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RESEARCH ARTICLE

STUDENT-NURSES' BULLYING IN THE CLINICAL AREA: A NARRATIVE INQUIRY

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ABSTRACT

Bullying in nursing has existed for decades and appears to be a growing concern as nurse retention and recruitment become crucial factors in sustaining Philippine's health care system. International studies have also noted the phenomenon of bullying in nursing workplaces. While varying prevalence rates exist, current research has unanimously demonstrated the negative impact of bullying on staff nurses. But only few explored on the bullying experience of student nurses in the clinical setting. This study is a narrative inquiry about student bullying in clinical setting. The stories were gathered from 15 student nurses who have records of bullying experience in the guidance office. Institutional ethical clearance and informed consent were secured. The guided interview questionnaire was validated by 5 experts in the field of nursing, psychology and language education. The stories unfolded that the feelings of isolation and alienation; enduring negative emotional and psychological effects; and having negative thoughts were the consequences of the bullying experience. Moreover, it was also unleashed that the approaches to bullying-situations were identified as disclosing the bullying experiences, communication/confrontation, and consider dropping and/or leaving the training program. It was also found out that bullying among student nurses is an upshot of face-to-face interactions between members of a diverse groups in the clinical setting. Despite these differences, student nurses still must perform their clinical duties, show respect and value social responsibility. The evidences of bullying among student nurses allows the educational institution and the clinical setting/hospital to create interventions and other measures to deal with the misbehaviors and an opportunity to review the nursing curriculum and design educational offerings to nursing students in dealing with bullying and other related problems. Thus, it was recommended for hospital management and educational institutions to implement the best practices designed towards improving the relationships between members of the health care team and educational institution. Professional development training on managing bullying situations can be integrated to nursing program.

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INTRODUCTION

According to Cooper *et al*. (2011), in schools of nursing, a hierarchy exists that reflects the dynamics of other workplace environments. The classroom embodies the structure of workplace units. Instructors and faculty represent supervisory positions. Students embody the status of subservient workers. If teacher-learner relationships are not positive, the student's needs for support and respect can go unmet, disempowering the student. Curtis, Bowen, and Reid (2007) argued that there is a dearth known about nursing students' beliefs about and responses to bullying. Understanding these aspects may provide important information from which interventions can be developed. Beliefs about bullying encountered in the clinical setting include a view that bullying is unavoidable and something to be dealt with or occurs because students are "not wanted" or do not belong in the clinical unit. Bullying is a hot topic in schools across the country. Walk into any elementary school and you'll see posters on the walls that help children recognize bullying behavior and learn what to do if they see a classmate being bullied or if they are bullied them. Parents, teachers and school administrators are no longer turning a blind eye, but are instead trying to actively combat what used to be considered a somewhat "normal" part of growing up. However, bullying can happen anywhere, not just in the classroom or on the playground. Nursing students are also victims of bullying and it has a significantly detrimental effect on nursing education. In one US study, almost 96% of 4th year nursing students reported that they had experienced at least one instance of bullying while attending nursing school. Hutchinson, Wilkes, Vickers, and Jackson (2008) disclosed

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that bullying on nurses has existed for decades and appears to be a growing concern as nurse retention and recruitment become crucial factors in sustaining Philippine's health care system. International studies have also noted the phenomenon of bullying in the workplaces. While varying prevalence rates exist, current research has unanimously demonstrated the negative impact of bullying on nurses. Anecdotally, nurses have likened their clinical setting to that of a battlefield and describe the environment in which they work as a place of professional terrorism (Farell, 2001). Nursing students must share that same precarious nursing environment with professional nurses who are disgruntled with their work environment. Disturbingly, a qualitative study revealed that suicide was the result of one colleague's experiences with bullying. Experts have defined bullying as a concept of incivility, such as rude or disruptive behaviors, threatening behaviors, and/or physical and psychological abuse. The bullying can be characterized by repeated, negative acts consciously committed by one or more persons against another person. These may be direct acts such as physical and verbal abuse or indirect acts such as purposeful exclusion. In addition, there exists a significant imbalance of real or perceived power between the person who is bullying and the individual who is being bullied. This traumatic behavior affects the student's capacity to learn, his sense of well-being, and can cause feelings of alienation, lack of control over their learning environment, low self-esteem and powerlessness.

