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Review Article

School program integrated with nursing intervention for reducing bullying behavior among students: A narrative review

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ABSTRACT

Bullying among students is a serious problem that is increasing every year. Bullying behavior causes victims to experience mental health problems such as anxiety and trauma until adulthood. The role of schools is needed to deal with the problem of bullying among students. The aim of this study is to describe a school program that integrates nursing interventions to reduce bullying behavior in students. This study used a design narrative review. Article from PubMed database. The inclusion criteria in this study were that the sample consisted of students, full text, using English, school program, nursing interventions, randomized control trials or quasi-experimental designs, and the last 5 years of publication (2018–2023). The research results showed that there were 6 articles discussing integrated school programs with nursing interventions to reduce bullying behavior in students. Program implementation is carried out by involving teachers, students, parents and health workers through educational activities, counseling, games and training. Active student involvement is important to reduce bullying behavior. In addition, student safety and comfort need to be considered to support the intervention process. Students also need to be trained to improve their assertiveness and empathy skills in order to be able to build interpersonal relationships between students so as to reduce the occurrence of conflicts that cause bullying. Then, school programs that are integrated with health workers need to actively involve the government so that they can issue policies to reduce bullying.
Keywords: bullying; nursing; school; students

1. Introduction

The phenomenon of bullying in the youth environment is now the center of attention among society. Bullying is a bad behavior where people in power force, oppress, harass, corner and injure weak people repeatedly[1]. Forms of bullying behavior such as insulting, shouting, giving inappropriate nicknames, insulting, slandering and embarrassing in public are forms of verbal bullying behavior[2]. Forms of bullying behavior such as hitting weak people, strangling, punching are forms of physical bullying behavior, and forms of mental bullying behavior such as ignoring and isolating, then cyberbullying is a form of behavior such as receiving threats or negative messages via social media[3].

The prevalence of bullying incidents is based on research results from the United Nations Children's Fund (UNICEF)[4], on 100,000 children in 18 countries showing that 67% of children said they had experienced

bullying for various reasons, 25% were bullied because of their physical appearance, 25% because of gender, and 25% because of their ethnicity or country of origin[4]. Previous research results show that there were 2473 reports of bullying incidents in the world of education and social media and the trend continues to increase[5]. As many as 50% of adolescents aged 13 to 15 years in Indonesia have experienced bullying. C. S. Mott Children's Hospital National said that bullying is among the 10 health problems that worry adolescents[6]. From data on bullying cases in America reported by the Josephson Institute of Ethics which conducted a survey of 43,000 adolescents, the results showed that 47% of adolescents aged 15–18 years had experienced bullying and 50% of adolescents had teased, disturbed and taunted them[7].

The negative impact on victims of bullying is in the form of victims experiencing anxiety, feeling depressed, victims experiencing depression due to the pressure exerted by the bully[8]. The victim's social function decreases, the victim's self-confidence decreases, the victim's academic performance decreases, and the victim can isolate themselves from the environment[9,10]. The impact felt by the perpetrator of bullying if the perpetrator is not stopped, the perpetrator will get used to his behavior and become a person who likes violence, grows into an individual who has a big ego, becomes an individual who has no sense of empathy for other people and has no feelings of regret and guilt[11].

School efforts in preventing bullying are in the form of education that is not routine[12]. Handling bullying problems is also done when there are victims. In addition, bullying prevention efforts are also carried out by the counseling guidance teacher, but his role is not optimal because it only focuses on curative steps and there are no clear regulations in dealing with bullying[13]. Nurses have a role to carry out school-health nursing programs, one of which is bullying prevention. Previous research shows that nurses have a role as collaborators to prevent bullying with schools and parents[14]. One form of intervention is KiVa Anti-bullying by incorporating anti-bullying curriculum during the learning process[15].

Previous research with school counselor empowerment interventions to reduce bullying behavior was through collaborative efforts[11,16]. The formation of peer counselors is monitored by the school to provide support between students at school. Other research also shows that nursing intervention through counseling methods can reduce bullying behavior in adolescents[17,18]. Nurses and psychologists become counselors to find solutions to student problems related to bullying[19]. Previous research shows that the role of nurses is not optimal in conducting school-health nursing programs to prevent bullying in adolescents. school-health nursing programs also still focus on physical problems. The cause is the lack of knowledge of nurses about school-based nursing interventions to reduce bullying behavior in students.

Nurses as professional health workers can collaborate with schools[20]. Nurses can carry out their role as educators and advocates for children, adolescents, parents, teachers and other communities related to preventive actions and efforts, as well as efforts to overcome bullying[21]. Nurses acting as counselors can work together in developing educational programs and carrying out interventions related to bullying as a prevention effort. So, the author is interested in conducting a narrative review of various school programs involving nurses to reduce bullying behavior in students.

