

Bullying Experience of Student Nurses During Clinical Placement

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To cite this article:

Lanxia Pan, Zhuoqi Zhang, Mengdi Lei, Qian Hu. Bullying Experience of Student Nurses During Clinical Placement. *American Journal of Nursing Science*. Vol. 11, No. 3, 2022, pp. 93-97. doi: 10.11648/j.ajns.20221103.12

Received: June 1, 2022; Accepted: June 24, 2022; Published: June 30, 2022

Abstract: *Aim:* To investigate the experiences of bullying described by nursing students regarding the nature and frequency of bullying during the clinical placement. *Method:* A cross sectional survey of fourth year nursing students in Zhengzhou city, capital of Henan Province, was conducted. Data were analysed using descriptive statistics. *Results:* There were numerous bullying behaviors students were subject to during clinical placements. Of the 624 participants, 65.67% suffered at least one bullying behavior in the past year. Patients and patients' relatives were the main sources of distressful experience (69.12% and 67.65 respectively). The next ones were nurse staff and clinical instructor (54.41% and 50% respectively). 85.29% participants being bullied admitted that they had the idea of leaving nursing profession after the frustrated event, and 70.59% respondents thought the negative experience affect the quality of patient care. Average 66.90% of participants reported that workplace bullying caused a negative impact on their personal emotion during clinical placement. 83.82% participants indicated that they didn't report the bullying behavior. *Conclusion:* Bullying is prevalent in clinical placement targeting nursing students. The practice setting is clearly not nurturing enough for nursing students. Implications for practice include ensuring that clinical instructors are well prepared for their role as educators. Academic institutions must be proactive in developing students' ability to address bullying in these environments and to educate them how to recognise and respond to bullying in the clinical area.

Keywords: Workplace Bullying, Nurse Student, Clinical Placement

1. Introduction

Bullying was defined as “aggressive behavior towards another person, or object of that person, finding expression in physical assault, sexual harassment and non-physical violence, such as verbal abuse, incivility and intimidation” [1]. Amid the health care literature, the term bullying has been used interchangeably with violence, incivility, and harassment. In the past years, hospital workplace bullying has occurred frequently, and workplace bullying suffered by medical staff has become a public health issue. Nursing students, as future nurses, are vulnerable group of workplace bullying. Compared with formal clinical nurses, nursing students are more vulnerable to be bullied because of their younger age, less social experience, immature psychological defense mechanisms, insufficient ability to deal with bullying and higher risk of victimization. The International

Council of Nurses pointed out that the risk of workplace bullying among interns was increasing, and the population of nursing students were more susceptible to workplace bullying [2]. A domestic scholar investigated the nursing students who had completed their internships in Xiamen and found that 66.2% of the participants had experienced bullying [3].

Numerous researches found that the professional attitude of nursing students had changed dramatically after experiencing workplace bullying. Nursing students felt that their professional status was low which endangered their occupational security and their perception about the nursing profession. Studies showed that the experience of workplace bullying made 71.5% of nursing students feel anxious at work, and 53.6% of nursing students feel depressed [4]. The experience of workplace bullying also affected the quality of nursing services and had negative impact on patients' outcomes [5]. Research showed that after encountering workplace bullying, 46.9% of nursing

students reconsidered adjusting their career choice [6].

The purpose of the study was to investigate the experiences of bullying encountered by nursing students as they practiced in the clinical placement. The specific aims were to: (1) The bullying experience of the nursing students in terms of frequency; perpetrators; type of bullying. (2) The personal and professional consequences of bullying on nursing students. (3) Responses employed to address bullying.

2. Method

A quantitative study was conducted among 800 fourth year bachelor nursing students from a nursing school of a Chinese Medicine University in Zhengzhou, Henan Province. All the participants have finished their clinical practice (≥ 8 months) in six teaching hospitals of Zhengzhou City, central part of China, during the 2020-2021 academic year. The quantitative and descriptive design of the survey was considered suitable for the purpose of the research. A cross sectional survey was conducted employing an instrument adapted from the work of Hewett [1]. The original questionnaire comprised five sections with 66 individual items based around workplace violence targeting nursing students. Some changes were made according to language for the Chinese context. The revised questionnaire comprised five sections with a total of 55 items. The questionnaire mainly uses closed questions, and the item scoring adopts Likert's 5-level on frequency of 'Never', 'seldom' (half yearly), 'sometimes' (monthly), 'often' (weekly), 'always' (daily). Respondents were required to tick among the above five options to determine the type and frequency of bullying in the workplace, the perpetrators of workplace bullying, the impacts on job performance and personal consequence, the response towards workplace bullying, and reporting of workplace bullying. There were also 6 socio-demographic questions included participant's age, gender, only child in family or not, household monthly income per capita, birth place, internship location.

