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Exploring nursing students' experience of bullying and its consequences and coping strategies from a qualitative perspective

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Workplace bullying is a serious challenge for nursing students, with negative impacts on their physical and mental health, leading to reduced self-esteem and quality of patient care. In response to bullying, individuals use various coping strategies. Therefore, this qualitative study aimed to elucidate the consequences of bullying and investigate the coping strategies employed by nursing students. In this study, 20 nursing students were selected using purposive sampling. Data was collected through semi-structured in-depth interviews and analyzed using the Graneheim and Lundman method (2020). In this method, units of meaning were identified, and codes and categories were extracted. Data management was carried out using version 0.9.5 of the MAXQDA software. The findings were categorized into two main themes: "Consequences of Bullying" and " Bullying Coping Strategies." Subcategories extracted from the study included "Negative Outcomes," "Positive Outcomes," " Self-Centered and Passive Strategies," and "Active and Interactive Coping Strategies." Sub-subcategories included " Reduction in Learning," " Decline in Quality of Care," "Psychological Harm," "Physical Harm," "Disruption in Social Interactions," "Development of Positive Thinking," " Enhancement of Self-Efficacy," " Self-Direction," "Acceptance," " Ignoration," "Situational Humor," "Protest," " Discussing of Job Description," and " Report to Competent Authorities." The findings of this study indicate that bullying in educational workplaces has negative effects on the physical, mental health, and learning process of nursing students, jeopardizing the quality of patient care. These results also emphasize the necessity of focusing on active and passive coping strategies adopted by nursing students. Therefore, structural reforms in the nursing education system, implementation of effective prevention policies, training of mentors, and providing psychological support for students are recommended.

Keywords Nursing, Students, Coping strategy, Bullying, Qualitative research

Bullying is a serious issue in educational environments and other workplace settings, with deep roots in the nursing profession and clinical environments[1]. This phenomenon occurs in clinical settings and at all educational levels. Bullying is a negative and repetitive behavior that directly or indirectly, verbally, physically, or through other means, is carried out by one or more individuals against a person or group in the workplace. This behavior can violate nurses' rights to maintain their human dignity in the workplace[2]. Bullying can take various forms, including physical (hitting, pushing, grabbing, and destroying objects), verbal (name-calling, ridicule, abuse, and insults), relational (exclusion from social situations and spreading rumors), and ultimately, cyberbullying (via the internet and digital technologies)[3].

Nursing students are highly exposed to various forms of bullying due to their continuous presence in clinical environments[4]. Evidence suggests that nursing students, due to the hierarchical nature of the nursing

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profession, unfamiliar work environments (especially new graduates), failure to report bullying behaviors and limited clinical experience, are considered easy targets for workplace bullying[5,6]. Various factors play a role in the occurrence of these behaviors[6]. According to the results of a review study in 2021, classmates, professors, lecturers, and hospital nurses have been identified as the main sources of bullying behaviors in nursing students[7].

A significant number of nursing students worldwide have faced bullying during their education[8]. For example, a study conducted in 2022 by Abdelazi and Abu-Snieneh found that almost half of Saudi nursing students had experienced one or more bullying behaviors on a daily or weekly basis[9]. In another study, 50.1% of nursing students in Australia and 35.5% in the UK reported experiencing bullying[10]. In Spain, the prevalence of this phenomenon among nursing students reached 92% in 2021[7]. Similarly, the results of a study on Iranian nursing students (in Zanjan city) with a sample size of 193 reported a 62% prevalence of bullying[11].

Bullying during education has numerous cognitive, physical, and psychological consequences for learners[12]. Victims of bullying often lose their motivation for learning and, due to unmet educational goals, many drop out of school or miss out on future educational opportunities[13]. Additionally, bullying behaviors in educational and clinical environments have a significant impact on the professional attitudes and growth of students. If these students are socialized in a culture that normalizes bullying, they may become indifferent, anxious, or depressed nurses in the future and may even continue these behaviors[14]. This situation not only creates unhealthy work environments but also jeopardizes the quality of nursing care[15]. In a review study in 2021, many nursing students reported feelings of anger, job dissatisfaction, decreased motivation, and sleep disturbances after experiencing bullying. Some also experienced panic attacks and negative effects on self-esteem and social life. Feelings of guilt and insecurity in performing tasks were also common among victims[7]. The results of a phenomenological qualitative study in Ghana in 2021 focusing on nursing students' experiences with bullying showed that loss of confidence, stress, and poor learning were among the consequences of this phenomenon[5].

Investigating the impact of bullying on nursing students shows that coping skills and the implementation of appropriate strategies to prevent the occurrence and persistence of stressful events are of great importance[16]. In this regard, the study by Amo et al. (2024) in Egypt demonstrated that the majority of nursing students used active and direct approaches when confronted with bullying[5]. However, a qualitative study conducted in Australia in 2017 revealed that nursing students mostly resorted to passive strategies such as avoidance, striving to continue life, and seeking help from teachers, family, and friends[17]. Furthermore, the results of a study by Sharifabad Barkhordari et al. (2022) in Iran indicated that the majority of nursing students did not have active strategies to cope with bullying and adopted irresponsible, evasive behaviors[18].

