

Bullying on Nursing Students

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Abstract: *Bullying on nursing students occurred in more than half of the population. The incidents of bullying left negative impacts on the victims physically, psychologically, and socially. This study identifies the bullying case on nursing care students during academic learning and the roles of the students when bullying occurred. This descriptive quantitative study applied a survey design. This study used Adolescent Peer Relations Instrument (APRI), distributed via Google Form. The respondents were nursing program students that selected convenience sampling. The sample applied some inclusion criteria: the students had to undergo face-to-face learning and online learning. The sampling stage resulted in 207 respondents from three grades. The study analyzed the data with univariate analysis, in the forms of percentages and frequencies. Verbal bullying occurred with a percentage of 31.4%, social bullying with a percentage of 12.16%, and physical bullying with a percentage of 2.32%. The researchers found that 151 respondents, 78.74%, were bullying victims. A percentage of 93.23% of respondents, 193 respondents were women. A percentage of 85.71%, 12 respondents out of 14 respondents, were male. A percentage of 0.96%, 2 respondents, committed the bullying action. A percentage of 45.89%, 95 respondents defended the victims. 100 respondents or 48.45% of participant in this study were outsiders when bullying happened. This study concluded that most students ever experienced bullying cases with the most incidents of verbal bullying. Most students played the role of outsiders during the incidents of bullying.*

Keywords: *Academic learning, Bullying, Nursing students, Role*

INTRODUCTION

Nursing education has an important role to provide nursing care to Indonesian people. This education prepares competent and confident nurses for the future (Kurnia et al., 2021). Nursing education requires an accurate learning process to change the behavior of nursing care education. Essentially, nursing education is a part of national education with two primary aspects. They are academic and professional education aspects (Sari, Wijaya & Purwandari, 2017).

Nurses will encounter challenges, opportunities, and threats in the future (Lestari, 2014). The educational environment should be the place to learn, develop potential, and improve characters. However, this environment is susceptible to bullying actions, including in higher education (Hapsari & Purwoko, 2013).

Bullying includes physical, verbal, social, psychological, and cyberbullying actions (Antiri, 2016). Bullying in an educational environment is observable in intimidation, blasphemy, thrashing, and abuse. The perpetrators of these actions commit bullying because they were once the bullying victims. Thus, they want to vent their feelings and experience (Simbolon, 2013).

Globally, the bullying prevalence increases and becomes a serious problem in the educational environment (Doğruer & Yaratana, 2014) The data from the Health Ministry of Republic Indonesia, in 2018, mentions that a percentage of 50% of adolescents in Indonesia suffered from mental illness due to bullying actions in the educational world committed by their peers (Health Ministry of Republic

Indonesia, 2019).

A study in Turkey reported bullying actions within the nursing science environment. A percentage of 38.8% to 95.6% of students in the institution admitted to suffering from severe bullying (Arslantas et al., 2012; Celebiog et al., 2010; Clarke, et al., 2012; Cooper, 2007; Long, 2007; Palaz, 2013; Royal College of Nursing, 2005). Then, more than three-fourths, 78.1%, reported the prevalence of bullying action once in a period of recent six months (Karatas, Ozturk, & Bektas, 2017). A survey in Australia found more than half of the studyparticipants witnessed or experienced the bullying actions (Curtis, Bowen, & Reid, 2007).

Bullying on nursing students emerges due to the ages of the students. At their young ages, they lack experience, education, coping strategy, hierarchical power, and environmental adaptive skill while joining the education and clinical practice (Palaz, 2013). Bullying incidents on students occurred with direct contact, such as kicking or pushing, and indirect actions, psychologically and socially. The incidents left various impacts on the students, such as losing confidence, feeling stressed, and gaining lower learning outcomes (Amoo et al., 2021).

In this COVID-19 pandemic, qualified nursing education provides some challenges, such as ensuring the nursing students obtain qualified education and educational empowerment. During the COVID-19 pandemic, the government insisted schools and campuses stop their face-to-face activities. The learning process during the pandemic led to various psychosocial problems, such as bullying (Ghafara, Setiyarini, & Harjanto, 2021). Bullying actions caused various negative impacts on victims, both physically, psychologically, and socially (Chasanah, Marliana & Sulasny, 2015).

Survey results in 2020, involving nursing care students with limited numbers of respondents, found all students experienced bullying actions. The reports of the students toward the academic party also supported the data on bullying prevalence (Ghafara, Setiyarini, & Harjanto, 2021). In this study, the researchers investigated to describe the incidents of bullying on Nursing Science students. The students were lack of bullying awareness and bullying negative impacts. Thus, bullying could highly provide significant effects on them. Moreover, studies bout bullying incident descriptions and the impacts of bullying on the nursing students at the academic level made the researchers eager to conduct this study.

