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BULLYING OR INTIMIDATION AT SCHOOL: CONTRIBUTIONS FROM THE EVIDENCE OF RESEARCH IN NURSING

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ABSTRACT

Objective: to analyze relevant theoretical and methodological aspects from the scientific evidence in nursing related to school bullying.

Method: Integrative review of nursing studies' literature in eight databases: PubMed, MEDLINE, Academic Search Complete, Ovid nursing, SciELO, ScienceDirect, Redalyc and Embase, with the keywords: *bullying, nursing, child school bullying, peer aggression, adolescent* and time span from 2004 to 2016. There were 30 studies of which 19 that met the selection criteria were selected. The analysis was developed in six stages: search of studies, selection, and criticism of qualitative and quantitative studies, comparison of findings/grouping by themes, interpretation, conclusions by levels of nursing evidence.

Results: Four prevalent themes were identified: consequences in health, causes, nursing interventions and coping. The main contribution in the theme from the evidence of research in nursing allowed to identify research developments in both the qualitative and quantitative paradigm, different methodological approaches in the levels of evidence VII, VI, V, IV, III.

Conclusions: health policies that intervene in preventing the phenomenon, know the causes and related consequences are needed; in addition, strategies for identifying schoolchildren at risk should be designed to avoid consequences to their health, also generate intervention studies and support coping processes for schoolchildren who are mocked or bullied.

DESCRITORES: Bullying. Health, school. Nursing based on evidence. Nursing research. Nursing.

BULLYING O INTIMIDACIÓN ESCOLAR: APORTES DESDE LA EVIDENCIA DE INVESTIGACIÓN EN ENFERMERÍA

RESUMEN

Objetivo: analizar aspectos teóricos y metodológicos relevantes desde la evidencia científica en enfermería relacionada con la intimidación escolar.

Método: revisión integrativa de la literatura de estudios de enfermería en ocho bases de datos: PubMed, MEDLINE, Academic Search Complete, Ovid nursing, SciELO, ScienceDirect, Redalyc y Embase, con las palabras clave: *bullying, nursing, child school bullying, peer aggression, adolescent* y límite de tiempo entre 2004 a 2016. Se encontraron 30 estudios de los cuales se eligieron 19 estudios que cumplieron los criterios de selección. El análisis se desarrolló en seis etapas: búsqueda de estudios, selección, crítica de estudios cualitativos y cuantitativos, comparación de hallazgos/agrupación por temas, interpretación, conclusiones por niveles de evidencia de enfermería.

Resultados: se identificaron cuatro temas prevalentes: consecuencias en la salud, causas, intervenciones de enfermería y afrontamiento. El principal aporte en la temática desde la la evidencia de investigación en enfermería permitió identificar desarrollos investigativos tanto en el paradigma cualitativo y cuantitativo, diferentes abordajes metodológicos en los niveles de evidencia VII, VI, V, IV, III.

Conclusiones: se requieren políticas de salud que intervengan en la prevención del fenómeno, conocer las causas y consecuencias relacionadas, además deben diseñarse estrategias de identificación de los escolares en riesgo para evitar consecuencias en su salud, igualmente generar estudios de intervención y apoyar los procesos de afrontamiento en escolares que reciben burla o son intimidados.

DESCRIPTORES: Bullying. Salud escolar. Enfermería basada en la evidencia. Investigación en enfermería. Enfermería.

BULLYING OU INTIMIDAÇÃO ESCOLAR: CONTRIBUIÇÕES A PARTIR DA EVIDÊNCIA DA PESQUISA EM ENFERMAGEM

RESUMO

Objetivo: analisar aspectos teóricos e metodológicos relevantes a partir das evidências científicas em enfermagem relacionadas ao *bullying* escolar.

Método: revisão integrativa da literatura de estudos de enfermagem em oito bases de dados: PubMed, MEDLINE, Academic Search Complete, Ovid Enfermagem, SciELO, ScienceDirect, Redalyc, e Embase com palavras-chave: assédio moral, enfermagem, *bullying* escolar infantil, agressão entre pares, adolescentes; limite de tempo de 2004 a 2016. Trinta estudos foram encontrados; sendo que 19 estudos preencheram os critérios de seleção. A análise foi desenvolvida em seis etapas: busca dos estudos, seleção, reflexão crítica de estudos qualitativos e quantitativos, a comparação dos resultados-agrupamento por assunto, interpretação, conclusões por níveis de evidência em enfermagem.

Resultados: foram identificados quatro temas prevalentes: consequências para a saúde, causas, intervenções de enfermagem e enfrentamento. A principal contribuição no tema permitiu identificar desenvolvimento investigativo tanto no paradigma qualitativo e quantitativo, diferentes abordagens metodológicas em níveis de evidência VII, VI, V, IV, III.

Conclusão: as políticas de saúde que envolvem a prevenção do fenômeno são necessários, as causas e consequências relacionadas e estratégias devem ser projetados para identificar as escolas em risco, visando evitar consequências para a saúde, bem como gerar estudos de intervenção e apoiar processos de enfrentamento em crianças em idade escolar que são provocadas ou intimidadas.