Hodgins (2008) on the other hand, asserted that several nursing workplace studies have reported devastating adverse reactions to bullying that include, but are not limited to hurt, fear, loss of self-esteem, anxiety, sleeplessness, depression, elevated blood pressure, panic attacks (Hutchinson *et al*., 2008), feelings of worthlessness, an increase in smoking and drinking and increased stress levels (Quine, 2001). Bullying has repeatedly shown to have such negative impacts on health outcomes, and a health promotion approach to the problem of bullying has been suggested to tackle the issue of bullying in the workplace. This study was conducted because there is a need for nursing schools to create a positive, safe clinical learning environment. It is critical to promoting nursing students' self-esteem and professional engagement. It also reinforces their sense of security, belonging, empowerment, confidence, cognitive processes, and continued motivation to learn. Schools also need to adopt the models we see working in grade schools: zero tolerance policies and education on bullying behaviors.

MATERIALS AND METHODS

Research Design

This qualitative investigation used a narrative inquiry research method to gain a deeper understanding of how 15 students, identified as victims of bullying, perceived the effects of bullying to their personal lives and how they were able to manage the situation. Qualitative research is the traditional method for discovering a deep understanding of society or human nature. "The researcher builds a complex, holistic picture, analyzes words, reports detailed views of informants and conducts the study in a natural setting" (Ollerenshaw and Creswell, 2002). Because this study focused on student nurses' words rather than numbers to explore their perceptions of bullying experiences, a qualitative method is appropriate. A narrative inquiry collects participants' stories, and retells the participants' views by combining the researcher's experience with those of the participants to produce a collaborative narrative (Creswell *et al*., 2007). Clandinin (2006) described the narrative inquiry approach as:

Inquiry into narrative. By this we mean that narrative is both phenomenon and method. Narrative names the structured quality of experience to be studied, and it names the patterns of inquiry for its study. To preserve this distinction, we use the reasonably well-established device of calling the phenomenon "story" and the inquiry "narrative'. Thus, we say that people by nature lead storied lives and tell stories by those lives, whereas narrative researchers describe such lives, collect and tell stories of them, and write narratives of experience.

Population and Sample of the Study

The study employed purposive sampling in selecting fifteen (15) participants in the study. In choosing a purposive sampling method for informant selection, the questions presented of utmost importance. The question will decide the objectives on which the methodology was based (Tongco, 2007). The following criteria set in the selection of fifteen (15) participants in this study were: able to share, describe, and articulate their experiences on bullying in the clinical area; must be a nursing student in Gordon College, Olongapo City; and exposed in the clinical area. The fifteen (15) participants were chosen to take part in this study. In this process, selection of samples was limited as the saturation principle meets the criteria of analysis or either exceeded to fifteen until it provided the deeper insights. Saturation principle was operated once exhaustion of data were being evident.

Data Collection Procedure

The experiences of fifteen (15) participants were gathered through the following means: Interview; Storytelling; Observation; and Experiential Knowledge. Interview using open-ended questions were done to secure sufficient information from the participants. This served as preliminary instrument for the researcher to gain important ideas as they shared their personal experiences. These interviews and narratives were recorded using a digital voice recorder, transcribed verbatim and later reflected and analyzed for their emerging themes and subsequent essence. An unstructured, free flowing conversation is to be utilized to provide depth on the interview. Storytelling was also used in the study, primarily allow a flowing and continuous narration from the participants. Through storytelling, their emotions cone through in their stories thus enabling them to obtain a rich account of their experiences. Observation of the participants provided the ability to correlate the stories relayed through their non-verbal communication such as body language, facial expressions, gestures and tone of voice. The observations yielded various signs and clues which gave depth to the interpretation, and the opportunity to valuable experiences as well as to personally resonate with participants' experiences. Experiential knowledge, which is a crucial element of the study, helps to obtain information and wisdom gained from their experiences. On the other hand, to ensure that the process of reflective analysis is correspondingly being executed, the process of analysis was used as follows:

Narratives from the voice recorded interviews are to be transcribed verbatim on a computer which then reflectively analyzed using the phenomenology of practice of VanManen (2016).

