

Bullying Among Adult and Pediatric Patients with Chronic Illnesses: Implications for Nursing Practice (Subject Review)

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Abstract: Background: The victimization from bullying is an important public health problem across all ages. Patients with chronic illnesses are more likely to be bullied due to the fact that they are different, function differently or are socially stigmatized. An exploration of the phenomenon of bullying of a pediatric and an adult patient with chronic illness.

Methods: A literature search of PubMed, Scopus, CINAHL and PsycINFO was conducted for peer-reviewed studies on bullying of people with chronic conditions. The review investigated publication year 2010 to 2024 where the nursing intervention and clinical implication are focused. Clinical practice relevance and methodological rigor determined the selection of the studies.

Results: Youngsters with chronic conditions have far greater rates of peer victimization (25 to 35%) than healthy peers (15%). Bullying is more likely to occur in individuals with type 1 diabetes, inflammatory bowel disease, cancer, and heart conditions. The rate of bullying at work more than doubles among adults with chronic illness and disability (14% vs. 6% for non-disabled). This contributes to psychological distress and worsening health. Essential components of comprehensive care evidence-based nursing interventions include screening, education, psychosocial support, and advocacy.

Conclusions: Nurses and other healthcare providers are essential to spotting, preventing, and stopping bullying of those with a chronic illness. Incorporating routine screening for bullying and violence, implementing interventions, and expert consultations will help improve the health outcomes and quality of life of the patients, affected by bullying and violence.

Keywords: Bullying, Adult, Pediatric, Chronic Illnesses, Nursing Practice.

Introduction

Bullying refers to aggressive behavior of any form, be it physical, verbal, relational, or cyber, that is targeted at an individual over a period and displays a power imbalance between the bully and the victim [1]. The percentage of bullying among school-aged children globally is anywhere from 10% to 35% with significant variation between countries and populations [2]. Research into the bullying behavior has evolved. While it used to be thought of a children's affair, now we know it is also common among adults in office and hospitals.

Individuals with chronic illnesses are at high risk for bullying victimization. The overlap

of chronic disease management and social victimization is not often encountered and it is important for clinicians to consider. Chronic conditions like type 1 diabetes, inflammatory bowel disease, cancer, heart conditions and auto-immune conditions can make patients look different from their peers, prevent them from taking part in everyday activities and necessitate medical interventions that draw undesired attention [3]. People who are paranoid or distrustful are more likely to be bullied by peers or co-workers. Consequently, they may not take treatment properly.

As frontline healthcare providers, nurses are uniquely positioned to identify, manage and prevent bullying of patients with chronic illnesses across the lifespan. The purpose of this review is to summarize the current evidence on bullying and its impact on pediatric and adult patients with chronic conditions and to delineate evidence-based implications for nursing practice [3].

Methods

This study uses a systematic subject review design to summarize the evidence base for bullying in pediatric and adult chronic illness populations and consequences for nursing practice. We conducted a database search in major scientific databases (PubMed, Scopus, CINAHL and PsycINFO) for peer-reviewed studies from 2010 to 2024. The studies included in the selection process were those that looked at bullying experiences of people with chronic conditions, or that examined associated psychological, physical and social outcomes. By highlighting research that also identified nursing interventions and clinical implications, we ensured a practical relevance. Duplicate and irrelevant publications were excluded and studies were screened and selected according to methodological rigour, relevance to the research question and contribution to evidence-based practice. The data retrieved from the identified studies included prevalence, risk factors, types of chronic conditions associated with greater exposure to bullying, and similar health effects involving psychological distress, disease exacerbation and/or impaired quality of life. In addition, the review considered evidence associated with intervention strategies, especially those involving nursing roles including screening, patient education, psychosocial support and advocacy. Data collection consisted mainly of narrative analysis that focused on determining trends, relationships, and gaps in the literature. This combined approach unlocks an understanding of the phenomenon as a whole by merging results from different study designs and populations, contributing evidence towards generalizable conclusions and recommendations for clinical nursing practice and future research directions.