DESCRITORES: Intimidação. Saúde escolar. Enfermagem baseada em evidências. Pesquisa de enfermagem. Enfermagem.

INTRODUCTION

Currently, the bullying phenomenon is considered important, and this is how the World Health Organization¹ and the Atlanta Center for Disease Prevention and Control² have requested to consider it, and the investigation of the world public health regarding its prevention, management and participation of health professionals. Because the actions related to school bullying are the result of the expression of interpersonal, social, and political family conflicts that are not resolved peacefully, it contributes to undermining coexistence, tolerance, difference of opinions, and the right to enjoy the public space.³

School bullying has been described through educational scenarios, as well as from health disciplines, nursing has not been alien to the contribution of scientific knowledge, in the literature, it is relevant to identify the evidence from nursing to strengthen the practice in the care of children and their families. This is a serious, complex and prevalent problem, requiring interventions from different perspectives, in which the responsibility of the actors is shared in order to understand this phenomenon to identify, intervene and evaluate where nursing plays a fundamental role.

According to the definition proposed by the National Association of School Nurses, school bullying is understood as the persistent and repetitive dynamic patterns of verbal and/or non-verbal behaviors directed by one or more children to another child who deliberately attempt to inflict physical, verbal or emotional abuse, in the presence of difference of real or perceived power.⁴ The proposed

objective was to analyze relevant theoretical and methodological aspects from the scientific evidence in nursing related to school bullying.

METHOD

An integrative review of the literature was conducted, guided by the following research questions: Is there scientific evidence in nursing that theoretically supports the issue of school bullying? What methodologies have been demonstrated in the nursing research on school bullying? The search for the articles was carried out between the months of July to December 2015 and the following descriptors were used in English: bullying, nursing, child school bullying, peer aggression, adolescent, with time limits between 2004 to 2016, in English, Spanish and Portuguese, consulting the sources in the following electronic databases: PubMed, MEDLINE, Academic Search Complete, Ovid nursing, SciELO, ScienceDirect, Redalyc, and Embase. The inclusion criteria were: scientific pieces published within the defined period of time; nursing research articles with different levels of evidence about bullying, methodological quality according to the type of study and level of evidence, for this the criteria of critical assessment of quantitative and qualitative research for the practice of disease were applied.⁵ The exclusion criteria were: published articles from which the full version was not obtained.

The strategy consisted on the fact that each of the two authors carried out a search with the descriptors and filters described in four databases to complete the eight consulted databases, although the first author delivered in digital format the ar-

articles that the second author found in order to carry out the critical assessment of the investigations, and vice versa. Then, the two authors carried out the

critical assessment of the research articles jointly, which facilitated the identification of what has been elaborated on the subject of the review (Figure 1).

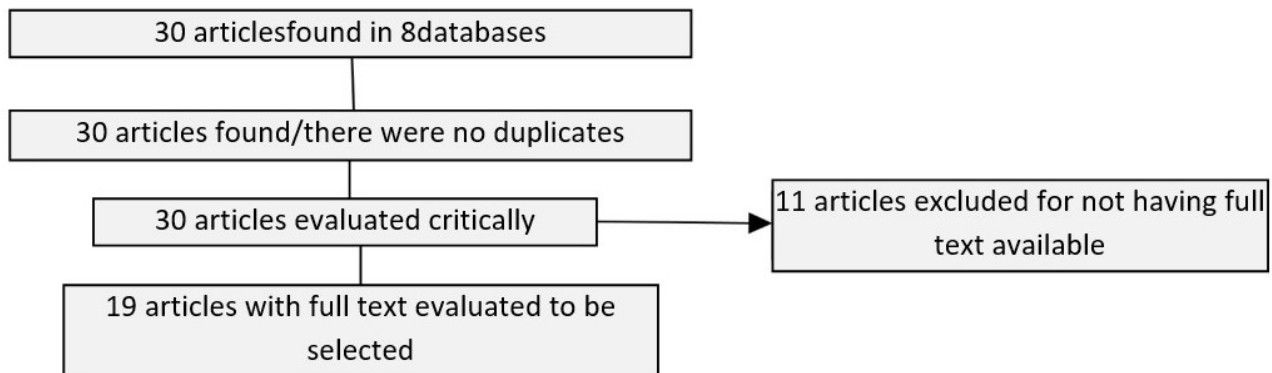


Figure 1 - Information flow for the phases of identification, selection, eligibility and inclusion in the literature integrative review.

For the process of reviewing the literature and analysis, the theoretical reference of Burns

and Grove was followed⁶ in order to validate the methodical analysis, which is presented in figure 2.

