




RESEARCH ARTICLE (ORIGINAL) 8

Students' experiences as bystanders to bullying

Vivências de estudantes como espectadores de situações de bullying
Experiencias de los estudiantes como espectadores del acoso escolar

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Abstract

Background: Bullying at school is a worldwide phenomenon. Observers are central to understanding the phenomenon and developing preventive actions.

Objective: To know the experience of students identified as witnesses of bullying situations.

Methodology: Qualitative and exploratory study developed in a Brazilian school, in the light of the Social cognitive theory. Twenty students aged between 13 and 18 years participated. Data were collected through semi-structured interviews and focus groups. Thematic analysis was applied to the data.

Results: The prevalence rate of students who observed bullying was 64%. Participants have good knowledge about bullying, assess aggressive behavior as negative or harmful, but this understanding does not translate into a sense of self-efficacy and actions to help victims. A thematic category was built – Taking action, reinforcing and feeling – “What was also motivating the aggressor to do this is the audience”.

Conclusion: The students' experience is marked by individual, school and contextual issues. Implications for primary health care are spelled out.

Keywords: bullying; social theory; school health; behavior; attitudes

Resumo

Enquadramento: O *Bullying* escolar é um fenómeno mundial. Os observadores são centrais à compreensão do fenómeno e ao desenvolvimento de ações de prevenção.

Objetivo: Conhecer a vivência de estudantes identificados como testemunhas de situações de *bullying*.

Metodologia: Estudo qualitativo e exploratório desenvolvido numa escola brasileira, à luz da teoria social cognitiva. Participaram 20 estudantes com idades entre 13 e 18 anos. Os dados foram colhidos através de entrevistas semiestruturadas e grupos focais. A análise temática foi aplicada aos dados.

Resultados: A taxa de prevalência de estudantes que observaram situações de *bullying* foi de 64%. Os participantes possuem bom conhecimento sobre o *bullying*, avaliam o comportamento agressivo como negativo ou prejudicial, mas esse entendimento não se converte em senso de autoeficácia e ações de ajuda às vítimas. Uma categoria temática foi construída – Tomada de atitude, reforço e sentimentos – “O que motivava o agressor era a plateia”.

Conclusão: A vivência dos estudantes é assinalada por questões individuais, escolares e contextuais. Implicações para a atenção primária em saúde são enunciadas.

Palavras-chave: *bullying*; teoria social; saúde escolar; comportamento; atitudes

Resumen

Marco contextual: El acoso escolar (*bullying*) es un fenómeno mundial. Los observadores son fundamentales para comprender el fenómeno y desarrollar acciones de prevención.

Objetivo: Conocer la experiencia de los estudiantes identificados como testigos de situaciones de acoso escolar.

Metodología: Estudio cualitativo y exploratorio desarrollado en una escuela brasileña, a partir de la teoría social cognitiva. Participaron 20 estudiantes con edades comprendidas entre los 13 y los 18 años. Los datos se recopilaron mediante entrevistas semiestructuradas y grupos de discusión. Se aplicó el análisis temático a los datos.

Resultados: La tasa de prevalencia de los estudiantes que observaron el acoso escolar fue del 64%. Los participantes tienen buenos conocimientos sobre el acoso escolar, evalúan el comportamiento agresivo como negativo o perjudicial, pero esa comprensión no se traduce en autoeficacia y acciones para ayudar a las víctimas. Se construyó una categoría temática – Toma de actitud, refuerzo y sentimientos – “Lo que motivaba al acosador era el público”.

Conclusión: La experiencia de los estudiantes está marcada por cuestiones individuales, escolares y contextuales. Se enuncian las implicaciones para la atención primaria de la salud.