VanManen (2016) is a well-known contemporary phenomenologist who was influenced by hermeneutic phenomenological philosophy which tends to interpret human experiences as though it was a text that offer rich and deep accounts of phenomena. Following this method consists of six steps which are as follows: turning on the mature of the experiences; investigating the experiences as it is lived rather than how it is conceptualized by the researcher; reflecting on the essential themes which characterize the phenomenon; describing the phenomenon through the art of writing and re-writing; maintaining a strong and oriented relation to phenomenon and lastly, balancing the research context by considering the parts and the whole.

As a combination of both descriptive and interpretative phenomenology, van Manen's approach served as a platform to seize and understand the meaning of experiences being studied. In order to capture the true essence of this study, the researcher will immerse herself in the data by repeatedly listening to the audio recorded stories of the participants to achieve a deeper perspective during transcribing in an attempt to find the whole new meaning from their stories.

According to van Manen, thematic reflection of the experiences can be revealed or isolated from the participant's description of experience by three methods: first, is the holistic approach in which the researcher tends to capture the essence by looking at the transcript as a whole; second, is the selective highlighting approach, which requires the researcher to highlight, capture and reveal significant statements from the data source to help formulate a theme. And finally, the detailed or line by line approach in which every sentence is examined to see what it reveals about the phenomenon. After identifying the themes, they become the focal interest of reflection and interpretation until the essence of narrative description of phenomenon emerged. With this painstaking process, the nucleus of student nurse's bullying experience in the clinical area are to be explored. New themes emerged, themes and main essence are fully synthesized and deducted and the researcher subsequently returned to participants to validate the themes and essence of the study.

RESULTS AND DISCUSSION

Student Nurse's Stories and Insights of Bullying in Clinical Setting

Cases of Verbal, Non-verbal and Physical Bullying

Fifteen nursing students gave and wrote comments that they were bullied verbally and physically while in a hospital rendering their services and doing their duties during their training. The incivility and bullying they experienced were generally from their student nurse classmates, registered nurses, head nurses, physicians and other medical practitioners from that hospital they were deployed. The bullying they experienced vary from work related aspects (scheduling, making report, patient assignments and assisting nurse and physicians) to personal. When asked about their experiences on bullying, they acknowledged they were victims of these negative behaviors by individuals affiliated in the clinical setting. The student nurses who responded to this question were reflective in their comments, speaking from the perspectives of victims.

Verbal Bullying

The majority of the experienced negative behaviors by the student nurse participant were verbal in nature. They ranged from yelling aggressively to the use of verbally dismissive or demeaning remarks, labeling, giving sarcastic remarks and abrupt responses. Personally denigrating terms were not identified individually, but adjectives such as "slandering" and "degrading" were used to describe witnessed conversations. Participant 1 commented, *"Minsan po kapag nagkkwentuhan kami sa area, napapagalitan at nasisigawan na lang kami bigla sa dahil akala nila nagchichismisan lang kami pero yung totoo po nag-uusap usap po kami tungkol sa mga naeencounter naming problema sa duty namin." (When we talk at work about staff problems and difficulties, charge nurse believed that we are gossiping…But the student nurses asserted that it's meant to share, to get updated with what's happening on the unit).* Participant 2 shared a story and wrote, *"Mahirap ang sitwasyon ko bilang isang student nurse lalo na sa duty. Minsan nakakatakot dahil kapag may nangyaring di maganda sa pasyente, sa akin nila sinisisi kahit di ko pagkakamali. Minsan ayaw na lang din naming magtanong dahil natatakot kami magtanong baka sabihan kami na walang alam" (Working as a student nurse is scary on its own. They assign blame to me when things go wrong. Add to this "being afraid to ask questions for fear of being ridiculed and now you get one very unhappy prospective nurse).*

