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Impact of bullying on clinical performance among nursing students at clinical setting

Naheed Kousar[1], Asifa Perveen[1*], Moniba Fatima[1], Farzana Kousar[1] and Rehana Kousar[1]
[1]Department of Nursing, The University of Faisalabad, Faisalabad, Pakistan.

ABSTRACT

Bullying is universally identified as a persistent problem in the nursing profession which basically impacts the antithesis of the compassionated essence of nursing. Bullying negatively affects the clinical learning and educational life of nursing students. A descriptive cross-sectional quantitative design was utilized to accomplish this study. The design was employed to identify the impact of bullying on clinical performance of nursing students. The study also examined the types, frequencies, perpetrators of bullying and coping behavior of nursing students towards bullying. The highest bullying behaviors of the nursing students experienced were verbal abuse and humiliation in front of other people. Bullying results in various types of long term and short-term consequences. Most importantly it affects the skill development among nurses. It is recommended that there must be clear, written SOP's for the staff working in the clinical facility. This type of documentation should be available for everyone and should be the part of professional training. This can reduce the incidence of the bullying. Another thing is the establishment of healthy relationship between the junior and senior staff members because most of the time it is seen that the senior and junior staff is involved in bullying. Next is the proper training of the nurses about their roles and responsibilities at student level.

Keywords: *Nursing students; Clinical performance; Bullying; Professional training; Verbal abuse; Coping strategies*
**Corresponding Author: Asifa Perveen, Email: asifaperveen765@gmail.com*

INTRODUCTION

Educational Background

Caring is one of the first word that comes to mind when considering nursing practices (Boykin & Schoenhofer 2001). According to one of the code of ethics stated by American Nursing Association "the nurse, in all professional relationship, practices with respect and sympathy for the inherent worth, dignity and uniqueness of every individual, unrestricted by consideration of economic or social status, the nature of health problems and personal characteristics" (Association, 2001). Nurse bullying is a pervasive systematic problem that lowered the score of patient satisfaction and increase the nurses' turnover, which raised the average cost of a hospital $ 4 million to $7 million in a year (Edmonson and Zelonka, 2019). The most common bullying experience faced by nursing students in Egypt (N= 147) were shouting in rage and harsh remarks on being a nurse, which ultimately lowered their self-confidence, impaired concentration and promote negative perceiving towards profession (Radwan and Shosha, 2019). These experiences indicated negative effect on student's professional development, learning process and clinical experiences.

Bullying is universally identified as a persistent problem in the nursing profession which basically impacts the antithesis of the compassionated essence of nursing (Mohamed, 2019). In the modish society bullying becomes a crucial problem that adversely affects the student's quality of training and patient care (Cerit, et al., 2018). The literature did not provide the integrated and shared vision of definite nature of bullying. However, researchers have conceptualized bullying according to their research context (Hartin, et al., 2019).

In general bullying defined as "Acts or verbal comments that could mentally hurt or isolate a person in the workplace. Sometimes, bullying can involve negative physical contacts as well. Bullying usually involves repeated incidents or a pattern of behavior that is intended to intimidate, offend, degrade or humiliate a particular person or group of people. It has been described as the assertion of power through aggression". Bullying in nursing is a global issue (Radwan and Shosha, 2019). It occurs in nursing education as well as in nursing practice at all contexts and at all stages (Milesky, et al., 2015). Furthermore, it frequently involves injustice, abuse, power, and feelings of unprotected and impairing dignity. Bullying is an evident contradiction in the profession of nursing, where the worth of caring is contemplated to be solid (Association, 2015).

The consequences of bullying experiences rapidly increase at health care setting. It incorporates anger, frustration, emotional hurt, fear and feeling of powerlessness, impaired productivity and self-esteem, increase in medical errors

and symptoms of posttraumatic stress disorder. Similarly, it was reported by (Minton et al., 2018), that psychosocial impact of bullying on nursing students were embarrassment, humiliation, feelings of inefficiency and anxiousness. Other students notified that they should leave the nursing profession. These experiences disabled the students to attain their clinical competency and affects the provision of quality care (Minton et al., 2018). In contrast the student contended these adverse experiences also affect their future employment choices and academic learning (Hakojärvi, et al., 2014).

Portuguese researchers revealed that bullying still prevalent in nursing profession, one study showed that 78% of student experienced bullying behavior during last six month, according to another study 60 % nurses leave their first job due to the bullying behavior of coworkers (Clarke et al., 2012; Kane et al., 2018). Furthermore 40 % (N= 118) of student nurses being bullied on clinical placement at New Zealand (Minton et al., 2018). Almost 32.6% exposed to workplace violence at Australia (Mammen, et al., 2018). A secondary analysis of 833 Australian and 561 UK students explored that Australian students faced higher rate of bullying (50.1%) than the UK students (35.5%) (Birks et al., 2017). Additionally some researchers reported that bullying was more commonly occur due to higher level of authority, thus the violence was vertical in the form of the overt or the covert act of aggression (Bowllan, 2015). Workplace bullying have significant impact on nursing outcomes in Zimbabwe (Finchilescu, et al., 2019). In the context of the Hong Kong 37.3% (N=379) of the total 1017 nursing students reported clinical violence experiences (Cheung et al., 2019).