METHODS

This descriptive quantitative study applied a survey design. This study aims to determine the prevalence and the impacts of bullying on the students at an academic level. In this study, the researcher took the Nursing Science study program in Yogyakarta.

The respondent were nursing students at academic levels, the second, third, and fourth-semester students. This study used convenience sampling involving 207 respondents. The applied inclusion criteria were: active nursing students at academic stages, and having face-to-face learning experience in the previous semester. The exclusion criteria were: students that did not want to be respondents and the first-year students (the academic year of 2020/2021) who joined online course learning.

The researchers chose the academic levels because the students had a face-to-face learning experience and interacted with other individuals, the students, lecturers, and staff.

This study took the data during the COVID-19 pandemic, in February 2021. This study collected the data via online media and send the data to every respondent. The researchers explained the research objectives to the respondents. Respondents that wanted to join the research would fill out the informed consent via Google form. In this study, the applied instrument was the Adolescent Peer Relations Instrument (APRI). The respondents filed the questionnaire and send the questionnaires back to the researchers. This study received the ethical approval from the Ethical Committee of Medicine Faculty, Public Health, and Care, UGM, November 10, 2020, numbered KE/FK/1226/EC/2020.

The APRI questionnaire was developed by Parada (2000). The instrument consisted of three bullying aspects. The verbal aspect questions were numbered 1, 4, 6, 10, 12, and 17), social aspect questions (questions numbered 3, 5, 8, 11, 13, and 16), and physical aspect questions (items numbered.

2, 7, 9, 14, 15). The subjects received four alternative options. They were never (TP) with a score of 1, rarely (K) with a score of 2, fairly frequent (S) with a score of 3, and frequently (SS) with a score of 4. The instrument divided two categories of score. If the score was lower than 18, the respondents never experienced bullying. However, if the score was higher than 18, the respondents ever experienced bullying (Parada, 2000). The applied questionnaire, the APRI, was tested in terms of reliability by Parada (2000). The Cronbach Alpha value ranged from 0.82 to 0.92. The researcher had translated the instrument. The validity of the instrument obtained the r-count value ranged from 0.300 to 0.0866 with a Cronbach Alpha value of 0.932, as proven by Kamas & Wijayanti (2017).

The data was analyzed by calculating the frequency and the tested percentages based on the respondents' demography, bullying incidents, item of each bullying action, and role of students while encountering bullying. This study calculated the assessment of bullying types by summing all the answers on each item for each score. In this study, the respondents could experience more than one bullying item. For bullying actions with six items, the researchers calculated the frequency of the bullying by assessing the numbers of each score and dividing by the total items and samples, minimally 0 and maximally 1.242. For the bullying actions with five items, the frequency is between 0 and 1.035.

RESULTS

Table 1 Characteristics of the Respondents Nursing Students at the Academic Level (n=207)

Number	Variables	f (%)
1.	Sex types	
	Female	193 (93,23)
	Male	14 (6,37)
2.	Age	
	19 years old	37 (17,87)
	20 years old	55 (26,57)
	21 years old	68 (32,85)
	22 years old	44 (21,26)
	23 years old	3 (1,44)
3.	Year of Admission	
	2017	72 (34,78)
	2018	79 (38,16)
	2019	56 (27,05)
4.	Family Status	
	Single Child	26 (12,56)
	Having siblings	181 (87,44)
5.	Total Combines Incomes of Parents	
	< Rp. 2.000.0000	40 (19,32)
	Rp. 2.000.000- Rp. 4,000,000	69 (33,33)
	Rp. 4.000.000- Rp. 6,000,000	48 (23,19)
	> Rp. 6,000,000	50 (24,15)

Table 1 shows most respondents are female students, 93.23%, aged 21 years old (32.85%), 2018-year of admission (38.16%), and single child (87.44%). Respondents aged 19 years old until 23 years old were normally distributed. The total combined incomes of the parents fell in the category of Rp. 2.000.000 - Rp. 4.000.000. However, the real situation showed equal conditions for all years of admissions.

Table 2 . Frequency Distribution for Each Bullying Type Encountered by the Nursing Students in the Academic Level (n=207)

Number	Types	Numbers			
		Never	Rarely	Fairly Frequent	Very Frequent
		f (%)	f (%)	f (%)	f (%)
1	Verbal bullying (6 items)	816 (65,70)	390 (31,4)	29 (2,33)	7 (0,56)
2	Social bullying (6 items)	1071 (86,23)	151 (5,58)	11 (0,88)	9 (0,72)
3	Physical bullying (5 items)	1010 (97,58)	24 (1,93)	1 (0,08)	0 (0)

Table 2 shows most respondents experienced more than one item of bullying actions. Most respondents encountered verbal bullying with the 'rarely' category, 31.4%. For the category of very frequent, the highest bullying type was social bullying, 9 (0.72%).

