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# Prelicensure Nursing Students' Experiences of and Reactions to Bullying by Registered Nurses (RNs) in the Clinical Environment

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## Dedication

I dedicate this dissertation to my late mother, Patricia Chiocchi. This accomplishment stems from her unconditional love, support, wisdom, and example of how to be and live in this world.

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## Abstract

Bullying within the clinical environment is a pervasive issue that significantly impacts prelicensure nursing students. The aim of this study was to describe prelicensure nursing students' experiences of and reactions to bullying by registered nurses (RNs) during their clinical experience. The qualitative research design involved narrative analysis of participant stories to gain insights into the nature and consequences of these interactions. The findings revealed that bullying manifested through RNs ignoring students, withholding or not accepting help, making wrongful accusations, and engaging in both verbal and non-verbal mistreatment of students. These experiences led prelicensure nursing students to have decreased self-confidence, compromised learning outcomes, and thoughts of leaving the profession of nursing. However, the study highlighted the positive role of advocacy by clinical instructors and RNs. When clinical instructors and RNs advocated for students who experienced bullying, it mitigated the negative effects of bullying and fostered emotional resilience and confidence of prelicensure nursing students. Recommendations for addressing the issue of bullying in the clinical environment include cultivating a supportive clinical environment; promoting open communication between students, clinical instructors, and registered nurses; and strengthening partnerships between educational and clinical placement institutions. Educational interventions should be implemented for clinical instructors to recognize and confront bullying and to support students after the experience of bullying. Clinical instructors play a crucial role in creating a safe and respectful learning environment. They must actively address and prevent bullying incidents to promote the well-being and professional growth of prelicensure nursing students. Effective advocacy for prelicensure nursing students can counteract the adverse consequences of bullying and encourage students to remain committed to their nursing education and the profession of nursing.

Keywords: bullying, prelicensure nursing students, student nurses, registered nurses, clinical environment, clinical placement, clinical instructors, advocacy, qualitative research, Kenneth Burke

# CHAPTER I

## INTRODUCTION

Workplace bullying is a serious social, organizational, cultural, and psychological phenomenon that affects society and trickles down to organizations and then to the people involved in those organizations (Hover & Williams, 2022; Jiao et al., 2023; Nielsen & Einarsen, 2018). While differences in definitions of bullying will be further discussed in Chapter II, it is important to note that definitions of bullying found in the literature identified a variety of types of behaviors considered as indicative of bullying, such as, social isolation, ridicule, verbal threats, or spreading rumors (Leymann, 1996, 1990; Zaft & Gross, 2001), frequency and duration (Einarsen, 2000; Leymann, 1990, 1996; Zaft & Gross, 2001), resulting harm to the victim (Einarsen, 2000; Leymann, 1996, 1990; Zaft & Gross, 2001), and an imbalance in the power relationship between the parties ( Einarsen et al., 1994; Zaft & Gross, 2001).

The American Nurses Association (2021) (ANA) defines bullying as "repeated, unwanted, harmful actions intended to humiliate, offend, and cause distress in the recipient" (para. 2). Bullying affects the physical and psychological well-being of nurses; it stops nurses from asking questions, seeking validation of known knowledge, having feelings of cohesion, and prevents them from acquiring the tacit knowledge-build necessary in clinical practice (Hover & Williams, 2022; Hutchinson & Jackson, 2015). It can cause burnout (Lang et al., 2022; Livne & Goussinsky, 2018), disengagement toward patient care, contribute to the inability of nurses to experience empathy, care, and a connection to patients (Fountain, 2017). Psychological responses to bullying behaviors, such as increased stress, somatic symptoms, frustration, and lack of concentration, increase risk to patient safety and contribute to medical and medication errors (Johnson & Benham-Hutchins, 2020).

Prelicensure nursing students may be the most vulnerable to experiencing bullying due to student dependence on guidance (Anusiewicz et al., 2020; Birks et al., 2017; Minton & Birks, 2019) within the clinical environment and because of their inexperience within the profession (Budden et al., 2017; Minton & Birks, 2019). Bullying negatively affects novice nurses' productivity by affecting cognitive demands and the ability to handle or manage their workload (Fountain, 2017). Research on prelicensure nursing students' experiences of bullying behaviors (Hallett et al., 2023; Hopkins et al., 2018) is of increasing interest to the profession of nursing.

**Aim of Study**

This study aims to describe prelicensure nursing students' experiences of and reactions to bullying by registered nurses (RNs) during their clinical experience.

**Phenomenon of Interest**

The phenomenon of interest in this study is prelicensure nursing students' experiences of bullying by RNs during their clinical experience. Theories as to why bullying occurs in nursing have changed over time. Early theories to explain workplace bullying in nursing posit oppressed group behavior from patriarchal attitudes from dominant medical approaches and management in the healthcare system, where RNs turn away from other nurses in the profession with distain in order to be accepted by the oppressor (physicians, management) (Roberts, 1983; Roberts et al., 2009). Meissner (1986) coined the phrase "nurses eat their young" to describe the bullying experience of novice nurses by experienced RNs or administrators. This has been described as a rite of passage into the profession of nursing (Aebersold & Schoville, 2020; Birks et al., 2018), with the phrase "nurses eat their young" still prevalent today.

Recent literature examines RNs vulnerability to being the target of bullying behaviors due to role conflict (Homayuni et al., 2021; Van den Brande et al., 2016). Role conflict is defined

as incompatible demands on an individual that arise from the need to satisfy multiple job responsibilities, which results in less control on conditions of a work environment, less job satisfaction, and more stress within an environment (Hoseini et al., 2021). RNs multitask organizational requirements, their professional nursing practice, and participation within a healthcare team to implement collaborative interventions. These factors can create a high workload for RNs, role conflict, and emotional demands, and may explain why nurses are more vulnerable to experiencing bullying (Homayuni et al., 2021; Trépanier et al., 2016).

Those new to nursing practice (Anusiewicz et al., 2020), transitioning to a new healthcare environment, floating to an unfamiliar unit, working as a per diem nurse (Griffin & Clark, 2014), working in a behavioral health unit, emergency department, or intensive care unit are at an increased risk to experience bullying behaviors. Emotional exhaustion and negative feelings about self and surroundings are higher in nurses who are bullied in the clinical environment (Giorgi et al., 2016). Those that experience bullying behaviors have lower job satisfaction and may experience negative physical and psychological effects, such as depression, anxiety, fear (Courtney-Pratt et al., 2018), nervousness, fatigue, and gastrointestinal issues, which may then lead to turnover intentions (Coetzee & Van Dyk, 2018; Lo Presti, 2019).

Fifty percent of prelicensure nursing students reported being verbally abused in a 12-month period (Budden et al., 2017). The Joint Commission (2021) and a National Council of State Boards of Nursing (NCSBN) (2022) report found that approximately 25% of new nurses leave their RN position within their first year of practice due to burnout and lack of support. Inadequate staffing, lack of time and resources to effectively practice, and lack of breaks away from the work area are factors significantly associated with severe bullying (Baek & Trinkoff, 2022). Newly hired and newly licensed RNs assert stress (NCSBN, 2022; Zheng et al., 2023) and

job conflict (NCSBN, 2022) as problems in the first year of professional employment. The complexity of healthcare systems and the role of nurses in the healthcare system predispose new nurses to experience bullying in the workplace as they learn to maneuver through both internal and external environmental demands (Chang & Cho, 2016).

Within the nursing hierarchy, prelicensure nursing students are in a vulnerable position due to their inexperience within the profession (Budden et al., 2017; Minton & Birks, 2019), their lack of knowledge related to cultural norms (Tee et al., 2016), and their dependence on clinical guidance (Anusiewicz et al., 2020; Minton & Birks, 2019). For prelicensure nursing students, exposure to the clinical environment is one of the most stressful experiences of nursing education (Mahasneh et al., 2021), with prelicensure nursing students viewing this environment as unsupportive to their learning and development (Toqan et al., 2023). This may place prelicensure nursing students in a greater position of vulnerability than newly hired or newly licensed RNs to experience workplace bullying (Budden et al., 2017; Minton & Birks, 2019). A culture that lacks support and is coupled with the inexperience of prelicensure nursing students inhibits the necessary guidance students need to flourish in developing the skills necessary for clinical practice (Anusiewicz et al., 2020; Birks, 2017; Minton & Birks, 2019).

**Research Question**

What are prelicensure nursing students' experiences of and reactions to bullying by RNs during their clinical experience?

**Justification for Studying the Phenomenon**

There is evidence that exposure to workplace bullying has serious detrimental outcomes that extend beyond those who are bullied, those who bully, and the organization. Nurses exposed to bullying behaviors in the workplace indicate that exposure to these behaviors contribute to

their potential to make errors, and/or negatively affects their work-related productivity, which compromises patient safety and patient care (Johnson & Benham-Hutchins, 2020; The Joint Commission, 2021).

Workplace bullying inhibits newly licensed nurses from asking questions of peers and acquiring the knowledge, skills, and experiences in an environment that is conducive to building optimal clinical practice (Anusiewicz et al., 2020). Like novice nurses, prelicensure nursing students are dependent on guidance (Anusiewicz et al., 2020; Minton & Birks, 2019) and learn by example. The experience of being bullied or witness to bullying behaviors potentiates the internalization of the toxic behavioral norm of bullying and may foster the development of similarly noxious personal attitudes and actions in prelicensure nursing students who are entering the field of clinical nursing (Aliafsari Mamaghani et al., 2018; MacDonald et al., 2022).

The impact of bullying behaviors within the healthcare environment includes a decrease in morale and productivity, increased absenteeism (due to physical, psychological, and emotional harm), and rapid and increased turnover of nursing staff (Coetzee & Van Dyk, 2018; Lo Presti, 2019). These consequences compromise patient safety (Budden et al., 2017). Bullying exacerbates the stress and demands of an already stressful and demanding profession, contributing to burnout (Lang et al., 2022), and driving talented and caring people out of the nursing profession. (The Joint Commission, 2021). It hinders the development of professional identity of prelicensure nursing students (Amoo et al., 2021) and may cause some of these students to turn away from the nursing profession.

Furthermore, the fiscal impact of turnover for institutions is profound. Nationally, the hospital turnover rate is 20.7%, with the average cost of turnover for a bedside RN costing $56,300. This results in the average hospital loss between $3.9 to $5.8 million annually, with

each percent change in RN turnover costing or saving the average hospital an additional $262,500 a year (*NSI National Health Care Retention & RN Staffing Report*, 2024).

**Phenomenon Discussed within Specific Context**

Defining bullying within nursing is complex and there is no universal definition used within the literature on bullying (D'Souza et al., 2018; Hartin et al., 2019). The American Nurses Association (ANA) (2021) defines bullying as "repeated, unwanted, harmful actions intended to humiliate, offend, and cause distress in the recipient" (para. 1). The ANA differentiates incivility from workplace bullying in that the perpetrator of the incivility may or may not have negative intent behind rude, discourteous, or disrespectful actions. Workplace violence is further differentiated from bullying and incivility as any act or threat of physical violence, harassment, intimidation, or other threatening, disruptive behavior, and includes physical, sexual, and psychological assaults. These acts can be covert or overt acts of verbal or physical aggression or nonverbal acts such as relational and psychological abuse. (ANA, 2021). According to Courtney-Pratt et al. (2018) and Sanner-Smith (2017), covert bullying behaviors can include excessive criticism, non-verbal gestures, withholding information, intimidation, and exclusion. While intimidation is considered a covert bullying behavior (Courtney-Pratt et al., 2018; Sanner-Stiehr & Ward-Smith, 2017), the term intimidation differentiates workplace violence from incivility and workplace bullying in the workplace violence definition by the ANA (2021).

The Joint Commission uses the terms workplace bullying, lateral violence, horizontal violence, and workplace violence interchangeably and defines workplace bullying and horizontal/vertical violence as "repeated, health-harming mistreatment of one or more persons (the targets) by one or more perpetrators" (para. 2). The Joint Commission further clarifies that verbal abuse, humiliation, and sabotage are considered bullying behaviors. Of note, while The

Joint Commission defines threatening and intimidating behaviors as bullying behaviors, the ANA includes threatening and intimidating behavior under their workplace violence definition.

Minton and Birks (2019) examined the textual data from a broader study by Minton et al. (2018), in which a cross-sectional design was utilized using an electronic survey. Two hundred and ninety-six surveys were returned by nursing students from across New Zealand. Minton and Birks (2019) aimed to present the experiences described by prelicensure nursing students regarding the nature and extent of their bullying experience during clinical placement. The instrument used was the Student Experience of Bullying During Clinical Placement (SEBDCP) survey, which was developed by Budden et al. (2017) and based on the work of Hewett (2010). The survey was a four-point Likert scale based on frequency. Each question offered an "other" response category and ability to give textual description. The survey had been used in studies of Australian (Birks et al., 2017) and UK prelicensure nursing students (Tee et al., 2016). Minor adjustments were made to the survey to account for the New Zealand context and the survey was then tested for face validity by a group of academics and nursing students. Budden et al. (2017), Minton and Birks (2019), and Minton et al. (2018) did not report Cronbach alpha coefficients. Content and face validity of the original tool was ensured by basing the survey questions on the review of the literature, colleagues in the nursing profession review of the survey, and by analysis of the pre-test results and feedback obtained during the preliminary pilot study (Hewitt, 2010).

Minton and Birks (2019) used the terms bullying, harassment, and incivility interchangeably when describing student experiences, such as being ignored, excluded, or acknowledged, denied learning experiences, told excuses as to why nurses could not mentor them for a shift, subtle gestures such as "eye-rolling," and more overt examples such as sexual

harassment. The term bullying can be used interchangeably with words such as harassment, incivility and horizontal or vertical violence (Courtney-Pratt et al., 2018; Seibel, 2014).

Minton & Birks (2019) found that covert examples of bullying experienced by students, such as the "cold shoulder," "silent treatment," and other forms of exclusion, along with lack of acknowledgement, made it difficult for students to identify these behaviors as bullying. While the percentage is not stated in the article, the larger study by Minton et al. (2018) asserts that 21% (n = 60) of prelicensure nursing students were unsure if they were bullied in their clinical placements. However, despite not being able to clearly identify bullying, students endured distress that included anxiety, panic attacks, loss of control, and physical symptoms of stomach-aches and diarrhea. These symptoms were similar to nurses who experience bullying behaviors in the clinical environment (Courtney-Pratt, 2018). Findings suggest that some prelicensure nursing students chose to leave the nursing profession because of the impact and degree of bullying they experienced during their clinical placement. In the larger study by Minton et al. (2018), 40% of 273 participants considered leaving the nursing profession with 9.5% considering leaving the profession "often".