Similarly, Participant 5 wrote, *"Nung unang araw ng duty namin sa hospital, ramdam na namin na di kami welcome. Yun tipong mamaliitin ka nila at parang tuwang tuwa sila na makitang natatakot kami sa kanila. Pag may konting pagkakamali imbes turuan nila kami mas lalo nila kaming papabagsakin" (In my first day of training at our assigned hospital, I saw the majority of senior nurses were much too happy to keep information to themselves and would rather see new registered nurses and us, student nurses fall flat on our face rather than give us the information we needed.)*

Participant 3 and Participant 9 revealed and wrote that the verbal bullying started when they were assisting NSD patients. The nurse gave them separate instructions. At that very moment, the nurse needs immediate response from the student nurses but failed to do so. The nurse said in front of many patients and colleagues *"Alam mo ba ang ginagawamo?!" (Do you know what you are doing?!)* The clinical institution and its community, expect much from its employee and trainees like student nurses. They have to act correctly, with preciseness, meticulously and with care. Once an error was committed, they will hear commentaries from unit heads, physicians and other superiors. Participant 7 wrote, *"Hindi pa kami ganun kagaling na katulad nila, nag aaral pa lang kami. Kelangan sana naming ng pagunawa mula sa kanila at hindi paninisi at paninigaw" (we are not yet expert like them…* We are still in the process of learning many complicated things about our future work… We need understanding… calm voices and guidance not yells…) The participants received harsh comments from head nurse and staff nurses. Participant 6 wrote, *"yun tinanong ako ng nurse kung saan ako galling natatandaan ko po pagalit nya ako pinagsalitaan pero sumagot po ako na hindi po ako late, hindi ko lang po makita ang mga kasamahan ko" (I was not late, it's just that, I couldn't find them… The nurse asked where did I go? She asked me with a very firm and angry voice) "Huwag kang umasta na alam mo lahat dito at boss ka! Pasaway ka!" (Do*

not act like you are a superior here and that you know everything! You're stubborn!) the student nurse said, people near them heard and witnessed everything. One student nurse experience indifference from a nurse while assisting the nurse on IV. Participant 10 wrote, *"Nung oras na iyon, hindi ako ganun kasigurado sa gagawin ko.*

Tapos bigla na lang sila nagtawanan ng malakas, yung nurse, pasyente, and yun kamag-anak ng pasyente. Pinakamasakit pa na narinig ko, di ka mahusay na nurse" (That moment, I was not that confident... The nurse and the patient and patient's relative laugh at me…" The comment was worst, "I'm not a competent nurse…). One particular story of bullying among the participant happened when one of them was doing the chart. Participant 15 wrote, *"Nag chacharting ako at nagkamali ako ng pagsulat nung data tapos binura ko, sinigawan na lang ako bigla nung nurse" (I'm doing my chart but I entered wrong data/figure then erased it… The nurse saw me; I was scolded…).* The story of Particular 8 was different. It happened when she was giving medicine to a patient in a ward. She wrote, *"Sa totoo lang, hindi ako sigurado dun sa gagawin kong pagbibigay ng gamut, kaya nagtanong ako sa clinical instructor namin, tapos bigla na lang nya akong sinigaw sigawan at napahiya ako sa mga nakakita na nurses, paseyente at mga kaklase ko." (Honestly, I'm not sure with what I'm doing. I asked advice form the clinical instructor, she yelled at me instead. I was really embarrassed. The staff nurses in the nurse station nearby the ward witnessed what she did and saw my uncomfortable situation…)* Other student nurse participants committed errors in making their reports. Their attention was called and they were also reprimanded and yelled.