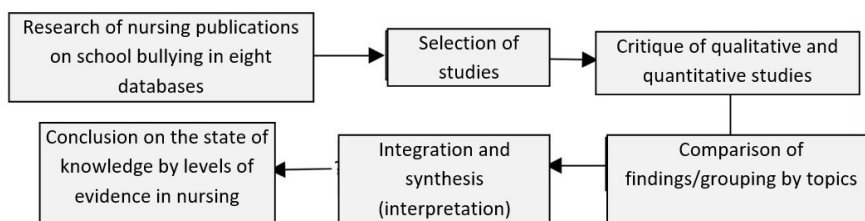


Figure 2 - Process for integrated review of nursing study literature on school bullying, adapted from Burns and Grove⁶

RESULTS

Investigation of the phenomenon from nursing

The investigation of this phenomenon in nursing has been carried out in different parts of the world, with a greater trend in industrialized countries. According to the identification, analysis and synthesis of the results of the nursing scientific production on school bullying, a perception of the current state of knowledge in this specific area was obtained as it follows: the developments achieved, the investigative tendencies.⁶

It was found that the studies support the theoretical and the methodological frameworks, in this review each of them will be addressed. Out of the criticism, from the methodology, it was identified that they based their antecedents on the construction of knowledge currents from other disciplines. It was

possible to identify that all clearly defined the objectives, and responded through the methodology. Both the integrity of the design and the significance of the findings provided a contribution to reduce the gaps in the literature and advance the levels of evidence, as expected by science. The methodological analysis was carried out from the article type.

Summative study

Regarding summative studies, a summative study that included 16 studies in 2011 was analyzed in relation to the factors that are involved in school bullying.⁷

Mixed study

The analysis of just one study with a mixed design was carried out, which measured the effects

of an intervention on the self-concept of the bullied schoolchildren developed by school nurses.⁸

Qualitative studies

The literature review and critique of six studies was carried out.^{4,9-13} It was used methodologies of content analysis,⁴ phenomenology,^{9,11} the grounded theory,¹⁰ case study¹²⁻¹³ and techniques of interpretative analysis and coding in different levels of abstraction. The types of sampling were intentional. The sample sizes went from 11 to 243 participants. The scenarios were school and university environments. The problems addressed were clarified by offering theoretical propositions that described the experience and their responses to being bullied. Knowledge was obtained from three of the four themes gathered in the synthesis of the analyzed studies: consequences in health, causes of school bullying and coping.

Quantitative studies

The literature review and critique of nine studies was performed¹⁴⁻²² and one methodological,²³ which linked the name of risk of violence directed to others to conceptualize and label the problem to intervene in the nursing process. In the other studies, they used descriptive, correlational methodologies, systematic reviews of correlational, quasi-experimental studies. As for the sample, some investigations did not present the ages of the par-

ticipants, only the school grade, or the average of the age, which makes the comparisons of the results little homogeneous. The scenarios were the school environments, school nursing consultations, and a health institution. The sample sizes went from one to 109. With 104 subjects through intentional and random sampling. Information collection techniques were standardized instruments with valid and reliable scales also used in other research and other non-standardized instruments, but in which measures were applied so as not to reduce the validity. The analysis techniques used were the descriptive analysis and the inferential analysis. The highest level of evidence provided by these studies was level III with a quasi-experimental study.

Subject review article, non-literature integrator

Literature review and critique of a study were carried out, which was included by the proposal using the socio-ecological conceptual model as a framework for health promotion to guide programs against school bullying with awareness and strategies from the practice of nursing. The model has also been used to understand the phenomenon of violence prevention and its relation with health from prevention strategies of individual, relational, community and society factors.²⁴

Afterwards, in Figure 3, the studies are grouped and classified in the pyramid according to their levels of evidence proposed by Lobiondo.²⁵

