



Original Article

The relationship between bullying behaviors experienced by nursing students in clinical practice and their self-esteem level

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Abstract

Objectives: The aim of this study was to evaluate the relationship between the experience of bullying in clinical practice and the self-esteem of nursing students.

Methods: The research was designed as a comparative cross-sectional type study using a sample of 324 students studying in the nursing department of a university in the period of May-July 2019. A personal information form; the Negative Acts Questionnaire (NAQ-R), used to measure workplace bullying; and the Two-dimensional Self-esteem Scale (TDSES) (Self-Liking/Self Competence Scale), were used to collect data.

Results: The mean NAQ-R score was 39.08 ± 10.94 and the mean TDSES score was 56.67 ± 8.64 . The majority of the students (89.81%) were female. The top 3 monthly expenses of the students were food (37.96%), housing (29.02%), and education (20.68%). When asked about use of smart devices, 66.04% of the students reported use of an average of 2-6 hours a day, and 92.5% responded that they spend 0-6 hours a day using social media. In all, 43.21% reported that they felt most active between 12:00-6:00 PM. There was a significant difference in the workplace bullying scale score according to the students' age, program year, type of residence, the self-esteem scale scores, and social media usage hours ($p < 0.05$). A negative correlation was found between the NAQ-R and the total self-esteem and subdimension scores ($p < 0.05$).

Conclusion: The findings indicated that several variables had an effect on nursing students' self-esteem level and perceived exposure to negative acts in the workplace. It is important that nursing curricula address self-esteem and bullying in the workplace.

Keywords: Clinical practice; mobbing; nursing students; self-esteem; workplace bullying.

Nursing students play an important role in the delivery of healthcare during their training, and it is an important period in their career. Their experience in clinical practice can vary widely for a variety of reasons, including age, experience, personality, etc. Unfortunately, regardless of location, exposure to bullying behavior is not an uncommon occurrence. Studies of health workers have demonstrated that bullying behaviors are more common in the nursing profession than in other professions.^[1,2] In a study of nurses in Australia, it was reported that exposure to bullying behavior was widespread and associated with burnout.^[3] Workplace bullying and its ef-

fects have become an important subject of research in recent decades.^[4] Bullying in the workplace is defined by persistently inappropriate and hostile acts between colleagues.^[1] The acts may be direct or indirect. Examples include abusive comments, intentional public humiliation, accusations of wrongdoing or scapegoating, efforts to undermine, exclusion, and overwork or being assigned unnecessary tasks.^[5,7] This experience can have a profound effect on the self-esteem of a student and their career plans. Self-concept, that is, how we perceive our behaviors, abilities, and unique characteristics, is very important in terms of personal development and independence. It is

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What is presently known on this subject?

- Nursing students are often exposed to difficult circumstances in clinical practice, and this can include bullying behavior. This activity can have a significant effect on the individual and the provision of healthcare.

What does this article add to the existing knowledge?

- This study provides new data on the relationship between students' perceived exposure to bullying behavior and their level of self-esteem.

It was determined that age, program year, and type of residence had an impact on the perception and effect of bullying in the workplace.

There was a negative correlation between high self-esteem among nursing students and their perceived exposure to negative acts.

What are the implications for practice?

- Those with high self-esteem are less affected by exposure to negative acts. Bullying behavior should not be tolerated in the workplace; however, initiatives to increase students' self-esteem will reduce the risk of adverse effects, including personal distress and risks to professional morale and performance. In particular, reinforcing engagement with others, including both mentors and peers, and strengthening communication skills will increase the quality of nursing education and reduce negative outcomes to individuals and healthcare organizations.

important for nursing students to have an appropriate level of self-esteem that will help them to manage their responsibilities, establish communication with their patients, and take on the important roles of advocate, protector, and trainer for a patient, when necessary.^[8]

While bullying behavior in the workplace should be addressed and prevented, it remains an important problem for health professionals. Nurses and nursing students are one of the groups most affected. This research was conducted to examine the relationship between the perception of exposure to bullying experienced by nursing students in clinical practice and their self-esteem level.

