Bullying is a form of aggressive behaviour manifested by the use of force or coercion to affect others, particularly when the behaviour is habitual and involves an imbalance of power. It can include verbal harassment, physical assault or coercion and may be directed repeatedly towards particular victims, perhaps on grounds of race, religion, gender, sexuality, or ability. The current shortage of nurses to care for the population and the effect of that shortage on health care delivery system has received significant attention over recent years.

Hassmiller & Cozine (2006) reported that this current shortage is really a recruitment and retention problem due to unhealthy work environment. Unhealthy work environment exists that includes day-to-day violence and hostility. Part of this violence and hostility in the workplace is a result of bullying and the victimisation of nurses.

Many factors contribute to bullying in which environmental factors play a very important role; clearly the home environment is a major factor in creating bullies. A home where violence is accepted and used as a means for solving disputes is one that helps raise bullies. More than 80 percent of students report being the victim of bullying at school. Students forced into competition and social interactions tend to polarise into groups. Grouping can lead to feelings of acceptance or non-acceptance, and breed bullying behaviour.

Much of the learned behaviour depends upon the social norms of the neighbourhood. Lower socio-economic neighbourhoods tend to be problematic for a few reasons. First, they usually have more people per capita than affluent communities, and crowding can lead to frustration and “acting out.”

Second, the educational levels in those communities are generally lower and the social skills for dealing with stress are more prone to be violent. Third, supervision of children tends to be looser and children are more often victimised in poor neighbourhoods. Finally, gangs in a community contribute to learned bullying behaviour and accepted patterns of violence.

There are certain personal risk factors that contribute to bullying, like: inadequate supervision, once victims of other bullies, students without positive role models, fascinated or obsessed with video violence (i.e. television, video games, etc.).

Objectives

1. To identify the most frequent bullying behaviour encountered by the student nurses.
2. To identify the source that most frequently bullies the student nurses.
3. To identify the most frequent coping behaviour used by the student nurses against the bullying behaviour encountered.

Review of Literature

In a three-year study conducted in the UK on nursing students self esteem, Randle (2003) discovered bullying was a common theme identified in students reports and found bullying to be a routine experience in the course of becoming a nurse.

Davey (2002) also reported that the process of nursing education often made students feel they were being “thrown to the wolves”. This “sink or swim” approach creates a sense of vulnerability that quickly squelches any enthusiasm the student might have for nursing. Many students complain of being stripped of their dignity and pride, and they feel invisible and inferior. The students also experienced hostility, disrespect, and unfriendliness from
peers and faculty alike during the educational process. Davey termed it ironic that members of a caring profession would treat novice students as if they were inferior thereby creating heightened vulnerability. It is perhaps this sense of vulnerability that squelches students’ sense of personal power and perpetuates bullying.

In the US, Magnussen & Amundson (2003) noted students report that some nursing instructors actually impede their educational experiences, undervalue nursing students, or treat students in uncaring ways. The authors suggested that nurse educators have a responsibility to help students recognise and embrace nursing as a profession and a moral obligation to address student bullying and ensure that students’ educational experiences are positive.

Numerous studies have described the negative impact of bullying on the workplace and the profession of nursing. However, there has been little research into bullying on nursing students. Nursing students should be treated fairly and consistently and with dignity and respect wherever they study or undertake practice placements. Educational establishments and workplaces should be free from undue stress, anxiety or fear of intimidation.

Methodology

A descriptive research design was adopted and the study’s target population was nursing students seeking qualification right from ANM to PhD in Nursing. The total sample size was 200 and the Convenient Sampling Technique was used. The setting of the study was selected schools and colleges of nursing in Gwalior. A structured questionnaire was used to assess the frequency, sources of bullying and the coping behaviour used by the student nurses.

Tools and Techniques

Data collection was done using a structured questionnaire which consisted of: Part 1 - Socio demographic data which included age, gender, course of study & monthly family income (Table 1, Fig 2-4). Part 2 - Structured Questionnaire to assess the most frequent bullying behaviour, sources and the type of coping behaviour used. The tool was validated by experts both from the medical and the nursing field. The pilot study was carried out on 20 students of People’s College of Nursing & Research Centre, Bhopal. The reliability of the tool was tested by using split half method and the correlation coefficient was found to be 0.94.

Findings

A master data sheet was prepared with responses given by the participants. The data was compiled by using the Statistical Package for the Social Sciences (SPSS). Descriptive statistics was used in the data analysis.

Fig 5 shows that the most frequent bullying behaviour is spreading of rumor or gossips (25%) and the most frequent source of this behavior is class-
mates (63%) and the least frequent source is Patient (7%) (Table 2 & 3). The least frequent bullying behaviour is being ignored or physically isolated (1%) and unmanageable workloads or unrealistic deadlines (1%) and the most frequent sources are classmates (45%) and college teaching faculty (50%); the least frequent sources are patient (5%) and classmates (5%).

The most frequent coping behaviour is “No response” (33%) and the least employed coping behaviour is “Got scared of the bully and obeyed him or her” (2%). These results are consistent with the research findings of Celik & Bayraktar (2004) looked at the types of abuse experienced by nursing students in Turkey. Verbal abuse was the most frequently reported type of abuse.

All participants identified their classmates as a source of verbal abuse, indicating that the problem is widespread. Verbal abuse from faculty was reported by 41.3 percent, while 83 percent had experienced academic abuse. Participants also reported instances of sexual and physical abuse while in nursing school, although not necessarily from faculty members.

**Recommendations**

- Similar study can be replicated in different parts of the country to examine the variation in the bullying behaviour.
- A comparative study can be conducted by comparing the bullying behaviour encountered by student nurses and staff nurses.
- Other qualitative research approach like phenomenology and grounded theory can be tried out on the same phenomenon.

**Nursing Implications**

- The nursing institutions can conduct orientation programmes, seminar and clinical conference sessions for promoting awareness on bullying.
- Faculty development programme should include training to raise awareness on bullying along with resolutions to the problems in nursing education.
- The nursing institutions should take active participation in making policies and protocols for the prevention of bullying in college campuses.
- Nursing students should be made aware of their role in the prevention of bul-

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**Table 1: Findings of the socio demographic data**

1. Majority of the subjects (56.50%) were in the age group 15-24 years
2. Most of the participants (57%) were females
3. Most of the respondents (45%) were GNM students
4. Most of the students (38%) belonged to a family with monthly family income of Rs. 20,001/- to 30,000/-
The nursing education should have topics on Bullying and its prevention as an integral part of curriculum.

**Conclusion**

Bullying is prevalent everywhere even in the field of nursing and these findings can be used as a baseline for further researches in future. From the study it is very vivid that student nurses have encountered one or the other form of bullying in their life. The most frequent bullying behaviour encountered by the student nurses is “spreading of rumours or gossips,” the most frequent source that bullies them is their “classmates” and “No response” is the most frequently used coping behaviour by the student nurses. Hence measures should be taken to create awareness regarding bullying and its consequences.

**References**

7. Davey L. Nurses eating nurses: The caring profession which fails to nurture its own! *Contemporary Nurse* 2002; 13(2): 192-97