Al Muharraq et al. (2022) found one-third of nurses (n = 110) intended to leave their current job because of workplace bullying. The Negative Acts Questionnaire (NAQ- R) was used to determine nurses' perceptions concerning the prevalence of bullying incidences in the workplace. The NAQ-R is a 22-item five-point Likert scale questionnaire with a self-labelling approach of asking participants to estimate their bullying exposure from "never to "daily." The reliability of the NAQ-R was established with a Cronbach's alpha of 0.92. ANOVA test was used to analyze the differences between participants' demographic characteristics and workplace

bullying and Pearson correlation was used to determine the association between the independent variable “workplace bullying” and the dependent variable “anticipated turnover.”

Participants reported experiencing bullying behaviors, such as, information being withheld, being humiliated or ridiculed, ordered to work below competence, gossiped about, ignored, or excluded, insulted, shouted at, enduring intimidating behavior, being criticized, excessive teasing and sarcasm, unmanageable workload, and threats of violence or physical abuse. There was a significant positive association between the incidence of workplace bullying and turnover of nurses ($r = .24$, $p < .01$).

Consistent with the findings of Al Muharraq et. al. (2022) and MacDonald, et al. (2022), Minton and Birks (2019) found that prelicensure nursing students who experience similar bullying behaviors in the clinical environment are more likely to consider leaving their nursing program. A prospective cross-sectional survey by Minton et al. (2018) found 40% (n = 291) of prelicensure nursing students experienced bullying behaviors, such as being unfairly treated, ridiculed, verbally abused, given unfair work, treated as though not part of the team, ignored, harshly judged and negative non-verbal behavior (MacDonald, 2022; Minton & Birks, 2019; Minton et al., 2018), with a significant increase in the incidence of bullying behaviors toward students as nursing education progressed through the semesters.

Preceptors and mentors in the clinical environment are often perpetrators of these bullying behaviors (Birks et al., 2024; MacDonald et al., 2022; Minton & Birks, 2019; Minton et al., 2018). The most common perpetrators of bullying/harassment identified in the Birks et al. (2024) study were RNs (n = 267, 55.39%) and clinical instructors/facilitators (n = 193, 40.12%).

The process of becoming a nurse is distressing and can be psychologically damaging for students because of the experience of bullying behaviors and may affect how these student nurses will approach their positions in the future (MacDonald et al., 2022).

**Assumptions, Biases, Experiences, Intuitions, and Perceptions**

I experienced unkind behaviors as a child in school, such as teasing and exclusion; however, I had a supportive environment when I arrived home and the validation that the behaviors of those that teased and excluded were unkind. I experienced support with the addition of advocacy during formative years. I chose to become a nurse because of a desire to be a person and part of a profession that cares and advocates for those who may not be in a position to care and advocate for themselves; part of a team and profession that collectively wants to positively impact lives and communities.

In my first position as a nurse, I was witness to bullying behaviors. Nurses yelled at each with frustration and there was continuous "calling out sick." Those that worked a 13-hour shift were forced to stay longer on the unit because of short staffing. There was little collaboration between physicians and nurses, and the communication between nurses and physicians was similar to that of nurse-to-nurse interactions. I believe those that suffered most in the environment were the patients. There was a lack of attention and advocacy by nurses and little time for patients to express needs or concerns to healthcare providers.

I was upset and confused about the apathy toward patients. I had presumed I entered a profession that worked under an umbrella of caritas. At the time, I was unable to label the environment; but I was aware it was unhealthy. It was an emotionally, psychologically, and physically draining environment that seeped into my outside world. I again received support, this time from nurse mentors, and resigned from that position after three months of working on the

unit. I have experienced the power of support and have the desire to develop expertise in the area of bullying so I can be knowledgeable about the factors that contribute to the development of a toxic work environment, how to support others, and how to be an active and effective participant in mitigating the harmful culture of bullying.

**Historical Context**

The concept of bullying is historically connected with children and was first addressed in scientific data by Burk (1897). A total of 156 adults responded to questions about teasing and 135 adults responded to questions about bullying. Participants provided detailed cases and insights into the nature of teasing and bullying for Burk's analysis and understanding of these behaviors. The responses included 1,120 instances of teasing and bullying that were observational or through recall or hearsay by teachers. The data was assessed for the following: (1.) Physical bullying: kicking, hitting, taking personal items, pushing, and spitting, (2.) Verbal bullying: malicious teasing, name calling, taunting, and making threats, and (3.) Psychological bullying: social exclusion, spreading rumors, intimidation, and extortion. Burk (1897) defined bullying as harmful acts directed at some students repeatedly and with a real or perceived power differential.

Early research posits there is a power differential, such as superior strength or size and a deliberate intention to inflict physical, verbal, or emotional pain, which differentiates bullying from teasing (Olweus, 1978, 1977) in children. Dan Olweus, a pioneer and researcher that brought school bullying to the forefront in the 1970's, argued that recipients of bullying was a significant risk factor to healthy child development (Olweus, 1978), and similar to Burk (1897), he found that defining bullying requires repetitiveness, intentional harm-doing, and a power

imbalance favoring the perpetrator, and further stating the power imbalance is the most critical aspect within defining bullying (Olweus, 2013).

A study by Skrzypiec et al. (2023) examined technical versus perceived bullying experiences of Australian students aged 11-16. The technical definition of bullying was intentional, repeated harm with a power imbalance between victim and perpetrator (Burk, 1897; Limber et al., 2018) where participants were not related or romantically involved. A cross-sectional survey design was used, and 843 students completed the Student Aggression and Victimization Questionnaire (SAVQ). The questionnaire items included physical (being hit, kicked, pushed), relational (spreading rumors, being left out), and verbal (called names, teased) bullying, and measured level of intent (five-point Likert scale), harm (five-point Likert scale), frequency (eight-point Likert scale), power imbalance (five-point Likert scale), and relationship (tick boxes, such as “friend”, “classmate”, “teacher”, “no relationship”, or “other”) associated with the experience of peer aggression listed in the questionnaire. The terms aggression and bullying were used interchangeably in the analysis of data. Skrzypiec et al. (2023) state the psychometric properties of the SAVQ have shown it to be reliable with content, construct, and convergent validity (Skrzypiec et al., 2019). Skrzypiec et al. (2019) tested the reliability and found a Coefficient H greater than 0.8.

Nineteen percent (n = 160) of students in the Skrzypiec et al. (2023) study described experiences that matched the bullying criteria at least once and were classified as being technically bullied by a perpetrator. Thirty-three percent (n = 295) of students reported at least one experience of aggression perceived as bullying by a perpetrator. Important predictors of both perceived and technically defined bullying were repetition and the amount of harm experienced by the participant, which were both stronger predictors of perceived bullying than technically

defined bullying. Examples of the harm were not examined in the research. Feeling less powerful than and harmed by a perpetrator and being repeatedly targeted with multiple aggressive acts were significant predictors of technically defined bullying. Perceived bullying was predicted by repeated aggression by a perpetrator, feeling harmed, and by repeated aggression. The findings suggest that a power differential was not a critical component of perceived bullying, yet there was more harm to the participant who experienced perceived bullying versus technically defined bullying.

Research on workplace bullying began in the 1990's by Swedish psychiatrist, Heinz Leymann. Leymann (1996) used the term mobbing in his research, a term later used in literature interchangeably with the term bullying (Zachariadou et al., 2018). He defined mobbing as hostile and unethical communication that one individual or group of individuals direct toward a victim. The mobbing is done in a systematic way that pushes a victim into a helpless and defenseless position, being held there by means of continuing mobbing activities. Early literature within workplace bullying also discuss the power differential between bully and victim and the perpetrator's ability to inflict psychological pain because of this imbalance in power (Einarsen, 2000; Leymann, 1996, 1990; Zaft & Gross, 2001). Einarsen and Skogstad (1996) highlighted the importance of the subjective experience of the victims in defining bullying and Einarsen (1999) characterized five major categories that constitute workplace bullying, which are: (1.) changing the work tasks of a worker in a negative way or making the tasks difficult to perform, (2.) social isolation by noncommunication or exclusion, (3.) personal attacks or ridiculing or insulting remarks, (4.) verbal threats through criticism or public humiliation, and (5.) spreading rumors.

While bullying between peers in school is characterized by intentionality, repetition, and imbalance of power between victims and perpetrators (Salgado et al., 2020), intentionality on

behalf of the perpetrator is not considered as a definitional aspect of workplace bullying, (Nielsen et al, 2016). This highlights the different definitional terms for bullying and similar concepts. As discussed earlier, the ANA (2021) differentiates incivility from workplace bullying in that there may not be intentionality behind incivility.

There are also inconsistent definitions of the term bullying within the literature on bullying in nursing. (D'Souza et al., 2018; Hartin et al., 2019). This prevents a clear and consistent conceptualization of the phenomenon and contributes to inconsistent findings across studies (Hartin et al., 2018). Hartin et al. (2019) performed an in-depth analysis of the concept of bullying with a review of definitions within Australian nursing literature and found three key themes: (1.) Action: the types of behavior that are characterized as bullying. (2.) Temporality: the frequency and duration of bullying. (3.) Outcome: the result of the action on those that were bullied.

Hartin et al. (2019) further discussed how the definition has changed over time. The researchers found studies prior to 2009 posit bullying behaviors, such as offensive language and public humiliation, while recent literature includes psychological bullying. While some definitions require bullying behaviors to be repetitive, other definitions do not include frequency and/or duration as part of the definition. Earlier and recent literature found the outcome of experiencing bullying behavior as harmful to the individual experiencing bullying behaviors and found recent literature has a greater focus on psychological distress (Lang et al., 2022). Hartin et al. (2019) stress bullying can no longer be described as a repeated offense, but a complex theoretical and subjective concept that is in the eye of the beholder.

In summary, workplace bullying creates psychological distress with feelings of powerlessness, and negatively affects emotional, physical, and mental health (Magnavita et al.,

2020). It impedes a safe work environment and affects organizations financially with absenteeism, low productivity, and illness (Chen et al., 2020; Civilotti et al., 2021) and is a major predictor of turnover in nurses (Chen et al., 2020). It is an important topic to address in the population of prelicensure students who will soon be transitioning into the nursing profession.

# CHAPTER II

# LITERATURE REVIEW

## Review of the Literature

A search was performed within CINAHL, MEDLINE, ScienceDirect, and Scopus databases with the subject terms “nursing students or student nurses or undergraduate nursing students or prelicensure nursing students” and “experience of bullying or perceptions of bullying” and “clinical.” The search yielded 18 peer reviewed research articles with ten of the articles related to the search terms. There were two studies from the United Kingdom (UK) and two from the United States (U.S.). Australia, New Zealand, Turkey, Canada, and Ghana each had one study and Australian and the UK collaborated on one study. Bullying in nursing is a global phenomenon that affects every country, every practice and academic setting, and extends into every educational and organizational level of nursing (ANA, 2015).

### *Global Phenomenon*

A systematic review and meta-analysis by Zhou et al. (2024) aimed to estimate the global prevalence of bullying among nursing students during clinical practice and identified associated factors. Twenty-eight studies (n = 9511) from thirteen countries and five continents were included, with the studies encompassing practice settings that included hospital, community clinic, and long-term care settings. Zhou et al. (2024) found the global prevalence of bullying among nursing students was 65.60%; almost three times higher than the prevalence rate among RNs at 22.2% (Kang & Lee, 2016). No U.S. studies were included in this review and two studies from North America (Canada; n = 934) were included in the analysis. The analysis also found that studies published after 2011 reported a higher prevalence of bullying compared to those published before 2011 and attribute factors such as patient acuity and complex care, inadequate

nursing staff, and insufficient support to the increase in prevalence of bullying among nursing students. High stress environments can exacerbate role conflict and increase the likelihood of bullying in the clinical environment (Homayuni et al., 2021; Van den Brande et al., 2016), with prelicensure nursing students at an increased risk because of their inexperience in such environments (Budden et al., 2017; Minton & Birks, 2019).

Hallett et al. (2023) performed a mixed method systematic review and meta-analysis to identify the global prevalence of student nurse directed violence within clinical placements and described their related experience during clinical placements. The researchers used a broad definition of workplace violence and the World Health Organization's (WHO) definition that included physical, sexual, and verbal violence, bullying, incivility, and horizontal violence. Seventy-one studies were analyzed, with five U.S. studies included in the analysis. Most studies focused on bullying (n = 19) or bullying and harassment (n = 2), with examples of prelicensure nursing students' experience of being ignored, excluded, neglected, belittled, made to feel like an outsider or a bother, and subjection to rudeness, sarcasm, insult, disrespect, and obscene language. Most perpetrators of the bullying were nurses (n = 4340), other student nurses (n = 3766) and clinical instructors (n = 3048). Pooled prevalence rates ranged from racism (12.2%) to bullying (58.2%). Bullying was most perpetrated by nurses.

There are varied global prevalence rates in the literature related to the experience of bullying in the clinical environment for prelicensure nursing students and for RNs in the clinical environment. A summary review of systematic reviews was conducted by Goh et al. (2022) and found there were differences in workplace bullying prevalence across different reviews, ranging from 1 to 90.4%, with the most recent review estimating the pooled prevalence at 26.3%. The researchers attribute varied prevalence rates to different tools used to measure workplace

bullying events, under-reporting due to a lack of reporting system or fear of repercussions, and poorly defined or inconsistent terms, such as bullying, workplace violence, horizontal/vertical violence, and harassment.

### *Defining Bullying*

Within the workplace bullying literature, there is no one established and comprehensive definition of bullying (Boyle & Wallis, 2016; Hawkins et al., 2019). The earliest research on workplace bullying examined the definition of the concept (called mobbing in Scandinavia) and included or excluded five factors in varied degrees, which are types of behaviors involved (Leymann, 1996, 1990; Zaft & Gross, 2001), frequency and duration (Einarsen, 2000; Leymann, 1990, 1996; Zaft & Gross, 2001), resulting harm to the victim (Einarsen, 2000; Leymann, 1996, 1990; Zaft & Gross, 2001) and an imbalance in the power relationship between the parties (Einarsen et al., 1994; Zaft & Gross, 2001).