Nonverbal Bullying

The common nonverbal bullying according to (Simons and Mawn, 2010) as reported by the student- nurse respondents were being stared at, raised voices or raised hands, face making, being watched and followed, being singled out, and being monitored. The student nurse reported nonverbal bullying such as raising eyebrows, face-making and clinical related activities like not available to help, turning away when asked for help. Covert and passive behaviors described by participants which were considered nonverbal gestures of bullying centered on a lack of communication and included such things as "ignoring my requests for help," as well as "general inapproachability and cold demeanor." Participant 14 explained, "I have witnessed some - one refusing to talk to other student nurse. "No communication makes for a difficult day." These comments creating a sense of isolation for the nurses and the student nurses. Charge nurses raised their eyebrows and make face with fun. These were interpreted by Participant 5, Participant 11 and Participant 12 as *"They just weren't doing their job" and "They need to know what it felt like…" The charge nurses expressed awareness of these gestures, but offered justification for their actions. This sense of uncertainty about what was acceptable and was not acceptable behavior illustrated a need to clearly define violent behaviors.*

Physical Bullying

Only one of the student nurse participant experienced bullying which is physical. Participant 13 wrote, *"At first, I perceived it as a joke…Then it became so often. They ridiculed about my appearance. I thought it very discriminating… They called me 'lame'. Then, it became physical… One of the bullies pushed me and even pointed fingers at me… Since, then I started avoiding him at the hospital and at school.*

Feelings/Effects of Being Bullied

Feeling Out of the Group

Staff nurses related bullying experiences to their feelings of alienation and not feeling part of the group (Clarke, 2009). In the study, the student nurses wrote of having difficulty fitting in the different groups in the hospital when they perceived that they were different in any way. Differences may have been related to ethnicity, education, or the student nurse not being part of that group. The participants observed that there were clique groups, rumors, sarcasm, and nurses who do not help others. Participant 1 nurse commented, *"Nung nag duduty kami sa hospital, pakiramdam ko di ako gusto nung naka-assign na nurse dun sa area. Feeling ko pinagiinitan nya ako dahil sa dami ng pinapagawa nya sakin" (During my training at the hospital, because I felt that the charge nurse did not like me, that time I complained about my assignment because I felt too exhausted. I was ridiculed.)*

Emotional/Psychological

The participants' described negative emotions such as anger and frustration as their initial and immediate reaction to negative bullying behaviors. Most of the participants mentioned that they were frustrated, humiliated, worried and were subjected to variations in the moods. Participant 10 commented, *"Nag aalala talaga ako sa mga nangyayari sa area, may mga bagay na pinapalaki nila kaya minsan nawawalan ako ng gana mag duty" (I was very worried because of the unnecessary issues with my supervisor; in fact, my enthusiasm to work has come down...)* Other wrote, *"Napapahiya ako at bumababa yun confidence ko na gawin ang isang task kahit alam ko na kaya kong gawin" (I felt offended and it lowered my self-confidence that I can't do a certain task/work because of my weaknesses. I felt so down when I was bullied…)* Participant 1 reiterated this issue, *"Kinakabahan ako lagi, di ko na nagagawana ng maayos yun mga dapat ko gawin, halos mawalan na ako ng kumpyansa sa sarili. Dumating pa sa puntong ayaw ko na mag aral" (I felt so nervous, I'm not doing my works/tasks correctly anymore. I nearly lost my self-esteem, I don't want to pursue my studies anymore…)*

Participants 15, 6 and 7 described their reactions*,"Napahiya ako... Iniyakan ko yun…Halos ayaw ko na kumain… Gusto ko na lang sa isang sulok…" (I was really embarrassed…I cried a lot…I don't eat and just want to be alone, sitting at the edge of my room where I feel I was swallowed by darkness…)*

Other wrote*, "Pagtapos nya ako sigawan, di ako kaagad nakagalaw sa kinalalagyan ko. Parang bigla gusto ko mawala* na parang bula" (After the yelling, I can't move an inch. I even wanted to walk out or just become invisible…)