Palabras clave: acoso escolar; teoría social; salud escolar; conducta; actitudes



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Introduction

Bullying is a worldwide phenomenon that occurs mainly in schools. It is a type of intentional violence that frequently occurs among students in a relationship of power imbalance (Oliveira et al., 2020). The protagonists of these situations include victims, aggressors, victims-aggressors, and bystanders. All students can suffer its negative consequences: victims may experience behavioral or psychosomatic problems; aggressors may engage in antisocial behaviors; bystanders may display social adaptation problems or feelings of insecurity at school (Thompson-Ochoa & Hodgdon, 2019). As a type of violence, bullying involves not only victims (bullied students) and aggressors (those who commit violence) but also students who witness these situations of aggression, corresponding to 80-85% of students (Obermann, 2013). The epidemiological survey entitled National School Health Survey (*Pesquisa Nacional de Saúde do Escolar*, PeNSE) included bullying in its research modules in its 2009, 2012, and 2015 editions. In a historical series, the research revealed the increase and maintenance of the prevalence rates of this phenomenon in Brazil. The 2015 edition showed that 7.4% of 102,301 students from 3,040 schools (including public and private schools) reported having been victims of bullying, and 19.8% reported having bullied their colleagues (Mello et al., 2017). São Paulo was the state with the highest percentage of occurrences. However, it should be noted that PeNSE did not include students who witness situations of systematic intimidation in schools. The same is true in the production of knowledge because studies still focus more on the victims and, to some extent, on the aggressors or the teacher's role (Romualdo et al., 2019).

Therefore, there is consensus in the literature that defending the victim reduces the rates of systematic intimidation in schools while reinforcing the aggressors' behavior increases them. This aspect suggests that bystanders are crucial to understanding the phenomenon and developing counter actions (Romualdo et al., 2019). Moreover, evidence shows that bystanders' behaviors influence the dynamics of the phenomenon in schools. Given that reducing bullying and its consequences is associated with the bystanders' behaviors of defending and helping the victims (Romualdo et al., 2019), there is a need to understand these students' experiences. In this context, experience is understood as the gathering of affections and meanings that shape the understanding of a given phenomenon and its response behaviors. In view of the above, this study aims to know the experience of students identified as bystanders (witnesses) to bullying situations in a private school.

Background

When analyzing the experience of students who witness bullying situations in schools, two constructs from the social cognitive theory are relevant to understand the bystanders' intervention or lack thereof in case of aggression: self-efficacy and self-regulation. Self-efficacy is defined as an individual's ability to act in a given situation because they believe they can solve or minimize the problem. It has four levels of understanding: the level of mastery experiences or control over self; the level of vicarious experiences or observation of the behavior of

others; the level of verbal persuasion (ability to influence others); and the level of emotional/physiological states related to how people judge their abilities, strength, and vulnerability in a situation of failure (Iaochite, 2017). In turn, self-regulation entails positive social behaviors, consisting of three sub-processes: self-monitoring, that is, self-observation of behavioral patterns; judgment, that is, the assessment of one's behavior in relation to social objectives or standards; and self-reaction, based on tangible or intangible rewards for achieving certain goals (Azzi & Polydoro, 2017).

The impact on students' health and development reported in many studies, as well as the high rates of bullying in schools have become a global public health problem. Therefore, psychosomatic or mental health problems are associated with the students' involvement in bullying situations (Thompson-Ochoa & Hodgdon, 2019). Nursing can contribute to bullying prevention programs through multidisciplinary or primary health care teams (Evgin & Bayat, 2020). Theoretical-conceptual models on how nurses can help students have already been synthesized. This model involves a diagnosis of the students involved in bullying situations, followed by the training of social and problem-solving skills (Evgin & Bayat, 2020). Concerning health-promoting behaviors, which are conceptually defined as a multidimensional pattern of self-initiated behaviors and perceptions to maintain or improve the level of well-being and self-realization, interventions with student bystanders may reduce the number of bullying situations in schools and improve the perceived school climate.

Research questions

What do students as bystanders to bullying situations think about these situations? What are student bystanders' self-reported behaviors and feelings about the witnessed situation? How do male and female students behave as bystanders to bullying situations?