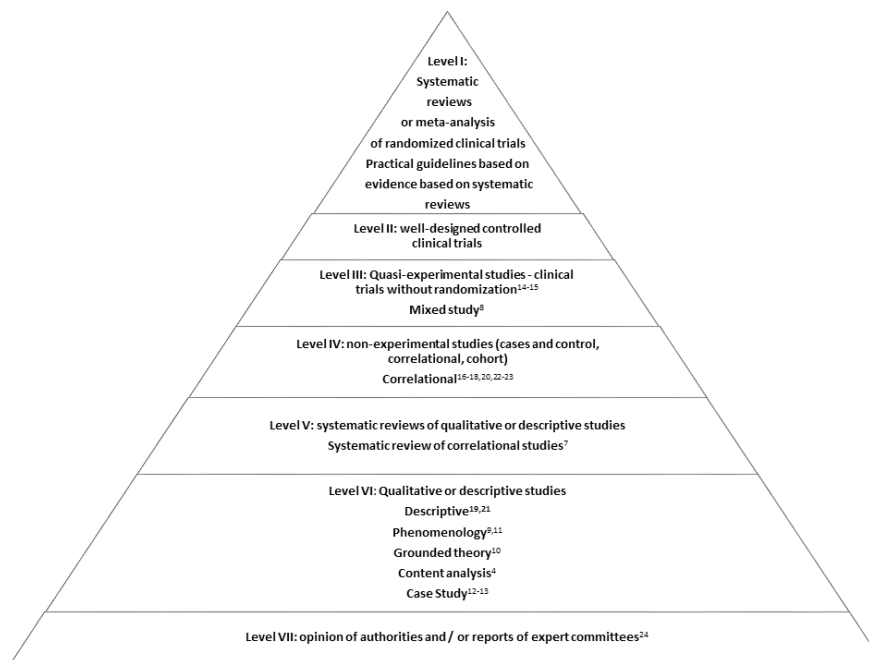


Figure 3 - Levels of evidence from the contribution of nursing in school bullying (United States, Asia, Brazil, Chile, New Zealand, Colombia, Norway, Scotland), 2004-2016

From the theoretical critique of the articles, four tables were drawn up that condense individual aspects, which allow the comparison of the characterization of each of them. They were grouped because it allowed to identify common findings in their objectives and results, obtaining four topics that were addressed: Health consequences (Table 1); Causes for school bullying (Table 2); Nursing

intervention (Table 3); Coping with school bullying (Table 4), which are contrasted below:

CONSEQUENCES ON HEALTH

The harmful effects on health documented by school bullying have been a subject of extensive research in the literature, due to the involvement of the emotional, social, physical, and family health damage, as presented in table 1.

Table 1 - Nursing studies on health consequences of school bullying (United States, Asia), 2004-2016

Year / local	Study type	Age (years)/ grade level	Sample size	Results
2011 United States ³	Qualitative - content analysis	Fifth year - elementary school	243	Expression of feelings of insecurity and emotional problems when being a victim, or witness.
2009 United States ¹¹	Quantitative - correlational	Average of 18 years old	241	Studied the relationship between school bullying of the relational aggression type and depression in adolescents.
2011 Asia ¹³	Quantitative - correlational	Sixth year high-school	184	Health damages: headache, feeling bad, crying, restlessness, nervousness, sleeping problems, dizziness in victims and in the aggressor group: poor appetite.
2015 United States ¹⁷	Quantitative - correlational	18 to 25	121	Found a positive relationship between coping strategies of avoidance with depression and anxiety and negative relationship with self-esteem.

Feeling insecure given frequent violence situations in scopes such as education, family and community, which are the ones that must provide peace and personal coping skills to children and adolescents, it is indicative of the problem in the environments in which schoolchildren grow. Additionally, these studies demonstrated statistically significant results of symptoms and diagnoses that compromise the health of schoolchildren. Although not reported

in these studies, they are individual studies where school performance, social and family relationships can be disrupted, causing the cycle of school bullying to be perpetuated, as well as its squeals. Verification is required through intervention studies of nursing care in this population before the need to improve their experience of health and well-being.

Causes for school bullying

Table 2 - Nursing studies on the causes for school bullying (United States, Asia, Brazil, Chile) 2004-2016

Year / local	Study type	Age (years)/ grade level	Sample size	Results
2004 United States ⁹	Qualitative - phenomenological	8 to 14	7 focus groups (8-10 per group)	Risk categories to be bullied: physical appearance, personality and behavior, family and environment, and factors related to school.
2011 Asia ²²	Quantitative - descriptive	14 to 18	805	The factors for aggressive behavior were described as follows: being a victim of past violence, time of computer use, and being a man.
2015 Brazil ¹⁹	Quantitative - descriptive	9 grade	109,104	Causes to for being school bullied were identified as follows: male sex, mothers without schooling, black or indigenous race, physical appearance, sexual orientation.

Year / local	Study type	Age (years)/ grade level	Sample size	Results
2011 Chile ¹⁸	Quantitative - correlational	10 to 12	551	Established factors related to aggressive behavior: younger age, history of drug and alcohol use, inconsistent parenting pattern, physical punishment, parent with full high-school education, study in municipal schools and in small schools.
2011 Brazil ⁷	Integrative review of correlational studies	-	16 articles	Synthesized risk factors: male gender, ethnic minorities, substance use, low level of empathy, depressive symptoms, psychological stress, being violent, being different in appearance or behavior; abusive or dysfunctional families, lack of family support or lack of family supervision; early school years, suburban school, receiving free meals at school, having weak teacher support. Synthesized protective factors: medium socioeconomic level; high level of self-esteem, low level of depression, stress and loneliness; living with both parents, having siblings, family cohesion and affectivity, democratic families; good school performance.

The research from its initial approaches asked why events or problems occur, justifying it from a positivist and objective perspective, however this review demonstrates the importance of qualitative research to address the phenomenon object of the article. The foregoing, because only from the experience of those who have been subject to mockery can really know the traits (proper) or conditions (external) that characterize affected children and adolescents. Additionally, factors that relate to the behavior of aggression have been described from a

quantitative point of view to understand the aspects that motivate schoolchildren to direct these acts against others. In this way, aspects of individual, family, social, and school type were identified, and when present, they are the focus to be bullied or mocked; or on the contrary, they provide support and protection that prevent from being a school-child victim. It is necessary to support the role of the family in this phenomenon from a perspective of a higher level of evidence, in the families of child abusers and child victims.