Rayner and Hoel (1997) grouped bullying behaviors into five categories with examples of the behaviors. These categories summarize the types of behaviors in workplace bullying that Einarsen (2000), Carter et al. (2013), Leymann (1996, 1990), and Zaft & Gross (2001) asserted as bullying behaviors. They include threats to professional status, such as public professional humiliation, accusations regarding lack of effort, belittling of opinions; threats to personal standing, such as name-calling, insults, intimidation, devaluing with respect to age; isolation, such as physical or social isolation, withholding of information; overwork, such as impossible deadlines, undue pressure to complete tasks and destabilization, such as the assignment of meaningless tasks, repeated reminders of mistakes, failure to give credit when credit is due and setting up a worker to fail.

The Negative Acts Questionnaire-Revised (NAQ-R) (Einarsen et al., 2009) is a five-point Likert scale that is a 22-item measure of exposure to bullying in the workplace that covers three underlying factors: (1.) Personal bullying: someone withholding information which affects your performance, being ordered to do work below your level of competence or having your opinions ignored. (2.) Work-related bullying: being humiliated or ridiculed in connection with your work, having key areas of responsibility removed or replaced with more trivial or unpleasant tasks, spreading gossip and rumors about you. (3.) Physically intimidating forms of bullying: being shouted at or being the target of spontaneous anger, intimidating behaviors such as finger-pointing, invasion of personal space, shoving, blocking your way, threats of violence or physical abuse or actual abuse. Cronbach's alpha for the 22 items in the NAQ-R was reported as 0.9. The bullying behaviors being measured in the NAQ-R tool correlate with the bullying behaviors examined in the early work of Einarsen (2000), Leymann (1996, 1990), and Zaft and Gross (2001) and in recent literature (João & Portelada, 2023; Serafin et al., 2020; Uyanık & Korkmaz, 2024).

The most recent literature retrieved with bullying as a subject term is a qualitative systematic review by Dafny et al. (2023), which aimed to identify, appraise, and synthesize qualitative studies investigating prelicensure nursing students' experiences of workplace violence (WPV) while on clinical placement. The researchers used the International Council of Nurses (ICN) definition of WPV, which is "incidents where staff are abused, threatened or assaulted in circumstances related to their work, including commuting to and from work, involving and explicit or implicit challenge to their safety, wellbeing or health" (*Prevention and Management of Workplace Violence*, 2017, p. 1).

Eighteen studies across nine countries were included in this review. Interestingly, the studies included in this review were not solely literature on workplace violence (Tee & Valiee, 2020; Üzar-Özçetin et al., 2021). Other terms included were incivility (Ahn & Choi, 2019; Anthony & Yastik, 2011; Rafati et al., 2017), bullying (Amoo et al., 2021; Courtney-Pratt et al., 2018; Birks et al., 2017; Minton & Birks, 2019; Smith et al., 2016), harassment (Birks et al., 2017), aggression (Hallett et al., 2021), verbal abuse (Lash et al., 2006), sexual harassment (Kim et al., 2018) vertical violence (Thomas & Burk, 2009), and uncivil acts (Thomas, 2018). Unlike the ANA (2021), which differentiates workplace violence (WPV) from bullying and incivility, Dafny et al. (2023) used workplace bullying as an umbrella term. The researchers found workplace bullying was predominately covert verbal and psychological negative behaviors reported by prelicensure nursing students within these studies, albeit different terminology was used within the studies. Whether the term was bullying, incivility, workplace violence, aggression, harassment, or vertical violence in the systematic review, prelicensure nursing students felt devalued, stressed, anxious, unconfident, and fearful because of the power imbalance created by the most common perpetrators of the violence which were RNs.

Current research shows targets of bullying have psychological (Aarestad et al., 2020) and mental responses (Aarestad et al., 2020; Verkuil et al., 2015), higher burnout (Escartín et al., 2021), and at worst, suicidal ideations (Gunn & Goldstein, 2021). Bullying feeds on vulnerability which is heightened because of the subtle, systematic, and multifaceted process of bullying that is ordinarily difficult to identify (Hopkins et al., 2018). Students often rationalize behaviors, such as discussed in Dafny (2023) as an inevitable reality in the clinical environment that led them to question their decision to remain in the nursing profession (Zhang et al, 2021), and for some

prelicensure nursing students, WPV led them to question their willingness to remain in the profession as they watched peers leave their programs due to their experiences with WPV.

### *Quantitative Research*

Birks et al. (2024) used a cross-sectional survey administered to prelicensure nursing students online (n = 656) following functionality and content validity testing to identify the incidence and nature of bullying and/or harassment experienced by nursing students in Sri Lanka. The tool used was the Student Experience of Bullying During Clinical Placement (SEBDCP) survey. The Cronbach alpha was not measured for this study. The subscales were determined to be reliable by the originator of the SEBDCP survey (Budden et al., 2017), with the following Cronbach alpha coefficients: non-violent behavior 0.93; physical behavior 0.66; sexual harassment 0.72; impact on feelings 0.94 and work impact 0.84. Birks et al. (2024) reviewed the survey and made minor modifications to account for local context. Survey data were analyzed using SPSS 25 and frequency tables and descriptive analysis were performed to summarize demographic and main outcome variables. A chi-square test was performed to examine the differences between the incidence of bullying and/or harassment by age and year level in nursing program.

The SEBDCP survey is a four-point Likert scale measuring frequency from “Never” to “Often” and consists of eight demographic questions and 15 items specific to the experience of bullying and harassment. The subcategories for bullying behaviors were: (1.) Nonviolent bullying behaviors: ignored, neglected, unfairly criticized, verbally abused, shown negative non-verbal behavior, ridiculed, harshly judged, given unfair work, denied learning opportunities, denied acknowledgement for good work, given unfair work, unfair work schedule, exposed to racist remark. (2.) Violent bullying behaviors: pushed, kicked, shoved, threatened with physical

violence, slapped, punched, threatened with an object, damage of personal property, hit with an object. (3.) Sexual harassment: inappropriately touched, unwanted request for intimate physical contact, sexist remarks, suggestive sexual gesture.

Birks (2024) found one third (n = 149) of the participants reported that they were bullied and/or harassed, with more participants experiencing bullying and/or harassment in the hospital setting (54.98%, n = 276) than in the community setting (29.01%, n = 143). The most common forms of bullying were verbal and non-verbal bullying and/or harassment, with over half of the participants reporting they were verbally abused, such as sworn, shouted or yelled at (58.01%, n = 250), shown negative non-verbal behavior, such as raised eyebrows and rolling eyes (57.74%, n = 250), and ignored (56.98%, n = 245). Similar common bullying behaviors are found in the Dafny (2023) and Minton et al. (2018) studies. The prevalence of bullying in the Birks (2024) study is less than the global prevalence of prelicensure nursing students experience of bullying found in the systematic reviews and meta-analysis of Hallett et al. (2023) and Zhou et al. (2024).

An Australian study (Minton et al., 2018) was a prospective cross-sectional (electronic) survey design that investigated New Zealand undergraduate nursing students' experiences of bullying and/or harassment during clinical placement. The target population was students enrolled in a Bachelor of Nursing program. The study utilized the instrument, Student Experience of Bullying During Clinical Placement (SEBDCP) survey, which has been used in a study with Australian and UK students (Birks et al., 2017). Minor adjustments were made to the instrument to account for the New Zealand context. The instrument was then tested for face validity by a group of academics and nursing students; however, the Cronbach's alpha coefficient was not reported. Two hundred and ninety-six surveys were completed for inclusion in the analysis.

The SEBDCP used in the Minton study is a four-point Likert scale based on frequency from “Never” to “Often” and is comprised of a total of 91 items, with 13 main questions asking about bullying and/or harassment. The behaviors relate to intimidation, physical or verbal abuse and non-physical violence and include examples that are examined in earlier research (Carter et al., 2013; Einarsen, 2000; Leymann, 1996, 1990; Zaft & Gross, 2001) and the NAQ-R (Einarsen et al., 2009).

Examples included being unfairly treated regarding work schedules, exposed to a racist remark, verbally abused (sworn, shouted, or yelled at), given unfair work allocations, denied acknowledgement for good work, denied learning opportunities, neglected, not treated as part of the team, unfairly criticized, harshly judged, ignored, or shown negative non-verbal behaviors (raised eyebrows, rolling eyes). Each question offered an “other” response. Participants were asked if they had ever been bullied or harassed; no definition of bullying or harassment was given to the study participants.

The highest proportion of bullying and/or harassment prelicensure nursing students experienced in the clinical environment occurred in the hospital settings. One-quarter of participants (26.5%, n = 75) had experienced bullying in hospitals ‘sometimes’ or ‘often’ and 27.2% (n = 77) “occasionally” experienced bullying in the hospital setting. RNs were seen as the main perpetrators of bullying, with 53% of students experiencing bullying by a RN at some point during their clinical experience. Twenty one percent (n = 60) of the participants were unsure if they experienced bullying. One-third of students perceived that preceptors/mentors were bullies “occasionally/sometimes/often” and 24% of students indicated that clinical instructors and nurse managers were perpetrators “occasionally/sometimes/often” and 17% reported that managers were bullies “occasionally/sometimes/often”.

Prelicensure nursing students most expressed factors that did not promote a positive learning environment, such as being denied learning opportunities, neglected, unfairly criticized, harshly judged, and ignored. These results correlate with the Dafny (2023) qualitative systematic review, which aimed to identify, appraise, and synthesize qualitative studies investigating prelicensure nursing students' experiences of WPV while on clinical placement. While the review included studies with multiple related terms to bullying, the findings among prelicensure nursing students predominately reported the experience of covert verbal and psychological negative behaviors. This is consistent with the findings of Birks et al. (2024).

There was a significant increase in the incidence of bullying as students (n = 291) progressed through the years. In the first year, 10 students (17.9%) reported they were bullied; in the second year 44 (39.8%), and in the third year, 60 (47.1%). This was also found in the Birks et al. (2024) and Clarke et al. (2012) studies. This increase in the incidence of bullying behavior may coincide with earlier research that indicates duration and frequency as components in defining bullying, as it distinguishes bullying from everyday social stressors or poor management of an environment (Carter, 2013; Einarsen, 2000; Leymann, 1996, 1990, Zaft & Gross, 2001).

Birks et al. (2017) performed a secondary analysis of two primary cross-sectional studies (Budden et al., 2017; Tee et al., 2016) on the bullying experiences of Australian (n = 833) and UK (n = 561) BSN students during clinical placement to uncover similarities and differences in prelicensure nursing students' experiences of bullying. The SEBDCP questionnaire was used in both studies. The questionnaire was adapted for the Australian and UK contexts and the subscales were found to be reliable with Cronbach alpha coefficients: Non-violent behavior 0.93; Physical behavior 0.66; Sexual harassment 0.72. Relationships between the influencing

demographic variables and behavioral items were tested, and associations between selected results in the two cohorts were statistically examined. The analysis used *t*-test, Pearson's Chi-square test of independence for categorical variables, Mann-Whitney U, or Spearman's correlation as appropriate. The $P < .05$ was set as the level of significance.

The SEBDCP is a four-point Likert scale measuring frequency of occurrence from "Never" to "Often" and is comprised of 13 main questions with more than 80 items. The subscales in the SEBDCP were: (1.) Public humiliation: negative non-verbal behavior, treated as though not part of the team, ridiculed, verbally abused, exposed to racist remarks, (2.) Injustice incidents: ignored, neglected, unfairly criticized, harshly judged, (3.) Unfairly treated at work: denied learning opportunities, denied acknowledgement for good work, given unfair work, unfairly treated regarding work schedules, and (4.) Sexual harassment: exposed to sexual remark, been inappropriately touched, unwanted request for intimate physical contact, suggestive sexual gesture, threatened with sexual assault.

There was a significantly higher rate of bullying experienced in the Australian cohort (50.1%, n = 417) compared with the UK student group (35.5%, n = 199). Furthermore, there was a significant difference between the Australian and UK cohorts in six of 18 items. Australian students indicated that they were harshly judged, ridiculed, unfairly criticized, or more often exposed to racist remarks. UK students indicated that they were more often given unfair work allocations or work schedules. This is important when considering how research findings about prelicensure nursing students experiences of bullying in the clinical environment are similar based on region. The bullying experiences in both cohorts' behaviors coincide with earlier research on bullying behaviors (Einarsen, 2000; Leymann, 1996, 1990; Zaft & Gross, 2001).

RNs were the greatest perpetrators of bullying behaviors toward participants. Thirteen percent of almost 200 students indicated they were uncertain if they were bullied or not bullied during their clinical experience. This is lower than the 21% (n = 60) of participants in the Minton et al. (2018) study that were unsure if they experienced bullying. Part of that challenge of prelicensure nursing students recognizing bullying may be that students are unsure of the culture of the clinical environment (Hopkins et al., 2018) or presume their experience is part of the learning process (Darby et al., 2023).

Vingers (2018) conducted a non-experimental, descriptive, causal-comparative study to gain an understanding of how gender impacts bullying experiences. The participants were prelicensure nursing students (n = 107) from California, Minnesota, New York, and Texas. The sample of male students was 13% (n = 14). This is comparable to the national average with men representing nearly 12% of RNs (U.S Bureau of Labor Statistics, 2023). The self-administered instrument used to collect data was the Bullying in Nursing Education Questionnaire (BNEQ) (Cooper et al., 2011), which is a three-point Likert scale consisting of "never, seldom/intermittent, and always/always." The data analyses included descriptive and inferential statistics for all the research questions. Data analysis showed Cronbach's alpha of greater than 0.8 for all items in this survey. The first 12 questions relate to frequency and the perpetrators of bullying behavior, and the remaining items represented demographics. Reliability and validity were established by the developers of the tool by using published standards in the survey development, review of the questionnaire by two panels, and lastly, pilot testing with two nursing student groups (Cooper et al., 2011). The Cronbach's alpha ranged from 0.87 to 0.93.

Vingers (2018) did not list the twelve bullying behaviors of the BNEQ; however, according to an original survey by Cooper et al. (2011), the bullying behaviors on the BNEQ

scale included: (1.) Yelling or shouting in rage (2.) Inappropriate, nasty, rude, or hostile behavior (3.) Belittling or humiliating behavior (4) Spreading of malicious rumors or gossip (5.) Cursing or swearing (6.) Negative or disparaging remarks about becoming a nurse (7.) Assignments, tasks, work, or rotation responsibilities made for punishment rather than educational purposes (8.) A bad grade given as a punishment (9.) Hostility after or failure to acknowledge significant clinical, research, or academic accomplishment (10.) Actual/threats of physical or verbal acts of aggression (11.) Being ignored or physically isolated (12.) Unmanageable workloads or unrealistic deadlines.