Research Questions

- Is there a difference in the self-esteem scale scores of nursing students according to their sociodemographic characteristics?
- Is there a difference in the self-esteem subdimension scale scores of nursing students according to their sociodemographic characteristics?
- Is there a difference in the Negative Acts Questionnaire scores of nursing students according to their sociodemographic characteristics?
- Is there a relationship between the sociodemographic characteristics of nursing students and the subscale scores of the Negative Acts Questionnaire?
- Is there a relationship between the self-esteem level of nursing students and the Negative Acts Questionnaire score?

Materials and Method**Ethical Considerations**

Ethics approval was granted by the Ankara Yildirim Beyazit University Social and Human Sciences Ethics Committee on April 19, 2019 (no: 26) and institutional permission were ob-

tained prior to initiating the study. The goals and content of the study were explained to all of the students who agreed to participate in the study and written consent was provided.

Study Design

The research was a cross-sectional, descriptive, and correlational study. The simple sampling method was used to enroll a population of 324 of 588 students studying in the nursing department of a university in May-July 2019.

Data Collection Tools**Personal Information Form**

A personal information form was created by the researchers to collect information related to variables such as age, program year, expenditures, and social media use, in accordance with related literature.^[9,10]

Negative Acts Questionnaire

Aydın and Öcel^[11] performed a validity and reliability study of a Turkish adaptation of the Negative Acts Questionnaire (NAQ-R), used to measure perceived exposure to workplace bullying, and reported a Cronbach alpha value of .88. The scale consists of 22 items to measure the perceived exposure to direct forms of bullying (such as verbal abuse and intentional humiliation, persistent criticism, and intimidation) and indirect forms (such as social exclusion and isolation, gossip, and other behavior designed to undermine the target). Each item is scored using a Likert-type scale of 1: Never, 2: Sometimes/Occasionally, 3: Monthly, 4: Weekly, 5: Daily. The minimum total score is 22 and the maximum is 110. A higher score indicates greater perceived exposure to negative acts. The scale was previously used in a study of Turkish nurses, but that research did not include nursing students. In this study, the Cronbach alpha value of the scale was 0.881.

**Two-Dimensional Self-Esteem Scale: Self-Liking/
Self-Competence Scale**

The Turkish version of the Two-dimensional Self-esteem Scale (TDSES) (Self-Liking/Self Competence Scale) was used to assess self-esteem. A validity and reliability study was performed by Doğan^[12] and yielded a Cronbach alpha value of .83 for the self-liking subdimension and .74 for the self-competence subdimension. The tool consists of 16 items, 8 of which are reverse coded. All of the items are scored using a Likert-type scale of 1: Strongly disagree, 2: Disagree, 3: Slightly agree, 4: Agree, 5: Strongly agree. The highest possible total score is 80 and the lowest is 16; a high score reflects greater self-esteem. In this study, the Cronbach alpha value of the scale was 0.889.

Data Collection

The study was conducted during the 2018-2019 academic year. The scales were sent to the students via email, and a brief

face-to-face interview was conducted. No obstacles were encountered during the data collection process.

Statistical Analysis

The data were analyzed using IBM SPSS Statistics for Windows, Version 24.0 software (IBM Corp., Armonk, NY, USA). Frequency tables and descriptive statistics were used to interpret the findings. The Kruskal-Wallis test (chi-squared table value) was used to compare the values of 2 independent groups with the values of ≥ 3 independent groups. The Spearman correlation coefficient was used to examine the relationship of values that did not demonstrate normal distribution. The reliability was evaluated with the Cronbach alpha coefficient.

Results

Table 1 presents the distribution of the characteristics of the students participating in the study. In the group, 97.53% of the students were between the ages of 17-24 and 89.81% were female. Food (37.96%), housing (29.02%), and education (20.68%) expenditures constituted the first 3 uses of their monthly income. The data revealed that 46.3% of the students lived with their parents. In addition, it was determined that 66.04% reported using their smart devices for any purpose for an average of 2-6 hours a day, and 92.5% reported that they are spent 0-6 hours a day using social media. Afternoon and evening hours were when the large majority of the respondents reported they felt most active: 43.21% indicated the hours of 12:00-6:00 PM, and 33.64% selected the hours of 6:00 PM-12:00 AM.