Given the prevalence of bullying behaviors and their negative effects on victims, effective solutions have been proposed to address this issue[15,19]. These solutions include changing the work culture, implementing anti-bullying policies, enhancing effective communication, providing staff training, and active employee participation in combating bullying[15,19,20]. Despite the identification and implementation of innovative solutions, these abnormal behaviors continue to occur among nursing students. Considering the importance of the bullying issue and the lack of relevant studies in Iran, understanding nursing students' perspectives on the phenomenon of bullying not only helps their professional advancement but also improves the quality of care in the health care system. Therefore, this qualitative study aimed to elucidate nursing students' experiences of the consequences and coping strategies with bullying. Understanding and addressing these challenges will contribute to the development of an effective and positive culture in educational environments and the establishment of a healthy and supportive learning and work environment. This study sought to answer the following questions:

- What are the consequences of bullying in nursing students?
- What strategies do nursing students employ to cope with bullying in the faculty or clinical setting?

Materials and methods

Study design

This qualitative study was conducted using the conventional content analysis method, which is a type of qualitative descriptive research. This approach helps researchers discover and understand people's perceptions and experiences of everyday phenomena. While some introduce qualitative content analysis as a text data analysis technique, it is a systematic and interpretive research approach that involves formulating research questions, collecting and analyzing data to understand and uncover phenomena[21]. To ensure the accuracy and transparency of the results, this study was conducted following the Consolidated Criteria for Reporting Qualitative Research (COREQ)[22].

Participants and sampling

This study was conducted in the first half of 2021 in a hospital located in Kermanshah, western Iran. The participants included 20 undergraduate and postgraduate nursing students engaged in clinical training courses. Inclusion criteria consisted of nursing students (undergraduate or postgraduate) engaged in clinical rotations, having experience of bullying in clinical settings, and willingness to participate in the study. Purposeful sampling with maximum diversity considerations was used to select participants. Data collection continued until data saturation was reached, meaning that when no new concepts emerged, data saturation was achieved[23]. In this study, data saturation was reached from 17 interviews. To ensure sampling adequacy, three additional interviews were conducted.

Data collection methods

To select key participants, the educational deputy of the faculty, group supervisors, and an educational affairs specialist were asked to introduce students who had good communication skills, the ability to convey issues accurately, and access to relevant information resources as key participants. Necessary coordination with

students was done over the phone, and they were provided with explanations about the study objectives and methods. After obtaining consent from the participants to participate in the study, the timing and location of the interviews were coordinated with them. The interviews were conducted in a dedicated room in the hospital's educational unit to create a calm and suitable environment for discussion. Data collection was done through semi-structured face-to-face interviews. The interviews were conducted in a single session, and no repetition was required. Each interview lasted on average between 40 and 60 min. The interview guide design was done by reviewing reputable texts and collaborating with the research team members.

The interviews started with an exploratory question, such as: "What does workplace bullying mean to you?" Subsequently, more specific questions were asked based on participants' responses. The interview guide questions included: "Please describe your experience of bullying in the faculty or clinical setting," "Explain the consequences of bullying in the faculty or clinical setting," and "Describe the coping strategies used to deal with bullying." Following the described experiences, follow-up questions such as "Please elaborate further" and "What do you mean?" were used to guide the conversation flow. The interviews were conducted with participants' prior knowledge using an audio recording device. The interviews were conducted by the first author, a doctoral nursing candidate, who was the only one aware of the participants' identities, with other participants receiving interview transcripts anonymously. To clarify any ambiguities and validate the findings, the content of five interviews was returned to the participants.

Data analysis

The data analysis process was conducted based on conventional content analysis and the proposed steps by Graneheim and Lundman (2020)[24]. Data analysis was conducted simultaneously with data collection. Each new interview was conducted after analyzing the previous interview. After the interviews, their transcripts were immediately rewritten. For immersion in the data, the full text was read several times to understand the overall content. Then, units of meaning were precisely identified, condensed, and coded. These initial codes formed subcategories and categories based on semantic similarities and differences, creating abstract themes that represent the underlying pattern in the data. The coding and categorization process was conducted by the responsible author of the article, and with the supervision and active participation of other authors experienced in qualitative research. The MAXQDA software version 0.9.5 was used for data management.

Rigor and reflexivity

To ensure the credibility of the findings, the Lincoln and Guba criteria—Credibility, Dependability, Transferability, and Confirmability—were utilized[25]. Data credibility was ensured through long-term engagement with the phenomenon, complete immersion in the data, receiving feedback from participants to confirm the alignment of findings with their experiences, and selecting participants with maximum diversity. To enhance dependability, a peer debriefing process was used, where colleagues of the author assessed and confirmed the research process and results. For confirmability of the study, all research stages were meticulously recorded and reported to ensure the transparency of the research process and the possibility of study by others. To increase transferability, clear quotations from participant interviews along with detailed descriptions of their characteristics were included in the text. Efforts were made to provide a suitable basis for judgment and evaluation by describing the research process in detail.

In this study, reflexivity was considered an important aspect to ensure credibility and transparency in the research process. The researcher continuously examined their role in the research process and its impact on data collection and analysis. This was done by recording and analyzing the preconceptions, beliefs, and personal experiences of the researcher regarding the study phenomenon to reduce the potential effects of these factors on the research process.

Ethical considerations

This study was approved by the Ethics Committee of Kermanshah University of Medical Sciences under the code IR.KUMS.REC.1398.506, ensured that participants were fully informed about the study objectives and procedures before commencement. Written informed consent for interviews and recording conversations was obtained from the participants. Participants were assured of the confidentiality of information, adherence to data confidentiality in interview texts, and the right to withdraw from the study.

Results

The average age of the participants was 25.4 ± 3.6 years. More than half of the participants were female with undergraduate education ($n = 11$, 55.0%), and the majority were single ($n = 18$, 90.0%) (Table 1). Following data analysis, two main themes, four categories, and 14 subcategories were extracted. The main categories included "Negative Outcomes," "Positive Outcomes," "Self-centered and Passive Strategies," and "Active and Interactive Coping Strategies" (Table 2).