The questions were uploaded in the format of Internet survey provider (wenjuan.com/). Following approval by the

institutional ethics committee, the survey was launched and be accessible between May and June 2021. The researcher sent the link to nursing students in Wechat group of class. A pilot research was done among 120 fourth year nursing students. The validity of the content of the questionnaire was determined. The Cronbach's α coefficient of the total scale is 0.955. The half-reliability of the total scale is 0.816. It is found that this scale has good internal consistency reliability.

Analysis was conducted using IBM-SPSS 21. Use frequency and composition ratio to statistically describe the general demographic data of nursing students; use mean and standard deviation to statistically describe the bullying status of nursing students.

3. Results

A total of 624 of the 800 (78%) questionnaires were finished and submitted by respondents. The age of 624 nursing students were 16-25 years old, with an average of (20.61 \pm 1.82) years old. There wasn't significant difference among gender, monthly household income per capita, internship location toward nursing students' bullying experience. On the other hand, different birth place and only child in the family or not affected their perceived bullying experience.

3.1. Form and Frequency Towards Workplace Bullying

In the previous year, 65.67% of the respondents had experienced bullying, among them, 23.23% sometimes experienced bullying, 10.09% often experienced bullying, 3.12% always experienced bullying. The top five forms of bullying were: "Assign you some minor, tedious or repetitive tasks", "Let you do the work that others don't want to do", "Let you work overtime for no reason", "Take back the core work that originally belonged to your responsibilities, or replace some trivial and unpleasant work", "Not been treated as part of the multidisciplinary team". However, the bottom three questions were for the physical violence and sex violence. The concrete results for each item see table 1.

Table 1. Form and frequency of working place bullying experienced by nursing students.

Form of workplace violence	frequency					x \pm s
	Never n (%)	Seldom n (%)	Sometimes n (%)	Often n (%)	Always n (%)	
The results of your work are taken by others as their own	120 (29.41)	108 (26.47)	156 (38.24)	18 (4.41)	6 (1.47)	2.22 \pm 0.98
Forcing you to give up your rights (off duty, sick leave, etc.)	90 (22.06)	102 (25)	150 (36.76)	48 (11.76)	18 (4.41)	2.51 \pm 0.99
Let you do the work that others don't want to do	36 (8.82)	72 (17.65)	186 (45.59)	90 (22.06)	24 (5.88)	2.99 \pm 1.00
Denied learning opportunities	90 (22.06)	120 (29.41)	138 (33.82)	42 (10.29)	18 (4.41)	2.46 \pm 1.09
Let you work overtime for no reason	42 (10.29)	102 (25)	150 (36.76)	84 (20.59)	24 (5.88)	2.79 \pm 1.20
Take back the core work that originally belonged to your responsibilities, or replace some trivial and unpleasant work	42 (10.29)	138 (33.82)	126 (30.88)	72 (17.65)	30 (7.35)	2.78 \pm 1.09
Assign you some minor, tedious or repetitive tasks	30 (7.35)	54 (13.24)	114 (27.94)	126 (30.88)	84 (20.59)	3.44 \pm 1.18
Arrange for you the amount of work that cannot be completed	96 (23.53)	162 (39.71)	114 (27.94)	30 (7.35)	6 (1.47)	2.24 \pm 0.95
Not received acknowledgement for good work	66 (16.18)	120 (29.41)	162 (39.71)	54 (13.24)	6 (1.47)	2.54 \pm 0.97
Not been treated as part of the multidisciplinary team	66 (16.18)	108 (26.47)	126 (30.88)	72 (17.65)	36 (8.82)	2.76 \pm 1.19
No eye contact when the other person talks to you	84 (20.59)	138 (33.82)	138 (33.82)	48 (11.76)	0 (0)	2.37 \pm 0.95
Ridiculed or humiliated	174 (42.65)	180 (44.12)	42 (10.29)	12 (2.94)	0 (0)	1.74 \pm 0.77
Some people question your honesty and reliability	102 (25)	186 (45.59)	78 (19.12)	42 (10.29)	0 (0)	2.15 \pm 0.92
Someone scolds you loudly in public	222 (54.41)	126 (30.88)	54 (13.24)	6 (1.47)	0 (0)	1.62 \pm 0.77
Someone uses insulting imitation or body language against you	228 (55.88)	144 (35.29)	18 (4.41)	18 (4.41)	0 (0)	1.57 \pm 0.78