Table 2 provides the mean scale scores of the participants. The mean NAQ-R score was 39.08 ± 10.94 and the mean TDESE score was 56.67 ± 8.64 .

Table 3 presents a comparison of student characteristic variables and scale scores. The findings reveal a significant difference between the mean NAQ-R, total TDESE, and TDESE subdimension scores according to age ($p=0.001$; $p=0.028$; $p=0.050$; $p=0.015$, respectively). As the age of the student increased, the average scale scores also increased.

The study results also demonstrate a significant difference between the program year and the total mean score of the NAQ-R ($p=0.000$). Greater length of study was correlated with a higher NAQ-R score. The place of residence also revealed a significant difference in the NAQ-R score ($p=0.044$). Students who lived in student houses had a higher total NAQ-R score than students who lived with family or in student dormitories. In addition, there was a significant difference based on social media usage and the mean TDESE score ($p=0.019$).

Table 4 presents the data illustrating correlations between scale scores. A weak negative correlation was seen between the NAQ-R and the 2 TDESE subdimension scores ($p=0.013$; $p=0.009$; $p=0.043$).

Discussion

The objective of this study was to evaluate the relationship between the perception of negative acts experienced by nursing students in the clinical environment and their self-esteem level. Relationships between demographic characteristics, self-esteem, and bullying behavior were also examined.

Young people who experience feelings of loneliness, social anxiety, or other negative emotions can find it easier to create and maintain relationships via online methods of communication.^[13] Research has suggested that there is an inverse relationship between internet addiction and self-esteem.^[14] Koç et al.^[15] observed that nearly half of the nursing students studied reported using the internet or smart devices for 20 hours a week or more. In this study, the majority of the students reported use of a smart device for 2-8 hours and specifically social media for 0-6 hours per day. The majority indicated that their monthly internet usage quota was 2-10 GB. These findings suggest a significant amount of time using the internet and social media. Extensive use of the internet has been reported to have a negative effect on healthy lifestyle behaviors and social relationships among students.^[16,17] Healthy lifestyles that include in-person relationships and activities contribute to self-esteem. Our findings, like others in the literature, suggest that extensive isolation and online activity may be related to low self-esteem.

The mean NAQ-R score result in this study was not consistent with some of the literature. A frequently oppressive environment among nurses has been well documented and has been associated with various negative consequences, including performance and retention.^[18] In a study of nurses conducted by Notelaers and Einarsen,^[19] it was noted that 42% of nurses reported workplace bullying. The above-average self-esteem scores of the students in the present study may have influenced the NAQ-R score.

Sauer and McCoy^[20] reported high workplace bullying scores among nurses without a significant difference related to length of service or the characteristics of the institution. In a study conducted by Budden et al.^[21] in Australia, half of the nursing students reported perceived bullying at work within the previous year, and younger students were more likely to experience inappropriate behavior.

The scale scores of the nursing students in our study were better in comparison with some of those in the literature. The significance of the NAQ-R and TDESE scores was lower in 17-20 age group students compared with other age groups. It may be that this reflects fewer responsibilities in the clinic and working personally with academician trainers. Wright and Khatri^[22] reported in their study that bullying experienced by nurses was negatively related to age. They found a significant difference between age and TDESE scores; the scores of the group aged ≥ 25 years were higher than that of other age groups. Students' self-esteem likely increases as they age and their training progresses and they become accustomed to the

Table 1. Distribution of characteristics of nursing students (n=324)