Pakistan is one of the 57 countries that are confronting the health crises for human resources. It is below the level of Millennium development goals by 2015 as defined by WHO. Pakistan has only 0.604 nurses per 1000 patients whereas the WHO's standards allocated 2.5 nurses per 1000 patient (WHO, 2014). Thus, it is detrimental that attrition rate of nursing students is higher in Pakistan due to the bullying experiences at clinical setting. In Pakistan 324 nurses reported that personal bullying has direct and indirect effects on turnover of nurses at clinical setting (Malik, et al., 2020). Moreover 90% nursing students have experienced to be abused at least one time (HAQ, et al., 2018). Lateral violence is prevalent in 203 nurses at Lahore, Pakistan (Noor, et al., 2017).

Recently there is a paradigm shift cultivation of the "no blame culture" in the successful administration of healthcare (Howard and Embree, 2013). This may help to stop the bullying. Strategies for competent training include clinical simulation, problem base scenarios and cognitive rehearsal provides a learning environment for student to safely handling the bullying behavior. As often the nursing students are not adequately prepared to handle the bullying incidence, so, being a nurse educator, we need to prepare nursing students to be competent and safe practitioners. Possible procedures, interventions and implementation of policies should be approached to directly treat the bullying behaviors (Hakojärvi, et al., 2014). Exploration of bullying experienced by nursing students at clinical setting is a crucial issue, to cop up with these disruptive behaviors. Therefore, this study emphasizes to identify the negative effects of bullying on student clinical performance and determine the coping strategies among nursing students.

In order to develop understanding from the nursing student's perspective as to various type of bullying behaviors they encounter at clinical setting and these experiences adversely affect their clinical competences. This study endeavor to fill the gap in advance knowledge and get intricate by developing data needed in generating policies and programs for the eradication of bullying and tried to minimize the bullying behaviors towards Pakistani nurses. The widespread prevalence rate acquaintance the number of nursing students, who are the victims of bullying ranged from 7% to 43% and as bullying perpetrators ranged from 5% to 44% (Cook, et al., 2009). Bullying incidences are encountered by the nursing students throughout their training period. Which adversely affect their clinical skills. Currently bullying incidences recognized as an extensive health priority by World Health Organization, International Public Services and International Nursing Council. In spite of that workplace bullying continue to rise toward nursing student.

It is our ethical and professional responsibility to contribute awareness and support facilitating change to stop cycle of bullying. The current study demonstrated the existence of bullying among nursing students at clinical placement. The study will help to gain attention to this significant issue. The study findings could be helpful in a number of ways to reduce this extended issue as well as bridging the gap between bullying incidence and coping strategies. Furthermore, it can add some knowledge to nursing students that how they cope with bullying incidences. It is imperative to nursing administrative and faculty to design new coping strategies and polices that might be more helpful for the student to handle bullying situation. The study findings will give an initiative to media to highlight the negative effects of bullying at working environment to influence the public point of view. The study findings can be used for further research purpose.

Study Objectives

The objectives of the study are:

1. To describe the type and frequency of bullying behavior faced by nursing students at clinical placement.
2. To explore the impact of bullying on clinical performance of student nurses.
3. To investigate the perpetrators of bullying.

4. To identify the coping strategies towards bullying incidents.

Research Questions
The research questions of the study are:

1. What are the types and frequency of bullying the nursing students experienced at clinical placement?
2. Does bullying experiences effect the clinical performances of nursing students?
3. Who are the perpetrators of bullying?
4. How do the nursing students cope-up with bullying experiences?

Research Hypothesis
H1: There is association between the impact of bullying experiences and the clinical performances of nursing students.

H2: Coping behavior towards bullying experiences have significant association with clinical performances of nursing students.

Statement of problem
Bullying is widely identified as devastating issue in health care setting. It is significantly prevalent in nursing profession. Research studies indicates that nursing students are more vulnerable to bullying incidences during clinical training. Bullying negatively affect the clinical learning and educational life of nursing students. It is reported by different health care setting that nursing students exposed to high level of bullying. In Lahore more than 90% students being abused at least one time in clinical setting (HAQ, et al., 2018). As exposure to bullying negatively affect the job attrition of nursing students. These bullying behaviors reduce the nurse's productivity as they are not adequately prepared to handle the bullying incidence. Progressively increase bullying in nursing profession raised a threat to the future of nursing student's practices. Limited work has been done to manage the bullying at health care setting. Therefore, it is very important to identify and prevent bullying incidence among nursing students. The study has been planned to acquire better understanding of bullying experiences of nursing students and determine the coping strategies.

