for years to describe the nursing profession's oppressed state (Robert, 1983). Younger students are bullying preys as they are inexperienced, frightened of the ward's healthcare staff, and not adapting to the new environment. Thus, this leads them to do anything instructed by healthcare staff in the ward and even to be scolded when they do not know how to perform the instructions.

6.0 Conclusion and recommendation

In conclusion, bullying remains a multifaceted problem across nursing, and nursing education does not seem to be excluded at the undergraduate level. The theory of oppressed group behaviour supports this to understand why bullying is higher in the nursing profession. A significant proportion of nursing students in UITM Puncak Alam were unsure whether they had been bullied and/or harassed. This probably because respondents were confused about what action was classified as bullying. The establishment of a unified definition of what actions are regarded as bullying needs to be addressed to increase the students' understanding. Most of the students are still confused about what is considered bullying. The consequences of bullying have also been identified in two perspectives: work outcome consequences and personal consequences. Work outcome consequences show that a high percentage of respondents consider leaving nursing. Besides, some of the respondents reported uncomfortable situations such as negative impacts on the patient's standard care, influenced how they worked with others and causes them to call absent. On personal implications, most of the students had reacted with anger and felt embarrassed. Similar to the theory of oppressed group behaviour when the victim feels powerless and frustrated. Some of the students also felt anxious, humiliated, depressed, confuse and even unsafe during clinical placement. Supposedly, during clinical placement, students should learn and utilise their skills. For future suggestions, the organization should provide nursing students with knowledge regarding bullying, such as what kind of action is considered bullying in clinical placement. The university should develop bullying prevention strategies to minimise bullying's adverse effects on nursing students' psychological.

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Paper contribution to Related Field of Study

The result of this study perhaps could be used to develop bullying prevention strategies to minimise the negative impact of bullying on the nursing students' psychological.

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