

Acts of Intimidation Which Face the Nursing Students

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ABSTRACT

Objective: The study was conducted as a descriptive study to determine the acts of intimidation which face the nursing students.

Materials & Methods: This study was planned as descriptively. The sample was formed by 190 nursing students who study in 3. and 4. classes.

Results: Nursing students meet with low rate physical violence (5.2-6.2%), around half of them meet with verbal and behavioral violence from employees and patients or relatives of patients. Students who meet with violence have higher level furor, aggression and anger feelings, meaninglessness, sense of instability, self-harm, guilt feelings, psychological problems, feeling himself nervous/unhappy in the school and difference is significant as statistically.

Conclusions: Cases of violence in the clinical environment should be defined. Violence should be reduced by cooperation that between nursing schools and hospital management.

Keywords: Clinical Environment, Nursing Student, Verbal Violence, Violence,

INTRODUCTION

Clinical setting in nursing education is the place where students turn theoretical knowledge gained into skills through obtaining active learning opportunities, professional socialization but it is also a place where it is difficult to control the factors that are effective upon learning and improvement of behaviors owing to people with different expectations and needs.

Clinical setting –unlike class setting– is a different and complicated social environment. ^[1] Clinical practice settings

should be arranged in a way to benefit students and stressing situations should be kept under control so that a clinical education can produce the expected outcomes and contributions. One of the stressing factors in clinical settings is that nursing students face angry or violent behaviors from health personnel, patients and their significant others. A negative clinical setting climate, unsafe work-setting, conflicts and disagreements result in decreasing performance and job quality. Sense of belonging influences development of professional identity very much.

The Turkish culture does not refer to explicit and clear definitions about what is violent and what is not. Sometimes we love as if we beat and sometimes we use violence words for joke and think that it is a healthy communication. ^[2] Therefore; there may be differences from one to another in terms of attitudes, behaviors and perceptions. Students may develop different emotions/behaviors/attitudes by internalizing and perceiving this as a normal process. Previous studies report that the most common violence type met by student nurses at clinical settings is verbal and emotional violence. ^[3-5] Mobbing prevalence varies from 4% to 15% in European Union countries; however, studies done in Turkey report mobbing prevalence at varying rates.

Generally; the underlying cause of violent behaviors is to isolate individuals and to keep them away from the setting they are in. ^[6] Violence is an implicit or explicit aggression from a group to another part. Aggressive actions may include physical,

verbal or emotional ones. Intimidating words or actions contain cynic comments. According to World Health Organization (WHO); anxiety reactions, insensitivity, withdrawal, frustration, attention problems, fear, lack of confidence, sleep disorders, irritability, depression, decreasing self-esteem, melancholy, high blood pressure, tachycardia, cardiovascular diseases, dermatitis, stomach pain, increasing alcohol consumption and smoking go up as a result of aggressive actions. [7] Accidents and suicidal attempts are mostly seen in the last phase of mobbing. [8]

Particularly, those who are challenged and withdraw into themselves with loneliness feelings try to live group belongingness not achieved not in the real life but in their imaginary realms fictionalized by their inner world. Studies on bio-psycho-physiology of brain indicate that brain cells store unpleasant memories experienced in the past. In each event stored; we may think that many people play good or bad roles and in this case we may nurture revenge feelings, sympathy, love or affection according to feeling created in our brains. [2] Both hospitals and educational institutions should struggle to prevent violent actions against nurse students. When students who are in clinical settings to be nurse are exposed to violence done by health personnel, patients and their significant others, they are –in turn-affected. These situations students are exposed to are known poorly. [9,10]

Violence prevents motivation and cooperation in workplace. Mobbing which students suffer from influences their productivity and motivation directly. On the other hand; it is crucial to know mood state of the students who suffer from mobbing. The current study was undertaken in order to determine status of exposure to anger and violent behaviors of students at clinical settings. In this sense; the study sought answers for the following questions:

a) What are the violence experiences of nursing students at clinical settings?

b) What are the moods that nursing students develop at clinical settings after violence experiences?

c) What are the mobbing actions nursing students are exposed to in different situations and to what degree are they affected?