According to the literature, workplace bullying is a serious problem throughout the world. Multiple students have been confronted to significant the problem of bullying all over the world. But there is less focus on this topic in Pakistan. Only few studies have been carried out on workplace bullying among nursing students. Moreover, the coping strategies are not addressed properly. And another gap in the literature is that most of the studies concentrated on professional nurses. So, there is significant need to understand the impact of bullying in the perspective of nursing students and identifying the coping strategies as negotiated by them particularly in health care setting of Pakistan.

LITERATURE REVIEW

This section presents a literature review related and pertinent to the study it comprises of origin of bullying at work place, incidence and prevalence of bullying among undergraduate nursing students at clinical setting, effects and experiences of bullying on clinical performance of nursing students, characteristics of bullying, coping strategies, orientation program for undergraduate nurses and turnover of nurses due to bullying.

Bullying clinical violence and harassment has gained significance importance in the nursing literature and it has been reported all around the world. In existing studies, it was manifested in United Kingdom that between 10% and 20% of workers were being bullied during last 6 months (Cooper, et al., 2004). In the past three decades nursing students labelled bullying in different ways such as condescending remarks, undervaluing, shouting in rage, unreasonable expectation, hostile treatment, verbal and non-verbal negative remarks, socially isolated and being ignored or threatened (Clarke, 2012).

Nursing student faced high level of bullying as often they were less experienced and less aware of norms and culture of care. Several studies revealed that nursing students experienced verbal, physical and sexual abuse (Milesky, et al., 2015). It can easily lower their morale and self-esteem (Magnavita, 2014). The victim of bullying encountered hypertension, depression and other physical manifestation (Mohamed, 2019). Similarly, post-traumatic stress impaired cognition and relationship experienced by nurses at clinical environment. The impact of these negative experiences directly affects thee professional skills of nursing students and patient safety.

Several studies have been conducted to increase awareness towards bullying phenomenon. However, nurse bullying still persistent at workplace (Hartin, et al., 2019). The existence of bullying damage the mental and physical health of nursing students that intricate by feelings of nervousness and embarrassment (Birks, et al., 2018). It also influenced the nurse's ability of critical decision making towards patient quality care. Another study revealed that 25% health workers found strong relationship between disruptive behavior and patient morality rate and 75% showed linked to

adverse clinical outcomes (Felblinger, 2008). Furthermore, the nursing students' turnover significantly increased due to the disruptive behaviors. It is reported by Bowllan, 2015, that violence or harassment among nursing students at clinical placement leads their intention to leave nursing profession. With the shortage of nurses, we cannot afford to lose nurses or nursing students. A New Zeeland study expressed that 34% of total 170 new graduate considered to leave nursing profession due to the disturbing behavior and 14% tends to leave as a result of horizontal violence (McKenna, et al., 2003).

Incidences and prevalence of bullying

A quantitative web-based survey of 600 eligible nurses revealed significant positive relationship between bullying and horizontal violence both inpatient and outpatient setting. (Lewis-Pierre, et al., 2019). As contented by a research study that 1017 students' nurses of Hong Kong were more prevalent to verbal abuse than the physical violence and the attrition rate was higher to leave the nursing profession after experiencing the bullying incidences (Cheung, et al., 2019). Furthermore 156 ICU nurses of medical centers in Israel revealed zero tolerance to confronting the bullying as documented by (Ganz, et al., 2015). In Taiwan a descriptive analysis showed that 202 nursing students have bad impact of bullying on their clinical practices (Karatas, et al., 2017). Additionally, another study concluded that 203 Pakistani nurses were prevalent to lateral violence at workplace (Noor, et al., 2017). Abuse becomes rampant and leads to destroy the future of medical students. Ninety percent (N=385) respondent of the research study confronted abused behavior once in their medical school (HAQ, et al., 2018).

Effects and experiences

A focused ethnography of three acute care units identified organizational and individual factors that influencing the newly graduate nurses, such as stability, orientation, scientific culture and workload (Charette, et al., 2019). A quantitative descriptive study explored that undergraduate student of 20 universities based, nursing schools across all state of Australia experienced highest level of contra power harassment (Christensen, et al., 2020). A researcher conducted a quantitative survey that showed 147 student nurses of Damanhur University Egypt have bullying experiences including shouting in rage and harsh comments on being a nurse. Effect of bullying behavior leads to academic failure loss of self-possession, impairment of consideration, and perceived that this profession was not respectable (Radwan and Shosha, 2019).