Form of workplace violence	frequency					x±s
	Never n (%)	Seldom n (%)	Sometimes n (%)	Often n (%)	Always n (%)	
Someone tells you bad things or false rumors behind your back	174 (42.65)	174 (42.65)	48 (11.76)	12 (2.94)	0 (0)	1.75±0.78
You have been sexually suggestive in words or actions	294 (72.06)	90 (22.06)	18 (4.41)	6 (1.47)	0 (0)	1.35±0.64
You have been subjected to intimidating behavior (smashing documents, slamming doors, etc.)	294 (72.06)	90 (22.06)	18 (4.41)	6 (1.47)	0 (0)	1.35±0.64
You have suffered physical violence (pushing hard, spitting at you, etc.)	306 (75.00)	90 (22.06)	6 (1.47)	6 (1.47)	0 (0)	1.29±0.58
Reject your job or reasonable request in person	186 (45.59)	120 (29.41)	601 (14.71)	36 (8.82)	6 (1.47)	1.91±1.04

3.2. Perpetrators of Workplace Bullying Targeting Nursing Students

The perpetrators were predominantly the patients (69.12%) and patients' relatives (67.65%). Clinical nurses (54.41%) and clinical instructors (50.00%) were also implicated, while doctors (29.41%) were the least likely to bully nursing students. 6.7% of the respondents reported bullying from these sources "sometimes", "often" or "always" (see table 2).

Table 2. Perpetrators of workplace bullying.

Indication	Never (%)	Seldom (%)	Sometimes (%)	Often (%)	Always (%)	Mean±SD
Patients	126 (30.88)	114 (27.94)	132 (32.35)	24 (5.88)	6 (1.47)	2.12±1.11
Doctors	289 (70.59)	84 (20.59)	30 (7.35)	0 (0)	0 (0)	1.31±0.74
Patients' relatives	132 (32.35)	102 (25.00)	114 (27.94)	30 (7.35)	18 (4.41)	2.12±1.33
Head nurse	264 (64.71)	84 (20.59)	36 (8.82)	12 (2.94)	0 (0)	1.38±0.98
Clinical instructor	205 (50.00)	90 (22.06)	84 (20.59)	18 (4.41)	0 (0)	1.68±1.13
Clinical nurses	186 (45.59)	84 (20.59)	102 (25.00)	24 (5.88)	6 (1.47)	1.90±1.15
Other nurse students	253 (61.76)	96 (23.53)	42 (10.29)	6 (1.47)	0 (0)	1.40±0.95
Nurse aid	247 (60.29)	96 (23.53)	42 (10.29)	12 (2.94)	0 (0)	1.44±0.99
Management personnel	265 (64.71)	102 (25.00)	12 (2.94)	18 (4.41)	0 (0)	1.35±0.96

3.3. Consequence of Workplace Bullying

66.27% of the participants reported bullying experience had bad impact on their job. It was alarming that the notion of considering leaving nursing had the highest score. For the personal impact, 70.85% of the respondents reported bullying experience contributed to their negative feeling. The top negative feeling was feeling of inadequacy (see table 3).

Table 3. Consequence of workplace bullying.