The results of Vingers (2018) study indicated no statistical difference between gender in the frequency of experiencing bullying behaviors after an independent samples t-test was performed to compare the means between genders to determine if there was statistical significance between the frequencies of bullying behaviors experienced by male and female nursing students. An independent sample t test was also run on potential perpetrators (classmates, physicians, staff nurses, patients, and hospital guests) for all behaviors combined and no statistical differences were noted by gender.

Cursing or swearing, a bad grade given as a punishment, and being ignored or physically isolated had no statistically significant differences for perpetrators of bullying between male and female prelicensure nursing students. The other nine behaviors of: (1.) yelling or shouting in rage, (2.) belittling or humiliating behavior, (3.) spreading of malicious rumors or gossip, (4.) negative or disparaging remarks about becoming a nurse, (5.) assignments, tasks, work, or rotation responsibilities made for punishment rather than educational purposes, (6.) hostility after or failure to acknowledge significant clinical, research, or academic accomplishment,

(7.) actual/threats of physical or verbal acts of aggression, (8.) being ignored or physically isolated, and (9.) unmanageable workloads or unrealistic deadlines demonstrated significant differences that showed female prelicensure nursing students reporting more bullying from all potential perpetrators than male students. Female students experience more bullying behaviors in the clinical setting and while not a strong enough difference to be significant, male students reported more bullying from faculty and staff within their nursing program.

***Qualitative Research***

A U.S. study by Smith et al. (2016) used a descriptive, qualitative approach with focus groups to examine nursing students' experiences of bullying behaviors in the clinical environment. One of two researchers interviewed senior-level nursing students (n = 56) in eight focus groups across four colleges in the Midwestern United States. Sessions ranged from 26 to 58 minutes and were recorded and then transcribed verbatim.

Smith et al (2016) analyzed the data using Colaizzi's procedural steps in phenomenological data analysis (Colaizzi, 1978). After multiple read-throughs of the transcripts to gain a sense of the meaning of the data, each researcher individually conducted line-by-line coding to identify significant themes. The team then met to discuss the initial analysis and developed a coding schema with four overarching response categories. Trustworthiness of the data was achieved using multiple strategies recommended by Lincoln and Guba (1985). In accordance, the researchers debriefed after each focus group session, used investigator triangulation resulting in the same conclusions, and generated an audit trail that aided in the thematic coding of data. Lastly, confirmability occurred by having a sample of previous participants critique the research finding for truth value of the data.

Participants in the Smith et al. (2016) study were asked to describe their personal experiences of bullying while they were prelicensure nursing students in the clinical environment. Four categories were identified: bullying behaviors, rationale for bullying, response to bullying, and recommendation to address bullying. The themes of bullying behaviors correspond with earlier studies by Leymann (1990, 1996) and Zaft and Gross (2001) and recent studies by Al Muharraq et al. (2022), Birks et al. (2024), and Vingers (2018). Participants felt ignored, avoided, and isolated by staff on the units. Themes for the rationale for bullying were that bullying is a rite of passage, unpreventable, a result of stressors the RN on the unit is experiencing, and that the RNs who bully are "not nice people." Themes that were a response to the bullying the participants experienced were physical, emotional, psychological, avoidance, and a decrease in productivity and performance.

Birks et al. (2018) analyzed open-ended responses of a larger cross-sectional design study that analyzed bullying and harassment experienced by Australian nursing students (n = 844) during their clinical experience. Almost half of the students (n = 398) provided open-ended comments and a total of 430 comments were included in Birks et al. (2017) analysis. Major themes derived from the analysis consisted of manifestations of bullying and harassment (although the researchers did not define either), the perpetrators, consequences, and impacts. Bullying behaviors included various forms of verbal (sworn, shouted, or yelled at), and sexual (exposure to sexist remarks, inappropriately touched or sexual gestures) abuse.

Often, the nature of the insults directed at students was personal, with examples such as ridiculed because of height, weight, body shape, or an introverted personality. Students with English as a second language were particularly vulnerable and suggested that students from other cultural backgrounds were frequently targeted. One study participant that witnessed bullying of

an international student stated, “He was 52 years old and told me he felt like crying and wasn’t going to come in the next day” (Birks et al., 2018, p. 8). Participants described descriptions of belittlement and humiliation through verbal interactions with those in the clinical environment. Another participant described a student being called “stupid, incompetent, retarded… loser… The name calling and isolation made her leave the ward” (Birks et al., 2018, p. 7). The bullying experienced by students was not confined to verbal abuse. Participants provided examples of physical harassment that included having items thrown at them, such as patient folders, keys, and intravenous fluid bags.

Perpetrators of bullying were reported to occur mostly in the hospital setting and not in the community or other settings, with RNs, preceptors/mentors, and nurse managers consistently mentioned as key perpetrators of the bullying of prelicensure nursing students. The impact on students who experience bullying behaviors included feeling like a burden in the clinical environment, anxiety, depression, and having lack of confidence (Courtney-Pratt et al., 2018), nervousness, fatigue, and gastrointestinal issues which then may lead to prelicensure nursing students to look to other career opportunities (Coetzee & Van Dyk, 2018; Lo Presti, 2019).

Minton and Birks (2019) employed a cross-sectional survey design to describe the nature and extent of bullying behaviors experienced by New Zealand nursing students during clinical placements. Two hundred and ninety-six surveys were returned from the broader study. Ninety-six percent of the participants were female and with a median age of 21 years. Seventy-six percent of participants were born in New Zealand and 84.4% identified English as their primary language. Participants were in various points of their nursing education between year one and three; 3.7% recently graduated from nursing school. Minton and Birks (2019) analyzed 324 comments that reflected bullying behaviors experienced by the study participants. The major

themes found were manifestation of bullying and harassment, the perpetrators, and consequences and impact of bullying behaviors.

The manifestations of bullying behaviors by RNs and nursing assistants were described as subtle acts, such as the "cold shoulder," eye-rolling, staff whispering to each other, or "silent treatment." Prelicensure nursing students were made to feel unwelcome and given excuses as to why they could not help with patient care. They witnessed many of their peers being bullied. The bullying acts experienced by the students included physical, verbal, psychological, and racial abuse. The perpetrators of these bullying behaviors were primarily from RNs, with senior nurses, charge nurses and clinical instructors named as the perpetrators of the bullying behaviors toward nursing students.

The consequences and impact of the bullying behavior toward the study participants had physical, psychological, and financial implications. Participants described physical symptoms such as stomach-aches, diarrhea and mental distress that included anxiety and panic attacks. The literature supports this these and suggests that the consequences of workplace bullying can relate to mental health problems, such as anxiety, burnout, depression, and post-traumatic stress disorder (Lever & Greenberg, 2019; Magnavita et al., 2020), physical problems, such as fatigue, muscle pain, headaches, chest pain and hypertension (Trépanier et al., 2013), and job-related issues, such as poor performance and productivity and lower job satisfaction (Courtney-Pratt et al., 2018). Minton and Birks (2019) report one of the most disturbing findings was the fear and distrust students had of speaking up about their experiences of bullying and feeling they could not confide in their clinical instructors.

## Gap in Literature

Research on prelicensure nursing students' experience with bullying behaviors is beginning to grow (Hallett et al., 2023; Minton & Birks, 2019; Hopkins et. al., 2018; Birks et al., 2018, 2017; Smith et al., 2016) and indicates the rate at which bullying occurs regarding prelicensure nursing students and the intent of a student to leave the profession is similar to that of RNs working in the clinical environment (MacDonald et al., 2022; Minton & Birks, 2019; Smith, 2016). Bullying behavior begins to become acceptable and necessary behavior that is learned during nursing students' clinical experience (Aliafsari Mamaghani et al., 2018; MacDonald et al., 2022), as exemplified in the MacDonald et al. (2022) study, with a participant stating, "We expect that bullying is part of nursing; it is like a 'rite of passage' to graduate; you just have to accept it" (p. 1). This acceptance of such an environment may predispose prelicensure nursing students to emulate bullying behavior in the clinical environment after graduation (Tee et al., 2016).

Birks (2017) found different data between Australian and UK prelicensure nursing students regarding experiences with bullying behaviors. Adding to the body of knowledge of student nurses' experience of bullying behaviors in the U.S. may help to gain further understanding of bullying of student nurses by RNs and how these experiences within the U.S. may differ compared to other regions.

There is a need for a deeper understanding of prelicensure nursing students' experiences of bullying by RNs in the clinical environment. The opportunity for prelicensure nursing students to write their stories about their experiences of bullying behaviors by RNs in the clinical environment provides an opportunity for a rich description of these experiences. This study will use narrative analysis of written words through participant writings of their stories. This

approach has not been used to analyze prelicensure nursing students' experiences of bullying behaviors in the clinical environment and may bring a different perspective and a deeper understanding of the experience of bullying. Continuing to search for a deeper understanding of this topic has the potential to facilitate a break in the cycle of bullying behaviors within the practice of nursing, defined as a caring profession.

# CHAPTER III

# METHODS

## Introduction

The qualitative research method of narrative inquiry was used to examine prelicensure nursing students' experiences of bullying behaviors by RNs during their clinical experience. Examples of participant clinical settings include maternity, medical-surgical, mother-baby, long-term care, medical and surgical intensive care units (ICU), and neonatal ICU in institutions in the Northeast, Midwest, South, West, Puerto Rico, and other U.S. territories.

This study did not consider frequency and duration of bullying behaviors toward prelicensure nursing students, nor provide a definition of bullying to participants. Several studies on bullying toward prelicensure nursing students did not provide a definition of bullying to the participants (Amoo et al., 2021; Smith et al., 2016). Hartin et al. (2019) identified bullying as a complex theoretical and subjective concept that is in the "eye of the beholder". This definition influenced the decision to allow participants to describe their subjective experiences of bullying. The goal of this study was to tell the stories of prelicensure nursing students' experiences of bullying behaviors by RNs during their clinical experiences and to examine additional areas such as what was done, where it was done, who did it, how the perpetrator exhibited bullying behaviors, and why it was done.

A blast email consisting of a single email message to a large email list simultaneously, from the National Student Nurses Association (NSNA) was used to recruit a sample of prelicensure nursing students experiencing bullying. Data collection and analysis procedures are discussed in this chapter, as well as study procedures to ensure trustworthiness of the study and the protection of human subjects.

## Design

Qualitative research is appropriate when studying phenomena that have not yet been fully described and narrative inquiry provides prelicensure nursing students the opportunity to richly describe their experiences with bullying by nurses in the clinical environment. Narrative inquiry is the study of human stories that has a holistic content approach (Lieblich et al., 1998). It offers researchers the opportunity to investigate how humans experience the world through the telling of their stories. The goal of narrative research is not to yield conclusions of certainty; it is not an objective reconstruction of life. Rather, it attempts to capture the whole story and is an interpretation of how the respondent perceives life (Webster & Mertova, 2007).

## Procedures

### *Participants*

The study sample included 30 prelicensure nursing students who were completing or recently completed their clinical experiences and experienced bullying behaviors within the clinical environment. Participants were recruited through the National Student Nurses Association (NSNA), the largest student nursing organization in the United States with approximately 60,000 members (NSNA Membership Brochure, 2023/2024).

An application was completed and emailed to the NSNA, along with a $350 fee. Prior to prelicensure nursing student recruitment for the study, NSNA required the University's IRB signed approval letter, contact information for the dissertation committee chairperson, documentation that the proposal was approved by the dissertation committee, overview of the research study, the actual link to the survey and a brief introduction to explain the survey and confidentiality (See Appendix A).

NSNA emailed the survey link to all NSNA members for whom they had email addresses. NSNA members are primarily prelicensure nursing students in associate degree, diploma, baccalaureate degree, generic masters, and RN-BSN programs. Eligibility criteria included prelicensure nursing students at any level in their associate degree, diploma, or baccalaureate program that had completed a clinical within their nursing program or were completing their clinical experience and had experienced or were experiencing bullying behaviors in the clinical environment. Participants did not have to be currently experiencing bullying by an RN in the clinical environment and were eligible to participate in the study if they experienced bullying in previous semesters. Exclusion criteria included students in master's and RN-BSN programs, as the study population sought was prelicensure nursing students without experience in the nursing profession.

Of the 170 participants that consented to participate in this study, 161 participants completed the demographic questionnaire, and 63 participants completed the written narrative. Of the 63 written narratives by participants, 30 participants met the inclusion criteria for this study. Participants were not given a definition of bullying and inclusion was based on the participant's perception that they had experienced bullying behaviors. Participants in a master's or RN to BSN program, not currently in a nursing program, or if they indicated they were not bullied, were excluded from the study. All participants were prelicensure nursing students who experienced bullying behaviors by an RN in the clinical environment.

Ninety percent of the participants (n = 27) were female and 10% were male (n = 3), with the age range between 21 and 55 years old. Fifty percent of participants were white (n = 14), 18% Asian (n = 5), 11% black (n = 3), 7% Hispanic, Latino, or Spanish (n = 2), 4% Middle Eastern or North African (n = 1), 4% Native Hawaiian or other Pacific Islander (n = 1), 4%

American Indian or Alaska Native (n = 1), and 4% of participants preferred not to answer this question (n = 1) (See Appendix B).

Of the participants, 43% (n = 12) lived in the South, 21% (n = 6) lived in the West, 18% (n = 5) lived in the Midwest, and 18% (n = 5) lived in the Northeast. The number of participants completing a traditional Bachelor of Science in Nursing (BSN) was 43% (n = 13), 27% (n = 8) were completing an Associate of Science degree (ASN), 23% (n = 7) were completing an accelerated or second-degree BSN, and 7% (n = 2) were completing a diploma program (See Appendix B).

Data saturation occurs when no additional insights are identified, and data begins to repeat itself. Saturation demonstrates enough data has been collected to draw necessary conclusions and is an important indicator that data collected has captured the subtle differences of the phenomena studied. (Francis et al., 2010; Hennink & Kaiser, 2022). Data collection ceased when similar themes and nuances developed within participant stories.

### *Setting*

Access to the study survey was retrievable via an email sent by the NSNA. The researcher did not have access to email addresses or participant identifiers. It is not known if the email addresses were personal or work emails. This was an anonymous survey that participants were free to complete in their chosen environment. There was no limit to how many times participants accessed the survey to complete the demographic questionnaire and narrative.

