

Interventions for coping with bullying need further investigation and should be built into nursing curricula

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Jiyeon Kang

Department of Nursing, Dong-A University, Busan, Republic of Korea

Correspondence to: Dr Jiyeon Kang, Department of Nursing, Dong-A University, Busan 49315, The Republic of Korea; jykang@dau.ac.kr

Commentary on: Courtney-Pratt H, Pich J, Levett-Jones T, *et al*. “I was yelled at, intimidated and treated unfairly”: nursing students’ experiences of being bullied in clinical and academic settings. *J Clin Nurs* 2017. doi: 10.1111/jocn.13983.

Implications for practice and research

- ▶ Clinical and academic settings need to cooperate to create a structure that allows students to report and efficiently deal with bullying experiences.
- ▶ The interventions for coping with bullying need further investigation and should be built into nursing curricula.

Context

Bullying among nurses and nursing students is a matter of interest and controversy and the focus of several studies. Bullying results in a negative culture that threatens the ethics of nursing professionals and causes burnout or turnover among nurses.¹ Therefore, we must seriously consider measures to prevent this. Unlike previous studies that focused on bullying in clinical situations, Courtney-Pratt *et al*’s study has focused on bullying in the academic and clinical settings.² Bullying in nursing students can range from incivility to physical violence and cyberbullying, varying in degree and type. Clinical nurses, clinical instructors, tutors and fellow students can be the perpetrators.

Methods

The purpose of this study was to explore nursing students’ experiences of bullying in academic and clinical settings, coping strategies to deal with bullying and recommendations for future students. This was the qualitative part of a mixed-methods study. Participants were 27 nursing students from a university in Australia. Data were collected through semistructured interviews. The authors deductively analysed the contents of the interviews using directed content analysis.

Findings

Although some participants experienced physical violence in the clinical setting, students experienced more covert bullying, such as being ignored and excluded. Students also reported experiencing bullying from students and staff in academic setting, mostly in the form of excessive criticism, ridicule, spreading rumours and harassment through social media. Such bullying increased students’ anxiety and stress level, lowered self-esteem and perception of competence, and eventually led to questions about future

career choices. Most students did not officially report the bullying they had experienced and did not actively cope with bullying. To ensure that students are educated in a safe environment, Courtney-Pratt *et al* proposed a reporting structure where students could officially report bullying, support strategies to cope with bullying and finally a resilience programme enabling nursing students to develop their ability to deal with bullying.

Commentary

Nursing students’ bullying experiences should be considered seriously as they have a long-term impact on their self-esteem and identity as well as negatively affecting their future career as a nurse. Bullying of nursing students during the clinical placement is caused by various circumstantial conditions rather than by the victim. A negative nursing work environment and hierarchical organisational culture are examples of those circumstantial conditions.³ The bullying experience during clinical placements can enhance the culture of tolerating bullying in the process of organisational socialisation of nursing students or new nurses.¹ If this vicious cycle can be broken, the students will be able to practice in a more supportive environment and the bullying culture in the nursing profession will be reduced.^{4,5}

The significance of this study is that it has extended the search for and solution to the bullying experience to academic settings. The authors identified an opportunity to change the viewpoint of the bullying intervention from the existing zero tolerance policy and the awareness-raising education to negotiating strategies using simulation and resilience improvement programme for the students. As bullying appears to be widespread within the nursing profession, we should be concerned about various secondary and tertiary interventions as well as primary interventions. Primary intervention is to prevent bullying, secondary is to effectively cope with it and tertiary is to heal the negative consequences of bullying.⁶ The suggestions of Courtney-Pratt *et al* are said secondary interventions. The biggest victims of the negative impact of bullying are the nursing students themselves, but the impact can spread to family and friends, and even society as a whole. I look forward the direction of the antibullying movement at academic settings, which are the starting point of nursing profession, will expand from primary intervention to secondary or tertiary intervention.

Competing interests None declared.

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