Result and Discussion

2. Bullying in Pediatric Patients with Chronic Illness

2.1 Prevalence and Risk Factors

A systematic review conducted by Sentenac et al. [4], comprised of 59 studies from peer-reviewed journals, examined the state of peer victimization in chronically ill school-age children. Only 59 eligible studies from a total of 736,950 were identified, all of which were published between 1991 and 2011. The review concluded that compared to healthy children, those with chronic conditions were at significantly higher risk of being victimized by their peers. The increased susceptibility was due to physical differences and limitations of activity, and the chronic illness social stigma [5].

Figure 1: Prevalence of Bullying Victimization by Chronic Condition (Pediatric Population)

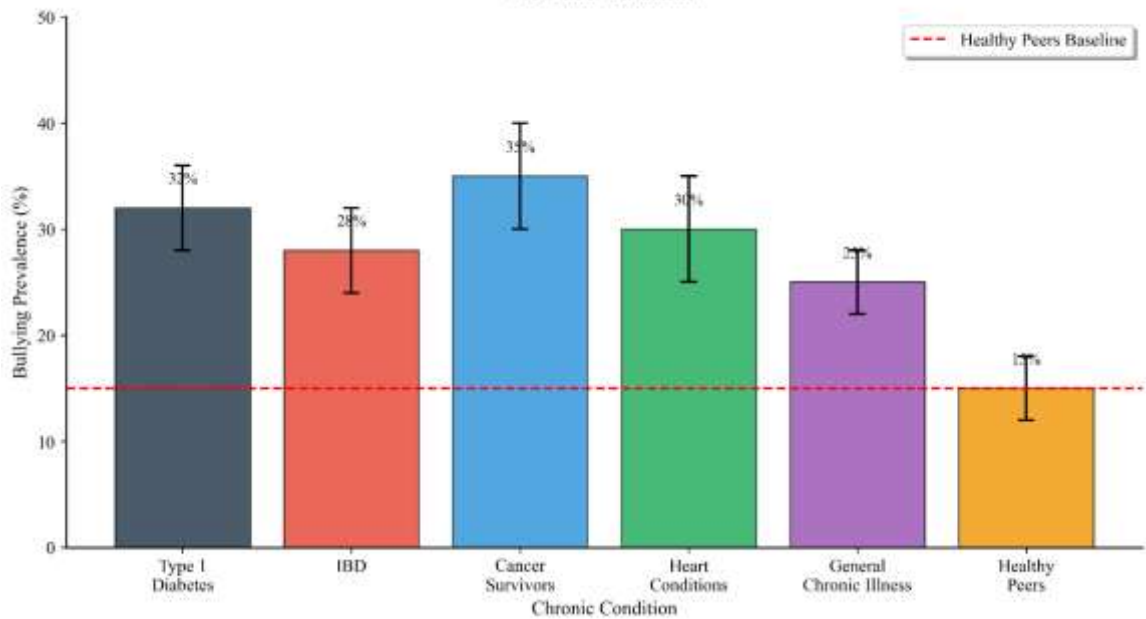


Figure 1. Prevalence of bullying victimization among pediatric patients by chronic condition type. Error bars represent 95% confidence intervals. Dashed line indicates baseline prevalence in healthy peers.

Table 1. Summary of Key Studies on Bullying in Pediatric Chronic Illness

| Study | Population | Sample Size | Prevalence | Key Findings |
|------------------------------|----------------------------|-------------|-------------|---|
| Sentenac et al. (2012) [4] | Various chronic conditions | 59 studies | OR: 1.5-2.5 | Systematic review; elevated risk across conditions |
| Andrade & Alves (2019) [6] | Type 1 Diabetes | 4 studies | 32% | Association with poor glycemic control |
| CDC (2024) [5] | Heart conditions | 69,428 | 30% | Weekly/daily bullying; increased anxiety/depression |
| Sztejnberg et al. (2022) [7] | IBD patients | 127 | 28% | Stigma moderates' victimization effects |
| JPOP (2024) [8] | Cancer survivors | 186 | 35% | Poor social/emotional functioning |

2.2 Type 1 Diabetes and Bullying

There has been a lot of research studying bullying and type 1 diabetes mellitus (T1DM) relation. In a systematic review conducted by Andrade and Alves [6], bullying victimization was reported to have a strong association with T1DM among children and adolescents. Among the studies, 85.7% showed that youth with diabetes experience victimization at a higher rate than healthy peers and youth with other chronic conditions. According to the review, bullying towards T1DM patients is associated with poor glycemic control, lower social support, and having posts in public places like school.