### *Gaining access*

Gaining access was achieved by enlisting the NSNA to send a blast email to recruit participants.

### *Data Collection*

Participants received an email from NSNA that directed them to a link on Qualtrics. Qualtrics is a cloud-based platform used for creating and distributing web-based surveys that can be used on any internet-connected computer. The survey was developed on Qualtrics using the Seton Hall University license. The survey link shared with prelicensure nursing students via the NSNA blast email directed those interested in participating in the study to the survey on Qualtrics. The data was then exported to a spreadsheet and stored on the researcher's personal computer. The researcher's OneDrive account and computer were password protected, with only the researcher knowing the passwords. Furthermore, the identity of participants was protected by the NSNA email blast to recruit participants for the study. The participants had the researcher's and dissertation chair contact information; however, the researcher did not have the names or contact information of those who chose to participate in the study. No participants contacted the researcher or dissertation chair.

The letter of solicitation (See Appendix A) explained the study. Prelicensure nursing students who were interested in participating in the study clicked the link. Completion of the demographic questionnaire and the narrative implied consent. The demographic questionnaire consisted of a multiple-choice format (See Appendix A) The narrative question asked participants to describe their experience with bullying by RNs during their clinical experience, with consideration to the following questions:

1. What was done?
2. Where was it done?
3. Who did it?
4. How the RN did it; methods?

5. Why it happened?
6. How did it make you feel?

***Data Analysis***

Participant narratives were color coded and placed in a spreadsheet for analysis. The methods of data analysis utilized in this study came from Kenneth Burke, a mid–twentieth-century theorist of rhetoric and human behavior, philosopher, and poet who developed dramatism. Burke believed that all of life was a drama, and we may discover the motives of people by looking for their motivation in action and discourse. The theory of dramatism assumes the researcher will be true to the human material which is being studied and will depict human activity as involved in conflict, purpose, and change as they attempt to be convincing to readers. These elements of drama are inherent in how human acts are presented because they are inherent in human action. The use of drama as a model of human behavior is Burke's distinction between motion and action (Burke, 1989).

Burke (1989) saw the image of a human being as that of a passive reactor to external conditions. An individual may move but does not act. Action implies an assessment of situations and the people with whom the person interacts. It implies reflection about personal interests, sentiments, purpose, and those of others. Burke set up a "pentad," which are five questions to ask of any discourse to begin teasing out meaning or motive (Press Books, 2020, para. 6-7). The five components of Burke's pentad were analyzed in participant stories and each component was color-coded within each story and placed on a spreadsheet. These components are:

1. Act: The act is a description of what took place in thought or deed and answers the question "what?"

2. Scene: The scene is the context, background or situation associated with an act and answers the questions “where?” and “when?”
3. Agent: The agent is what person or kind of person(s) committed the act and answers the question “who?” There can also be co-agents- a person(s) associated with an act or scene who may impact the outcome or result of an act.
4. Agency: The agency is by what means an act was carried out and answers the question “how?”
5. Purpose: The purpose is associated with the meaning behind an act and answers the question “why?”

After the five components of the pentad were color coded in each narrative and placed in the spreadsheet, the components in the pentad were viewed as ratios within each story. Burke pairs the terms of the pentad into ten ratios. The ratios are interactions between scene-act, scene-agent, scene-agency, scene-purpose, act-purpose, act-agent, act-agency, agent-purpose, agent-agency, and agency-purpose. The drive of the analysis of stories using Burke’s dramatistic pentad is the interaction and imbalance between two or more of the pentadic terms (Polit & Beck, 2020). A story comes about when tension replaces the expected within an interaction (Frank, 2010).

For example, a prelicensure nursing student may expect to have a supportive environment during the clinical experience. Tension may arise if this is not the experience. If scene-agent ratio is considered, this is a relationship between a scene (clinical environment) and an agent (prelicensure nursing student). The scene poses restrictions on, instead of facilitating the agent’s ability to learn. There is an imbalance between the scene (clinical environment) and agent (prelicensure nursing student), with the prelicensure nursing student in a vulnerable position.

Bruner (2004) coined this “Trouble”, as this is what drives a drama, and included the element of “Trouble” in Burke’s pentad to provide more focus in narrative analysis (Althouse & Anderson, 2016).

According to Bruner (2004) the functional analysis of storytelling is a way to convey the meaning of an experience. The goal of this type of analysis is to solve problems, reduce tension and resolve dilemmas. Narratives allow reflection on mismatches between the exceptional and the ordinary experiences. It fosters an opportunity to examine why a mismatch has occurred within an experience. An event that has been perceived as ordinary does not require an explanation. Narratives allow a re-cast of a chaotic experience into a story told by the person experiencing a chaotic or troubling event. This enables reflection and thought and provides the ability to make sense of experiences and render these experiences safe.

Narrative analysis provides researchers with a rich framework to examine the experiences of humans through their stories and address the complexities and intricacies of human experience and focus on critical events. Burke (1978) viewed the dramatic pentad as a framework “to help a critic perceive what was going on in a text that was already written… it also serves well as a way of demonstrating the full muscularity of the text” (pg. 332). Themes developed as participant narratives were read, color coded, analyzed, and placed in ratios to identify relationships. Table 1 is an illustration of the analysis of a prelicensure nursing student’s narrative of bullying using Burke’s pentad and with three different scenes within her narrative:

**Table 1**

*Illustration of the Analysis of a Prelicensure Nursing Student's Narrative of Bullying*

| Scene (Where/ Background) | Agents (Who) | Act (What) | Purpose (Why) | Agency (Means/ Instrument) | Ratio Imbalance |
|---|---|---|---|---|---|
| It was my first clinical for my med surg 1 course and my preceptor seemed very busy. They asked me to give a blood thinner that, at the time, I didn't know much about and I wasn't comfortable giving it. I asked if they could tell me about it and what to look out for when giving it. Instead of an education opportunity, they told me "It's horrible that you don't know about this medication" and told me to "google it" in the middle of the hallway, in front of my peers and other nurses walking by. | Writer of narrative; assigned RN | After this happened I went to the bathroom and cried out of frustration. I was barely taking pharmacology 1 at the time and our first chapters did not talk about blood thinners | For the assigned RN to convey to the writer of the narrative that "it's horrible that you don't know about the medication." | Bullying behavior by the assigned RN toward the writer of the narrative by refusing to help the writer and through verbal bullying. | Scene: Act |
| I ended up googling some information. | Writer of narrative; clinical instructor | My clinical instructor helped me with more info and I was comfortable enough to administer it. | For the clinical instructor to help the writer of the narrative understand a medication well enough to administer it to the patient | Advocacy for the writer of the narrative by the clinical instructor to facilitate a meaningful experience. | Agent: Act |
| My other experience was during my fundamentals clinical. A nurse ripped a urinal out of my hand to empty it instead of letting me do it and ignored me for pretty much the rest of the clinical. Luckily, my other clinical instructor paired me with a friendlier nurse and someone who was willing to teach me the basics. | Writer of narrative; initial assigned RN; second assigned RN; clinical instructor | These experiences made me think I was not fit to be a nurse at the time and I would think about it often. But, I'm no longer feeling as an incompetent student nurse and I know there are people out there willing to help and teach me. | For the clinical instructor to pair the writer of narrative with an assigned RN that was willing to facilitate learning experiences. | Advocacy for the writer of the narrative by the clinical instructor to facilitate a meaningful experience and willingness of new assigned RN to teach the writer of the narrative. | Agent: Act |

While the five components of Burke's pentad were used to analyze participant stories, Braun and Clarke's (2006) six-phase framework was used as the umbrella for thematic analysis. This framework includes becoming familiar with the data, generating initial codes, searching, reviewing, and defining themes and writing about the themes.

Before searching the data for components of Burke's pentad, there were multiple reviews of and initial notes on participant narratives and discussions with the dissertation chair. Initial codes were generated using Burke's pentad of act, scene, agent, agency, and purpose to analyze data and color-code the data. Initial codes were regrouped and color-coded multiple times during the analysis, while using the pentad as a guide and finding the act, scene, agent, agency, and purpose within each narrative. Multiple reviews and color-coding facilitated organization of data in a meaningful and systematic way. Themes, a pattern that captures something significant about data (Maguire & Delahunt, 2017), emerged with consistent review of the pentadic terms and ratios. This review of and reflection on the data facilitated themes to be defined; and lastly, the writing of the final data analysis.

Expert review is a primary evaluation strategy used in both formative and summative evaluation. The chairperson and committee served as expert reviewers for this study.

### *Trustworthiness*

Trustworthiness was established and maintained by adhering to the rigorous scientific inquiry summarized by Lincoln and Guba (1985). This includes four domains: Credibility, Transferability, Dependability, and Confirmability.

**Credibility.** Credibility seeks to ensure that a study measures what it is intended to study. Lincoln and Guba attest that ensuring credibility is a crucial factor in establishing trustworthiness

(Lincoln & Guba, 1985). Credibility deals with the question, “How congruent are the findings with reality?”

Credibility was established in several ways. Recruitment of study participants from the NSNA provided a robust number of student nurses. There is a membership fee to be a member of this organization, which may increase the likelihood that those recruited were reliable subjects for the study. Bias to emerging data was carefully evaluated through discussions with the dissertation committee and chairperson. Data was carefully read and reread, and prelicensure nursing students’ stories were retold as faithfully as possible.

**Transferability.** Transferability suggests results can be applied to another situation (Lincoln and Guba, 1985). Transferability was achieved using thick descriptions; the phenomenon of study has a detailed account of participant-written narratives and patterns of cultural and social relationships that were put into context. These rich descriptions of participant experiences allowed readers to determine if the findings are transferable to their own experiences and clinical settings.

**Dependability.** Dependability is maintained through inquiry audits. This involves enlisting an outside expert to verify the consistency of agreement among data, research methods, interpretations, and conclusions (Shenton, 2004). The design of the study, research methods, interpretations, and conclusions were discussed with and reviewed by the dissertation committee and chairperson. All decisions related to methodology, codes, categories, and themes were documented and discussed with the dissertation chairperson, an experienced and well-established qualitative researcher.

**Confirmability.** Confirmability is a degree of neutrality or the extent to which the findings of a study are shaped by the participants and not by researcher bias, motivation, or

interest (Lincoln & Guba, 1985). External audit assesses the trustworthiness by reviewing the data, analysis and interpretations, and assessment of whether the findings represent the data accurately. Lincoln and Guba (1985) posit confirmability is achieved when the findings of a study accurately describe the experience and ideas of the participants and not the objective or subjective stance of the researcher. Steps were taken throughout data analysis to represent and interpret the data accurately. The researcher's influence on data was limited by reflective journaling to process ideas, thoughts, and beliefs about and experiences with bullying behaviors. There was also ongoing discussion with the chairperson about the data and review of the analysis by the chairperson.

**Researcher's Stance**

I work as a nurse educator and in the clinical environment. I have been witness to the varied responses of prelicensure nursing students to bullying by RNs in the clinical environment. I have been the recipient of bullying and have witnessed bullying behaviors toward other RNs in the clinical environment. I have observed the detrimental effects of being the target of bullying.

My interest in this dissertation topic arises from my desire to richly understand the stories of those who have been bullied in the profession of nursing before licensure. I want to understand prelicensure nursing students' perceptions of and responses to bullying behaviors. The use of Burke's pentad was to facilitate the who, what, why, when, and where of each story and to see a more complete picture of each participant's experience of being bullied by an RN.

Bracketing was discussed with my chairperson and used early in the research process. I continued to be aware of and reduced potential influence of subjective interpretations through reflective journaling, re-reading, and discussion with my chairperson through the processes of data collection and data analysis. In addition, my strong desire for others to be heard and to be

able to tell their own story has helped me remain dedicated to providing the participants with their own experience as expressed. My greatest desire is to honor those individuals who chose to have their stories heard.

**Protection of Human Subjects**

The protection of human subjects was upheld by following the Institutional Review Board (IRB) requirements and gaining approval for the study by the IRB. Informed consent (See Appendix A) was obtained using the University IRB guidelines. A statement that the study involved research, an explanation of the purposes of the research, the expected duration of the subject's participation, and a description of the procedures followed by prospective participants was explained in the email sent to participants. A description of any reasonable risks or discomforts or benefits to the subject and a statement of confidentiality of records identifying the subject was provided on the study link. In addition, an explanation of whom to contact for answers to pertinent questions about the research and research participants' rights and a statement that participation is voluntary, refusal to participate involved no penalty, and the subject may discontinue participation at any time without penalty. Submission of participant responses to the link implies informed consent.

The re-telling of being bullied can be emotionally difficult. The participants were directed to the American Nurses Association (ANA) for resources and a toolkit on bullying at http://www.nursingworld.org/Bullying-Workplace-Violence. Participants were also directed to Dealing with Bullying and Harassment: A Guide for Nursing Students, a website that was available to nursing students facing bullying at the time prelicensure nursing students participated in this study. Participants were informed of both websites before and after their experience of telling their stories of experiencing bullying behaviors in the clinical environment.

Furthermore, the opportunity to express emotions through writing has the potential to be therapeutic to those writing about a difficult life event, such as the experience of bullying behaviors. Stapleton et al. (2021) found the opportunity to express emotions through writing can provide a feeling of strength and less emotional distress. Research indicates individuals who write about stressful experiences show improvement in both physical and mental health outcomes (Mohamed et al., 2023; Smyth & Arigo, 2023).

# CHAPTER IV

# FINDINGS

## Prelicensure Nursing Students Experiences of Bullying

Thirty prelicensure nursing students wrote narrative responses in which they were asked to describe their experiences with bullying by RNs during their clinical placement. Each participant described experiences of bullying. Participant names were changed for further anonymity.

The narrative descriptions underwent content analysis and five thematic categories emerged. These themes are:

1. RNs refusing to give help to or receive help from prelicensure nursing students.
2. RNs ignoring prelicensure nursing students.
3. Wrongful accusations toward prelicensure nursing students.
4. Non-verbal bullying toward prelicensure nursing students.
5. Verbal bullying commentary toward prelicensure nursing students.