Variable	Groups	Sample (n)	Percentage (%)	
Age (years)	17-20	167	51.54	
	21-24	149	45.99	
	≥25	8	2.47	
Gender	Female	291	89.81	
	Male	33	10.19	
Program year	1	106	32.72	
	2	104	32.10	
	3	55	16.98	
	4	59	18.20	
Largest monthly expense	Housing	94	29.02	
	Food	123	37.96	
	Education	67	20.68	
	Entertainment/ Activities Clothing	19	5.86	
	Health	2	0.62	
	Second largest monthly expense	Housing	39	12.04
Second largest monthly expense	Food	130	40.12	
	Education	61	18.83	
	Entertainment/ Activities Clothing	39	12.04	
	Health	41	12.65	
	Technology	11	3.40	
	Third largest monthly expense	Housing	22	6.79
	Third largest monthly expense	Food	41	12.65
Education		83	25.62	
Entertainment/ Activities Clothing		66	20.37	
Health		73	22.53	
Technology		24	7.41	
Type of residence		Family home	15	4.63
Type of residence		Student dormitory	150	46.30
	Student house	134	41.36	
	Daily use of a smart device (hours)	0-2	34	10.49
Daily use of a smart device (hours)	2-4	11	3.40	
	4-6	107	33.02	
	6-8	107	33.02	
	8-10	69	21.30	
	≥10	18	5.56	
	Daily use of social media (hours)	0-2	12	3.70
Daily use of social media (hours)	2-4	103	31.79	
	4-6	115	35.49	
	6-8	78	24.07	
	8-10	17	5.25	
	≥10	8	2.47	
	Monthly internet usage	0-2	3	0.93
Monthly internet usage	2-4 GB	17	5.25	
	4-6 GB	73	22.53	
	6-8 GB	92	28.40	
	8-10 GB	46	14.20	
	≥10 GB	38	11.72	
Time of day felt most active	00:00-06:00	58	17.90	
	06:00-12:00	17	5.25	
	12:00-18:00	58	17.90	
	18:00-00:00	140	43.21	
		109	33.64	

clinical environment with professional experience. We recorded a significant difference in the NAQ-R score according to program year. The NAQ-R scale scores of senior students were

Table 2. The mean scale scores of nursing students (n=324)

Scales	Mean±SD
NAQ-R	39.08±10.94
TDSES total	56.67±8.64
Self-liking subdimension	30.28±5.38
Self-competence subdimension	26.39±4.12

NAQ-R: Negative Acts Questionnaire; TDSES: Two-dimensional Self-esteem Scale.

higher than those of other groups. In the final year, nursing students have become competent, nurses in the clinic expect greater efficiency, and the students are given more responsibilities.

Karataş^[23] reported no significant difference in self-esteem based on program year among education faculty students. Although some studies have found that demographic variables had no effect on perceived exposure to bullying, other authors have found that the young and inexperienced are at greater risk of bullying.^[24–26] In this sample, the NAQ-R scale scores of the nursing students staying in student houses were significantly higher than those of students living with their families or living in the student dormitories. It may be that those in

Table 3. Comparison of variables related to nursing students and Negative Acts Questionnaire and Two-dimensional Self-esteem Scale scores (n=324)

Variable	Groups	NAQ-R	TDSES total	Self-liking subdimension	Self-competence subdimension
Age (years)	17-20	37.19±10.42	56.39±8.91	29.90±5.48	26.49±4.27
	21-24	41.11±11.32	56.53±8.14	30.46±5.17	26.07±3.85
	≥25	40.63±7.58	65.25±8.99	34.75±5.73	30.50±4.17
		χ^2 :13.032; p=0.001	χ^2 :7.135; p=0.028	χ^2 :5.976; p=0.050	χ^2 :8.415; p=0.015
Program year	1	35.12±8.13	56.72±9.63	30.04±5.64	26.68±4.59
	2	39.65±11.16	56.40±7.72	30.33±5.07	26.08±3.67
	3	39.20±10.16	57.31±7.37	30.71±4.73	26.60±3.68
	4	45.05±12.78	56.47±9.56	30.24±6.07	26.24±4.43
	χ^2 :31.551; p=0.000	χ^2 :1.333; p=0.721	χ^2 :0.752; p=0.861	χ^2 :2.222; p=0.528	
Type of residence	Family home	38.60±10.76	57.61±8.34	30.87±5.18	26.73±4.02
	Student dormitory	38.19±9.80	56.21±8.52	30.04±5.41	26.16±3.98
	Student house	44.71±14.10	54.71±10.30	28.85±6.06	25.85±5.17
	χ^2 :6.268; p=0.044	χ^2 :3.672; p=0.159	χ^2 :3.416; p=0.181	χ^2 :3.677; p=0.159	
Daily social media usage (hours)	0-2	37.21±9.47	58.71±8.94	31.20±5.56	27.50±4.33
	2-4	40.43±11.42	55.22±8.60	29.61±5.44	25.61±3.96
	4-6	39.97±11.87	55.77±8.26	29.78±5.14	25.99±3.89
	6-8	38.29±10.89	58.35±8.28	32.06±4.60	26.29±4.34
	≥8	37.18±10.89	56.63±6.50	29.45±4.74	27.18±3.37
	χ^2 :5.507; p=0.239	χ^2 :9.247; p=0.055	χ^2 :7.356; p=0.118	χ^2 :11.823; p=0.019	
Time of day felt most active	00:00-06:00	37.29±10.04	57.82±10.83	30.41±6.39	27.41±5.69
	06:00-12:00	36.31±7.99	55.81±8.94	29.84±5.42	25.97±4.35
	12:00-18:00	39.28±11.63	57.18±8.53	30.56±5.27	26.61±4.05
	18:00-00:00	40.57±11.32	56.30±8.30	30.13±5.38	26.17±3.82
	χ^2 :5.856; p=0.119	χ^2 :0.801; p=0.849	χ^2 :0.404; p=0.939	χ^2 :1.073; p=0.784	