Consequences of bullying

Bullying is a negative behavior that leads to various outcomes. According to the participants' statements, these outcomes were categorized into "Negative Outcomes" and "Positive Outcomes."

Negative outcomes

Findings indicate that bullying has significant negative outcomes. The adverse effects of this phenomenon were classified into four subcategories: Reduced Learning, Decreased Quality of Care, Psychological Harm, and Physical Harm.

Alias	Gender	Age (year)	Marital status	Education
1	Male	33	Single	MSc[a]
2	Male	21	Single	BSc[b]
3	Female	21	Single	BSc
4	Female	21	Single	BSc
5	Male	22	Single	BSc
6	Female	21	Single	BSc
7	Female	22	Single	BSc
8	Male	30	Married	MSc
9	Male	28	Married	MSc
10	Male	25	Single	BSc
11	Male	29	Single	MSc
12	Female	28	Single	MSc
13	Female	29	Single	MSc
14	Female	23	Single	BSc
15	Female	26	Single	MSc
16	Female	25	Single	MSc
17	Male	24	Single	BSc
18	Female	28	Single	MSc
19	Male	29	Single	BSc
20	Female	24	Single	BSc
Mean ± SD[c]	-	25.4 ± 3.6	-	–

Table 1. Demographic characteristics of the participants ($N = 20$). [a] Master of Science, [b]Bachelor of Science, [c] Standard Deviation.

Themes	Categories	Sub-categories
Consequences of bullying	Negative outcomes	Reduction in learning
		Decline in quality of care
		Psychological harm
		Physical harm
		Disruption in social interactions
	Positive outcomes	Development of positive thinking
		Enhancement of self-efficacy
Bullying coping strategies	Self-centered and passive strategies	Self-direction
		Acceptance
		Ignoration
		Situational humor
	Active and interactive coping strategies	Protest
		Discussing job descriptions
		Report to competent authorities

Table 2. Main themes, categories, and sub-categories of study findings.

Reduction in learning

Many participants in this study referred to the significant negative impact of bullying on their learning levels. Some experienced academic decline and negative self-perception, leading to doubts about continuing their nursing career.

> "*When the instructor criticized me in front of colleagues, I couldn't focus on mastering the material for a long time.*" (Participant 3).
>
> *"Bullying by the ward resident made me unenthusiastic about my profession and lose motivation for learning."* (Participant 5).
>
> *"Due to the head nurse's criticism during my first clinical rotation, I ended that academic term with academic stagnation."* (Participant 11).

Decline in quality of care
Participants indicated that facing bullying negatively impacts their ability to provide care to patients. These conditions not only jeopardize the quality of care but also compromise patient safety. It can be said that patients become secondary victims of bullying.

> *"A ward nurse scolded me for spilling serum on the floor, leading me to prefer assigning patient tasks to another student that day."* (Participant 11).
>
> "*When the charge nurse asked me to take vital signs of all patients in the ward, I only recorded the patients' blood pressure."* (Participant 15).
>
> *"A demeaning behavior from a patient towards my classmate led us to refrain from attending to patients in that ward the next day."* (Participant 16).
>
> "*The mentor* asked me to assist the ward nurse with medication administration at 10 and 12, and I delegated the oral medications to the patients' companions." (Participant 18).

Psychological harm
Bullying itself is an emotional and psychological attack that leads to the disruption of an individual's mental integrity. This situation results in a loss of morale, decreased self-confidence, fear, depression, anxiety, anger, resentment, and insomnia among participants.

> *"An attending physician objected to students' presence during rounds, causing me to feel anxious about being present in that ward for a long time."* (Participant 4).
>
> *"The mentor criticized me in front of a patient for damaging the patient's IV line, causing me to lack self-confidence in performing IV procedures for a while."* (Participant 6).
>
> *"In the presence of medical students, our ward nurse expelled us from the ward, causing me to resent my field for some time."* (Participant 11).

Physical harm
Participants' experiences of bullying led to various physical reactions. Some of them experienced physical symptoms such as recurrent body pains, headaches, chest pain, palpitations, and muscle aches resulting from bullying. Others associated conflicts arising from bullying behaviors with their gastrointestinal issues such as stomach pain, nausea, vomiting. Moreover, their sleep - as a fundamental human need - was significantly affected by bullying behaviors.

> *"After a resident's aggression resulted in a patient's IV line falling under the bed, I had palpitations for a while and couldn't calm down."* (Participant 12).
>
> *"My classmate caused trouble, and due to her delay in preparing the medication, we were all reprimanded. This led to me having headaches for several days."* (Participant 16).

Disruption in social interactions
Bullying, as one of the fundamental challenges in human relationships, hinders the formation and maintenance of healthy relationships, weakening emotional and social bonds among individuals. Victims of bullying gradually experience feelings of isolation and social rejection, as if they are undergoing social death. The victim's personality may change, leading to inappropriate behaviors such as aggression to cope with it, a challenge acknowledged by the participants in this study.

> *"After my professor criticized me for inappropriate attire in class, I became withdrawn and lacked the desire to interact with others for a long time."* (Participant 1).
>
> *"The day the mentor sent me to the emergency department when I arrived home, I behaved rudely to my younger brother."* (Participant 7).

Positive outcomes

While some participants reported negative outcomes of facing bullying, others indirectly referred to positive outcomes. This category included two subcategories: Development of Positive Thinking and Enhancement of Self-Efficacy.