Other emotions include anger and feelings of near depression. Participant 12 wrote, *"Nung una sobrang nalungkot talaga ako, tapos nakaramdam ako ng galit, at bumaba yun loob ko. Takot na ako magkamali" (At first, I felt sad. Then angry and after a while, I found myself depressed. I'm afraid to make mistakes because I was once bullied and felt like nobody.)* Participant 4 wrote that, *"Dahil sa narinig ko sa kanya, di ko na makalimutan, at pag nakikita ko na sya parang gusto sumabog ng dibdib ko"(Because of what I heard from her,*

every time I see her, I feel my temper burst, I feel really angry…)

The workplace bullying showed effects on the victims' mental and physical health, headache, sleep disturbance, and altered eating habits and timings. Most of the nurse participants complained that bullying behaviors affected their peace of mind and enjoyment at work. Participants 7, 8 and 10 wrote that *"Nung naulit ulit yun pangyayari, di na lang ako kumibo. Pero natatak sa isip ko yun. Paggising ko sa umaga naiisip ko lahat yun. Paano na kaya ako sa duty.. "(When the same behavior was repeated, I did not react. But, I used to get up in the morning thinking… How it will be in the hospital today. I was mentally disturbed."*Another participant said, *"Kinakabahan ako. Natatakot ako. Sumasakit ang ulo ko tuwing naiisip ko yun. Nawawala ako sa focus." (I was nervous and worried about what was happening and often got agitated, stressed out and my head-aches many times...)*

Other Negative Thoughts

The student nurse respondents have negative thoughts, opinion and judgment after being bullied. Their responses revealed that their studies were already affected. Participant 1 said, *"Minsan ayaw ko na mag duty pag nalaman ko na sya ulit yun doctor kasi natatakot na ako kumilos. Wala na ako lakas ng loob kumilos dahil nauunahan ako ng kaba na baka maulit pambubully nya sakin"(Sometimes I don't want to attend to my duty when the physician perpetrator is there, I really don't have the confidence and drive to work or do my task anymore…)*

Participant 3, revealed that, *"Di na ako makapagisip maayos, di na ako makapagaral ng mga lessons. Hindi ako makaapg review pero ayaw ko magkaron ng bagsak"(I can't concentrate in my lessons and can't review that seriously after the incident. I don't want to have a failing grade…)*

Skeptical with their competence, knowledge and skills, Participant 15, commented and asked this, *"Pinagdudahan ko na din sarili ko. Na kaya ko ba talaga ang nursing? Para sakin ba talaga ito? Kasi sinabi nung doctor na di ako magaling na student, masyado kang mabagal sa lahat ng utos sayo. Bumabang sobra ang kumpyansa ko."(I doubted myself already. Is nursing really for me? I even thought of shifting to other course. The bully said to me, "They said I'm not a good nursing students because I act and respond on their order, request and demands so slow. My self-esteem eroded…)*

Participant 10 perceived that what they want to pursue is too far from being attained and worried of undesirable thoughts. Participant 10 said that, *"Pumapasok pa din ako sa hospital duty namin, di ko na lang sila iniisip. Dati active ako pero parang biglang naglaho lahat yun pati pangarap ko. Napakahirap ibalik yun dati. Hindi naalis sa isip ko yun pambubully na nangyari sakin. Lagi pa din nasa isip ko. Napapanaginipan ko pa minsan." (I still attend to my duty at the hospital. I don't mind them anymore. I used to be so active and motivated, but now I thought my dreams vanished. It is too difficult to endure. The bullying I experienced never leave my mind. I always think about it. I'm preoccupied of negative thoughts. It haunted me in my sleep…)*

Approaches to Bullying-Situations among Student Nurses within a Clinical Setting

Confiding the Bullying Incident/Experience

Disclosing the bullying experience to someone (confidant) they trust or not totally was important to the student nurse victims. This is an evident approach that somehow believed by the participants to make them feel better and to get some support. Two among the student nurse told their parents about the bullying they experienced from the clinical workplace; two reported to cousins; one reported to a friend; two revealed the situation to their classmates and nine preferred to keep the incident/experience to themselves. Participant 12 and 13 stated that, *"Nahihiya ako na malaman ng iba at pagusapan nila ang nangyari" (I'm ashamed that others will talked and ridiculed about it.)*