A literature review indicated that bullying was found at workplace in 102 nurses of public hospital Zimbabwe. It was also concluded that grater level of bullying was related to higher tendency to leave and decrease job satisfaction. Furthermore, the effect of bullying behavior on nursing students not only intimidate stress related illness such as anxiety, tension, self–doubt but also lead to worse impact on clinical learning (Finchilescu, et al., 2019). As delineated by 296 undergraduate nurses of New Zealand who experienced harassment/bullying at clinical settings (Minton, et al., 2018). Another study was done in Australia it was analyzed from eight newly enrolled student through qualitative design that incivility is present at clinical settings and identified four major point, sensing self-actualization, changing expectations, earing for respect and realizing vulnerability (Mammen, et al., 2018). The consequences to bullying were multitudinous and include physical, sexual, verbal and nonverbal abuse (Tee, et al., 2016). Disruptive behavior of senior towards new nurses increase tendency to leave the nursing profession at clinical setting by (Leong and Crossman, 2016).

Bullying behavior can also impact on patient care as those bullied can feel incompetent and incapable in their work (Wilson, 2016). A quantitative survey of 66 chines nursing analyzed that arbitration by psychological empowerment and conflict management styles mitigated the adverse effects of bullying on psychological wellbeing (Kang, et al., 2017). A quantitative study analyzed that 30.2 % of respondent experienced psychological harassment and their general health also compromised due to the effects of bullying (Karatza, et al., 2016).

In Saudi Arabia over 83.8% of 130 students experienced different forms of bullying including class mate bullying 58.5 %, by the faculty members 53%, clinical instructors 50%, from patient or patient family 47.7% and least 3 perpetrators of bullying behavior were administrative staff 33.8%, staff nurses 38.5% and the physician 17.7% (Mohamed, 2019), and in the Egypt from half of the 95 nursing students were being bullied during clinical learning for 2 to 3 times due to the un effective communication skills (Elemary and Nagar, 2017).

A quantitative study showed 86.5% response rate of 104 nursing students that discovered the presence of workplace violence in the form of verbal abuse, physical attack bullying and sexual harassment (Maaari, et al., 2017).

Coping strategies and role of faculty

The literature indicates that bullying culture leads to increased risk in patient poor nursing work environment and higher rate of nurses turn over, which have average cost of $ 4 million to $ 7 million in a year. The study addressed the factors of contributing mitigation, raising of awareness and developing anti-bullying policies (Edmonson, et al., 2019). In Australia a qualitative survey evaluated five major emerged themes from 535 first year under graduate nursing students. The study acknowledged advocacy, awareness, confidence empowerment and establishing of boundaries for leaning in practice (Hanson, et al., 2020).

Other researchers claimed that bullying, incivility, horizontal and lateral violence have continued inimical effects. Another study mainly focused not only to eliminate bullying strategies but also concentrated to enhance training, skills and knowledge to reduce the impact of bullying (Howard and Embree, 2015). Another study highlighted the consequences of workshop of cognitive rehearsal training on two focused groups (N=24). The article assisted the students to effectively confront the bullying situations and improved their confidence level (Kane, et al., 2018).

METHODOLOGY

Study design

A descriptive cross-sectional quantitative design was utilized to accomplish this study. The design was employed to identify the impact of bullying on clinical performance of nursing students. The study also examined the types, frequencies, perpetrators of bullying and coping behavior of nursing students towards bullying. The study was conducted in Madinah Teaching Hospital, Faisalabad, Pakistan (MTH), because of the approach and data collection convenience. MTH is a teaching hospital consist of two hundred beds and have multiple departments. The participants that are recruited for the study includes nursing students of both diploma and degree program, who have been performing the clinical task at Madinah teaching hospital. They were invited to participate in research study to share their feelings related to bullying at their clinical placement. The working team at clinical placement includes doctors, chief nurse, supervisor or senior nurses, nursing aide and utility workers.

Duration of the study was four months i.e., January-April, 2020. 158 nursing students out of total 600 were selected for this study. Solvin's formula was used to compute the sample size of 158 nursing students. The students of Generic BSN semester VI, VII and diploma program 2nd year, 3rd year and 4th year were the inclusion criteria for the study. These students were selected on the basis of their clinical exposure. Exclusion criteria were the students of Generic BSN semester I, II, III, IV, V, and 1st year of diploma program. They were excluded from the study due to their less clinical exposure. Moreover, the students who were not willing to participate in the study were excluded.