Development of positive thinking
Experiencing bullying can help individuals learn coping strategies and stress management, leading them towards developing positive thinking and personal growth. In this study, some participants who experienced bullying were able to release negative emotions, respond optimistically to their situations, and consequently achieve positive results.

> *"I faced bullying several times in a clinical setting. Over time, I realized that stress in the environment might contribute to these behaviors, which helped me overcome my stress and be less affected."* (Participant 10).
>
> *"Before entering the hospital, I was sensitive and quick-tempered. After witnessing staff bullying my classmates, I realized that if this happened to me, I shouldn't take it personally or see it negatively."* (Participant 19).

Enhancement of self-efficacy
Self-efficacy, a psychological concept, refers to an individual's ability and self-confidence in performing tasks and facing challenges. Participants, after experiencing bullying, reported increased self-efficacy as a sense of independence and boosted self-confidence in their clinical skills.

> "*When a patient's serum spilled in front of my mentor, and he scolded me, I decided to do this task alone, which increased my self-confidence and capability.*" (Participant 2).

> *"The day the intern avoided me while changing a patient's dressing, I pledged to myself to perform better dressing changes than them, and I succeeded.*" (Participant 13).

Bullying coping strategies

Various coping strategies are employed to manage and confront experiences resulting from bullying. These were articulated in two categories: "Self-Centered and Passive Strategies" and "Active and Interactive Coping Strategies."

Self-centered and passive strategies

One of the unconstructive strategies in dealing with bullying behaviors is self-centered and passive strategies, often expressed by many participants. This category includes four subcategories: Self-direction, Acceptance, Ignoration, and Situational Humor.

Self-direction
Self-direction involves an individual's effort to maintain autonomy, focus on their goals and decisions in coping with bullying. Some participants in this study responded to bullying by concentrating on their goals and activities, deflecting attention from the bullying situation.

> "*When the ward nurse shouted at us to move the files, we kept ourselves busy taking vital signs.*" (Participant 14).

> "*The mentor asked me to prepare medications for some patients. While listening to my favorite song, I continued changing patients' IV sets.*" (Participant 17).

Acceptance
One of the key strategies in individuals' confrontation with bullying is accepting bullying behaviors. In this strategy, individuals strive to separate themselves from stressful situations by accepting their circumstances and mistakes and dealing with bullying, allowing them to continue their daily lives. Examples of participants' statements are as follows:

> *"The hospital head reprimanded us for gathering and sitting in the hospital lobby, and we accepted that the gathering of that number of students during patient visits was inappropriate."* (Participant 8).

> *"Our mentor prohibited us from sitting at the nursing station, and we accepted that it is a passage area for ward staff, and our presence disrupts their activities."* (Participant 12).

> *"The ward nurse scolded me in front of others for leaking the connected patients' IVs, and I accepted that her scolding was reasonable due to the shortage of IVs in the hospital."* (Participant 15).

Ignoration
Ignoration acts as an effective defense mechanism against bullying. This strategy involves indifference and disregarding bullying behaviors, not reacting to them, and has been frequently utilized by participants in facing bullying situations.

> *"The ward nurse asked me to bring the patient's file from the operating room, and I ignored her request, leading her to ask the ward services to do it."* (Participant 2).

> "*When connecting a patient's IV, their accompanying person scornfully said to me, 'Are you a student?' and I did not respond and continued with my task.*" (Participant 7).

Situational humor
Situational humor involves using jokes or humor to reduce tensions and respond to bullying. In this regard, some participants employed humor as an inactive coping strategy in response to bullying. This approach helped neutralize attacks and respond to tense situations with greater calmness.

> "*When Attending told us off for being in the patient's room, I told my classmates, 'He's right, are you all doctors? Quickly, let's leave.' And they left the patient's room laughing.*" (Participant 1).

> *"I tried several times to access the patient's IV site but failed. The ward nurse scolded me; however, I shared my experience with friends through humor and laughter. This way, I felt more at ease."* (Participant 4).

Active and interactive coping strategies

Some participants employed active and interactive strategies to cope with bullying. Many of them explicitly expressed their emotions and feelings to the bully, engaged in discussions with them, or reported to authorities to create a safer environment with reduced bullying behaviors. These strategies were categorized into three subcategories: Protest, Discussing Job Descriptions, and Report to Competent Authorities.

Protest

Protesting, as an active approach in confronting bullying and expressing disagreement, was frequently cited by participants as an effective strategy in dealing with bullying. These firm responses send a message to the bully that such behaviors are unacceptable.

> *"The ward nurse asked me to take vital signs of all patients in the ward, and I told her it was unfair for a student to do this."* (Participant 8).
>
> *"The mentor asked me to change the surgical patients' dressings, and I objected, stating that there were too many surgical patients today, making it practically impossible for me."* (Participant 10).
>
> *"When the surgical resident sharply told me to leave the patient's room, I protested and told him I am a student here to learn, and he cannot hinder my learning."* (Participant 14).

Protesting as an active coping strategy against bullying and expressing disagreement with it was mentioned repeatedly by participants as an effective approach in this context.

Discussing job descriptions

Clear job descriptions, outlining responsibilities and duties boundaries, serve as a way to combat bullying. In this study, some participants utilized the strategy of discussing job descriptions and defining their job boundaries as a means to confront bullying.

> *"The charge nurse asked me to take the patient to the operating room, but I told her I am not authorized to do this task as it is not part of my internship job description."* (Participant 5).
>
> *"The ward nurse asked us to administer medication to patients. However, we declined and explained that we need the mentor's permission for this task."* (Participant 9).

Report to competent authorities

Interviewees shared experiences indicating that to address bullying behaviors, they reported and informed authorities or relevant agencies about these behaviors.