Table 3 - Nursing intervention studies of nursing in the face of school bullying (New Zealand, Colombia, Norway, Scotland, United States, Brazil) 2004-2016

Year / local	Study type	Age (years) / grade level	Sample size	Results
2009 New Zealand ²⁴	Review based on the socio-ecological conceptual model	-	-	Proposal based on the scope of health promotion to guide programs against school bullying with awareness and nursing strategies.
2012 Colombia ²³	Methodological	-	-	Established the validation of nursing diagnosis "risk of violence directed at others", in school-aged adolescents.
2008 Norway and Scotland ¹²	Quantitative - case study	12	1	Applied the focus on the solution as a traditional bullying care intervention.
2014 Norway ¹³	Quantitative - case study	12	1	Applied the focus on the solution as a care intervention in <i>cyberbullying</i> .
2011 United States ¹⁴	Quantitative -quasi-experimental	7 and 8 grade	112	The effect of the nursing intervention showed that female school students have reduced reports on bullying.

2016 Brazil ¹⁵	Quantitative -quasi -experimental	6 grade	118	The effect of intervention on social and emotional skills in victims reduced significantly the victimization, the aggression.
2011 United States ⁸	Mixed - Focus groups -Intervention	8 to 14	60	Improved the self-concept of the bullied children.

This topic was the only one that included studies from evidence level VII to level III. Its scope shows that this phenomenon is of interest for the discipline and there are significant advances in its approach. Currently, it is necessary to have evidence for the results of interventions by nursing professionals to make their work visible. Although in some countries there is no legal framework that declares the obligatory nature of a professional nurse in educational institutions, this is not a limitation to develop programs, strategies and actions in environments such as education.

Academic research can link students from undergraduate and graduate programs to experi-

mental and quasi-experimental studies and meta-analyzes that are based on ethical principles given the characteristics and consequences of school bullying. The analyzed studies demonstrated the effects of nursing interventions on feelings, experience, the way of seeing oneself, the emotional and social skills of being a victim and the understanding of the phenomenon that favors the reporting to adults and probably how they manage them. In addition to the models used in other disciplines, nursing has theoretical and methodological development that can be used as a framework to guide research and strengthen the empirical evidence.

Table 4 - Nursing studies on coping with bullying (United States, Brazil) 2004-2016

Year/ local	Study type	Age (years)/ grade level School grade	Sample size	Results
2011 United States ¹⁰	Qualitative -Grounded Theory	Average of 18.3	15	Described the theoretical model of coping strategies: distancing, retaliation, expressing feelings, confronting the aggressor, working outside.
2010 United States ¹¹	Qualitative - phenomenological	11 to 14	11	Identified healing patterns: creating meaning, self-transcendence, without violence, the power of personal vindication.
2015 Brazil ²¹	Quantitative - descriptive	10 to 18	232	Described the emotions before being intimidated: anger, sadness, shame, demotivation.

Nursing professionals have conducted a research to learn from the experience of the bullied child the answers they direct to deal with stressful situations in the environment, such as mockery and school bullying. The studies theoretically described the categories and processes experienced by these participants. Coping is activated in the human being through regulatory and cognitive processes that motivate behaviors and feelings towards themselves or toward those who practice mockery and bullying with other people. A characteristic of school bullying that is the difference in power, when the aggressor identifies that they can direct their attacks to someone who does not know how to face or defend himself, can probably influence the fact that bullying persists. Nursing should investigate and deepen the research on this issue, developing studies of higher levels of evidence, which relate coping with other variables, including intervention to understand that

coping is innate and can be learned as a valuable element in the promotion of health.

DISCUSSION

According to the levels of evidence²⁵ (Figure 2), and the critique of the nursing literature, it was found that the topic of school bullying was outlined from an article at the level of evidence VII, seven qualitative and descriptive studies at level VI, a review study in level V, five correlational studies and a methodological study in level IV, and in level III three studies: one quasi-experimental and one mixed, in levels II and I no studies were found. Brazil and the United States were the countries with the largest number of studies found in this review.

In the reviewed studies it was reflected that the qualitative methodology addressed methods that motivated the professionals to understand the

reality of mockery and bullying from the meaning of experiences, within a less biological and more diverse approach in an interpretative way in a phenomenon that receives influence from the environment to be different in something and become the object of laughter, comments and behaviors that annoy the student.

Additionally, the use of quantitative methodology by nursing prevailed at a level that requires greater advance in scientific evidence, because it tended to be descriptive, and correlational. The need for nursing to progress in the production of knowledge about the care phenomena, by including methodological plurality, is already remarkable.²⁶ However, progress by levels of evidence is given, as knowledge gaps are studied in a specific phenomenon, it is observed that the topic of school bullying has focused on four topics in the present literature review. That is, nursing has not been oblivious to showing interest in supporting research and the need to be visible in school environments where children spend the longest time of their lives. However, only experimental studies were found in the current review.