Data collection

A permission letter sent to the director of nursing requesting for the pretesting and actual data collection for the current study entitled "Impact of Bullying on Clinical Performance among Nursing Students at Clinical Setting"**.** After ethical approval a formal letter sent to the hospital administration in order to conduct the study. First, the study questionnaire was explained to the participant. Next an informed consent letter was secured. After that questionnaire was distributed to the participants and they were allowed to answer the questionnaire in their assigned ward or at any place convenient to them. Furthermore, it was emphasized that utmost anonymity and confidentiality would be maintained. Data was collected by using convenient sampling technique. A self-structured pretested questionnaire was developed from different existing tools on the basis of literature review. Research tool was consisted of five parts. Part I described the demographic profile in terms of age, civil status, academic year and place of training. Other parts of tool were included sources, types, and effects of bullying. Coping strategies towards bullying was the last part of the tool. Data was analyzed by using SPSS (Version 22). Data was analyzed using descriptive statistical approach. The data grouped according to research questions.

Ethical consideration

Permission to conduct the study was obtained from nursing director and hospital administrator of MTH. The research study was conducted after ethical approval of the chief administrator of MTH. The purpose of the study was explained to the authoritative personnel and the nursing students. Furthermore, the students were assured that the participation or withdrawal from the study would not affect their grades or clinical assignments. They were enlightened that their confidentiality and anonymity would be maintained.

FINDINGS OF THE STUDY

Demographic profile of the participants was investigated by asking question such as their age, civil status, living status, residence, academic year/semester, enrolled program and place of training. The results for each parameter are given in Tables. Age distribution of the participants showed that all of them were in the age range of 19 to 25 year. Maximum number (25%) of participants were aged 22 and 23 year and minimum number of participants (3.79%) aged 25 year. The study includes 19% participants who were married and 81% non-married civil status. Frequency distribution of the living status of the participant showed that 87.3% were boarder and 12.7% day-scholar. The residence status of the participant was also evaluated, and the result showed that most of the participants (79.9%) belongs to the urban background whereas remaining 29.1% belongs to the rural areas of Punjab Pakistan. The level of the study of the participants was also evaluated and it was concluded that maximum number of the participants (29.1%) were the students of the 2nd year of nursing followed by BSN semester VI, 4th year students, BSN semester VII, i.e. 22.8%, 24.1%, and 14.6% respectively. Minimum number of students (9.5%) were enrolled in the 3rd year. participants were also categories according to the enrolled program and it was found that most of the participants

(39.2%) were studying in Generic nursing followed by 38.6% in general nursing and 22.2% in midwifery. Results for the place of training showed that maximum number of participants (37.3%) belongs to the medical surgical department followed by equal number (18.4%) for the three departments, i.e. emergency department, ICU and operation theater. Outdoor department housed 7.6% of the participants. All the participants included in the study were encountered bullying during their carrier of working in health care establishments.

The next section of the study was done to evaluate the frequency of the different sources of the bullying. The participants could choose more than one source of bullying along with their frequency of occurrence. The results for the sources of bullying are given in the tables. While responding to the question about encountering bullying from a clinical faculty maximum respondent (36.7%) report that they occasionally encounter such situation. On the same time 22.2% report frequent bullying, 15.8% report bullying once and while and 25% report that they never experience bullying from the clinical faculty. Responding to the question about encountering bullying from a class-mates maximum respondent (31.6%) report that they never encounter such situation by their classmates. Whereas, 30.4% report frequent bullying, 22.2% report bullying occasionally while and 15.8% report that they once experience bullying from their classmates. Results for the bullying from house officers showed that maximum respondent (38.0%) report that they had never ever experience any type of bullying from house officers. On the same time 22.8% report frequent bullying, 22.2% report bullying occasionally while and 17.1% report that they once experience bullying from the house officers. While responding to the question about encountering bullying from a senior doctors maximum respondent (34.8%) report that they never encounter such situation. On the same time 30.4% report occasional bullying, 22.2% report bullying once and while and 12.7% report that they frequently experience bullying from the senior doctors. Responding to the question about encountering bullying from a senior nurses maximum respondent (43.7%) report that they occasionally encounter such situation by senior nurses. Whereas, 20.9% report frequent bullying, 19% % report no bullying and 16.5% report that they once experience bullying from senior nurses. Results for the bullying from patients showed that maximum respondent (29.7%) report that they had occasionally experience bullying from patients. On the other hand, 28.5% report frequent bullying, 22.8% report bullying once while 19% report that they never experience bullying from the patients. Results for the bullying from head nurse showed that maximum respondent (31.6%) report that they had never experience bullying from head nurses. On the other hand, 26.6% reported occasional bullying, 24.7% report frequent bullying while 17.1% report that they experience bullying only once from the head nurses.