Indication	Never (%)	Seldom (%)	Sometimes (%)	Often (%)	Always (%)	Mean±SD
Made me consider leaving nursing	60 (14.71)	96 (23.53)	156 (38.24)	48 (11.76)	42 (10.29)	2.72±1.29
Adjust myself by asking for leave	258 (63.24)	84 (20.59)	48 (11.76)	6 (1.47)	6 (1.47)	1.50±0.97
Negatively affected my standard of patient care	120 (29.41)	138 (33.82)	102 (25.00)	24 (5.88)	18 (4.41)	2.15±1.19
Psychological shadows when nursing patients	114 (27.94)	114 (27.94)	120 (29.41)	36 (8.82)	12 (2.94)	2.16±2.29
Personal consequences						
Anger	90 (22.06)	108 (26.47)	138 (33.82)	36 (8.82)	24 (5.88)	2.35±1.34
Depression	114 (27.94)	114 (27.94)	114 (27.94)	24 (5.88)	24 (5.88)	2.12±1.43
Humiliation/embarrassment	150 (36.76)	114 (27.94)	96 (23.53)	30 (7.35)	0 (0)	1.84±1.27
Anxiety	126 (30.88)	108 (26.47)	108 (26.47)	30 (7.35)	18 (4.41)	2.06±1.41
Confused	126 (30.88)	72 (17.65)	138 (33.82)	48 (11.76)	12 (2.94)	2.24±1.35
Feelings of inadequacy	60 (14.71)	96 (23.53)	168 (41.18)	48 (11.76)	24 (5.88)	2.56±1.32
Negative impact on personal relationships	144 (35.29)	72 (17.65)	126 (30.88)	24 (5.88)	24 (5.88)	2.07±1.47
Helpless	144 (35.29)	90 (22.06)	102 (25.00)	42 (10.29)	12 (2.94)	2.01±1.42

3.4. Personal Response as Being Bullied

For the items required respondents to report the responses toward workplace violence on themselves, 74.35% of the participants responded to the bullying. The most likely responses were talking to friends and tried not to affect normal work while most of them chose not to report the event to the leader or confronted the perpetrator (see table 4).

Table 4. Responses toward workplace bullying.

Indication	Never (%)	Seldom (%)	Sometimes (%)	Often (%)	Always (%)	Mean±SD
I just hit back	144 (35.29)	114 (27.94)	126 (30.88)	6 (1.47)	0 (0)	1.81±1.19
I strive not to affect normal work	54 (13.24)	30 (7.35)	114 (27.94)	138 (33.82)	60 (14.71)	3.15±1.51
Talk to a friend	30 (7.35)	24 (5.88)	174 (42.65)	114 (27.94)	54 (13.24)	3.19±1.37
Talk to your loved ones	90 (22.06)	96 (23.53)	108 (26.47)	60 (14.71)	30 (7.35)	2.32±1.62
Take evasion to avoid head-on conflict	42 (10.29)	66 (16.18)	156 (38.24)	84 (20.59)	42 (10.29)	2.82±1.51
Report to the leader	205 (50.00)	84 (20.59)	66 (16.18)	36 (8.82)	0 (0)	1.66±1.28

Indication	Never (%)	Seldom (%)	Sometimes (%)	Often (%)	Always (%)	Mean±SD
It doesn't matter	132 (32.35)	126 (30.88)	84 (20.59)	30 (7.35)	18 (4.41)	1.99±1.40
Tolerate	60 (14.71)	66 (16.18)	120 (29.41)	96 (23.53)	48 (11.76)	2.79±1.60
Talk face to face with the bully	186 (45.59)	120 (29.41)	48 (11.76)	24 (5.88)	12 (2.94)	1.69±1.31

3.5. Reporting of Workplace Bullying

83.82% of the participants indicated that they didn't report the bullying. For the reason of not reporting, 60.29% of the participants thought it was part of the job and they didn't know where or how to report it. 58.82% believed nothing would get done about it even if they reported it. 50% was afraid of being victimized, while only 17.65% thought it was not important enough to them.

4. Discussion

The survey indicated 65.67% of the participants had suffered at least one bullying behavior in the past year in the clinical placement. The incidence is similar to some related research [4, 6-7]. It indicated that the bullying of nursing students in clinical practice was a global problem, and the situation was not optimistic. The possible reason of such persistent phenomenon are complex. On the one hand, nursing students are all novices who lack coping and communicating skills, and are likely to have low self-esteem and group identity in nursing profession [8]. On the other hand, the outer influential factors such as hierarchical organizational structure, patient-centered clinical institution, education curriculum all contribute to the phenomenon. It was noted that the form and frequency of workplace bullying were mainly centered around carrying out tedious and repetitive menial tasks such as making beds for patients, taking vital signs and so on. The results proved that nursing students acted as free workforce in clinical placement while their learning objective were often ignored [9]. All these factors are harmful to student learning. While students are given responsibility for patient care, played meaningful roles and validated as knowledgeable, skillful future nurses, it is helpful to develop their self-confidence [10]. Similar with other research, physical and sexual abuse were seldom experienced in clinical practice [11, 12].