Methodology

This is a qualitative, descriptive, and exploratory study. It was carried out in a private school of a medium-sized municipality of an administrative region in the northeastern region of the state of São Paulo, Brazil. The school was selected by convenience, which is an appropriate strategy used to generate hypotheses and insights in qualitative research. It is important to conduct this study given that private intuitions are a difficult-to-access context for research and bullying is still an underexplored topic. Participants included students enrolled in the 9th grade of Elementary School and in the 1st, 2nd, and 3rd grades of High School. These years were selected to include the moment of transition between Elementary School and High School, given that the reform of grades in Brazil is recent and the students in the 9th grade of Elementary School would generally be in the 1st grade of High School. In the stage of diagnosis of bullying situations at the school, 78 students were eligible to participate in the study, and 62 completed the diagnostic questionnaire (six missed classes on the day of data collection, and 10 did not join the study). Of the respondents, 64% ($n = 40$) were identified as bystanders to bullying situations

at the school. To carry out the qualitative research, the students from this group were invited to participate in individual semi-structured interviews and, later, in focus groups. Twenty students were included in the qualitative stage. The final number of participants was established based on the saturation criterion in the interview stage. Of this group, 11 were boys (55%) and nine were girls (45%), with a mean age of 15.4 years. These students also attended the 9th grade of Elementary School and the 1st, 2nd, and 3rd grades of High School.

Data were collected between April and May 2019 following a multimethod approach, that is, different strategies were used in the same methodologically structured qualitative study (Carter et al., 2014). The first data collection strategy was the collective application of the questionnaire to identify students who had witnessed bullying situations. This instrument was useful for estimating prevalence data. Each questionnaire lasted, on average, 25 minutes.

Based on the information collected from the questionnaires, both female and male students identified as bystanders to bullying situations were interviewed and participated in the focus groups, which met the research objectives. Participants were interviewed individually based on a script including questions such as “Have you ever witnessed any of your colleagues being threatened, abused, humiliated, excluded, or assaulted at school?” and “Please tell me everything you remember about this situation.” The interviews were conducted in a previously prepared room and recorded for later transcription. Students were informed about the researcher’s interests/motives/objectives and condition as a doctoral student in public health. Then, the focus group sessions were held in a classroom where traditional desks gave way to colorful and individual cushions arranged in a circle. The intention was to provide comfort to the participants and promote interaction and involvement between them and the researcher. The adequacy of the physical environment was a key aspect for achieving the expected results. Four sessions were held: two with girls and two with boys. Gender separation aimed to cover the nuances and differences between boys and girls concerning their experiences as bystanders to bullying situations at school. The sessions lasted, on average, 77 minutes. In addition to the researcher, an observer was also present at the sessions to record field notes on the discussions during the focus group. This observer had a doctoral degree and knowledge about the applied technique and the phenomenon under analysis. The sessions were audio-recorded (with a digital recorder) for full transcription. The discussion was guided by questions such as “Why do some of your colleagues at school commit this type of violence?”, images, stories about bullying experiences, and vignettes with news about the occurrence of the phenomenon in schools.

The development of the study and the analyses followed Albert Bandura’s social cognitive theory (Bandura & Azzi, 2017). In addition, the analytical reading of the data followed the thematic analysis proposed by Clarke et al. (2019). The following steps were taken: data familiarization, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and disseminating results. The following thematic category was built based on data analysis: Taking action, reinforcement, and Taking action, reinforcement, and feelings – “What motivated the aggressor was the audience”.

In order to improve the description and analytical me-

thods in this manuscript and enhance its reliability, the criteria and guidelines of the Consolidated Criteria For Reporting Qualitative Research (COREQ) Checklist were used. The development of this study also followed the recommendations of Resolution 466/2012 of the National Health Council of Brazil. The Research Ethics Committee of EERP-USP (Opinion No. 124/2018) approved the study. Authorization was also obtained to conduct the study at the selected school. The participants and their guardians (when under 18 years of age) also completed letters of consent and assent.