T1DM children require the administration of insulin, blood glucose monitoring, and dietary maintenance in educational institutions, which can make them victims of peer bullying. Bullying behaviors reported include verbal teasing about eating restrictions, exclusion from activities and disruptions to equipment in diabetes management. When people with diabetes are flooded with negative ideas about their disease, it ultimately obstructs the success of the therapy [6].

3. Bullying in Adult Patients with Chronic Illness

3.1 Workplace Bullying and Chronic Disease

Bullying behavior by children and adolescents has mainly been studied in the school context. On the contrary, the adults bully in the workplace [7][8]. People with disabilities and chronic illness are bullied at work at much higher rates than non-disabled people. Disabled employees are more than twice as likely to be bullied or harassed at work. Research indicates rates of 14% compared to 6% of non-disabled employees [9].

Figure 3: Workplace Bullying Prevalence by Disability Status (Adult Population)

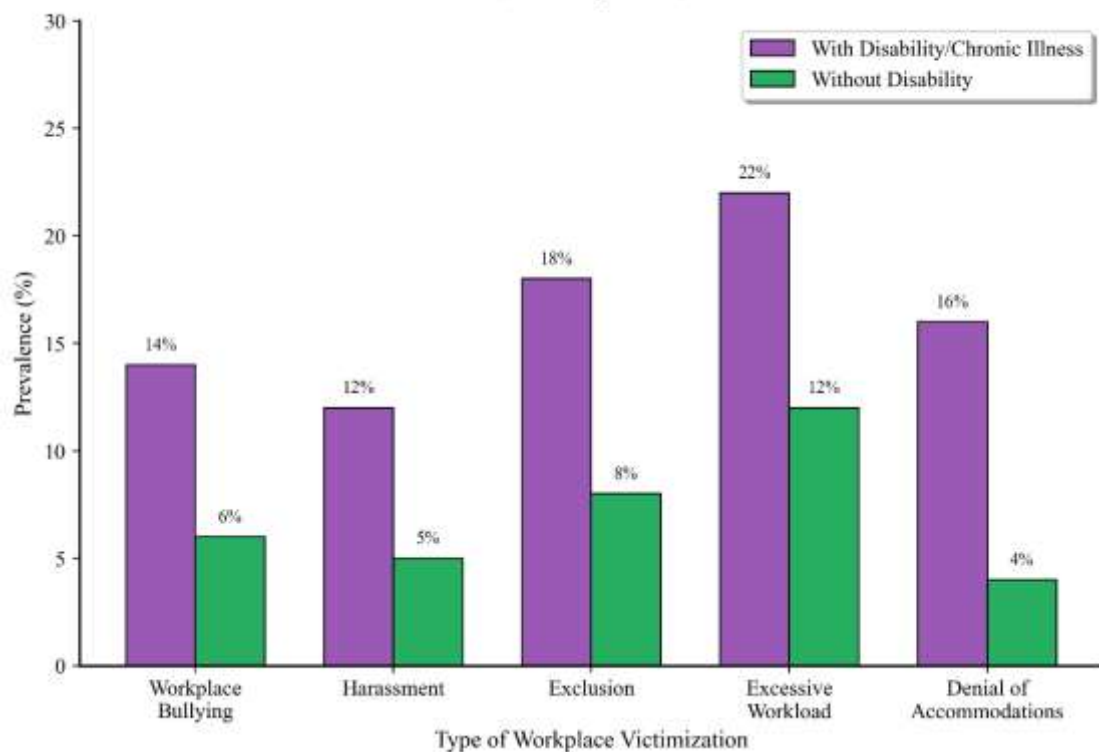


Figure 2. Workplace bullying prevalence by disability status. Individuals with disabilities/chronic illnesses experience significantly higher rates of all forms of workplace victimization.