After asking about the sources of the bullying respondents were asked about the details of which type of bullying, they face along with the frequency of their occurrence. The results are described in tables. Results for the bullying by using verbal abuse showed that maximum respondent (38.6%) report t frequently bullying. On the other hand, 27.8% reported occasional, 20.9% report bullying once while 12.7% report that they never experience bullying by verbal abuse. Results for the bullying by physical harming showed that maximum respondent (50.6%) report that they never bullied by this way. On the other hand, 25.3% reported once, 12.7% report bullying occasionally while 11.4% report that they frequently experience bullying getting physically harmed. While responding to the question about encountering bullying in the form of sexual harassment maximum respondent (88%) report that they never encounter such situation. On the same time 12% reported that they were once bullied by this way. Responding to the question about encountering bullying by being threatened with physical harm maximum respondent (44.3%) report that they never encounter such situation. Whereas, 25.3% report bullying once, 19% report bullying occasionally while and 11.4% report frequent bullying in the form of threating along with physical harm. Results for the bullying by being publicly humiliated showed that maximum respondent (34.8%) report to occasional bullying. On the other hand, 30.4% reported frequent, 19% report no bullying while 15% report that they once experience bullying by being publicly humiliated. Responding to the question about encountering bullying by being assigned tasks for punishment rather than for educational value maximum respondent (38%) report that they never encounter such situation. Whereas, 25.9% report bullying once, 20.3% report bullying occasionally while and 15.8% report frequent bullying in the form of being assigned tasks for punishment. Results for the bullying by taking someone credit showed that maximum respondent (31.6%) reported no bullying by this means. On the other hand, 28.5% reported occasional, 24.1% report frequent bullying while 15.8% report that they once experience bullying by this means.

After knowing the source and types of bulling, respondents were asked different questions to access the effect of bullying on their clinical performance. The results are given in the tables. Respondents were asked if they feel despair and burn out after experiencing bullying. 68.4% negate whereas, 31.6% accept that they feel despair and burn out. Result of bullying in the form of perceiving that this carries not right for me get most of the response in yes (57%) as compared to no (43%). Maximum number of respondents (69.9%) think that their clinical skill development was hindered by bullying while other (30.4%) do not think so. Respondents were asked if they fall victim to the academic failure after experiencing bullying. 66.5% accept whereas, 33.5% negate that their academic failure was due to bullying. Result of bullying in the form of loss of confidence get most of the response in yes (81%) as compared to no (19%). Maximum number of respondents (71.5%) think that their concentration impairment was due to bullying while other (28.5%) do not think so. Respondents were asked if they fall victim to sleep disorder after experiencing bullying. 57% accept whereas, 43% negate that their sleep disorder ever happens to them by bullying. Result of

bullying in the form of loss of motivation get most of the response in yes (73.4%) as compared to no (26.6%). Maximum number of respondents (57%) think that their intolerance to criticism was due to bullying while other (43%) do not think so. Respondents were asked if bullying results in compromised patient care. 55.7% accept whereas, 44.3% negate. Result of bullying in the form of forgetfulness get most of the response in yes (52.5%) as compared to no (47.5%). Maximum number of respondents (64.6%) do not think that self-blaming could occur due to bullying while other (35.4%) think so. Respondents were asked if they fall victim to physical impairment (migraine, vomiting, lower back or neck pain) after experiencing bullying. 64.6% accept whereas, 35.4% negate that their physical impairment (migraine, vomiting, lower back or neck pain) ever happens to them by bullying. Result of bullying in the form of negative effects on friendship relationship get most of the response in yes (60.1%) as compared to no (39.9%).

Taking this study as an opportunity to sort out the solution or best tackling strategies to handle bulling was also enquired in the last section of the study. Maximum number of respondents (64.6%) do something to tackle the bullying situation while other (35.4%) did not do anything. Result of controlling bullying situation by putting up barriers get most of the response in no (65.8%) as compared to no (34.2%). Respondents were asked if they spoke directly to the bully to tackle the situation. 42.4% accept whereas, 57.6% negate. Maximum number of respondents (50.6%) do not even pretend not to see the behavior of bully while other (49.4%) did so. Result of controlling bullying situation by reporting to a superior get most of the response in yes (61.4%) as compared to no (38.6%). Respondents were asked if they use unhealthy coping behavior to handle bullying situation. 50.6% accept whereas, 49.4% negate. Maximum number of respondents (68.4%) do not even warn the bully to control the situation while other (31.6%) did so. Result of controlling bullying situation by shouting at bully get most of the response in no (83.5%) as compared to yes (16.5%). Respondents were asked if they use similar behavior to handle bullying situation. 18.4% accept whereas, 81.6% negate. Maximum number of respondents (69%) do not even go to the floor manager to warn the bully to control the situation while other (31%) did so. Result of controlling bullying situation by pretending to perceive it as a joke to control situation get most of the response in no (69%) as compared to yes (31%).