School nurses have the knowledge and expertise in pediatric health in the schools and, therefore, they can have an impact on the health and safety of all students, including students who bully, students who are bullied, or students who both bully or are bullied by others. The role of the nurse includes the prevention of bullying and identification of the affected students, and it has an important leadership role in the implementation of bullying prevention policies and strategies.²⁷ The above, allows to demonstrate that studies should be proposed to measure the effects of care interventions on victims and schoolchildren at risk of *bullying*, in order to turn nursing visible in the school environment in areas of health promotion, and disease prevention.

The summative type studies provide condensation, analysis and synthesis of the articles; provide an evaluation of the research results to a specific research question.²⁵ This review only found one study of this type, existing more need for contribution by researchers of the discipline. Two limitations in the professionals to use the evidence in nursing practice have been the low praise and the low consideration in clinical scenarios,²⁸ it is to analyze that the discipline not only participates in these environments, the horizons of application of the evidence must be broadened and contribute in phenomena that are affecting mental, emotional, physical, social and family health such as school bullying.

Nursing as a discipline has demonstrated contributions in the welfare and care of research participants and in their practice.²⁹ The research proposes that the professional nurse can be an important member of the team that participates in the prevention of bullying in schools, however there are gaps identified in the evidence not only by the absence of studies at higher levels but by knowledge still unknown necessary to provide care for children and their families who are teased (at risk), or are victims of school bullying. For example, ethnographic type studies that allow for knowing from the own cultural contexts being proper for the practices, beliefs, values, meanings of experiences of the parents and mothers and the children that receive mockery. The evidence-based care for people invites a decision-making approach to improve outcomes for the individuals and their families.²⁰

Research is needed in order to support evidence-based nursing care for children, families, and the school community affected by school bullying. The use and effectiveness of coping strategies from children who are being mocked is not known from the quantitative methodology, the relationship between consequences and coping strategies; the role of the family in preventing health consequences has not been described, nor the relationship between the role of the family and the development of coping strategies. Interventions in risk factors and promotion of protective factors for school bullying are necessary, as well as therapeutic interventions for the promotion of health in children with consequences on their health derived from school bullying. In the same way, interventions with adults such as teachers and family members who educate about the phenomenon, responding to the need for care of the school population. While there are many other gaps, as knowledge develops, one should advance in projecting nursing research that reaches a higher level of evidence, such as intervention studies or meta-analysis.

In addition, it has been demonstrated that public health professionals, supported by scientific evidence, can prevent violent behaviors as well as their disastrous consequences, one of those behaviors in the school setting is school bullying, understanding that health professionals and other people involved in the care provided to children have a duty to help ensuring that children grow up in healthy environments, with dignity and free from any abuse.

In this regard, the approach to this problem should be multidisciplinary, where nursing occu-

pies a strategic position due to its continuous contact through the Child and School Health Programs,²⁵ and for such the nurse can apply anticipatory guidance aimed at parents, caregivers and school to guide preventively²⁵ as well as to perform the actions under their competence, both at an individual, family and also at collective level.

It is important to recognize that the contact with the school, their parents and other members of the school community from an early age, can encourage support and guidance for them, which helps to reduce the harmful effects of negative parenting practices, such as favor the *bullying* and instead, increase the positive effects of an effective child practice.²⁵

In addition, nursing in the field of public health can help coordinate care focused on the student and their family and on the importance of reducing violence in home, excessive TV watching, and other possible risk factors, and active promotion of protective factors, such as early cognitive stimulation,²⁷ as well as the development of healthy habits and lifestyles.

Being consistent with the position of the National Association of School Nurses of the United States, the discipline has a valuable role in the prevention of school bullying and the implementation of prevention policies and strategies, which in the future may contribute to the effects of bullying on schoolchildren.²⁷

Evidence-based practice includes the use of research results, and other evidence in order to improve practice.²⁵ The integrated literature's reviews are an evidence for decision making that guide nursing research and its actions in school settings, nursing consultations, or care programs in childhood and adolescence.

Nursing professionals must acquire the ability to participate in the production of knowledge at all levels of evidence, and know how to access them, this provides jurisdiction in the practice.²⁹ Mockery and bullying is a phenomenon that affects the health experience.²⁸ Therefore, the discipline is called to generate studies and interventions that contribute to improving the welfare of schoolchildren.

One considered that the absence of unpublished nursing studies may be a limitation, in addition to those published in other databases; however it was a broad search in eight representative databases of publications of the nursing discipline.

From the processes of academic training, the critical analysis of phenomena that affect health in

school and out-of-school environments should be encouraged, in order to develop competencies that allow nursing professionals to carry out effective and comprehensive interventions in complex and multifactorial phenomena that cause a high social impact on health.

From the practice of nursing in the care of schoolchildren and their families through programs of health promotion and disease prevention, it is necessary to investigate this problem and identify affected children and their families in order to apply the evidence in the nursing care.