3.2 Health Consequences in Adults

Individuals suffering from chronic conditions may experience more severe health issues as a result of workplace bullying [10]. A systematic review illustrated in [11] that professionals committing workplace bullying cause severe mental health issues (psychological distress, depression, and burnout), and physical problems (insomnia, headache) for their victims (employees). Healthcare workers who were bullied used more sick leave, indicating that victimization is an occupational and health burden.

4. Psychological and Health Consequences

The effects of bullying go deeper than the victimization itself. Years of data-backed research shows that childhood bullying victimization leads to mental health issues including anxiety disorders, depression, and borderline personality disorder symptoms [12]. This

experience mostly continues in adulthood, as bullied children have a higher incidence of psychiatric disorder decades later.

Figure 2: Health Consequences of Bullying Among Patients with Chronic Illnesses

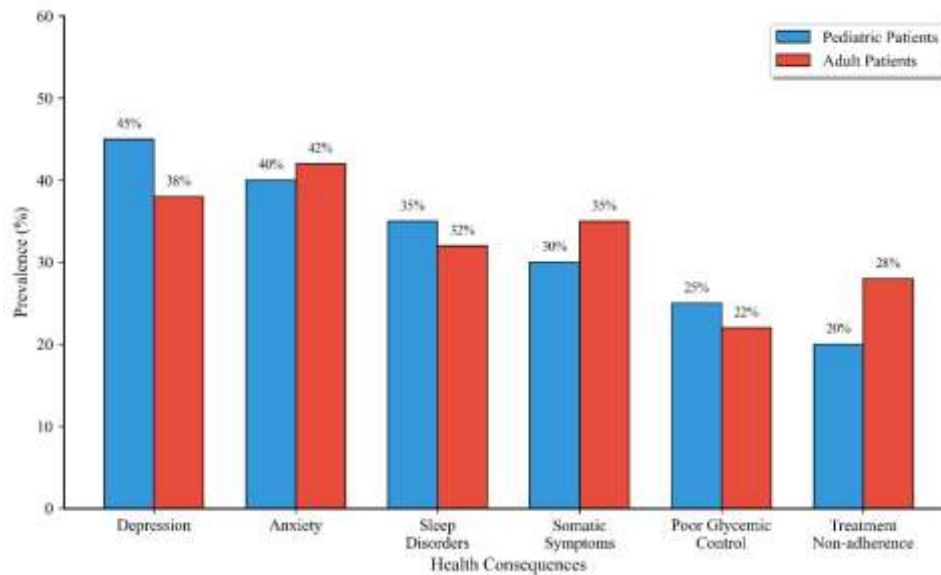


Figure 3. Health consequences of bullying among patients with chronic illnesses, comparing pediatric and adult populations. Values represent prevalence percentages among bullied individuals.

Table 2. Summary of Health Outcomes Associated with Bullying in Chronic Illness

| Health Domain | Specific Outcomes | Evidence Level |
|-----------------------|---|--------------------|
| Psychological | Depression, Anxiety, PTSD symptoms, Suicidal ideation | Strong (Level A) |
| Physical | Sleep disturbances, Headache, Somatic complaints, Cardiovascular symptoms | Moderate (Level B) |
| Disease-specific | Poor glycemic control (T1DM), Disease flares (IBD), Immune dysregulation | Moderate (Level B) |
| Behavioral | Treatment non-adherence, social withdrawal, Risk behaviors | Moderate (Level B) |
| Academic/Occupational | School/work absence, Performance decline, Job loss | Strong (Level A) |
| Quality of Life | Reduced HRQoL, Social isolation, Impaired functioning | Strong (Level A) |

5. Implications for Nursing Practice

Figure 4: Nursing Intervention Framework for Bullying in Chronic Illness Populations