Some participants said that, *"Mas mabuti ang solohin ko na lang kesa malaman ng iba" (I'd rather do my own way of dealing and handling it.) The rest of the student nurses (Participants 4, 5, 6, 8, 9, 14 and 15) said that they are afraid to divulge the matter to others even to their closest friends. "Takot ako na baka di lang nila ako maintindihan at di ako paniwalaan" (I'm afraid they will have misunderstood me. "I felt afraid because I believe they will not believe me.)*

Communication/Confrontation

Interview results revealed that after the bullying happened, the student nurses utilized approaches such as talking (communicating) and confronting the perpetrators. At least four of the student nurse participants immediately gave comments when they perceived the act upon them was unacceptable or is bullying already. It seems that the participants are sensitive when it comes to behaviors of others on them. These behaviors may be perceived by words, attitudes, or actions and believed to humiliate or injure student nurses' dignity. Participant 6 wrote about going to the unit's charge nurse to communicate about her experience, but felt that the behavior and communication were ignored. Majority of the participants revealed that their cases were not attended. They said *"Gusto ko na magsumbong pero sa nurse ung nagawa sakin" (I have had to go to the charge nurse to address a fellow nurse who has been known to be a bully. Not much was done about it.) On the other hand, Participant 7 confronted the bully. " Kinausap ko yun nambublly sakin at sinabiko sa kanya na di tama ang ginagawa nya sakin"(I have confronted the bully and let her know that her behavior was unacceptable and have to be more sensitive in her behavior, words and action.)*

Dropping and/or Leaving the Training Program

Student nurses wrote of leaving the training program as a result of being targets of bullying behaviors in the clinical workplace they were assigned in to. Some talked of dropping out and others wrote of taking to commit absences or just cut the day's work and leave the hospital. The orientation period was a particular setting where student nurses are vulnerable to bullying. Ten of the student nurses wrote of negative experiences during the orientation period. Participant 3 wrote, *"Nung orientation day namin, ilang beses ako nabully. Parang lagi nila akong gustong magkamali. Gusto ko na umalis na lang. (During the orientation, I was bullied quite often. It was seen as proving yourself to them. I was often set up to fail purposely. I considered leaving almost daily.)* Participant 5 wrote that, *"Yung chismis nila at pambubully ang nagging dahilan kung bakit ako umalis". (The gossip and bullying made me leave.) Many other new student nurse trainees have left this particular unit as well.*

Negotiating and Managing the Tensions and Bullying-Experiences of Student Nurses

According to Ciby and Raya (2014), the persistence of the bullying behavior resulted in the outcome phase of the conceptual model – in which the victims faced the negative consequences of bullying and adopted self-coping mechanisms, consciously or unconsciously, to survive the situation or escape from it. This could mean that victims of bullies will respond differently. Others will react negatively and immediately; others will try to overcome the effect by utilizing coping mechanisms.

Coping Skills

Being a student nurse is multitasking which means that their roles and responsibilities varies from being a student to taking care of patients and learning in the field the complex nature of nursing care. Student nurses are prone to different kind of stressors in the clinical workplace, one of which is dealing with bullies and coping with the negative feelings as a result of being bullied. Coping skills are an important part of dealing with any life experience at school and at the training area (e. g, hospital). The participant employ two types of coping mechanisms but the participants in general do have limited concept of appropriate and negative coping mechanisms. The participants wrote about using both types of coping with bullying behaviors: Four of the student nurses (Participants 3, 5, 8 and 9) revealed ignoring the bullying, *"Hinahayaan ko na lang at uuwi na ako" (I ignore it and go home.)* Three of the participants (Participants 1, 2 and 8) wrote, *"Pinuntahan ko ang clinical instructor namin at sinumbong ko ang nangyari" (I went to my instructor and told that other student nurse offended and ridiculed me.)* Three of the student-nurses (Participants 4, 13 and 15) talked to other student nurses who have been in their situation saying that *"Mas maluwag sa pakiramdam yung may nakakausap kang kapareho mong nabully."(Talking out the issue with other victims made me more calm and refrain from being hostile with the bully.)* The rest of the student nurses (Participants 3, 5, 6, 7, 9, 10, 11 and 12) look upon their friends as support system who helped them forget the feelings of disappointment and humiliation. One wrote that, *"May mga kaibigan akong nasasabihan ko ng problema at nakikinig naman sila sakin. Minsan nag aadvice sila ng dapat kong gawin." (I have close friends whom I talk to about my feelings and such and they patiently listen and do their best to give advice how to overcome the negative feeling I endure.)*