> *"After a patient's misbehavior towards us, I informed the ward nurse and my mentor, providing a detailed explanation of the whole incident to them."* (Participant 13).
>
> *"The ward nurse requested me to update the medication shelf labels in the pharmacy, and I immediately informed my mentor about her request."* (Participant 19).

Discussion

The primary aim of this qualitative study was to elucidate nursing students' experiences of bullying consequences and coping strategies. Many participants in this study expressed that bullying has noticeable negative outcomes on their learning levels. Previous studies have also shown similar findings. For instance, in a qualitative study by Courtney-Pratt et al. (2018) in Australia, participants pointed out limited learning opportunities and negative effects on their learning capacity as negative outcomes of bullying[26]. In a qualitative study by Zahrani (2024) in Saudi Arabia, participants mentioned that bullying in various forms has disrupted their academic performance, led to avoidance of classes, and reduced participation in university activities[27]. Additionally, the negative outcomes of bullying on the quality of care and patient safety were important points emphasized by participants in this study. Existing evidence indicates a link between bullying and low care quality[28,29]. In this regard, the results of a qualitative study in Australia (2018) showed that exposure to bullying in clinical settings has serious consequences for the well-being of nursing students and can negatively impact the quality of patient care[17]. Students operating in toxic environments with negative behaviors face significant challenges in providing quality care[29]. These conditions not only jeopardize their ability to provide healthcare services but also hinder the improvement of clinical standards and treatment outcomes, ultimately creating a potentially unsafe environment for patients[30]. Nursing managers should pay special attention to educational programs that include communication skills and stress management. It is also necessary to address bullying issues within quality improvement assessments and implement simulation programs to identify and manage these behaviors.

Participants' experiences indicated the physical and psychological harm resulting from bullying. The results of a review study by Karatunaa et al. (2020) revealed that the physiological consequences of bullying include headaches, tachycardia, fatigue, sleep disturbances, neuropathic pain, and gastrointestinal complaints[31], which align with the current study's findings. The psychological harm of bullying can be more severe and even more detrimental than the physical harm[32]. Nursing students often face reduced learning opportunities and increased psychological pressures due to their ambiguous and unconfirmed roles, leading to harm to their psychological integrity[9]. The results of a quantitative study by Abd Al-al et al. (2024) in Jordan showed that students facing bullying significantly suffer from lower mental health[33]. In a qualitative study by Minton and Birks (2019) in New Zealand, nursing students discussed the physical and psychological effects of bullying by stating "the old eating their young". They talked about emotions such as panic attacks, anxiety, loss of control, and negative effects on self-esteem and self-confidence. Additionally, they mentioned physical symptoms like stomach pain and diarrhea, aligning with the findings of the current study[6]. The findings underscore the importance of focusing on the mental and physical health of nursing students and the necessity of providing comprehensive support in this regard. Offering educational programs involving communication skills, cognitive exercises, stress management techniques, promoting a culture of mutual respect, and enhancing teamwork collaboration can play a significant role in reducing the negative effects of bullying.

Participants in this study highlighted the negative impacts of bullying on social interactions, considering it a primary factor in leading to isolation and social exclusion. Bullying in clinical environments significantly affects nursing students' social interactions[7]. Findings from a study by Hamel et al. (2021) in Australia demonstrated that bullying results in decreased group cohesion and trust in others. This experience is often accompanied by feelings of loneliness, isolation, and depression, ultimately leading to a reduced quality of life[34]. Establishing a supportive culture, conducting social skills training workshops, and providing safe channels for reporting can help reduce these behaviors and improve social interactions.

In this study, some participants reported that, in addition to negative outcomes, bullying can also have positive outcomes such as the development of positive thinking and enhancement of self-efficacy. These findings align with the results of a review study by Kou et al. (2021), which showed that bullying victims can experience positive impacts from traumatic events like bullying, referred to as "post-traumatic growth"[35]. Furthermore, the results of a study by Pabian et al. (2022) in the Netherlands indicated that bullying can have positive effects on the personality and social functioning of victims, including enhancing self-confidence, self-esteem, resilience, and self-efficacy, which align with the findings of this study. Additionally, victims can learn from their experiences and cultivate values such as respect for others and assertiveness[36]. While most studies have focused on the negative outcomes of bullying[7,9], this study also addressed its positive outcomes. The difference in focusing on positive effects may stem from cultural differences, where some societies emphasize adaptability and personal growth in victims.

The current study reveals that responses to bullying in clinical environments vary. While some participants actively confronted these behaviors and reported incidents, others ignored these behaviors and accepted them. Many nursing students cannot defend themselves and simply fall victim to bullying[5]. They often remain silent and, in some cases, exhibit reactions like crying[5,37]. These findings are consistent with the results of another qualitative study (2024) conducted among nursing students in Sierra Leone. In this study, it was identified that many nursing students felt a general acceptance of bullying and perceived the severity of bullying as normal without taking any effective action against this phenomenon[38]. This acceptance not only fails to resolve the problem but also contributes to its persistence, jeopardizing the well-being of students[39–41]. Bullying is never permissible and can lead to stress, anxiety, decreased self-confidence, and even disdain for the nursing profession. To address this issue, educating positive coping strategies and promoting a culture of support and dialogue in educational environments are essential.