Many participants expressed experiencing a combination of bullying behaviors by RNs in the clinical environment. Fifty-seven percent (n = 17) of participants experienced verbal bullying and 47% (n = 14) experienced non-verbal bullying. Thirty-seven percent (n = 11) felt ignored in the clinical environment, 25% (n = 7) experienced RNs refusing to give the participant help or let the participant participate in the care of patients, and 20% (n = 6) felt wrongfully accused of improper care of patients by RNs in the clinical environment. Mary Jo experienced varied types of bullying, as explained,

> General annoyance with having to teach/be observed by a student. Walked onto a unit, charge nurse was notified a student was here, and charge nurse wrote down all the staff

nurses' names down and put them into a plastic bag, then drew a name for who had to be "stuck" with a student. Charge RN says, "Daphne, you're getting a student today." Daphne responds "Nooo" and Charge RN says "Yesss" as in "you have to do it." Both then turned around and saw me standing there. Daphne then proceeded to not let me do anything besides give PO meds, was having me grab things for her, scan things for her, and when I would intervene saying "oh I can do that!" As in, give an IV med, etc., and she would always say "hmm maybe next time" and next time would never come. Also, instead of teaching/showing me how to do something, she would order me to do something and then when I did it wrong or took too long, she would say "You really don't know how to do that?" "You're a senior in nursing school and you don't know how to do that?" "Don't they teach you that in nursing school?" All other instances she was very cold and ignored me.

Many of these bullying experiences were initiated by the RN assigned to precept the prelicensure nursing student for the clinical day. Some participants had a second interaction with staff RNs on the unit, charge nurses, classmates, clinical instructors, and in some instances, institutions, which perpetuated the cycle of bullying and the consequences of bullying for prelicensure nursing students.

### *RNs Refusing to Give Help to or Receive Help from Prelicensure Nursing Students*

Participants described experiences of not being allowed in patient rooms, being given tasks that kept them from learning nursing skills, or of being belittled for not having the clinical knowledge an RN expected the student to have in the clinical area.

Mary described this experience after asking for help,

> I accompanied the nurse to pass medications to another patient. While passing medications, I came across a med I didn't recognize. The nurse was instantly bothered because I asked her for help. She told me I should know what the med is for. I felt like she was belittling me. I felt like she didn't care and exhibited my inexperience in front of the patient. Since these incidents took place during my early clinical experience, I feel like my confidence took a hit. These experiences also make me wonder why nurses act this way.

Alisha wrote about the experience of wanting to help RNs on the unit,

> The nurse wouldn't let students in the room or let us do anything to help. She would be rude and say we didn't need to be in the room, or she wouldn't explain anything to us. It made me feel bad because I felt like I was impeding on their job, and it made me feel like she forgot what it was like to be in nursing school. A lot of clinical or workplace bullying I have experienced has been from older nurses.

Andie wrote,

> I had one instance that was very overt and discouraging to me. During my med-surg 3 clinical, I was on a stroke/neuro floor and my primary nurse for my patient exhibited behavior that led me to tears that day. I was taking care of my patient and practicing new skills like hanging IV piggybacks when she pulled me aside and asked me to insert an IV on another patient. I was checked off on this skill, so I agreed to try my first IV insertion attempt. I gathered the supplies and had her by my side to watch. As I began my attempt, every little thing I did was critiqued. I tried to explain that the way I was doing it was simply the way that I was instructed and checked off on (things such as holding the

needle at a 20–30-degree angle and anchoring my other hand on their arm to prevent the vein from rolling). She would exclaim things such as "WHY are you doing it like that?" "You're all wrong" loudly and in front of the patient. I asked her to explain to me the method in which she does an IV insertion, so that I could do it that way instead. She explained it to me, and I attempted the IV insertion in that manner. With each step, I would ask her if I was doing it the correct way and she said yes. The vein ended up rolling on me and she immediately pushed me aside and loudly berated me in front of the patient. I apologized as much as I could, but she still took this as an opportunity to degrade me as a student. I felt so discouraged, especially since that was my first attempt at a real IV insertion. After leaving the patients room, I was upset at this event and had to go into the nursing station for a moment to re-compose myself since this did bring me to tears. The nurse came up to me in the nurses' station and said to me "you are never going to survive" in regard to being within the nursing profession. It turns out the other nursing students within my cohort experienced similar aggressions when performing skills for their patients, to the point another student requested to our clinical instructor to never be paired with her again.

### *RNs Ignoring Prelicensure Nursing Students*

Participants spoke about the experience of being ignored when directly asking a question to an RN. Several participants reported that being ignored was experienced as, "student nurses are not welcome" on the unit. Brandy described her experience, "No matter who the student was, the RN would purposely try to "lose" the student i.e.: walking rather quickly so the student could not keep up, randomly checking on patients out of rotation, getting report without the student present." San described the experience of being ignored, "If I was assigned to someone who was

willing to have me shadow them, they didn't say one word, or they'd pretend they didn't hear my questions." And Laura wrote, "The RN would ignore me speaking to her, despite the fact she was walking right past me or standing next to me."

Kelly wrote,

> In another rotation at the same hospital on the post-partum unit, most nurses treated the students as invisible. Again, zero professionalism and teaching. But they did have a lot of time to chit-chat about personal details of their lives and have breakfast breaks, coffee breaks, and snack breaks. A fellow student shared that an OR (operating room) nurse commented that nursing students were there to pick up garbage. I was barely allowed to touch a baby in any setting but more so in the NICU, even for babies in the open bassinets.

### *Wrongful Accusations Toward Prelicensure Nursing Students*

Participants described being wrongfully accused of interrupting RNs, of not completing tasks and of not being interested in patient care.

Ann described her experience,

> The nurse bullied me when I went to go ask her something and didn't realize she was in the middle of giving report. She very angrily screamed "PLEASE DO NOT INTERRUPT ME WHEN I'M TALKING." One more example of when this particular nurse acted very condescending toward me is when I helped her insert an NG tube on a patient, and she asked me to listen for the air bubbling over the abdomen (yes I know this is not a reliable method for checking the correct placement of the NG, but it's what we did at the hospital I went to for clinical). I accidentally went to grab for her stethoscope instead of my own, so she stated, "get your own stethoscope." This made me walk away

and under my breath comment how rude she was to me. Yes, I know I made a mistake by not using my own one that was around my neck this whole time, but I AM ONLY HUMAN. HUMANS MAKE MISTAKES. I AM NOT PERFECT. I am so thankful I never had to work with this horrible nurse ever again ever since that day I was with her for the NG insertion.

Martha described the experience of being misunderstood by an RN on the unit:

> I found Nurse J and said, "We are about to leave the floor, but I wanted to thank you for letting me help you and work with you today. Is there anything else you'd like me to do such as last rounds and charting those?" Nurse J started laughing and scoffing at me. I said, "I'm sorry. I don't think I understand." Nurse J said "Umm... I don't even know what to say to you right now." I said, "Will you elaborate? I don't understand." Nurse J said, "Well, I don't even feel like I can thank you for your work today. I mean, you had a patient, and you did not prioritize the dressing change. Instead you prioritized another classmate's patient and didn't really do anything with yours. So I can't even bring myself to even thank you for today. Like you were totally useless." I said, "I'm so sorry. My instructor assigned me to help my classmate, so I had to do that as my instructor is ultimately the one I have to report to and obey because I practice as a student under her license. Nurse J said, "I don't even know what to say to you right now. Whatever. Just leave." She then walks away.

### *Non-Verbal Bullying Toward Prelicensure Nursing Students*

Participants described bullying through non-verbal communication, such as glaring, eye-rolling, giving an "evil-eye," shoving things at students, grabbing things out of hands, and slamming charts at the nurses' station. Jean stated, "When I translated this to the nurse with the

patient in front of us, she rolled her eyes before mumbling she'll let the doctor know." Maureen wrote, "At one point, she shoved the printed patient info at me to stop me from asking questions."

Sara described her experience,

> I had an RN fuss at me about setting my clinical folder down in a patient's room on the windowsill. She came into the patient's room while I was working with the patient and grabbed my folder, took it outside the room and slammed it on the nurses' station.

Sephora wrote,

> Unfortunately, I did experience some bullying behaviors in my med-surg related clinical experiences. Most of the experiences were covert examples, such as glaring, eye-rolling, and a few instances of blatantly ignoring me as I asked a question or said something. This behavior directed towards me was done by some of the nursing staff on the medical-surgical floors (neuro, GI, and renal were the floors I had experience with).

***Verbal Bullying Commentary Toward Prelicensure Nursing Students***

Participants described offensive and unkind remarks. Other participants heard nurses talking about them to other RNs at the nurses' station. Chris wrote,

> All the RN's that normally worked on that floor were not very pleasant and just seemed to bark orders. I had a nurse that got onto myself and another student for not giving a patient a bed bath in front of a physician. If she had cared to ask, the patient had refused a bath, and we were going to wait a little while and try to offer him a bath again. Instead of asking about it, she told us "You will give him a bath because he needs one" while she was in the room with a physician. Not to mention that she was inside the room with the patient and MD, and we were outside the patient's room. So, I'm sure we weren't the

only ones who heard it. There have been multiple nurses that just seem annoyed that we are there and annoyed to even give us report on a patient.

Dina described her experience as,

> I don't know if I remember specific instances, but it happens quite frequently. Just the tone of voice they use, or side comments that I pick up on. It is usually on the unit at the nurses' station when it happens, and in my experience, it has been just floor nurses doing the bullying.

Cami wrote,

> Several weeks of clinical rotations, Nurse J frequently gossiped to other nurses on the floor about students. She was caught numerous times treating other students the same way as she treated me. She was also caught saying degrading things about each student.

Sammy stated the nurses "referred to myself and my classmates as "morons"." Kath wrote, "All of us students had on blue scrubs and when we showed up to our assignment at the rehabilitation hospital the RNs gathered in the nurses' station laughed, snickered, and called us "the Smurfs."

**Student Nurses Thoughts and Feelings about Bullying Experiences**

Participant responses to bullying behavior included feeling discouraged, helpless, embarrassed, like an outcast, and powerless. Some participants wrote about being brought to tears and needing to compose themselves. Some felt disrespected and taken advantage of; angry and "turned-off" by the profession of nursing. Vivian wrote the following about her experience of bullying by a clinical instructor and then the emulation of those behaviors toward her by classmates:

> A professor yelled at me while in clinicals; my classmates were there, they were nice with me at the beginning of the semester, then one even told me that I was too slow, the same comment the teacher mentioned. When I went to complain about the professor with the head of the department, I did not get help; in desperation I sent an email to the professor and she, in turn, turned me in and I got a pre-suspension warning which stated that if I got in trouble with any other professor or create any turmoil, I was to be out of the program without coming back. I always felt like an outcast; but when the professor yelled at me at my clinical, I felt like taking my life. That same semester another student committed suicide in the same college because of the nursing program.

Ralphie was distressed by the way the school addressed students' issues, which highlighted the responsibility of educational institutions in facilitating effective prelicensure nursing students' learning experience in the clinical environment:

> These events made me angry, especially at my school, who has known about such issues for years and has done nothing about them. I found it quite hypocritical of my school as the entire first half of the first semester was about showing and treating people with respect and dignity, but they failed to show that to me.

***Not Good Enough***

The experience of bullying behaviors by RNs in the clinical environment made participants more reserved and less confident in their subsequent clinical experiences. There were feelings of inadequacy and self-doubt, and fear to ask questions, as exemplified below. Sendy stated,

> I was barely 19, I had never set a patient up for an ECG before, and all I wanted was her to stand there while I did it so I could do it correctly. For many clinicals after that, I was very sheepish around my assigned nurse and very afraid to ask questions because I didn't want them to think I was not capable.

Ali expressed,

> I was completely taken back (by the bullying) as I was not expecting that reaction. I felt flustered and anxious, like I wanted to cry on the spot. I had really poured my heart into doing the best I could that day, had killed Nurse J with kindness even though she was an unkind person to begin with, and her hurtful words put a seed in me that told me "You aren't good enough to be a nurse."

And Marta stated,

> The nurse I was paired with was standoffish when I introduced myself. I notified the nurse that I was going to pass meds to one of the patients with my instructor. My instructor liked us to have meds ready by the time she made her rounds with each student. I was on my way to the med room to check if the patient's meds were in her cassette when the nurse asked what I was doing. I told her and she told me why I was doing that without first assessing my patient. Instead of going to the med room I went to the patient's room to do my morning assessment. I did what she said because I felt like I had to please the nurse in order to have a good day. The nurse went with me to assess the patient and just stood there while I started to assess the patient. I felt like her demeanor was like, "OK let's see what you got." This made me feel uncomfortable and nervous. I started a head-to-toe assessment. The patient was not responsive throughout the assessment. This was abnormal according to the patient's baseline. A rapid response team

was promptly called due to this abnormal finding. I felt like the nurse was trying to exhibit my inexperience because instead of noticing from the beginning that the patient was not responsive, she allowed me to complete my assessment partially before calling the rapid response.

### *Bullying Impact on Professional Choices*

Participants questioned if their experience with bullying by RNs was the culture within nursing or specialties within nursing. The experience of bullying for Karen made her think about the experience of bullying and if these experiences translated into the profession of nursing, as she stated,

> These kinds of behaviors are discouraging and are non-productive in facilitating learning for students. I was surprised at the amount of covert bullying that I experienced as mentioned earlier, and I fear that one day that will be the working environment I am in. I hope for my future career as a nurse I can find a healthier and less toxic working space.

The bullying Ceili and Beth experienced in the clinical environment made these prelicensure nursing students decide they were not interested in critical care and maternity specialties because of the bullying they experienced by the RN they were paired with in these clinical environments. Neither Ceili nor Beth expressed that their clinical instructor advocated for a better learning experience after the bullying by an RN. They no longer had an interest in the specialty of previous interest.

Ceili stated,

> The nurse in the PACU was especially dismissive and passive aggressive. She would talk down to me, assume I was not there, and treat my questions as taking up too much time. At one point, she shoved the printed patient info at me to stop me from asking questions.

> There was zero camaraderie or professionalism. She also had the nerve to state that I was more interested in my papers than asking questions. It was clear she was not interested in having a student nurse. In another rotation at the same hospital on the post-partum unit, most nurses treated the students as invisible. Again, zero professionalism and teaching. They did have a lot of time to chit-chat about personal details of their lives and have breakfast breaks, coffee breaks, and snack breaks. A fellow student shared that an OR nurse commented that nursing students were there to pick up garbage. I was barely allowed to touch a baby in any setting but more so in the NICU, even for babies in the open bassinets. It made me completely turned off to that specialty, hospital, and kept a safe distance from these types of nurses.