NAQ-R: Negative Acts Questionnaire (revised); TDSES: Two-dimensional Self-esteem Scale.

Table 4. Correlation of the mean scale scores of nursing students (n=324)

		TDSES	Self-liking subdimension	Self-competence subdimension
NAQ-R	r*	-0.138	-0.145	-0.112
	p	0.013	0.009	0.043

*Spearman correlation coefficient. NAQ-R: Negative Acts Questionnaire (revised); TDSES: Two-dimensional Self-esteem Scale.

student houses experience greater isolation and communication difficulty, which may contribute to their self-esteem and reaction to negative acts. Analysis of the use of social media indicated that those who used social media less (0-2 hours) had higher self-competence scores, and a significant difference was seen in the results between those who reported use of social media for 0-2 hours and 2-4 hours. This is thought to reflect that individuals with high self-competence may use social media but also devote more time to direct communication and social relations. The hours the nursing students felt more active did not have a significant effect on the scale scores.

The results of our study indicated that the students' self-esteem decreased with perceived exposure to bullying in a clinical environment. This can lead to psychological struggles with unhappiness, loneliness, fear, loss of self-confidence, anger, and anxiety; and physical symptoms, such as sleep problems, fatigue, headache, and cold sweats.^[27] The potential outcomes of these negative effects are significant. Ulusoy et al.^[28] evaluated professional self-esteem and solidarity among nurses and reported that pride in the profession increased job satisfaction and that nurses exhibited positive attitudes related to interpersonal relationships. Although additional research is needed in this country and around the world, it is clear that nurses are frequently exposed to bullying behavior in the professional environment. This has numerous potential effects, not only on the individuals, professional retention, and an appropriate and efficient professional atmosphere, but the quality of healthcare at the institution may also suffer, including risks related to patient safety and malpractice.^[29] Techniques such as mentoring and counseling by nurse educators, courses about bullying they may encounter in the clinical environment and encouraging nursing students to report inappropriate behavior, and providing opportunities for social support from peers can support professional self-esteem and performance.^[30] The effects of bullying in the workplace can be substantial. Initiatives to improve the training period and reduce the incidence of bullying and isolation would be valuable. The results of the current study may prove useful to such efforts to ensure appropriate and effective healthcare services.

Limitations

The most important limitation of this study is that the research was conducted at a single center.

Conclusion

The findings of this study indicated that there was a negative correlation between the self-esteem level of nursing students and their perceived exposure to negative acts. It was also found that age had an impact on both self-esteem and perceived experience of negative acts. It is important to supplement undergraduate nursing education with initiatives to increase self-esteem and provide adequate support through

mentoring and training on the importance of team collaboration to ensure that new nursing professionals are adequately prepared to fulfill their duties and responsibilities. This investment would protect and serve not only individuals but the healthcare system.

Recommendations for Further Research

The high Cronbach alpha value of the NAQ-R in the study indicates that it may be a valuable tool for researchers who plan similar studies in clinical practice areas. Additional research will make a significant contribution to the literature.

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