The results also indicated that some nursing students pass by bullying with indifference and disregard it. Similarly, in an exploratory qualitative and quantitative study in Brazil (2019), bullying victims chose to ignore inappropriate behaviors[42]. The study by Tahara et al. (2020) in Japan demonstrates that healthcare workers use avoidance and escape strategies to manage stress resulting from the pandemic[43]. Some other participants in this study responded to bullying with situational humor. Humor is recognized as an adaptive coping strategy as it can reduce perceived stress and increase positive emotional states when dealing with stressful situations[44]. In line with the current study, Mills et al. (2018) in the United States also introduced humor and jokes as a coping strategy against bullying and examined methods such as social support, avoidance, religious coping, and substance use[45]. Humor should be utilized as the first step in dealing with stressful factors as it can enhance individuals' coping abilities. Combining this approach with interactive and active strategies can have further positive effects in managing bullying behaviors and improving individuals' mental well-being[46]. Combining these strategies with interactive and active methods can have even more positive effects in managing bullying behaviors and improving individuals' mental well-being.

Participants' statements in the current study affirm that protesting against bullying behaviors is an adaptive coping strategy. Consistent with this finding, a qualitative study by Smith et al. (2020) in the United States indicates that nursing students consider coping with bullying and objecting to negative bullying behaviors as an effective strategy[15]. However, the results of a review study by Seibel (2014) suggest that only a few students object to unreasonable expectations and bullying behaviors, which differs from the findings of the current study[47]. In some cases, fear of negative evaluation and belief in the futility of efforts prevent objections and reporting bullying behaviors[48,49]. These contradictions in the findings may result from the complexity of educational environments and cultural differences. Conducting educational workshops, counseling sessions, and establishing clear and supportive reporting policies can empower students and create a safe space for expressing truths and reporting bullying behaviors.

Discussing job descriptions was another feedback from nursing students regarding bullying in this study. Evidence suggests that most individuals resort to discussion and dialogue to cope with bullying[50]. The study by Smith et al. (2020) highlights peer and organizational support, effective communication, and discussion as key coping strategies against bullying[15]. Students should be able to not only address bullying through discussion but also halt their progress by timely report to competent authorities reporting; a matter clearly emphasized by participants in this study. In a qualitative study by Kim and Sim (2021) in South Korea, nurses considered reporting bullying behaviors an effective coping strategy against bullying but identified ambiguity in reporting policies as a major challenge in this approach[51]. In contrast, a study by Pan et al. (2024) in China showed that 83.8% of participants refrained from reporting and following up on bullying incidents due to tolerance of bullying and unfamiliarity with reporting methods[4]. Many were concerned about the negative impact of reporting on their professional future[52–55]. These instances indicate the inefficacy of reporting systems and the need for serious reform in them[9,52]. These discrepancies may result from the presence of supportive cultures in some educational environments that encourage students to report bullying incidents. Since non-reporting of bullying can strengthen and perpetuate the vicious cycle of bullying, adequate education in this area appears essential for nursing students.

Implications of findings

These findings highlight the urgent need for transparent and decisive policies to prevent and manage bullying in educational and clinical settings. Key measures include developing clear institutional policies, conducting training programs for mentors and staff, and establishing secure reporting systems to ensure a safe learning environment. Additionally, providing psychological and emotional support and teaching effective coping strategies can help mitigate the negative effects of bullying and improve students' mental and social well-being. Future research can further explore how cultural and geographical factors influence students' responses to bullying.

Limitation

This qualitative study is accompanied by limitations that may impact the generalizability of its results. One of the main limitations of this study was its focus on a specific group of nursing students. Therefore, the findings may not be generalizable to all nursing students or students in other related fields. Additionally, the phenomenon of bullying is influenced by various individual, social, economic, and cultural variables that can affect the obtained results. This factor can lead to different interpretations and meanings of the findings in different countries or cultural contexts. To address these limitations, this study aimed to enhance diversity in perspectives and experiences by selecting diverse samples based on individual characteristics and socio-cultural backgrounds. Additionally, by employing multiple data collection methods, such as semi-structured interviews and detailed content analysis, efforts were made to enhance data depth and transferability. To mitigate the effects of environmental and cultural variables, researchers emphasized clarifying the study background and meticulous documentation. This transparency can assist other researchers in comparing results across different environments.

Conclusion

Bullying in the workplace has significant negative effects on the physical and mental health of nursing students, as well as their learning process. This phenomenon can lead to decreased social interactions, reduced self-confidence, and even jeopardize patient safety and care quality. However, the study results indicated that, in addition to its negative consequences, bullying can also lead to positive outcomes, such as the development of positive thinking and enhancement of self-efficacy.

In response to bullying, nursing students employed a variety of coping strategies. Some used passive and self-centered approaches, such as self-direction, acceptance, avoidance, or situational humor, while others adopted more active strategies, including protesting inappropriate behaviors, discussing job descriptions, and reporting incidents to **authorities.** This diversity in responses highlights the importance of supportive interventions and structural reforms in nursing education. Future research can further investigate the impact of cultural and geographical differences on students' responses to bullying.

Data availability

The identified datasets analyzed during the current study are available from the corresponding author upon reasonable request.