Just Endure It, Hoping to Withstand It!

Participants in this study wrote about the concept, with several expressions of tolerance and just ignoring the bully, the bullying and its effects. They believed that it is meaningless to react or overreact. Besides, they've been perceived to be student/trainee, apprentice and no yet expert. Worst bullying in the workplace was thought to be just normal activities and happenings there. Personnel working in the hospital told Participant 8 that, *"Hayaan na lang siguro kasi parte yun ng pagaaral" (ignore the behavior as this was normal occurrence for other students and myself.) Participant 1 reiterated that, "Parang walang ginagawa ang hospital admin sa mga ganitong sitwasyon" (It seems that the hospital do very little in helping student nurses that are being bullied.)* Other participant commented that, *"Masasanay ka rin. Kayanin hanggat kaya" (You'll get used to it" and "tolerate until you can.) Participant 2 stressed that the experience of being bullied will not make her less of a person. She said, "Hayaan ko sila at wala ako pakialam ano man sabihin nila sakin. Papatunayan ko na mali sila sa iniisip sakin. " (I will just let them talk and say things whatever they want about me. I will prove to them they are wrong. I will take this as a challenge, I will be an improved person after this…)* Participant 10 emphasized that bullying she experienced hurts her but she can get over it. She commented that, *"Hindi ko na sila iniintindi o kahit isipin hindi na din. Wala naman sila maiitulong sakin kaya ignore na lang" (I don't mind them neither think of them. They can't help me, so I ignored them. I will prove to them, someday that I can do this...)*

Student nurse participants also rely on the most important reason why they are there in a medical institution and why they pursue their calling. With these thinking, they survive and take things one day at a time. Moreover, the student nurse participants seem to unable to find time to know bullying policy of the workplace, if there is such. The only way to change bullying in nursing is to have a no tolerance policy. Some of the unusual activities of the participants just to cope with the situation they're in were playing games in their cellphone, listening to song and/or singing, thinking deeply, recite poems and do household chores.

Conclusion

Given the evidence documenting the extent of bullying among student nurses, and its consequences, effectively addressing the issue in the workplace is critically important in achieving a healthy work environment. From this, help nurse educators create interventions to deal with these misbehaviors. Knowing and providing evidences on the negative effects/consequences of bullying on the mental health and well-being of student nurses is vital. In this regard, the present study can contribute to the development and implementation of measures to prevent bullying in the health sector (e.g. orientation of student nurses on bullying and acceptable and appropriate way of dealing with these misbehaviors so as to continually provide quality health care). Look into the nursing curriculum and consider designing educational offerings to teach nursing students about bullying and incivility and other social problem in academia and practice. The findings of this study have the potential to become part of the academic and organizational discourse of workplace bullying, and can help transform this discourse and improve organizational and managerial responses to bullying. Qualified and experienced professionals have become essential for successful and competitive organizations in the healthcare industry, thus, the findings of the study, urged them to implement strategies oriented toward reducing workplace bullying. Responsible managers could reduce the organization-wide levels of workplace bullying by adjusting certain working conditions that negatively affect student-nurse interns who are especially susceptible to being bullied, given their personal characteristics. Awareness of the prevalence of bullying among student nurses, and of documents that pertain to bullying in the clinical setting are increased. Using these data, analysis could be done on an improved educational policy effort on bullying. Moreover, the use of multi-method data and utilization of objective measures that will determine the extent of student nurses, bullying can be utilized to reinforce workplace-bullying research.

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