Due to the fact that in the world there is a trend to increase this phenomenon, screening strategies should be generated that allow for early identification of children at risk to avoid consequences in their health. Research is developed worldwide, and the discipline can generate alliances to compare results and build knowledge.

The limitations were the exclusion of articles from which the full text was not obtained and this becomes a limitation since this can not be included as scientific evidence for nursing only because of availability.

CONCLUSION

The contributions of research evidence in nursing regarding the phenomenon of school bullying, revealed research developments concerning the quantitative and quantitative paradigm with different methodologies and approaches, in levels of evidence VII, VI, V, IV, III, in levels I and II no studies were reported. The four subjects prevalent in the studies reviewed in children and affected adolescents point to health issues, causes, nursing interventions and coping, which directs the actions of nurses in the care of children affected by this problem and in others not affected in order to avoid these damages in their health.

The studies conclude the identification of the causes related to the phenomenon, which would facilitate the design of identification strategies of schoolchildren at risk to avoid health consequences (another prevalent topic in nursing research), they also found intervention studies that demonstrated support for coping processes in schoolchildren who are mocked or bullied.

The investigation discerns that the professional nurse is an important member of the team involved in preventing bullying in schools, so that it requires continuing the investigation into higher

levels of evidence to support care processes in schoolchildren and their families.

REFERENCES

1. Srabstein J, Leventhal B. Prevention of bullying-related morbidity and mortality: a call for public health policies. *Bull World Health Organ* [Internet]. 2010 [cited 2014 Mar 26]; 88(6):403. Available from: <http://www.who.int/bulletin/volumes/88/6/10-077123.pdf>
2. Hertz D, Donato I WJ. Bullying and suicide: a public health approach. *J Adolesc Health* [Internet]. 2013 [cited 2014 Mar 26]; 53(1):S1-S3. Available from: <http://linkinghub.elsevier.com/retrieve/pii/S1054139X1300270X>
3. Krug EG, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, editors. *World report on violence and health*. Geneva (CH): World Health Organization; 2002.
4. Jacobson G, Riesch SK, Temkin BM, Kedrowski KM, Kluba N. Students feeling unsafe in school: fifth graders' experiences. *J Sch Nurs* [Internet]. 2011 [cited 2014 Mar 26]; 27(2):149-59. Available from: <http://jsn.sagepub.com/cgi/doi/10.1177/1059840510386612>
5. Grove SK, Burns N, Gray J. *Investigación en enfermería: desarrollo de la práctica enfermera basada en la evidencia*. Barcelona (ES): Elsevier; 2016.
6. Burns N, Grove S. *Investigación en enfermería*. 5 ed. Barcelona (ES): Elsevier España S.L.; 2012.
7. Lopez R, Amaral A, Ferreira J, Barroso T. Fatores implicados no fenómeno de bullying em contexto escolar: revisão integrada da literatura. *Rev Enf Referência* [Internet]. 2011 [cited 2017 Mar 2]; Ser III(5):153-62. Available from: <http://dx.doi.org/10.12707/RIII1169>
8. Vessey JA, O'Neill KM. Helping students with disabilities better address teasing and bullying situations: a MASNRN study. *J Sch Nurs* [Internet]. 2011 [cited 2014 Jun 18]; 27(2):139-48. Available from: <http://jsn.sagepub.com/cgi/doi/10.1177/1059840510386490>
9. Horowitz JA, Vessey JA, Carlson KL, Bradley JF, Montoya C, McCullough B, et al. Teasing and bullying experiences of middle school students. *J Am Psychiatr Nurses Assoc* [Internet]. 2004 [cited 2017 Jan 16]; 10(4):165-72. Available from: <https://doi.org/10.1177/1078390304267862>
10. Gomes M. Examining the coping response to peer relational aggression victimization. *Nurs Res Pract* [Internet]. 2011 [cited 2014 Apr 28]; 2011:473980. Available from: <http://dx.doi.org/10.1155/2011/473980>
11. Willis D, Griffith C. Healing patterns revealed in middle school boys' experiences of being bullied using Roger's Science of Unitary Human Beings (SUHB). *J Child Adolesc Psychiatr Nurs* [Internet]. 2010 [cited 2014 Mar 26]; 23(3):125-32. Available from: <https://doi.org/10.1111/j.1744-6171.2010.00234.x>
12. Kvarme L, Eboh W, van der Teijlingen E, Love J. Use of solution focused brief therapy in bullying. *Br J Sch Nurs* [Internet]. 2008 [cited 2017 Mar 2]; 3(7):346-8. Available from: <https://doi.org/10.12968/bjsn.2008.3.7.31721>
13. Kvarme L, Monsen K, Eboh W. Evidence-based solution-focused care for school-age children experiencing cyberbullying. *J Psychosoc Nurs* [Internet]. 2014 [cited 2017 Aug 10]; 52(3):31-41. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/24200914>
14. Bowllan NM. Implementation and evaluation of a comprehensive, school-wide bullying prevention program in an urban/suburban middle school. *J Sch Health* [Internet]. 2011 [cited 2014 Mar 26]; 81(4):167-73. Available from: <http://doi.wiley.com/10.1111/j.1746-1561.2010.00576.x>
15. Silva JL, Oliveira WA, Braga IF, Farias MS, Silva Lizzi EA, Gonçalves MF, et al. The effects of a skill-based intervention for victims of bullying in Brazil. *Int J Environ Res Public Health* [Internet]. 2016 [cited 2017 Aug 10]; 13(12):1042. Available from: <https://doi.org/10.3390/ijerph13111042>
16. Gomes MM, Davis BL, Baker SR, Servonsky EJ. Correlation of the experience of peer relational aggression victimization and depression among african american adolescent females. *J Child Adolesc Psychiatr Nurs* [Internet]. 2009 [cited 2018 Sep 5]; 22(4):175-81. Available from: <http://doi.wiley.com/10.1111/j.1744-6171.2009.00196.x>
17. Karatas H, Ozturk C. Relationship Between Bullying and Health Problems in Primary School Children. *Asian Nurs Res* [Internet]. 2011 [cited 2018 Sep 5]; 5(2):81-7. Available from: <http://linkinghub.elsevier.com/retrieve/pii/S1976131711600169>
18. Pasten L, Lobos P, Mosqueda A. Comportamiento agresivo en varones de 10 a 12 años, pertenecientes a colegios de Valparaíso. *Cienc Enferm* [Internet]. 2011 [cited 2014 Mar 26]; XVII(2):97-109. Available from: <http://dx.doi.org/10.4067/S0717-95532011000200011>
19. Oliveira WA, Silva MAI, Mello FCM, Porto DL, Yoshinaga ACM, Malta DC. The causes of bullying: results from the National Survey of School Health (PeNSE). *Rev Latino-Am Enfermagem* [Internet]. 2015 [cited 2017 Feb 1]; 23(2):275-82. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-11692015000200013&lng=en&nrn=iso&tlng=en
20. Na H, Dancy BL, Park C. College Student engaging in cyberbullying victimization: cognitive appraisals, coping strategies, and psychological adjustments. *Arch Psychiatr Nurs* [Internet]. 2015 [cited 2018 Sep 5]; 29(3):155-61. Available from: <http://linkinghub.elsevier.com/retrieve/pii/S0883941715000424>