Table 3. Frequency Distribution of Each Bullying Item on the Nursing Students in the Academic Level (n=207)

Item Number	Statements	Statements	K	S	SS
		f (%)	f (%)	f (%)	f (%)
Verbal bullying domain					
1	I was teased by students saying things to me	114 (55,07)	87 (42,03)	5 (2,42)	1 (0,48)
4	A student made rude remarks at me	111 (53,62)	87 (42,03)	7 (3,38)	2 (0,96)
6	Jokes were made up about me	116 (56,03)	82 (39,61)	7 (3,38)	2 (0,96)
10	Things were said about my looks I didn't like	134 (64,73)	69 (33,33)	3 (1,44)	1 (0,48)
12	I was ridiculed by students saying things to me	173 (83,57)	29 (14,01)	5 (2,41)	0 (0)
17	I was called names I didn't like	168 (81,16)	36 (17,39)	2 (0,96)	1 (0,48)
Domain: Social bullying					
3	A student wouldn't be friends with me because other people didn't like me.	185 (89,37)	20 (9,66)	2 (0,96)	0 (0)
5	A student ignored me when they were with their friends	127 (61,35)	73 (35,26)	3 (1,44)	4 (1,93)
8	A student got their friends to turn against me	195 (94,2)	10 (4,83)	1 (0,48)	1 (0,48)
11	I wasn't invited to a student's place because other people didn't like me	190 (91,78)	13 (6,28)	3 (1,44)	1 (0,48)
13	A student got students to start a rumor about me	188 (90,82)	16 (7,73)	1 (0,48)	2 (0,96)
16	I was left out of activities, games on purpose	186 (89,85)	19 (9,17)	1 (0,48)	1 (0,48)
Domain: Physical bullying					
2	I was pushed or shoved	187 (90,34)	19 (9,18)	1 (0,48)	0 (0)
7	Students crashed into me on purpose as they walked by	206 (99,52)	1 (0,48)	0 (0)	0 (0)
9	My property was damaged on Purpose	207 (100)	0 (0)	0 (0)	0 (0)
14	Something was thrown at me to hit me	204 (98,55)	3 (1,45)	0 (0)	0 (0)
15	I was threatened to be physically hurt or harmed	206 (99,52)	1 (0,48)	0 (0)	0 (0)

Table 3 shows that verbal bullying incidents mostly include negative speech to the victims, the first item. Then, most respondents were mocked and yelled at by other individuals, item number 4. The incidents were experienced by 87 respondents, 42.03%, with the 'rarely' category. The 'frequent' answers are observable in items numbered 4 and 6, 3.38%. The researchers also found the same result on questions numbered 4 and 6 with the 'very frequent' category, 0.96%.

The most frequent bullying incident was - being ignored by the other students while discussing together (item numbered 5), 35.26% with 'rarely' frequency category. Items with 'frequent' frequency of the bullying are on numbers 5 and 11, 1.44%. On the other hand, the 'very frequent' category was observable on item number 5, 1.93%.

For physical bullying, most students experienced being pushed away physically (item numbered 2), 9.18% in the 'rarely' category and 0.48% in the 'frequent' category. In physical bullying type, the researchers did not find any item in the 'very frequent' category. This result indicated that physical bullying was the lowest occurring incident of bullying. From the table, the researchers found an item that no students experienced the incident. The item was - having their kinds of stuff torn and broken down by other individuals intentionally (item numbered 9). Then, only a respondent reported the numbered 15 items, being threatened, hurt, and put at disadvantage physically.

Table 4. The Bullying Incident Rate on the Nursing Students in the Academic Level based on Gender and Years of Admission

Bullying incidents	Ever	Never
	f (%)	f (%)
Gender		
Male (n=14)	12 (5.79)	2 (0, 97)
Female (n=193)	151 (72.94)	42 (20,28)
Year of Admission		
2017 (n=72)	56 (27.05)	16 (7,73)
2018 (n=79)	67 (32,68)	12 (5,79)
2019 (n=56)	40 (19,32)	16 (7.73)

Table 4 shows 163 respondents, 78.74%, ever being exposed to bullying. The table shows 14 male respondents, 6.37%. However, only 12 respondents ever being exposed to bullying, 85.71%. From all years of admissions, women were highly exposed to bullying, 151 (72.94% (Ghafara et al., 2021). Students from the 2018 year of admission were the most exposed students to bullying, 32.68%. The students had the highest rate of experiencing bullying based on the years of admission, 67 out of 79 (84.81%).