And Beth wrote,

> I was in my maternity rotation, and it was my week to see a live birth. I could tell from the get-go the nurse did not like me. However, it became apparent whenever she spoke to me (or more like gave me the silent treatment with the evil eye and snide remarks) that she really did not want me to be shadowing her. The RN purposefully did not come to get me whenever there was anything to do, so I ended up sitting outside the room waiting for her. When she would go in, she would just be "checking in" and would tell me that I don't need to go in but would then proceed to perform important check-ins that I felt would be a valuable experience. The woman's labor ended up going on for hours after my clinical was supposed to go, and yet I chose to stay because I really wanted to see the live birth. My clinical instructor gave me some busy work to do so I wasn't just sitting around doing nothing waiting for the woman to pop. I asked the nurse many many times what her professional opinion was on how soon the woman was to deliver and each time

> she told me hours. After completing my busy work, I decided to go in by myself to check in on the patient and see how she was coming along. When I went in, she had delivered. The nurse was in the room, and she gave me a smug grin with a very "oh well" attitude. I was so disappointed and felt like I wasted the day. It made me very scared to interact with the other nurses on the floor and I was very scared to miss my next clinical birthing experience. Overall, that one experience has dictated that I don't want to be a maternity nurse.

**Implications of Support after Bullying Experiences**

Participant interactions after the bullying experience with the RN in the clinical environment impacted the participants overall response to how they felt about themselves, RNs, and the nursing profession. Seventeen percent (n = 5) expressed support from others after the experience with bullying by an RN. There was a vast difference in how prelicensure nursing students handled the experience of being bullied when they received support from staff RNs, charge nurses, and clinical instructors following the bullying experience. Participants who had support after the bullying experience had a more positive outlook toward their belief in themselves and a higher regard for the nursing profession. The following exemplifies the difference in how prelicensure students may feel about themselves and/or the nursing profession without support and with support.

Lee expressed,

> My RN clinical instructor did several things, but the ones that stand out to me are yelling at me while administering medication, working the IV pump, or being yelled at while I pulled medications from the pixel for a patient. These occurrences happened while pulling drugs at the pixel and in front of a patient. My clinical RN instructor did these

things to me. It happened because she said I was taking too long to cross-reference the drug against my MAR. She yelled at me at the IV pump in a patient's room because I was doing a saline lock antibiotic administration. Our class did not know how to administer a drug without a patient having maintenance fluids. I felt this could have been a learning situation, not a reprimand. I had questions, and that frustrated my teacher. I was yelled at while administering drugs to a patient, which I thought was not the time. It made the patient and myself extremely uncomfortable; she should have just corrected or assisted me. It made me feel incompetent and made me think that I could not come to her for any advice or questions because she was unapproachable. It also made me feel horrible because everyone in my unit thought that she isolated me by bullying me, and that made me feel less than because others in my cohort had to constantly check up on me after she spoke to or yelled at me. I never cried while in the clinical setting, and I did not crumble while on the floor. I cried a lot on the way home and at home because I was unsure why she always isolated me, but the fact that others saw it and acknowledged it made me feel worse. My doctor put me on Zoloft to ease my anxiety when on the floor with my CTA. It went terrific when I had a substitute, so that reinforced that it was my clinical RN instructor. I did excellent on my Pediatrics and OBG rotations. So at first, I thought I was just dumb and stupid, and I questioned whether or not I should continue; until I realized it only happened with her. Then my classmates would console me after clinic on her tone and dealings with me; it was a rough semester.

***Advocacy***

According to Organizing Engagement, an online publication dedicated to advancing knowledge and student-centered public education, advocacy is defined as “typically performed

on behalf of, or in partnership with, those who may not have the power, expertise, or other resources required to advance their own interests in a given situation" (Organizing Engagement, 2024).When staff RNs, charge nurses, and/or clinical instructors advocated for prelicensure nursing students following experiences of bullying, many students reported how those actions helped them to handle the bullying experience in a more positive way; a way in which their sense of self and feelings about the profession were protected. Advocacy made the difference in how nursing students processed the experience of bullying behaviors, as exemplified in the following two narratives:

Tia wrote about her experience with RNs and a charge nurse,

> One of the charge nurses on the unit came up to me and introduced himself to me. He had also heard of Jennifer's rants about the nursing student (me) that she had to work with the other week. Fortunately, both Claudette, and this new charge nurse that I had met, both comforted me and provided me with reassurance. My spirits were lifted, and I felt more like I belonged in nursing again. It was very unfortunate that I had the experience of dealing with one nurse who had a very nasty attitude and bullied me indirectly on the one night I needed to pair up with a different preceptor. From then on, I realized that if I was to ever become a clinical instructor or nursing instructor, I would want to be better and do better. The charge nurse and Claudette were good examples of kind, caring nurses that wanted their students to learn and succeed. They were not there to drag anyone down or make them feel less. They provided good feedback and did so in a respectful way, not challenging students and making sarcastic remarks about one's knowledge and skills.

Lizzy expressed the following about her experience,

> My preceptor seemed very busy. They asked me to give a blood thinner that, at the time, I didn't know much about, and I wasn't comfortable giving it. I asked if they could tell me about it and what to look out for when giving it. Instead of an educational opportunity, they told me "It's horrible that you don't know about this medication" and told me to "google it" in the middle of the hallway, in front of my peers and other nurses walking by. After this happened, I went to the bathroom and cried out of frustration. I was barely taking pharmacology 1 at the time and our first chapters did not talk about blood thinners. I ended up googling some information and my clinical instructor helped me with more info and I was comfortable enough to administer it. Luckily, my clinical instructor paired me with a friendlier nurse and someone who was willing to teach me the basics. These experiences made me think I was not fit to be a nurse at the time, and I would think about it often, but I'm no longer feeling like an incompetent student nurse, and I know there are people out there willing to help and teach me.

Lizzy had the opportunity to interact with a clinical instructor who advocated for her following the bullying experience by the staff RN. The bullying by the assigned RN toward Lizzy was counteracted when the clinical instructor helped Lizzy understand medications prior to administration, and paired Lizzy with an RN who was willing to facilitate learning during Lizzy's clinical experience. The clinical instructor facilitated a meaningful experience for this prelicensure nursing student and was invested in her learning on the clinical unit. Lizzy initially felt the bullying she experienced made her think she was not fit to be a nurse. By the clinical instructor advocating for the student, the clinical instructor altered the student's negative experience of bullying as expressed by the student, "I'm no longer feeling as an incompetent

student nurse, and I know there are people out there willing to help and teach me." Tia's experience with an unsupportive RN made her feel like she did not belong in nursing. It was the reassurance from two charge nurses and their respectful feedback that reinforced Tia's feeling of her place in the nursing profession. These charge nurses also role modeled in a way that Tia wanted to emulate if in a position to do so.

**Prelicensure Nursing Students' Perceptions of Why They Were Bullied**

Many participants reflected on the experience of bullying by RNs in the clinical environment and attempted to answer the question of why they believed they experienced bullying behaviors by an RN, or feared the same experience would occur once in the profession of nursing. Some prelicensure nursing students felt it was from the desire for the RN to demonstrate how much they knew, while another presumed it was from the RN "having a bad day." One student stated, "I think she just didn't want a student (which she could have just said)." While another writes, "Why did this happen? They felt very insulated in their own units, and the culture did not allow for any 'trespassers."

The sentiment of "nurses eat their young," in which more experienced nurses bully less experienced nurses (Meissner, 1986, p. 51), was expressed by some participants as the reason for the experience of being bullied by an RN. Judy wrote, "The saying holds true, nurses do eat their young. It would be a lovely reminder to many nurses that they were once in our shoes as students not long ago." Some participants expressed a lack of understanding about the treatment by RNs and felt as though the RNs forgot what it was like to be a nursing student. Lisa questioned the lack of interest in teaching nursing students and felt it was an inability for RNs to reflect on their time as nursing students.

Laura stated,

> After being assigned to a floor nurse and trying to start a conversation about what patients would be the best learning experience but also be able to lighten the nurses load I was told "you being here is not helpful." Then never spoke to again. This nurse's attitude was I am going to find whatever you do wrong and pick you apart in front of patients, professor, and whoever will listen. Her favorite conversation in the med room was who she could write up from night shift. I was chastised and had comments in front of patients of: "is the nursing student hurting you" to other health professions just using the term "student" when addressing me at clinical experiences in the hospital. The eat your young attitude is so passé and 2000. The sad thing is that these people maintain their jobs, management does nothing, and they continue to have the reputation that contributes to nurse burn out.

Jeannine questioned if RNs who bully nursing students do so because of their own experience of being bullied,

> These experiences also make me wonder why nurses act this way. Did they experience this type of behavior when they were in my position? Now that I'm reflecting on these experiences, I get angry because these nurses were in my shoes once.

Not all participants could presume a reason behind the specific bullying behaviors and made presumptions about the profession. Other participants expressed a lack of understanding as to why a nurse would treat a student unkindly while knowing what it is like to be in the position of a prelicensure nursing student in the clinical environment. Some participants stated if in the

position to help student nurses or new graduates, they would do it differently than the way in which they were treated by RNs in the clinical environment.

Victoria wrote,

> We were following her (RN), and she said something along the lines of "so you are *really* following me" and gave one of my other classmates a weird look. It was so rude. She just had my classmate and I sit with this one patient and do nothing else. It was really awful and if I'm ever in a position where I can precept student nurses or new grads, I promise to never do this. My classmate who I was with tried telling our clinical instructor, but she didn't really do anything about the situation. It made me feel like I was really losing out on learning something that day. This was back in 2019 and even thinking about it just now made me feel awful. (Victoria)

# CHAPTER V

# DISCUSSION

## Introduction

The literature on the experience of bullying in prelicensure nursing students is growing (Hallett et al., 2023; Hopkins et al., 2018; Minton & Birks, 2019; Minton, 2018). The objective of this study was to explore prelicensure nursing students' experiences of bullying by RNs in the clinical environment. Participants were asked to consider the following questions while writing their narrative:

1. What was done?
2. Where it was done?
3. Who did it?
4. How the RN did it; methods?
5. Why it happened?
6. How did it make you feel?

Bullying feeds on vulnerability that is heightened by the subtle, systematic, and multifaceted process of bullying that is ordinarily difficult to identify (Hopkins et al., 2018). When workplace violence is used as a blanket term for terms such as bullying, harassment, and physical, verbal, or sexual aggression, Hallett (2023) found that bullying appears to be the most prevalent type of violence that prelicensure nursing students experience. The studies that use the term bullying include or exclude types of bullying behaviors involved, frequency and duration of the experience of being bullied, resulting harm to the victim of bulling, and an imbalance in the power relationship between the parties.

These different terms are interconnected and share similarities. For example, the Bullying in Nursing Education Questionnaire (BNEQ) was developed to examine prelicensure nursing students' perception of and experiences with bullying in nursing education. Concepts for the BNEQ are from a Celik and Bayraktar (2004) study questionnaire that assessed verbal, physical, sexual, and academic abuse experienced by Turkish nursing students. Additional items for the BNEQ are extracted from the Negative Acts Questionnaire (NAQ), developed by Einarsen et al. (1994) that measures the different levels of exposure to bullying, ranging from infrequent exposure to incivility, one or more rude, discourteous, or disrespectful actions that may or may not have a negative intent behind it (ANA, 2021), to severe victimization from bullying and harassment.

Hallett (2023) found about two thirds of students' experience bullying during their clinical education. There is an estimated 65.6% global prevalence of prelicensure nursing students experience of bullying within the clinical environment (Zhou et al., 2024). RNs in the clinical environment are, at times, the perpetrators of these behaviors (Budden et. al, 2017). A Chinese study by Tian et al. (2019) explored Chinese nursing students experience with workplace vertical violence, a form of workplace violence which refers to the violence between individuals with different status in a hierarchical system, such as RNs and prelicensure nursing students. The term workplace vertical violence originated from horizontal violence, which refers to intentional, unnecessary, or unjustifiable acts from one nurse to another in the same status with intention to hurt, isolate, disparage, manipulate, or sabotage.

Tian et al. (2019) found 64.3% of the perpetrators of bullying behaviors were the assigned nurse and 46.6% of incidents were by the clinical nursing instructor in the clinical environment. Abdelaziz and Abu (2022) aimed to determine the prevalence of bullying

behaviors and identify the perpetrators of these behaviors toward prelicensure nursing students at a Saudi Arabian university. The study found that 42.8% of prelicensure nursing students experienced bullying behavior, characterized by withholding information, being belittled, lack of guidance, gossiped about, being ignored, excluded, humiliated, criticized, physically abused, or being made a scapegoat, given trivial work, deprived of rights, treated with hostility, or refused help, with 39.4% staff nurses and 37.2% clinical instructors as the perpetrators of the bullying behavior toward nursing students.

Prelicensure nursing students are at risk of experiencing bullying because of their vulnerability as students within the clinical setting (Birks et al., 2017; Birks et al., 2018; Minton & Birks, 2019). Students may not recognize bullying in the clinical environment because they are focused on learning and performing tasks, which may make it difficult to distinguish between appropriate responses in a stressful environment and bullying behaviors (Gamble Blakey, 2019), or feel such behaviors are an expected part of the learning process. (Amoo et al., 2021; Hopkins et al., 2018; Smith et al., 2016). Because bullying can be subtle or covert, such as exclusion or undervaluing of work, it can be harder to identify in comparison to overt actions like shouting or humiliation.

While previous research indicates prelicensure nursing students' difficulty in recognizing bullying behaviors (Minton & Birks, 2019), participants were astute in identifying bullying behaviors in their narratives about their experience of bullying by an RN in the clinical environment. Twenty-nine out of 30 participants in this study did not question if their experience was defined as bullying behaviors. One participant prefaced her narrative with, "I'm not sure this is bullying, but…" before describing the bullying she experienced by the assigned RN in the clinical environment.

The semester or year the participants were completing their nursing program at the time of their participation in the study was unknown. Previous research indicates prelicensure nursing students further along in their nursing education recognize bullying behaviors more readily than those earlier in their nursing education (Minton et al., 2018) and that an increase in age and frequency of reporting bullying behaviors have a positive correlation (Aul, 2017). Thirteen out of the 30 participants in the study were over 30 years old, which may indicate the ability to recognize bullying behavior due to age (See Appendix B).

As prelicensure nursing students become more aware of bullying behaviors and perceive them as more serious, reporting rates increase (Carissa Fehr & Seibel, 2022). However, it is difficult to know the number of affected prelicensure nurses, as students may fear reprisal or that reporting bullying behaviors may negatively impact their grade or future career opportunities (Amoo et al., 2021). A combination of power dynamics, normalization, fear of evaluation, stress, lack of awareness, coping mechanisms, and faculty influence contributes to student nurses not always recognizing bullying behaviors by RNs.