21. Sampaio JMC, Santos GV, Oliveira WA, Silva JL, Medeiros M, Silva MAI. Emotions of students involved in cases of bullying. *Texto Contexto Enferm* [Internet]. 2015 [cited 2017 Feb 1]; 24(2):344-52. Available from: <http://dx.doi.org/10.1590/0104-07072015003430013>
22. Kaya F, Bilgin H, Singer M. Contributing factors to aggressive behaviors in High School students in Turkey. *J Sch Nurs* [Internet]. 2012 [cited 2014 Jun 7]; 28(1):56-69. Available from: <http://jsn.sagepub.com/cgi/doi/10.1177/1059840511418669>
23. Pinilla E, Orozco L, Camargo F, Berrío J, Medina L. Bullying en adolescentes escolarizados: validación del diagnóstico de enfermería "Riesgo de violencia dirigida a otros". *Hacia Promoc Salud* [Internet]. 2012 [cited 2014 Jun 7]; 17(1):45-58. Available from: [http://promocionsalud.ucaldas.edu.co/downloads/Revista17\(1\)_3.pdf](http://promocionsalud.ucaldas.edu.co/downloads/Revista17(1)_3.pdf)
24. Dresler-Hawke E, Whitehead D. The Behavioral Ecological Model as a framework for school-based anti-bullying health promotion interventions. *J Sch Nurs* [Internet]. 2009 [cited 2014 Jun 7]; 25(3):195-204. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/19363105>
25. LoBiondo-Wood G, Haber J. *Nursing research: methods and critical appraisal for evidence-based practice*. 8th ed. Elsevier; 2014.
26. Prado ML, Souza ML, Carraro TE. *Investigación cualitativa en enfermería: contexto y bases conceptuales*. Washington, D.C.: Organización Panamericana de la Salud; 2008.
27. National Association of School Nurses. *Bullying prevention in schools* [Internet]. 2014 [cited 2014 Jun 7]. Available from: <http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/638/Bullying-Prevention-in-Schools-Adopted-January-2014>
28. Molina M, Vaca J, Muñoz P, Cabascango K, Cabascango C. Gestión de la calidad de los cuidados de enfermería hospitalaria basada en la evidencia científica. *Index Enferm* [Internet]. 2016 [cited 2018 Sep 5]; 25(3):151-5. Available from: http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S1132-12962016000200006&lang=pt
29. Reed PG, Shearer NBC. *Nursing knowledge and theory innovation: advancing the science of practice*. New York (US): Springer Pub. Co; 2011.

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