MATERIALS AND METHODS

The study was designed as a descriptive study. The study was collected in 2015 from School of Health of Karadeniz Technical University (KTU), Turkey. The study population included 210 students in their third and fourth years in the Department of Nursing at Trabzon School of Health. The study sample included 192 voluntary students selected through stratified sampling. For the data collection; an information collection tool that would collect information about students' violence experiences and was designed by HEGEM was used. [11]

Ethical Considerations

The participants were asked of their consent and were assured of the confidentiality of the information to be shared. In the course of the implementation of the vehicle, written permission was obtained from the relevant authorities.

Statistical Methods

Information collection tools were distributed to 210 students, who were voluntary to participate in the study, and the students were asked to fill in these tools. 192 tools, filled in completely by the students, were assessed for analysis and synthesis. For the analysis of the data; "frequency" tables were used. Comparisons of the data were made through "chi-square" test. Limitations of the study are that the sample only included third and fourth years nursing students at Trabzon School of Health.

RESULT

Characteristics of the students were shown in Table 1. 82.3% of the students whose average age was 21.79 ± 1.67 years were female students. Most of the students

(88%) had nuclear family structure. At clinical settings, students mostly encountered verbal and angry behaviors. 5.2% of the students told that they experienced physical violence from health personnel while 6.2% of them from patients and their significant others. 53.1% of the students expressed that health personnel demonstrated verbal and angry behaviors while 46.4% of the students explained that patients and their significant others demonstrated verbal and angry behaviors.

During clinical practices, students (18.4%) faced mostly verbal violence from their friends and witnessed physical violence.

8.3% of the participant students received therapy due to psychological problems, 13.5% of them had the feeling that “I wish I were not alive, I did not live.”, 7.8% of them had “scars of intentional violence”, 3.1% of them had “tendency to substance abuse” and 6.2% of them had “suicide ideation”.

Table 1. Distribution of Demographic Features of Students (n=192)

Demographic features		N	%
The average age of students	21.79±1.67		
Gender	Female	158	82.3
	Male	34	17.7
Structure of family	Core family	169	88.0
	Extended family	22	11.5
	Fragmented Family	1	0.5
People who use violence	Patient and patient relatives	89	46.4
	Employees	102	53.1
Type of violence that employees show	Physical violence	+	10 5.2
		-	182 94.8
	Furious behavior / verbal violence	+	100 52.1
		-	92 47.9
Type of violence that patients show	Physical violence	+	12 6.2
		-	180 93.8
	Furious behavior / verbal violence	+	89 46.4
		-	103 53.6
Are you being treated for psychological problems?	+	16 8.3	
	-	176 91.0	
Would it be what you said if I was not alive?	+	26 13.5	
	-	166 86.5	
Do you have an intentional trail in your body?	+	4 7.8	
	-	177 92.2	
Do you have a suicide mind?	+	12 6.2	
	-	186 93.8	
Do you have any idea of using drugs?	+	6 3.1	
	-	186 96.9	

When distribution of status of facing angry behaviors of the nursing students and state of mood they developed were examined; it was identified that 67.7% of the students had feelings of “anger, aggression”, 76.6% of them had feelings of “meaninglessness and ambivalence”, 7.8% of them had feelings of “self-mutilation”, 32.8% of them had feelings of “guilt”, 30.7% of them experienced “psychological problems” and 41.7% of the told that they felt nervous/unhappy at school. When distribution of status of facing angry behaviors of the nursing students who faced

mobbing and state of mood they developed were examined; the rates of those who suffered from anger, aggression and furry (77.5%), meaninglessness and ambivalence (83.3%), guilt (56.9%), psychological problems (41.2%) and nervousness/unhappiness at school/home (51.0%) were higher and as a result of the chi-square analysis it was found that there was a statistically significant difference (p<0.05). Additionally; although statistically not significant, rates of students who suffered from behavior of self-mutilation (9.8%) and mobbing were higher (p>0.05) (Table 2).

Table 2. Impact Status of Students According to Violence / Furious Behavior (n = 192)

Emotional state	Violence / Furious Behavior						Total	X ² ; p
	+ (n=102) (%53.1)		- (n=90) (%46.9)		N	%		
	N	%	N	%				
Anger/Aggression	+	79	77.5	51	56.7	130	67.7	X ² =9.44 P=.002
	-	23	22.5	39	43.3	62	32.3	
Meaninglessness/ Ambivalence	+	85	83.3	62	68.9	147	76.6	X ² =5.55 P=.018
	-	17	16.7	28	31.1	45	23.4	
Self-mutilation	+	10	9.8	5	5.6	15	7.8	X ² =1.19 P=.274
	-	92	90.2	85	94.4	177	92.2	
Guilt	+	44	43.1	19	21.1	63	32.8	X ² =10.52 P=.001
	-	58	56.9	71	78.9	129	67.2	
Psychological problems	+	42	41.2	17	18.9	59	30.7	X ² =11.15 P=.001
	-	60	58.8	73	81.6	133	69.3	
Nervousness/Unhappiness at school/home	+	52	51.0	28	31.1	80	41.7	X ² =7.76 P=.005
	-	50	49.0	62	68.9	112	58.3	
Total		102	53.1	90	46.9	192	100.0	