Table 1: Frequency of the age distribution of the participants

Age	Frequency
19	7
20	26
21	18
22	40
23	40
24	21
25	6
Total	158

Table 2: Frequency of the Civil Status of the participants

Civil Status	Frequency
Single	128
Married	30
Total	158

Table 3: Frequency of the Living Status of the participants

Living status	Frequency
Boarder	138
Day scholar	20

Table 4: Frequency of the Residence Status of the participants

Residence Status	Frequency
Urban	112
Rural	46
Total	158

Table 5: Frequency distribution of the academic year/semester of the participants

Academic year/semester	Frequency
2nd year	46
3rd year	15
4rth year	36
BSN Semester VI	38
BSN Semester VII	23
Total	158

Table 6: Frequency of the enrolled program of the participants

Program	Frequency
Midwifery	35
General Nursing	61
Generic Nursing	62
Total	158

Table 7: Frequency of the Place of Training of the participants

Place of training	Frequency
Emergency department	25
Medical Surg. Department	30
ICU	36
Operation Theater	55
Outdoor Department	12
Total	158

Table 8: Frequency distribution of different aspects

Description	Frequency			
	Never	Once	Occasionally	Frequently
Encountering bullying from clinical faculty	40	25	58	35
encountering bullying from class-mates	50	25	35	48
encountering bullying from House officers	60	27	35	36
encountering bullying from senior doctors	55	35	48	20
encountering bullying from senior nurses	30	26	69	33
encountering bullying from patients	30	36	47	15
encountering bullying from head nurses	50	27	42	39
bullying by verbal abuse	20	33	62	43
bullying by physically harmed	80	40	20	18
bullying by sexual harassment	140	18	0	0
bullying by threatened with physical harm	70	40	30	18
bullying by publically humiliated	30	25	55	48
bullying by punishment rather than for educational value	60	41	32	25
bullying by taking credit for the respondent's work	50	25	45	38

Table 9: Frequency distribution of different aspects

Description	Frequency	
	Yes	No
encounter bullying of the participants	158	0
bullying effect as despair and burn out	50	108
bullying effect as perceiving that this carrier not right for me	90	68
bullying effect as deficiency in clinical skills development	110	48
bullying effect as academic failure	105	53
bullying effect as loss of self-confidence	128	30
bullying effect as concentration impairment	113	45
bullying effect as sleep disorders	90	68
bullying effect as loss of motivation	116	42
bullying effect as intolerance to criticism	90	68
bullying effect as compromised patient care	88	70
bullying effect as forgetfulness	83	75
bullying effect as self-blaming	56	102
bullying effect as Physical impairment (Migraine, vomiting, lower back or neck pain)	102	56
bullying effect as negative effects on friendship relationship	95	63
bullying copping strategy by doing nothing	56	102
copping strategy by putting up barriers	54	104
bullying copping strategy by speaking directly to the bully	67	91
bullying copping strategy by pretending not to see	78	80
bullying copping strategy by reporting to the superior/authority	97	61
bullying copping strategy by using unhealthy coping behavior	80	78
bullying copping strategy by warning the bully	50	108
bullying copping strategy by shouting	26	132
bullying copping strategy by demonstrating similar behavior	29	129
bullying copping strategy by reporting floor manager	49	109
bullying copping strategy by perceiving the bulling behavior as a joke	49	109

DISCUSSION

Bullying becomes a common thing in the teaching hospitals in the recent past. Currently, there is a great research going on for the better understanding of the magnitude of the problem so that its solution can be found (Sinkkonen, et al., 2014). In the current study information was gathered by asking the participants question related to the demographic profile, sources, types, effects and coping strategies for the bulling. All of the above-mentioned segments are very crucial to curtail the issue of bullying in our teaching vicinities. This issue demands our attention because

most of the time its prevalence is very high but at the same time its consequences are long term (Hensley, 2015). Moreover, it is also very important to understand how these types of behavioral evils are dealt with. The last section of the study deals with the coping strategies practically used by the participants of the study. The study includes only those respondents who have experienced bullying behavior during their professional working environment.

A review of literature was conducted to understand the sources of the bullying in clinical settings (Flateau and Gravel, 2014). It was found that clinical faculty, classmates, house officers, senior doctors, senior nurses, patients, and head nurses could be the potential sources of bullying. Clinical faculty is the occasional source of bullying. This may be related to that all students are young, so they lack the experience to deal with clinical faculty. Similarly, response of the question about bullying from classmates was mixed. About one third of the participant said they never experience this, and equal number said that they frequently face this issue. The reason behind this could be the difference in the background of the students. It is seen that senior nurses were the most culprit behind bullying. This may be due to the natural dominancy behavior of taking control of everything and human psychology of treating other inferiorly. They want to superimpose the self-made rules which has nothing to do with the actual scenario. Similarly, crowdedness of patients is also leading cause of behind of lack of quality services and bullying behavior. This finding in congruent with the findings of Cooper et al., (2011). However, study concludes that house officers, senior doctors and head nurses were the minor sources of bullying. This could be understood by the recurrent interaction between senior and junior staff during clinical training. In addition, the staff faculty has the upper hand on their performance evaluation. This finding in accordance with what was found in 2015 at North-eastern University among college students who reported that high rate of bulling was by professors in college (Marraccini, et al., 2015).