2. Materials and methods

2.1. Design

This study used design narrative review. Narrative review is a search and research on a particular topic or issue by collecting data from reading various information[22]. The narrative review method aims to identify and summarize previously published articles, avoid duplication of research, and look for new fields of study that have not been researched[23]. The steps taken by the authors in this study were to formulate research question,

determine inclusion criteria and exclusion criteria, select articles, create extraction tables, analyze study results and make summaries, and report the results of studies that have been conducted.

2.2. Search method

A database used in this study is PubMed. The keywords used in PubMed are: "bullying" [MeSH terms] OR bullying [text word] and "school program" [MeSH terms] or school program [text word] or school intervention [text word].

The authors searched for articles in the database and then filters them based on the inclusion criteria in the database. Then the authors checked for duplication of articles. After that, the authors read the title and abstract, then read the full-text article to get the articles based on the research objectives.

The research questions in this study are: what are the methods of school program based nursing intervention to reduce bullying behavior among students?

2.3. Inclusions and conclusion criteria

The authors determined the inclusion criteria and exclusion criteria to select articles in this study. The inclusion criteria in this study were that the sample consisted of adolescent victims of bullying, full text, using English, school program, nursing interventions, randomized control trials or quasi-experimental designs, and the last 5 years of publication (2018–2023) (**Figure 1**). While the exclusion criteria in this study were that the sample was not a student's victim of bullying, and the intervention was not based on school programs based on nursing interventions. The authors used a quality appraisal assessment using the Joanna Brigs Institute (JBI) to determine the quality of the article. JBI is an article assessment with answer options yes, no, unclear, and not applicable on 13 statements for randomized control trial designs and 11 statements for quasi-experiment designs.
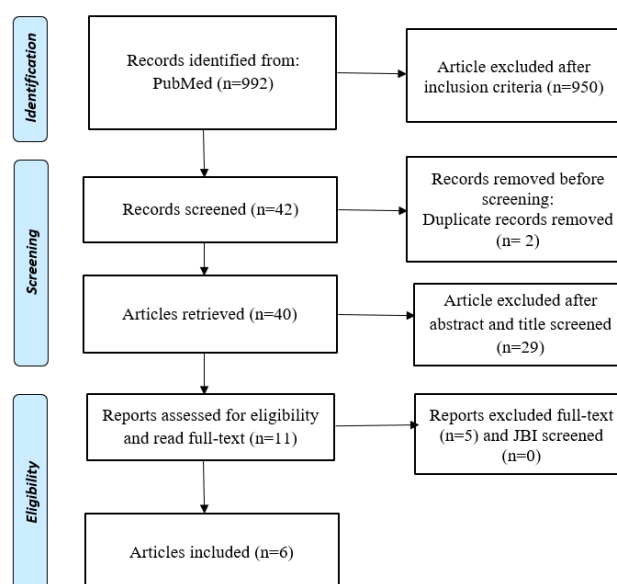
Figure 1. PRISMA flow diagram.

2.4. Data extraction

Manual tables are used in this study to extract the study results. The purpose of making the manual table is to make it easier for the authors to analyze and compare study results. Then, the authors made a descriptive summary of the study results. Through the extraction table, it is easier for the authors to compare and classify the results of the analysis of each article. The data in the extraction table includes the authors, year, country,

research design, sample, intervention, and results of the study. Data analysis used a qualitative approach to describe various findings about nursing interventions integrated with schools to reduce bullying behavior in students.

3. Results

Based on the results of initial research, the author found that there were 992 articles from the PubMed database. After that, the author carried out elimination based on the inclusion criteria, obtaining 42 articles that met the inclusion criteria. Then the author eliminated articles based on duplication using the Mendeley application, resulting in 2 duplicate articles. After that, the author screened the titles and abstracts, obtaining 10 articles that met the research objectives. Then, the author carried out elimination based on full-text, resulting in 6 articles discussing integrated school nursing intervention programs to reduce bullying behavior in students. The authors used the Joanna Brigs Institute analysis to determine the quality appraisal of the article. The standard JBI assessment value used in this study is above 75% (**Table 1**).

Table 1. JBI critical appraisal tool.