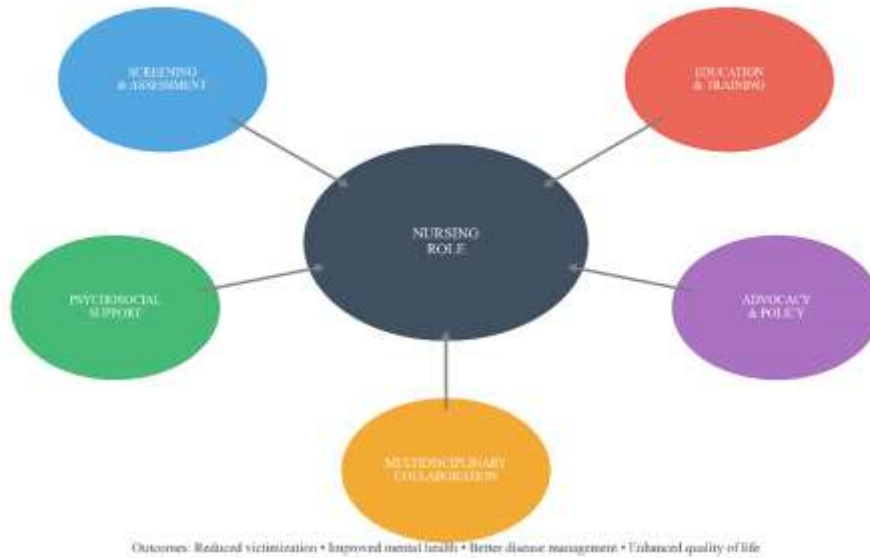


Figure 4. Nursing intervention framework for addressing bullying in chronic illness populations. The central nursing role connects five key intervention domains to improve patient outcomes.

5.1 Screening and Assessment

Nurses in various practice settings should utilize bullying screening for patients with chronic diseases during assessment. Screening tools that are validated can be used by pediatric nurses during well-child visits, school health visits, and chronic disease visits. Medical professionals conducting pediatric health evaluations must routinely include assessment of friendships, school experience, and sense of safety. During primary care visits and chronic disease follow-up appointments, adults should be questioned on their work experiences and relationships.

5.2 Intervention Strategies

Nursing interventions for bullying among chronic illness patients encompass multiple levels of intervention. At the individual level, nurses can provide psychosocial support, coping skills training, and connection to mental health resources. A systematic review of nursing interventions against bullying identified multiple effective approaches including prevention programs, peer support groups, psychological therapy, and resilience-building activities [13][14][15].

Table 3. Evidence-Based Nursing Interventions for Bullying in Chronic Illness

| Intervention Type | Key Components | Target Population | Evidence |
|-----------------------|--|--------------------------------|----------|
| Screening Programs | Validated tools, Routine assessment, Documentation protocols | All chronic illness patients | Level B |
| Education & Training | Patient education, School staff training, Parent workshops | Pediatric patients, Caregivers | Level B |
| Psychosocial Support | Counseling, Coping skills, Resilience building | Victimized patients | Level A |
| Peer Support Programs | Support groups, Peer mentoring, | Pediatric & young adult | Level B |

| | | | |
|-------------------|--|-----------------|---------|
| | social skills training | | |
| Advocacy & Policy | School liaison, Workplace accommodation, Policy development | All populations | Level C |

6. Conclusion

Bullying is a significant risk of poor outcomes in chronic sick patients, which can be modified when addressed early. Kids with type 1 diabetes, inflammatory bowel disease, cancer and heart conditions are more likely to be bullied by their peers, harming their mental health and illness management. Chronic illness and disability in adults are associated with more workplace bullying and thus psychological distress and occupational dysfunction.

Nurses play a vital role in the identification, management and prevention of bullying behavior of chronic illness patients. The adverse impact of bullying on health can be reduced by implementing systematic screening protocols, evidence-based intervention programs, and collaborative care models. Future studies need to develop and assess a nursing-specific intervention for prevention of bullying and intervening on behalf of chronic illness populations which requires a focus on cultural appropriateness and implementation science.

Practice Implications

- Add bullying screening to routine assessments for all patients with chronic illness.
- Create clinical plans that tackle the identified victimization with clear referral channels.
- Educate the patient, including family members and school/workplace staff about bullying prevention.
- Institutions should have strict policies to protect the vulnerable.
- Collaborate with a range of professionals to integrate physical and mental healthcare

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