Categorization of the act of bullying is very important because it is directly proportional to its impact. In the current study it was categorized into; verbal abuse, physically harm, sexual harassment, threatening, humiliation, punishment, discrediting. Among all of these types of bullying it was found that bullying by means of verbal abuse and humiliation in front of other people were more common as compared with the physically harming, sexual harassment and punishing. However, mixed response was observed for taking someone's work credit. This could be explained as in our society, verbal abuse has become a common weapon to destroy someone's self-respect, which is the target of bullae mostly. This may be related to that all students are young, so they lack the experience to deal with bullying. In addition, although nursing role is crucial, they still suffer from professional stigmatization. The findings of the current study are in accordance with the This finding is in accordance with Kassem (2015), Radwan and Shosha, (2019) who found that yelling or shouting in rage was the most frequently bullying behavior as reported by respondents followed by humiliation. Similar results were also seen in a research performed among undergraduate clinical nursing 2014 (Clarke, et al., 2012).

Bullying impacts negatively the working capacity of the nurses therefore, it is also need of the time to evaluate the effects of bullying (Schlossberg, et al., 1989; Vogelpohl et al., 2013; Ren et al., 2015). Literature suggests that bullying could result in despair and burn out, perceiving someone not right personality, deficiency in clinical skills development, academic failure, loss of self-confidence, concentration impairment, sleep disorders, loss of motivation, intolerance to criticism, compromised patient care, forgetfulness, self-blame, physical impairment (Migraine, vomiting, lower back or neck pain) and negative effects on friendship relationship. However, the least results were despair and burn out as well as self-blaming. The results of the current study are in agreement with the previous findings. Lin, et al., (2016) reported that bulling may result in anxiety and depression among undergraduate nursing students. In another study it was observed that bullying is associated with psychosocial strains (Greg and Christin, 2010). Sometimes, self-silencing about bullying is considered as a good way to deal with (Kathleen Croft & Anne Cash, 2012). Similarly, several other studies have reported that the clinical performance is hindered by the bullying (Pines, et al., 2012; Pines, et al., 2014; Ni, et al., 2010).

At the end of the study it was also analyzed how such situations are currently being responded. Literature was searched and the coping strategies were listed as; do nothing, putting up barriers, speaking directly to the bully, pretending not to see the behavior, reporting the behavior to a superior/authority, increasing the use of unhealthy coping behavior, warning the bully not to do it again, shouting at the bully, demonstrating similar behavior, reporting to floor manager, perceiving the behavior as a joke. According to the current study, strategies used most of the time by the participants were pretending not to see the behavior and reporting the behavior to a superior /authority. Similarly, about half of the participant respondents admit using unhealthy coping behavior which is very threatening, it was also seen that most of the participant try to sort out the situation rather than doing nothing. The findings from this study are in keeping with the literature as multiple authors report that film clips of clinical scenarios improve learning outcomes when they are realistic (McConville and Lane, 2006; Hoffler and Leutner, 2007; Alfes, 2008). More recently, Ackland-Tilbrook and Warland, 2015 found that the use of authentic, real-life scenarios, positively engage students, as they are relevant to their learning needs. The findings of the current study also echo those of a study by Holland et al. 2013 where a cohort of 322 students evaluated video favorably as an effective method for enhancing their learning.

CONCLUSIONS

This study emphasized the sources, types, effects and coping strategies for the bullying behavior faced by the nurses in clinical placements. Results showed that most of the nurses faced bullying. It was concluded that senior nurses and patients are the major source of bullying. The highest bullying behaviors of the nursing students experienced were verbal abuse and humiliation in front of other people. Bullying results in various types of long term and short-term consequences, most importantly it affects the skill development among nurses. Several coping methods are used to tackle the bullying situation, among them ignoring the source of bullying and reporting the behavior to a superior /authority are most common. Female students of 2nd year, 3rd year and 4th year selected for study from general nursing and semester VI, VII selected from BSN Generic Nursing. The data for the research is taken only from Madinah Teaching Hospital.

RECOMMENDATIONS

In the light of the findings of the current research it is recommended that there must be clear, written SOP's for the staff working in the clinical facility. This type of documentation should be available for everyone and should be the part of professional training. This can reduce the incidence of the bulling. Another thing is the establishment of healthy relationship between the junior and senior staff members because most of the time it is seen that the senior and junior staff is involved in bullying. Next is the proper training of the nurses about their roles and responsibilities at student level. Moreover, psychiatric professor should provide help to the nurse to tackle bulling situation.

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