The study found that patients, patients' relatives, clinical nurses, and clinical instructors were the major perpetrators of bullying against nursing students. It was concerning to note that the top perpetrators of bullying in this study were patients and patients' relatives, inconsistent with other findings in which clinical nurses or registered nurses were the main perpetrators [4-5, 11]. The differences existing among the results of these studies may be grounded in regional and cultural differences. In recent years, the conflicts between medical workers and the clients in China surged. Except the hospital staff are stressful because of the overwork load, patients and their relatives' unreasonable requirement, insufficient medical knowledge and excessive awareness of rights protection and non-compliance with hospital regulations are all risk factors for workplace violence [12]. This study also indicated that clinical nurses and clinical

instructors were perpetrators. The phenomenon has various causes. Nurses may not be committed to their job and they may regard nursing students only as a means to decrease their workloads or consider bullying as norms, a rite of passage. In over stressful clinical environment, nursing staff are responsible for many patients with complex medical conditions as well as other trivial things. Given these struggling tasks, some nurses may not be aware that they are being judged as illustrating bullying behaviors. However, clinical practice is a crucial process for nursing education. Not only clinical instructors but also nurses should build a positive role model for nursing students and to assist them in the clinical context.

With regard to the impacts of bullying on work performance, it was a concerning that more than half participants had considered leaving nursing. Nursing students who had bullying experience may regret the choice to major in nursing and may be at risk for leaving the profession recklessly. It is well known that shortage of nurses is a global problem, it is necessary to not only retain but also expand the number of students who remain in nursing. Another concern was how bullying impacted personal feeling. 70.85% respondents reported bullying experience contribute to their negative feeling. The undesirable feeling has the potential to negatively disrupt their confidence, health and work productivity which needs to be addressed. Potential intervention ideas include the development and implementation of policies and procedures to address bullying behaviors immediately so that any impact on individuals can be lessened [13].

One of the most reassuring findings in this study was the majority of participants indicated that they didn't report the bullying in the belief of norms or uselessness. This may suggest a lack of constructive management in some areas has contributed to not only a workplace culture which directly simulates bullying, but also a perception that bullying is tolerated [14]. A research suggested negative work experiences may result in new graduates assimilating such behavior and demonstrating the same toward others [15]. The prevalence of workplace bullying and failure to tackle the problem indicated in this study suggest that workplace bullying has been grounded and accepted as 'normal'. The key to address bullying in clinical placement is to increase awareness of its existence and for nurse education institutions and placement providers to work together to establish regulations for reporting and looking into the problem. They also need to collaborate closely to prepare nursing students and build shared policies which can raise awareness of the consequences and management of workplace bullying/harassment [16]. Only then can we reach a work environment of zero tolerance toward bullying behaviors and establish a constructive learning environment.

A limitation of this study is that a relatively small percentage of

students responded to this survey, and therefore may not represent all students' experiences across China. Furthermore, It is possible that only those students who had negative experiences felt compelled to provide comments on the topic of this study. Therefore, positive experiences from clinical placement were not portrayed and thus the results reflected the experience of those who were bullied. Nonetheless the data are indicative of the breadth and nature of the unacceptable phenomenon of bullying of nursing students.

5. Conclusions

This study has revealed student nurses were exposed to significant levels of bullying whilst on clinical placement. It is apparent that nursing educators and clinical institution should take measures to protect the students and to better prepare them to confront these negative experiences. The unpleasant clinical practice experience undoubtedly will affect their satisfaction about nursing profession which ultimately lead to students leaving the profession. The prevalence identified may expose phenomenon in an institution of a wider problem culture of bullying that has become normalized and ignored naturally. The findings implicated that education providers and clinical institutions should jointly develop targeted strategies. Universities must develop corresponding training to enable nursing students to tackle with these events and to build resilience to workplace bullying through appropriate education. Clinical institutions also need to admit the incidence of this unbearable behavior and its influence on prospective health care professionals. The findings in this study should be a concern to the nursing profession in China in respect of growing their future workforce.

Conflicts of Interest

The authors declare there are no conflicts of interest.

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