Results

The prevalence rate of students identified as bystanders to bullying revealed in the first stage of the study was high given that 64% of students had witnessed many bullying situations. The most common type of violence witnessed (57 references) was mockery or humiliation, followed by name-calling (54 references). Slander/defamation and exclusion from the group were recurrent (45 occurrences), as well as damaging the victim’s belongings (44 references) and causing pain intentionally (42 references). Groping a student against their will was the least common behavior (only six references). Being physically assaulted and robbed were other less common behaviors (only 18 and 17 references, respectively). Among the most common interventions, the students who reported having done something reported having helped the victim to intimidate or hit the aggressor. Three students reported having talked to the victim and advising him or her to talk to someone. In situations where the type of violence was group exclusion, the student tried to include the victim in his or her group.

From the analysis of the data collected in the interviews and focus groups, the following thematic category was built: Taking action, reinforcement, and feelings – “What motivated the aggressor was the audience”.

Therefore, the participants’ attitudes, behaviors, and feelings revealed the role of the audience (group of bystanders) in maintaining and interrupting bullying situations in schools. The girls who witness these situations collectively understand that they have to interfere or stop the aggression. In turn, boys reported that bullies can stand out in the group because they have support, because they conquer an audience. The following excerpts point to these issues.

“You must hold the person’s hand and say, “Oh, I’m with you. You’re with me, it doesn’t matter, just ignore the person who’s doing this” (Bruna, focus group).

“What was also motivating the aggressor to do it was the audience. If he didn’t have the audience, no one supporting him, he might not be doing it” (Gabriel, focus group). On the other hand, although students assessed bullying situations as negative or harmful to the victims, this understanding does not always promote defending or helping behaviors and may reinforce the aggressors’ behaviors.

The boys would see and start talking. You start laughing, but, at that moment, you don’t even care, but then, when you’re at home, you stop and examine your conscience, and then you start thinking about it (Theo, interview). The study participants also revealed their behaviors while witnessing bullying situations. Indeed, one of the focuses of the study was to identify what the bystanders did. Therefore, the theme was explored in the interviews and

focus groups. The most common action taken towards the victims was to talk, especially by asking them to disregard the aggressions. Other colleagues were also included to prevent the exclusion of victimized students. In the focus groups, taking action was one of the interventions highlighted. Female and male students reported that the intervention should be performed with the aggressors. Another attitude adopted by the participants was to seek the help of an adult, as can be seen from the excerpt below.

Or, sometimes, in the situation that you're talking about, if she's the same age as the girl, if they try to help, then he's going to yell at them too. So I think it's better for them to ask for the help of an adult or someone older than him, don't you think? To make things right. (Bianca, focus group, May 2019)

However, it is worth mentioning that, according to the students, the helping attitudes (talking to the victims, interventions with the aggressors, or asking for the help of an adult) only occur if there is a harmonious relationship with the victims. If interactions are guided by friendliness, then the previous relationship or the friendship relationships can encourage bystanders to act. This possibility is explained in these student's words:

"Because I'm not going to give advice to someone with whom I don't have much intimacy" (Amora, focus group). On the other hand, the limited references to the actions taken were accompanied by empathy, respect, solidarity, and tolerance, which are aspects that can lead to a positive action in bullying situations.

I sometimes put myself in the person's shoes. I keep thinking what I would do if that was happening to me, I mean, some people can't take offense, then it's kind of hard, then the person just listens, listens, listens, takes it, and then it's impossible. (Guilherme, interview)

However, helping behaviors are mainly avoided due to fear of the stigma of being seen as a "soap-opera buff", the fear of becoming a victim of bullying, and the lack of a sense of self-efficacy. These aspects are the most significant barriers to helping or defending the victims.