Table 5. Frequency Distribution of the Respondents' Characteristics at the Academic Level (n=207)

Number	Roles	f (%)
1	Bullying perpetrators	2 (0,96)
2	Encouraging the bullying action	1 (0,48)
3	Supporting the bullying action	1 (0,48)
4	Victims	8 (3,86)
5	Defenders	95 (45,89)
6	Outsiders	100 (48,31)

Table 5 shows the most dominant role is outsider, with 100 respondents (48.31%). Then, the next role is defender, with 95 respondents (45.89%). The table also shows that 2 respondents became the perpetrators and 8 students were the victims.

DISCUSSION

The result showed a percentage of 78.74% of respondents were exposed to a bullying incident. The highest bullying exposure was - verbal bullying. The high rate appeared because many people thought verbal bullying was not bullying. Thus, this negative behavior occurred and was difficult to avoid by the community. In this study, most respondents were in the final-adolescent stage and the initial adulthood stage. These matters also became the influential factors of verbal bullying on campus. People in this period have mature emotions so they will not commit physical and impulsive bullying because they think bullying hurt people (Wang et al., 2009). In this study, verbal bullying was mostly experienced by respondents. They were negatively criticized, mocked, and being the targets of making fun. Verbal bullying is a verbal expressive intimidation, including teasing inappropriately, remarking on the victims based on their appearance and social status, humiliating, and threatening (Wang et al., 2009).

Physical bullying was the less committed bullying. The highest category of this bullying was - being physically pushed. However, the results did not show any item with the category of 'very frequent.' The low rate of physical bullying action occurred due to the mature ages of the respondents. In this study, physical bullying refers to physical and harmful contact, such as hitting, kicking, pushing away, punching, breaking, stealing, drinking alcohol and drugs, and committing sexual abuses (Wang et al., 2009).

This study found a percentage of 12.16% of social bullying cases as the 'very frequent' category, in the form of isolating or ignoring other individuals. Many people thought this action was not a bullying action because ignorance happened because the individual did not want to interact with other people. This action hurt and put the victims at disadvantage by ignoring, spreading rumors, revealing a secret, and implicitly humiliating (Wang et al., 2009).

Students with outsider roles were 48.31%, nearly half of the total population. The respondents thought this role was the safest because they did not want to get involved in bullying problems and put themselves in danger. Thus, being outsiders could save and protect them. The other reasons for the students being outsiders were - feeling afraid of being avenged and targeted, feeling afraid of losing social status (Forsberg et al., 2018), and having no intention to get involved in helping bullying victims (Thornberg et al., 2012), and lacking awareness whether the situation was correct or not (Silmivalli, 2014). This attitude is a natural attitude of humans to seek the safest position. However, this action should not be applied. Individuals should take action to stop bullying and not being selfish because bullying is dangerous for the victims.

Eight respondents became the bullying victims. Bullying victims experienced uncertain and negative feelings about their mental health, moreover those with high responses, such as fear, anger, frustration, shame, and hostility (Huang, 2013). The result would be different if the victims were ignorant. They seemed to have lower bullying incidents (Cooper & Nickerson, 2013; Garner, 2010). The bullying victims might also find it difficult to look for friends and build a friendship. They seemed dislike to living with other people and not having social support (Wolke & Lereya, 2015). Bullying victims should have gained attention and consultation to manage their bullying cases.

Two respondents admitted to being the bullying perpetrators. The perpetrators could not express their emotions and compassion because bullying did not involve these feelings. These attributes increased the risks, directly and indirectly, to commit bullying since the perpetrators lost their empathy (Viding et al, 2009). The perpetrators also had difficulties to adapt with the educational environment. They also had poor and negative academic achievements, self-images, and negative feelings, such as jealousy, depression, and anxiety (Dorey, 2012). In this case, the University must participate in reducing the bullying incidents of students by issuing rules against bullying actions.

The novelty of this study did not only deal with the bullying types, but also the roles of students during the bullying actions. The most dominant actions were - defenders and outsiders. These roles appeared because the students did not want to get involved in any bullying problems.

The contribution of this study deals with establishing professionalism for the students and

preventing bullying within nursing education institutions. The researchers expected the result could be the reference to determine policy in an educational institution to eradicate bullying, including the preventive system, the reporting system, and the role empowerment of Academic Supervisor Lecturers to prevent bullying. The researchers expect further studies can investigate bullying on students and find out the factors of committing bullying actions.

CONCLUSION

Bullying prevalence on nursing students during the academic years were high. The most dominant bullying was verbal bullying. This bullying happened because the students were in final-adolescent hood and initial adulthood. The study also showed that the students became the perpetrator of bullying actions. They also helped and supported the actions of the victims. Even so, the researchers also found two other roles of the students: as defenders and outsiders. The dominant roles of the students were the defenders and outsiders.

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