Authors, published year	JBI critical appraisal tool	Study design
Garandeau et al.[24], 2023	88.9% (8/9)	Quasi-experiment
Vivolo-Kantor et al.[25], 2021	92.3% (12/13)	RCT
Axford et al.[26], 2020	76.9% (10/13)	RCT
Huitsing et al.[27], 2020	76.9% (10/13)	RCT
Ferrer-Cascales et al.[28], 2019	88.9% (8/9)	Quasi-experimental
Salimi et al.[29], 2019	76.9% (10/13)	RCT

Based on the characteristics of the articles, of the 6 articles included in this study, 1 article was from Finland, 1 article was from the United States, 1 article was from the United Kingdom, 1 article was from the Netherlands, 1 article was from Spain, and 1 article was from Iran. A total of 2 articles used a quasi-experiment design and 4 articles used a randomized control trial design. Respondents in this study were in the range of 280–5371 students at school.

Based on the results of the article selection, there are 6 articles that discuss nursing intervention-based school programs to reduce bullying behavior in students. School-based program methods include counseling, empathy training, video viewing, and games. School program activities involve teachers, parents, and also health workers such as nurses and psychologists. The results of the data extraction analysis are presented in a manual table as follows (**Table 2**):

Table 2. Extraction data.

No	References	Outcome	Country	Design	Instrument	Sample	Intervention	Result
1	[24]	Reducing bullying behavior	Finland	Quasi-experiment	Self-report items	5731 children primary schools	KiVa anti-bullying program	Effectively reducing bullying behavior ($p = 0.001$).
2	[25]	Preventing and reducing victimization and perpetration of physical violence, bullying, and cyberbullying.	USA	RCT	Illinois bully scale	3301 6th–8th grade students	Dating Matters	Effectively reducing multiple forms of violence among middle school-aged youth ($p < 0.005$).

Table 2. (*Continued*).

No	References	Outcome	Country	Design	Instrument	Sample	Intervention	Result
3	[26]	Prevent and address bullying in schools	United Kingdom	RCT	Bully/victim questionnaire	3214 students aged 7–11	KiVa Bullying Prevention Program	Not significant reducing bullying incidents ($p = 0.11$) but significantly improving knowledge of bullying ($p < 0.01$)
4	[27]	Reducing bullying behavior	Netherlands	RCT	Self-reported victimization and bullying	4383 students mean age = 8.7 years	KiVa Antibullying Program	Significantly preventing bullying and reducing negative impact of bullying among students ($p < 0.005$).
5	[28]	Reduction of bullying and cyberbullying, and in the improvement of school climate	Spain	Quasi-experimental	The illinois bully scale	2057 Spanish students (aged 11 to 16 years)	TEI Program (Tutoría Entre Iguales)	Significant reduction in bullying behavior, peer victimization, fighting, cyberbullying and cybervictimization ($p = 0.001$).
6	[29]	Reducing bullying and victimization	Iran	RCT	Social cognitive theory constructs	280 students in 5th and 6th grade	Anti-Bullying Intervention	Significantly reducing bullying and victimization and increasing social competence ($p < 0.001$).

3.1. School-based program with education

Prevention involves various parties at school including students and teachers to prevent bullying. Teachers are given education related to bullying, the impact of bullying, and the role of teachers in preventing bullying. Then students are given education related to bullying, independent therapy, peer tutoring, and the role of students in preventing bullying. After that, the school will be followed up to implement a bullying prevention program at school.

3.2. School-based program with counseling

Dating matters is a school-based intervention that involves nurses as facilitators and participants, namely students, parents and educators, as well as involving the youth community. The activities carried out include education, training and discussions related to policies to prevent bullying. Participants are taught to practice conflict management and communication skills, addressing risk and protective factors that can prevent various forms of bullying. Participants and teachers were counseled one by one to find out the problems faced in preventing bullying at school.

3.3. School-based program with training

The program carried out to prevent bullying is by providing training to students. Students are taught empathy therapy and assertive therapy to teachers and students. This aims to ensure that students are able to be assertive about various student behavior and dare to be honest about their feelings. Apart from that, participants are also expected to be able to have the ability to empathize with other students. So that students can reduce bullying behavior among students at school.

4. Discussion

The results of this narrative review show that 6 articles have the results of school programs based on nursing interventions that can effectively reduce bullying behavior in students at school. This intervention is carried out with several activities such as counseling, empathy training, video viewing and games. Intervention also involves various parties such as teachers, parents and students. The involvement of various parties aims to create an environment to prevent bullying among students. Apart from that, monitoring the development of children and adolescents among students is also an important aspect to pay attention to in providing school-

based programs through nursing interventions.

Counseling is a method commonly used by schools and health workers to reduce bullying behavior in students. Previous research shows that cognitive restructuring techniques can reduce bullying behavior in students[30]. Then other research shows that the thought stopping technique is suitable for effectively reducing mental health problems such as self-talk, fighting or other dangerous responses, in this case bullying behavior[31]. Apart from that, counseling using thought stopping techniques can effectively build a positive and supportive environment in reducing bullying behavior in students[12,32].