I think that if I stop to think about it, if I do this, I can be next, I mean, the person can start making fun of me. It's just that this is very wrong, if you see what's happening, if you see that, and sometimes you can't see it, you should intervene, you should talk, you should show that it's completely wrong, that the person is getting upset. But it's hard, because sometimes there are more people in favor of the joke and then it's only you. (Carol, focus group)

I feel powerless because I can't help or do something, because there's often no use talking to the person, saying they're wrong, saying it's bullying or anything like that. And since I don't know how to behave, I want to help and I don't know how, so I feel powerless. (Bianca, interview)

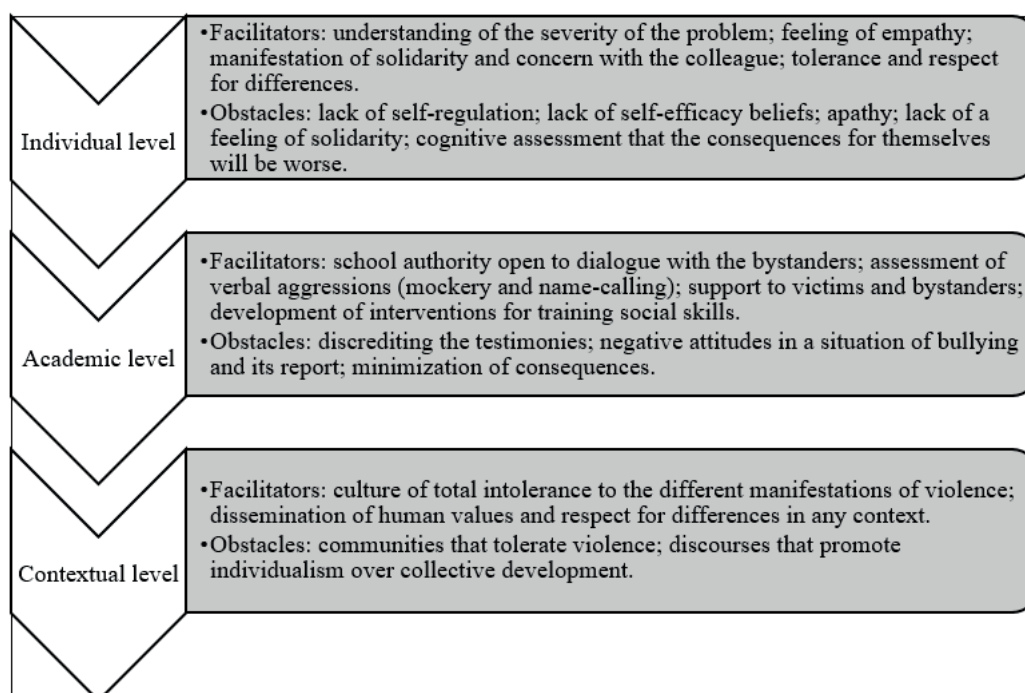
Concerning the lack of self-efficacy, the students also displayed apathy, lack of action, and even perception of the aggression in the face of the situations. Apathy - lack of motivation to help, to assess the witnessed aggressions as negative, and even not knowing how to feel - is described in the excerpt below.

I don't think there's much to do, no. I don't know, man, it starts in the person's [aggressor] head, they have to understand that, that what they're doing is not right. . . . I haven't told anyone [that these things happen]. I'd rather be quiet. (Guilherme, interview)

Figure 1 summarizes the data on the individual, academic, and contextual levels of the students' experiences of

Figure 1

Facilitators and obstacles to taking action



bullying situations that facilitate or hinder taking action. The synthesis was based on the empirical data collected from the interviews and focus groups, as well as aspects of the social cognitive theory that are useful for understanding empirical data.

Discussion

This study aimed to explore students' experience as bystanders (witnesses) to bullying situations at a private school. It revealed that students have a good level of knowledge about bullying and assess aggressive behaviors as negative or harmful. However, this knowledge does not translate into actions to help or defend the victims. A significant number of students reported having witnessed bullying at the private school. Students' experiences as bystanders to bullying are influenced by individual aspects, such as feelings of fear, empathy, or apathy, lack of self-regulation, and lack of self-efficacy beliefs. Academic aspects such as institutional neglect or minimization of the aggressions were also pointed out. This aspect is reinforced by the contextual level because participants perceived the communities that are tolerant to violence as being more conducive to the occurrence of bullying.