DISCUSSION

Violence behaviors at health institutions can be demonstrated as verbal or violent behaviors that contain behavioral threat, physical aggression from patients, their significant others and health personnel and can be risk for the students. Half of the students reported to have faced violent behaviors at clinical settings from patients, their significant others and health personnel once a week or month. This outcome concurred with the findings of previous studies. In the current study; it was identified that half of the students underwent verbal or violent behaviors (46.4%-52.1%) and physical violence (5.2%-6.2%).

In studies done in Turkey, it was found that students were mostly exposed to verbal and angry violence behaviors. [5,10] In a study undertaken in England; it was identified that 45.1% of the students were exposed to verbal violence while 34.5% of them witnessed violence. [12] Violence is a wide problem at workplaces and among nurses, there is horizontal violence. On the other hand; patients and their significant others inflict violence to nurses, too. Longo (2007) reported that only one student encountered violence behavior in form of being pushed whereas 53% of them encountered verbal or emotional violence. [9] Facing violence may negatively affect students' wish to be a nurse. Considering the possibility that student may have also undergone violence at home; being subject to violence at workplace and in education

appears to be a factor that affects their life satisfaction negatively.

In light of these results; it may be suggested that nursing students were more subjected to verbal violence. It is an alarming outcome that university students who received undergraduate degree told that they suffered from physical and verbal violence from health personnel and patients; which demonstrates that a high level of violence culture has been rooted at higher education institutions and hospitals.

These results show that mobbing is a crucial problem in nursing education and it has harmful effects upon the students exposed to mobbing. Most of the students who meet violence may develop such feelings as guilt, frustration, anger, dissatisfaction with life. The results obtained in the study are as follows: the nursing students who were subjected to violent behaviors developed such feelings as anger, aggression and furry (77.5%), meaninglessness and ambivalence (83.3%), guilt (43.1%), psychological problems (41.2%) and nervousness/unhappiness at school (51.0%) and the difference between the groups was statistically significant ($p < 0.05$). Similar to these results; study of Palaz stated that nursing students who underwent violence had anger, social frustration, lack of concentration and decreased wish to work. [10] This is an alarming situation in many countries as well as in Turkey. It is seen that these young students who aim at nursing profession and taking responsibility of society but have

health problems are not able to cope with their own problems yet and some need assistance in medical sense. Besides; students' "tendency to substance abuse", "suicide ideation", "scars of intentional violence" and feelings of "I wish I were not alive, I did not live." may be associated with negative environments and negative behaviors, being subject to mobbing actions at different phases of life and thus developing psychological problems. Mobbing is the reason of many psychosomatic and behavioral disorders. Someone who is subjected to mobbing will -sooner or later- have a health problem. This is -probably- related to duration and intensity of stress.^[7] It is necessary for those working at clinics not only to have professional background but also to be a role model. Those working at clinics and instructors should counsel the students in a way that they are aware of how this situation affects them, should explain to the students that this situation is not an accepted norm and -therefore- should support the students.

Limitation

It is very difficult to explore mobbing and the effect of mobbing behavior upon individuals. On the other hand; the students were asked to remember any violent behavior they were subject to within the past year. In addition, limitations of this study include its small sample size and the fact that the students were enrolled in one nursing program. Future research could focus on larger samples from different nursing programs and practice settings.

CONCLUSION

It was found that nursing students faced mobbing behaviors in clinical practice and were psychologically influenced by the outcomes. Level of effect from stimulus depends on characteristics and past experiences of the victims. However; nurse academicians should realize the importance of raising healthy youth and professional groups in terms of community health, cope with mobbing more effectively and be more

sensitive. Interactions of health professionals, patients and their significant others with students should be closely watched and producers to prevent mobbing should be developed. There is a need to do more comprehensive studies with larger populations in order to explore the effects of mobbing upon an individual who encounters mobbing.

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