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References

1. Seibel, L. M. & Fehr, F. C. They can crush you: nursing students' experiences of bullying and the role of faculty. *J. Nurs. Educ. Pract.* **8** (6), 66–76 (2018).
2. Attia, A. A. M., Abo Gad, R. A. E. F. & Shokir, M. E. Workplace bullying and its effect on staff nurses' work engagement. *Tanta Sci. Nurs. J.* **18** (1), 83–109 (2020).
3. AbuAlula, N. A. et al. The relationship between bullying and emotional state among undergraduate nursing students: A cross-sectional correlation study. *Nurs. Res. Pract.* **2023** (1), 2397229 (2023).
4. Pan, L., Lei, M., Zhang, Z. & Lei, W. Bullying experience of undergraduate nurse students during clinical placement in Henan Province, China. *Teach. Learn. Nurs.* **19** (2), 139–144 (2024).
5. Amoo, S. A., Menlah, A., Garti, I. & Appiah, E. O. Bullying in the clinical setting: lived experiences of nursing students in the central region of Ghana. *PLOS ONE*. **16** (9), e0257620 (2021).
6. Minton, C. & Birks, M. You can't escape it: bullying experiences of new Zealand nursing students on clinical placement. *Nurse Educ. Today*. **77**, 12–17 (2019).
7. Fernández-Gutiérrez, L. & Mosteiro-Díaz, M. P. Bullying in nursing students: a integrative literature review. *Int. J. Ment. Health Nurs.* **30** (4), 821–833 (2021).
8. Budden, L. M., Birks, M., Cant, R., Bagley, T. & Park, T. Australian nursing students' experience of bullying and/or harassment during clinical placement. *Collegian* **24** (2), 125–133 (2017).
9. Abdelaziz, E. M. & Abu-Snieneh, H. M. The impact of bullying on the mental health and academic achievement of nursing students. *Perspect. Psychiatr. Care.* **58** (2), 623–634 (2022).
10. Birks, M. et al. Uncovering degrees of workplace bullying: A comparison of baccalaureate nursing students' experiences during clinical placement in Australia and the UK. *Nurse Educ. Pract.* **25**, 14–21 (2017).
11. Abdollahi, Z., Barkhordari-Sharifabad, M., Nasiriani, K. & Fallahzadeh, H. Investigation of bullying behaviors in clinical settings from the nursing students' views. *Iran. J. Med. Educ.* **20**, 91–102 (2020).
12. Nixon, C. L. et al. Effects of students' grade level, gender, and form of bullying victimization on coping strategy effectiveness. *Int. J. Bullying Prev.* **2**, 190–204 (2020).
13. Al-Raqqad, H. K., Al-Bourini, E. S., Al Talahin, F. M. & Aranki, R. M. E. The impact of school bullying on students' academic achievement from teachers point of view. *Int. Educ. Stud.* **10** (6), 44–50 (2017).
14. Sharif-Nia, H. et al. Bullying behaviors and intention to drop-out among nursing students: the mediation roles of sense of belonging and major satisfaction. *BMC Nurs.* **22** (1), 417 (2023).