According to the participants, the role of the bystanders and the audience allows identifying bullying situations at the school where the research was conducted. The high number of students who witnessed bullying situations in this study is consistent with the results of other studies, whose data indicate that almost 85% of students have witnessed bullying (Obermann, 2013). For this reason, it is important to analyze this group for understanding the problem and developing interventions. It is even more important given that most students often stand against bullying aggressions and some report the desire or intention to help the victims, but this behavior is not always translated into actual help (Zequinão et al., 2016). The results also showed that the so-called audience can both reinforce the aggressors' behavior, that is, reveal a certain curiosity or express reinforcement behaviors, such as laughter or applause, and be used to tackle the problem. Both of these aspects in the bystander groups have been highlighted in the specific literature as possible to occur when analyzing the phenomenon from the bystanders' perspective (Obermann, 2013). More specifically, helping and defending behaviors are accompanied by feelings of fear, indifference, or inability to act.

First, the participants reported actions taken while witnessing bullying situations. One of these actions was seeking help from adults, which reveals a sense of ineffectiveness of the bystanders' direct action, especially when the aggressors are physically more powerful or older students. Asking an adult to intervene or be aware of the situation is the best attitude because it implies the presence of school authority in the resolution of conflicts and problems between students. At the same time, students should perceive the support of teachers and other adults because this perception is associated with the repetition of behaviors to help the victims or behaviors of indifference towards bullying that significantly reduce the likelihood of helping/defending the victims (Choi & Cho, 2013). On the other hand, this study found few helping behaviors among the participants and the need for the existence of a close relationship with the victims to intervene. Bystanders to bullying situations can more easily ignore

these situations when they are not emotionally involved with the victim (Romualdo et al., 2019). Another study found that bystanders are more likely to defend/help the victims when they have close relationships with them (Pöyhönen et al., 2012). Conversely, they are less likely to intervene when they are friends with or have affective relationships with the aggressors (Pöyhönen et al., 2012). In these cases, the lack of empathy and the increase in the belief that they are unable to intervene in case of bullying are also common. These conditions promote a passive observation, that is, the occurrence and frequency of systematic intimidation normalized in school settings (Romualdo et al., 2019).

Therefore, the need to be empathetic permeates some of these students' testimonies. According to other studies, empathy is a cognitive and affective construct that when present in bystanders can promote behaviors that are more prone to help or defend the victims and less prone to support aggressors or promote apathy in the witnessed situations (Choi & Cho, 2013). Moreover, it is known that students with high levels of empathy are more likely to exhibit positive behaviors towards the victims than those who are less empathic (Zequinão et al., 2016). Therefore, some European countries have been developing intervention programs focused on the promotion of empathy and have already registered an increase in student responsibilities and a decrease in aggressive behaviors in schools (Obermann, 2013; Salmivalli, 2014).

This movement can be explained by the Social cognitive theory, which explores the main determinants of behaviors. In the case of bullying, to stand up for the victims, student bystanders must believe that their actions will positively impact the victims. This is an initial premise to be considered for help or defense, that is, relieving or producing a positive effect on the victims' experience at school (Pöyhönen et al., 2012). Thus, it is not only about stopping the aggression; it is also about increasing the victims' well-being and satisfaction at school. This perspective introduces the need for anti-bullying interventions to include content related to human values and tolerance of diversity to improve the victims' experiences. Omission and passivity *versus* activity in bullying situations make students have negative behaviors in these situations. The bystander's negative behavior is, to some extent, seen as favorable to the aggressors' actions (Evans et al., 2019). In addition, according to specific literature, engaging in behaviors to help or defend the victims can have positive effects on student bystanders (Romualdo et al., 2019). By adopting these behaviors, they become more optimistic about the future, increase their self-esteem, and may even improve their academic performance (Evans et al., 2019). These positive effects are known as internalizing symptoms that cause them to intervene in bullying situations, whether by asking an adult to intervene or intervening directly with the victims or the aggressors (Evans et al., 2019).