Previous research shows that group counseling using cognitive restructuring techniques is effective in reducing bullying behavior in students. Then the results of other research showed that there was a significant influence between aggressive behavior scores before and after being given self-control training through group counseling. Self-control exercises are carried out to control emotional impulses or self-control so as to suppress unwanted behavioral tendencies. Self-control training through group counseling is effective in reducing the tendency to aggressive behavior. This is in line with previous research which shows that counseling is an effective effort that can be done to prevent bullying perpetrators from repeating bullying behavior.

Bullying prevention methods can be done by providing education such as focus group discussions[33]. Apart from that, the brainstorming method can be used to find out adolescents' perceptions regarding bullying. Both methods can increase student participation in the intervention process[34]. In line with previous research which showed that there was an increase in knowledge about bullying before and after being given the brainstorming method[35]. Other research also shows that brainstorming through focus group discussions can reduce bullying behavior among students at school[36].

The teacher's role is very effective in determining the results of changes in bullying behavior. Previous research shows that bullying intervention programs can be carried out effectively if they have a long duration and are carried out intensively and supervised by teachers[37]. This is important because the results of the intervention program need to have a long-term impact on reducing bullying behavior through the role of teachers[38,39].

Empathy is an important aspect to improve students' caring abilities. Empathy can reduce hurtful behavior and desire for power compared to others. Students are trained to understand their own feelings and those of others[40]. Previous research shows that there is a significant relationship between empathetic attitudes and a reduction in bullying behavior in students[41]. Previous research also shows that empathetic behavior in students can effectively foster an attitude of mutual cooperation and prevent violent behavior in students at school[42].

Games methods in preventing bullying can also be used to reduce bullying behavior in students. Games can also increase student participation during the implementation of school programs[43]. This is in line with previous research which shows that games are a method that students like because they actively involve students in the intervention process[44,45]. Other research also shows that school programs through games facilitated by nurses can effectively reduce bullying behavior in adolescents[46].

Providing nursing interventions that are integrated with school programs requires collaboration from various parties such as schools, parents, government and students. This collaboration is needed so that various parties are able to create an atmosphere to reduce bullying behavior[14]. The role of the family is important in being able to supervise their children at home as an effort to reduce bullying behavior. This is in line with previous research which shows that the role of the family and the role of teachers are two important parts in preventing bullying among students[47]. This is because students spend more time with teachers and parents. Other research shows that parents who understand bullying can effectively provide education and supervision in preventing children from bullying behavior[48].

School-health nursing is a form of school-based nursing intervention to reduce health problems in schools. Nurses have a role as facilitators in organizing school-based nursing interventions to prevent and reduce bullying behavior[49]. Nurses intervene by educating teachers and students, counseling students who experience problems related to bullying, and also provide training to students to become educators and peer counselors at school. Previous research shows that nurses have the responsibility to prevent bullying through school-health nursing programs[50]. Nurses also have a role as counselors to help find solutions to the problems of students and teachers in reducing the incidence of bullying in schools[34].

Efforts to overcome bullying problems require special skills regarding the developmental stages of children and adolescents and understanding the victim's perspective[51]. The high prevalence of bullying is caused by a lack of public awareness of bullying, bullying behavior is normalized by society, and victims and witnesses are afraid to report bullying incidents[52]. So that the approach to victims is the first ability that must be possessed by nurses. It aims to provide protection in the form of safety and comfort to victims. Victim protection is needed so that there is no pressure from the perpetrator or other parties that threaten the victim's safety[53]. Nurses provide comprehensive nursing care with a caring attitude, so this approach is important so that victims feel safe in the intervention process. In addition, nurses as advocates can also facilitate victims to dare to report bullying incidents that have happened to them.

Limitation

This research is limited to only using one database in searching articles, namely using PubMed. This causes this article not to present various research results from other databases. In addition, the year of publication of the article is also limited to the last five years, this means the author cannot describe previous research to compare the interventions carried out.

5. Conclusion

The results of this narrative review show that the 6 articles found show that school programs integrated with nursing interventions can reduce bullying behavior in students. Various methods that can be used to implement the program are counseling, education, games, training and games. These various methods can be carried out regularly with the collaboration of teachers, parents and health workers. Nurses can be facilitators and counselors in carrying out activities at school while still coordinating with teachers and parents to monitor student progress.

The implication of this research is that there is data for nurses in developing school-health nursing as an effort to reduce bullying behavior in students. Apart from that, the implications of this research can also be an illustration for schools to coordinate with health workers in implementing bullying prevention programs. Recommendations for further research are that a review using more databases is needed regarding nursing interventions to reduce bullying behavior in students.

Conflict of interest

The authors declare no conflict of interest.

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