15. Smith, C. R., Palazzo, S. J., Grubb, P. L. & Gillespie, G. L. Standing up against workplace bullying behavior: recommendations from newly licensed nurses. *J. Nurs. Educ. Pract.* **10** (7), 35 (2020).
16. João, A. L. & Portelada, A. Coping with workplace bullying: strategies employed by nurses in the healthcare setting. *Nurs. Forum*. **2023** (1), 8447804 (2023).
17. Birks, M., Budden, L. M., Biedermann, N., Park, T. & Chapman, Y. A 'rite of passage?': bullying experiences of nursing students in Australia. *Collegian* **25** (1), 45–50 (2018).
18. Barkhordari-Sharifabad, M., Abdollahi, Z. & Nasiriani, K. The relationship between bullying in the clinical setting and self-esteem and coping strategies used by nursing students. *Res. Med. Educ.* **13** (4), 45–54 (2022).
19. Koh, W. M. S. Management of work place bullying in hospital: A review of the use of cognitive rehearsal as an alternative management strategy. *Int. J. Nurs. Sci.* **3** (2), 213–222 (2016).
20. Parker, K. M., Harrington, A., Smith, C. M., Sellers, K. F. & Millenbach, L. Creating a nurse-led culture to minimize horizontal violence in the acute care setting: A multi-interventional approach. *J. Nurses Prof. Dev.* **32** (2), 56–63 (2016).
21. Kyngäs, H., Mikkonen, K. & Kääriäinen, M. *The Application of Content Analysis in Nursing Science Research* (Springer, 2019).
22. Braun, V. & Clarke, V. *How Do You Solve a Problem Like COREQ? A Critique of Consolidated Criteria for Reporting Qualitative Research*. 100155 (Elsevier, 2024).
23. Tight, M. Saturation: an overworked and misunderstood concept? *Qualitative Inq.* **30** (7), 577–583 (2024).
24. Lindgren, B. M., Lundman, B. & Graneheim, U. H. Abstraction and interpretation during the qualitative content analysis process. *Int. J. Nurs. Stud.* **108**, 103632 (2020).
25. Polit, D. F. & Beck, C. T. *Essentials of Nursing Research: Appraising Evidence for Nursing Practice* (Lippincott Williams & Wilkins, 2010).
26. Courtney-Pratt, H., Pich, J., Levett-Jones, T. & Moxey, A. I was yelled at, intimidated and treated unfairly: nursing students' experiences of being bullied in clinical and academic settings. *J. Clin. Nurs.* **27** (5–6), e903–e12 (2018).
27. Zahrani, Y. The lived experiences of students with bullying in King Khalid University: A qualitative approach study. *Int. J. Environ. Res. Public Health*. **21** (11), 1445 (2024).
28. Anusiewicz, C. V. et al. How does workplace bullying influence nurses' abilities to provide patient care? A nurse perspective. *J. Clin. Nurs.* **29** (21–22), 4148–4160 (2020).
29. Houck, N. M. & Colbert, A. M. Patient safety and workplace bullying: an integrative review. *J. Nurs. Care Qual.* **32** (2), 164–171 (2017).
30. Schoville, R. & Aebersold, M. How workplace bullying and incivility impacts patient safety: A qualitative simulation study using BSN students. *Clin. Simul. Nurs.* **45**, 16–23 (2020).
31. Karatuna, I., Jönsson, S. & Muhonen, T. Workplace bullying in the nursing profession: A cross-cultural scoping review. *Int. J. Nurs. Stud.* **111**, 103628 (2020).
32. Piri, S., Jalali, R. & Khatony, A. Consequences of workplace bullying from nurses' perspectives: A qualitative descriptive study in Iran. *Nurs. Open.* **11** (10), e70060 (2024).
33. Abd Al-al, F. et al. The association between workplace bullying and the mental health of Jordanian nurses and its predictors: a cross-sectional correlational study. *J. Workplace Behav. Health* 1–19 (2024).
34. Hamel, N., Schwab, S., Wahl, S. & Bullying Group differences of being victim and being bully and the influence of social relations. *Stud. Educational Evaluation*. **68**, 100964 (2021).
35. Kou, W-J. et al. Research trends of posttraumatic growth from 1996 to 2020: A bibliometric analysis based on web of science and CiteSpace. *J. Effective Disorders Rep.* **3**, 100052 (2021).
36. Pabian, S., Dehue, F., Völlink, T. & Vandebosch, H. Exploring the perceived negative and positive long-term impact of adolescent bullying victimization: A cross-national investigation. *Aggressive Behav.* **48** (2), 205–218 (2022).
37. Alberts, H. L. Addressing bullying and incivility in clinical nursing education. *Teach. Learn. Nurs.* **17** (4), 433–437 (2022).
38. Johnson, J. O., Anwagwa, S. & Kamara, F. Y. The effects of bullying behaviours among nursing students in Sierra Leone: A qualitative exploratory study. *BMC Nurs.* **23** (1), 948 (2024).
39. Ball, M. Non-reporting: a systemic epidemic. (2021).
40. Amoo, S. A. & Menlah, A. Bullying in the clinical setting: lived experiences of nursing students in the central region of Ghana. **16**(9), e0257620 (2021).
41. Arnetz, J. E. et al. Underreporting of workplace violence: comparison of self-report and actual Documentation of hospital incidents. *Workplace Health Saf.* **63** (5), 200–210 (2015).
42. Lucena, P. L. C. et al. Testemunhas de assédio moral, Na enfermagem: identificando características Desse Fenômeno, Sentimentos e estratégias de Enfrentamento. *REME-Revista Mineira De Enfermagem* **23**(1). (2019).
43. Tahara, M., Mashizume, Y. & Takahashi, K. Coping mechanisms: exploring strategies utilized by Japanese healthcare workers to reduce stress and improve mental health during the COVID-19 pandemic. *Int. J. Environ. Res. Public Health* **18**(1). (2020).
44. Simione, L. & Gnagnarella, C. Humor coping reduces the positive relationship between avoidance coping strategies and perceived stress: a moderation analysis. *Behav. Sci. (Basel)* **13**(2). (2023).
45. Mills, C. B., Keller, M., Chilcutt, A. & Nelson, M. D. No laughing matter: workplace bullying, humor orientation, and leadership styles. *Workplace Health Saf.* **67** (4), 159–167 (2018).
46. Malik, A. The Palgrave handbook of humour research. *Working Humor Psychother.* 497–509. (2021).
47. Seibel, M. For Us or against Us? Perceptions of faculty bullying of students during Us?ndergraduate nursing education clinical experiences. *Nurse Educ. Pract.* **14** (3), 271–274 (2014).
48. Abd El Rahman, R. M. Perception of student nurses' bullying behaviors and coping strategies used in clinical settings. (2014).
49. Clarke, C. M., Kane, D. J., Rajacich, D. L. & Lafreniere, K. D. Bullying in undergraduate clinical nursing education. *J. Nurs. Educ.* **51** (5), 269–276 (2012).
50. Durmus, S. C., Topcu, I. & Yildirim, A. Mobbing behaviors encountered by nurses and their effects on nurses. *Int. J. Caring Sci.* **11**(2). (2018).
51. Kim, H-S. & Sim, I-O. The experience of clinical nurses after Korea's enactment of workplace anti-bullying legislation: A phenomenological study. *Int. J. Environ. Res. Public Health*. **18** (11), 5711 (2021).
52. Yosep, I. et al. Experiences of bullying among nursing students during clinical practice: a scoping review of qualitative studies. *BMC Nurs.* **23** (1), 832 (2024).
53. Hallett, N., Wagstaff, C. & Barlow, T. Nursing students' experiences of violence and aggression: A mixed-methods study. *Nurse Educ. Today*. **105**, 105024 (2021).
54. Aliafsari Mamaghani, E. et al. Experiences of Iranian nursing students regarding their clinical learning environment. *Asian Nurs. Res.* **12** (3), 216–222 (2018).
55. Jack, K. et al. Feel the fear and do it anyway nursing students' experiences of confronting poor practice. *Nurse Educ. Pract.* **56**, 103196 (2021).

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Author contributions
SP, MJ, MAN, and AK contributed to designing the study. MAN collected the data, and the data was analyzed by SP, MJ, and AK. SP, MJ, MAN, and AK wrote the final report and manuscript. All the authors read and approved the version for submission.

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Declarations

Ethics approval and consent to participate
The study was approved by the ethics committee of Kermanshah University of Medical Sciences with the code IR.KUMS.REC.1398.506. Written informed consent was obtained from all participants. All experimental protocols involving human subjects adhered to the relevant national/international/institutional guidelines or the Declaration of Helsinki.

Consent for publication
Not applicable.

Competing interests
The authors declare no competing interests.

Additional information
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