However, bystanders to bullying at school often do nothing out of fear, which indicates self-regulation problems among the research participants. More specifically, people are motivated to obtain favorable outcomes and avoid unfavorable outcomes through their behaviors. Thus, analyzing the expected outcome may increase the likelihood of a given behavior being maintained or abandoned (Azzi & Polydoro, 2017). It is the outcome expectation that provides reinforcement, promotes or inhibits behaviors; in the case of bystanders, it is the assessment of the impact

of their behaviors that will determine whether they will intervene or not in the witnessed situation.

This self-regulation problem culminates in the lack of self-efficacy, which, according to the participants, can be reflected in feeling insecure to help: they may not know what to do, feel able to help or defend the victims, or see a solution to the problem or practical result in the help they can offer. According to Bandura and Azzi (2017), the sense of self-efficacy increases with the individual's positive experiences. Examples of this increase occur when help is offered and there is a positive outcome. Negative experiences decrease the sense of self-efficacy, or when students feel that they can make the situation worse for the victims or become victims themselves. Among the characteristics of self-efficacy are the belief that problems can be solved if we invest the necessary effort; the feeling that it is easy to stick to or accomplish personal goals; the belief that unexpected or unforeseen events will be overcome; and the belief in our own abilities to handle limit situations (Azzi & Polydoro, 2017; Iaochite, 2017). Therefore, self-efficacy has been discussed from a perspective of orientation towards learning. This orientation is associated with the cognitive motivations to developing self-confidence not as the outcome of an experience but rather as an aspect including skills and knowledge necessary for certain situations (Bandura & Azzi, 2017). From this perspective, people who act in this way actively seek challenges and opportunities to learn and are open to acquiring new skills and new knowledge to be applied in similar situations in the future. The students who participated in this study do not perceive the successful resolution in previous bullying situations (lack of mastery experiences); do not identify other colleagues who have successfully helped or defended a victim (poor vicarious experience); there is no social incentive to be pro-victim (lack of social persuasion); and the feelings are more negative than positive, marked by fear (Azzi & Polydoro, 2017; Iaochite, 2017; Bandura & Azzi, 2017). Therefore, it can be inferred that health-promoting behaviors are promoted if there is an increase in the sense of self-efficacy, self-regulation, and responsibilities of students who witness bullying situations. Self-efficacy, self-regulation, and self-responsibility are individual determinants of health-promoting habits. It should be noted that this study also included these variables in its discussions to understand the experience of students as bystanders to bullying at school, which is a serious public health problem. Health interventions should be implemented to maintain or improve these students' health-promoting behaviors because they can improve the quality of life and the experience at school and reduce the occurrence of the phenomenon in school settings.

This study had some limitations. The number of participants limited the amount and diversity of information and samples. More horizontal data (e.g., students from more than one school, students from public schools) could have led to the development of other categories/topics relevant for discussion. The qualitative approach limits the generalization of the results. As these results were obtained at a private school, they are not valid for another private school or for public schools. The use of semi-structured interviews for data collection may also represent a memory bias because the bullying situations were rescued from the past.

Conclusion

The results of this study contribute to better understand the experience of students who witness bullying at school. Few studies in Brazil have included this group of students in their analyses of the phenomenon. An innovative aspect was that the analysis of this experience at private schools given that most studies address the reality of public schools. The combination of interviews and focus groups for data collection is another relevant aspect. The experience of bystanders to bullying situations is influenced by individual, academic, and contextual aspects. Participants expressed their intention to help the victims but lacked support from teachers and the institution to transform their understanding of bullying as something negative into pro-victim interventions. These results point to implications for the planning of interventions that may include health teams and primary care nurses.

Thus, in the fight against bullying, we should move from the individual approach focused on the victims or aggressors to the inclusion of the bystanders. Health and nursing teams can contribute by diagnosing the students involved in bullying situations and implementing interventions aimed to develop social or problem-solving skills. Health professionals can also help adolescents develop healthier relationships and care for their own health, from a health promotion perspective. Other studies may investigate the experience of bystanders to bullying in other contexts and include other informants such as teachers or parents/guardians.

Author contributions

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