### *Types of Bullying Behaviors Experienced by Prelicensure Nursing Students*

The five themes that emerged in nursing student narratives in this study were: RNs refusing to give help to or receive help from prelicensure nursing students, RNs ignoring prelicensure nursing students, wrongful accusations toward prelicensure nursing students, non-verbal bullying toward prelicensure nursing students, and verbal bullying commentary toward prelicensure nursing students. Participants expressed being yelled at in front of others, wrongly accused of not completing tasks, and scoffed at for how patient care was completed by them. Participants were ignored in front of staff and patients while asking questions. One participant

stated, “Most of the experiences were covert examples, such as glaring, eye-rolling, and a few instances of blatantly ignoring me as I asked a question or said something.”

The bullying that participants described in the narratives correlate with previous research on RNs and prelicensure student nurses and the experience of bullying, such as public humiliation, accusations regarding lack of effort, belittling of opinions, isolation that is physical or social isolation, meaningless tasks, and repeated reminders of mistakes (Ahn & Choi, 2019; Minton & Birks, 2019; Thomas, 2018).

A study by Amoo et al. (2021) aimed to describe the various bullying behaviors experienced by prelicensure nursing students during their clinical placement in the Central Region of Ghana. The findings indicated that the bullying behaviors prelicensure nursing students experienced were shouting, isolation, humiliation, and being assigned work below their competency level. Nursing students reported they were ignored by RNs and were not given the opportunity to assist during patient care. The verbal bullying commentary included humiliation through sarcasm and name-calling.

Abdelaziz and Abu (2022) reported results that were similar to what Amoo et. al. (2021) reported. Fifty-five percent of prelicensure nursing students reported being shouted at by RNs and 48% endured inappropriate, nasty, rude, or hostile behavior. Thirty-five percent of students indicated they were belittled or humiliated and 38% were ignored and excluded or socially isolated by RNs.

Earlier studies suggest similar results with prelicensure nursing students experiencing verbal bullying through shouting (Aliafsari Mamaghani et al., 2018; Birks et al., 2018; Jack, et al., 2018; Rafati et al., 2017), name-calling (Birks et al., 2018), and sarcasm (Ahn & Choi, 2019; Jack et al., 2018). Smith et al. (2016) described prelicensure nursing students being denied the

opportunity to learn because of the bullying behaviors by RNs that students experienced in the clinical environment. Studies also indicate being ignored, avoided, or isolated, witnessing non-verbal behavior, such as, “rolled eyes” or negative body language by the perpetrator as bullying behaviors experienced by prelicensure nursing students (MacDonald et al., 2022; Smith, 2016).

### *Prelicensure Nursing Students Thoughts and Feelings about Bullying Behaviors*

There were participants in this study who entered their clinical experience with excitement and motivation because of an interest in entering the specialty of the clinical experience after graduating from their nursing program. These participants expressed proactive behaviors, such as searching for learning opportunities and communicating a desire to participate in patient care; they wanted to learn from the assigned RN working with them in the clinical environment. In participant narratives, their excitement and motivation were squelched after they experienced bullying by the RN they worked with in the clinical environment. This experience perpetuated feelings of fear to ask questions, a distaste for the type of clinical environment the bullying occurred, and at times, the profession of nursing. Prelicensure nursing students had a change in the desire to enter a specialty that they were excited about after the bullying experience in that specialty by the assigned RN. These prelicensure nursing students also questioned if they wanted to enter the profession of nursing. Prelicensure nursing students who experience bullying behaviors in the clinical environment not only have a poor quality clinical, but also a reduction in educational motivation (Aliafsari Mamaghani et al., 2018).

The experience of being bullied by RNs in a clinical environment influences professional identity and development (Xu et al., 2022) and potentially changes the trajectory of a prelicensure nursing students career specialty, or desire to stay in the field of nursing. A descriptive Canadian study by MacDonald et al. (2022) found 65.6% of nursing students who

experienced incivility in the clinical environment became afraid to ask questions and considered leaving the profession. Incivility was defined as "disruptive behavior that often results in psychological or physiological distress for the people involved, and if unaddressed, may progress into unsafe or threatening situations." The behaviors may appear as repetitive or sporadic acts and can be expressed in an overt or covert manner with ambiguous intent to harm the target (MacDonald et al., 2022).

A U.S. study by Smith et al. (2016) used focus groups to examine student nurses' experiences of bullying behaviors in the clinical setting and found similar results to MacDonald et al. (2022), with View of Nursing and Healthcare, Avoidance, Learning, and Productivity and Performance as themes of prelicensure nursing students' responses to bullying behaviors in the clinical environment. The bullying behaviors nursing students experienced made students view the nursing profession in a way that questioned their desire to become a nurse, their opinion of the specific organization, and their view of the overall healthcare system. Students avoided RNs after experiencing bullying behaviors as a strategy to protect themselves from additional encounters with the perpetrator of the bullying behaviors, preventing them from asking questions or seeking learning experiences.

Many prelicensure nursing students respond with physical, emotional, and psychological responses to bullying behaviors in the clinical environment (Rutherford et al., 2019; Smith et al., 2016). The effects of bullying behavior potentially affect the personal life of nursing students and increase the risk of addiction, depression, and suicidal thoughts among those that experience bullying behavior (The Joint Commission, 2021). A Korean study explored the prevalence of student nurses' bullying in the clinical environment and examined the effect of bullying on psychological well-being and found that approximately 76.41% (n = 230) of participants in the

study reported that they had experienced bullying in clinical settings and 64.8% yielded negative psychological outcomes associated with high depression, low self-esteem, and low academic major satisfaction (Ren et al., 2015).

Alarmingly, when bullying behaviors are normalized, these behaviors become a part of nursing culture and continue into practice after nursing school (Ren et al., 2015). These behaviors may also predispose nursing students to perpetuate bullying behaviors after graduation (Tee et al., 2016). Aliafsari Mamaghani et al. (2018) and MacDonald et al. (2022) posit prelicensure nursing students that respond to experiences of bullying behaviors by suppressing their feelings and developing apathy may themselves contribute to the perpetuation of bullying in the clinical environment. A participant in the Smith et al. (2016) study stated, '"I can't wait until it's my turn and I get to pass it (bullying) down." (p. 508)

### *Prelicensure Nursing Students Perceptions of Why They Were Bullied*

While participants in this study expressed feelings of anger, discouragement, helplessness, disempowerment, embarrassment, fear, belittlement, worthlessness and of being unimportant in their narratives, many nursing students attempted to explain potential reasons for the bullying behaviors they experienced in the clinical environment. Participants questioned management within the clinical environment, the institution, and the responsibilities of these two entities in facilitating accountability to prevent bullying behaviors within their institution. Nursing students discussed nurse burnout, "a bad day," and a culture within the clinical environment as reasons for bullying behaviors during their clinical experience. They questioned if bullying behaviors are a result of the perpetrators of these behaviors experiencing bullying behaviors while they were a nursing student and used "nurses eat their young" as a reason for the bullying behaviors by RNs in the clinical environment.

Previous research indicates prelicensure nursing students felt bullying in the clinical environment is unpreventable, an expected part of nursing school, and an accepted rite of passage that prelicensure nursing students must experience to develop "tough skin" (Birks et al., 2018; Smith et al., 2016). Students justify experiencing bullying by RNs in the clinical environment because of the importance of patient safety; patients may be harmed if a student makes a mistake. Prelicensure nursing students may defend bullying behaviors by RNs because they feel as a student, they deserve to be disciplined and challenged (Amoo et al., 2021; Hoel et al., 2017).

There also may be a hierarchical component as to the reason for bullying behaviors that occur toward nursing students in the clinical environment (Aliafsari Mamaghani et al., 2018; Minton & Birks, 2019). A qualitative Iranian study by Aliafsari Mamaghani et al., (2018) aimed to explain the experiences of last semester Iranian prelicensure nursing students (n = 12) regarding their clinical learning environments. Participants expressed that they witnessed bullying behaviors toward RNs in the clinical environment by physicians and medical personnel. They stated that nurses were influenced to continue this bullying culture by physicians and medical staff and aimed their aggression toward nursing students. This experience caused some prelicensure nursing students to bully nurse aides and nursing students who are in earlier semesters of their nursing education.

Smith et al. (2016) found "other stressors" and "not a nice person" as an explanation prelicensure nursing students expressed for the cause of experiencing bullying behaviors. They stated that RNs felt overwhelmed, frustrated, and were competing unit- or organizational-level demands that caused them to respond with bullying behaviors toward students. This study also found that some participants attributed the reason for bullying behaviors to the characteristics of

individual perpetrators of bullying behaviors, such as being jealous, needing control/power, or just not being a nice person.

### *Influence of Support after Bullying Experiences*

The analysis of participant narratives found that the interactions of prelicensure nursing students after the bullying experience with the RN in the clinical environment appear to impact the participants overall response to how they feel about themselves, RNs, and the nursing profession. There was a stark difference between participants who experienced support after the bullying experience and those that did not receive support after experiencing bullying behavior in the clinical environment. Prelicensure nursing students who experienced lack of support by individuals after their bullying experience negatively questioned themselves and the nursing profession, while nursing students that were supported after a bullying experience felt hopeful about their development toward becoming an RN, and a positive feeling about the nursing profession, in that there are individuals who will support them during the learning process. Participants also made mention of their desire to support students and new nurses when they are in the position to do so.

Jack et al. (2018) and Kurt et al. (2024) found that clinical nurses may have the greatest influence on prelicensure nursing students' professional development and attitudes toward nursing practice within their nursing education. Students learn in the clinical environment what cannot be facilitated elsewhere; it is where theory and practice are brought together for prelicensure nursing students' preparing to enter the nursing profession (Frazer et al., 2014; Luanaigh, 2015). The behaviors of RNs that prelicensure nursing students consider contributing to being negative role models are also behaviors that may be considered bullying. These behaviors include having low communication skills, not providing guidance or being sincere, not

valuing people, being careless, disrespectful, rude, or selfish, creating problems, and using the student to reduce the workload (Kurt et al., 2024).

Prelicensure nursing students aspire to emulate behaviors and/or qualities of RNs they view as positive and adamantly avoid behaviors and/or qualities of RNs they view as negative. The primary behaviors and qualities of RNs that are admired by prelicensure nursing students are knowledgeability (AlMekkawi et al., 2020; Kurt et al, 2024; Niederriter et al., 2017), strong communication skills (AlMekkawi et al., 2020; Kurt et al, 2024), supportive (Walker et al., 2013), and have a humanistic approach to interactions with students (Kurt et al., 2024).

**Strengths and Limitations**

A strength of this study was that nursing students had the opportunity to tell their stories about the experience of bullying during their clinical. Stories stay with tellers because they are unresolved or continue to be intriguing or troublesome. Sharing the story of bullying is likely to bring about reflection and learning gains (Austin et al., 2021; Alterio, 2011) for prelicensure students. Storytelling allows for in-depth exploration of individual experiences and narrative analysis provides rich insight into human experiences. It allows researchers to explore the depth of meaning within personal stories and reveals details that contribute to a deeper understanding of human behavior and motivation. It provides insight into the social and cultural context in which bullying occurs and helps uncover underlying power dynamics and systemic issues (Pino Gavidia & Adu, 2022). In addition, this study adds to the literature relevant to understanding bullying experiences of prelicensure students. The study findings suggest implications for nursing education, research, and practice.

The choice to not initially define bullying or require reporting of frequency and duration of the bullying behaviors, was both a strength and a limitation of the study. The lack of definition

left open the opportunity for participants to decide what kinds of behaviors they experienced or perceived as bullying rather than asking them to fit their experience into a definition. Frequency and duration alone may not fully capture the impact of bullying behaviors, as severity, context and individual reactions also play a role in the experience of bullying. Infrequent incidents of bullying can also profoundly affect a student's self-esteem, confidence, and well-being. Some questionnaires that assess for bullying, such as the NAQ-R and SEBDCP surveys, include frequency and duration, but do not exclude infrequent frequency or less duration when defining the experience of bullying.

A limitation of this study was that the data consisted only of the participants' written stories. Only prelicensure nursing students who felt comfortable writing may have participated in the study. Observation of non-verbal cues such as body language and tone or inflection during participant storytelling was not possible. The absence of a definition of bullying may cause a greater subjective interpretation by participants. Without a definition, some prelicensure nursing students may have hesitated to participate in this study because of lack of a clear definition of bullying and not defining covert bullying behaviors as bullying. Furthermore, because of participant anonymity, there was no follow-up or ability to clarify participant narratives. I was careful to bracket my feelings as the narratives were analyzed to ensure that my story did not influence my description and interpretation of the participants' stories.

**Implications for Nursing Practice and Future Research**

Bullying negatively impacts prelicensure nursing students' emotional health, self-esteem, and confidence. It disrupts the clinical learning environment and hinders students' professional growth and ability to learn about and contribute to patient care (Gamble Blakey et al., 2019). Prelicensure nursing students need to be guided in the clinical setting by clinical nursing

instructors who, with knowledge and advocacy, serve as positive role models for students (Amoo et al., 2021; Gonella et al., 2021).

Clinical instructors' ability to address bullying toward prelicensure nursing students in the clinical environment teaches students by example how to handle difficult situations professionally, as they prepare for their future roles as RNs (Gamble Blakey et al., 2019). This starts with clinical instructor awareness of what constitutes bullying and an understanding and following of the institutional guidelines of a clinical setting if they are supervising a prelicensure nursing student who experiences bullying (ANA, 2021; Tee et al., 2016). This includes the policies and procedures of both the institution in which the student's clinical takes place and those of the educational institution. These policies and procedures must be shared with all clinical instructors and include a formal acknowledgment that the policies and procedures were reviewed and understood by the clinical instructor (Caristo et al., 2019).

Clinical instructors must communicate effectively with prelicensure nursing students and those within the clinical environment. Communication with staff in the clinical environment about the role of students may reduce conflict and misunderstanding about student knowledge and responsibilities. Prelicensure nursing students must understand expectations within the clinical environment. According to Fernández-Gutiérrez and Mosteiro-Díaz (2021) prelicensure nursing students frequently described an act of bullying as a lack of instruction, with some RNs not explaining tasks in enough detail. This may affect the prelicensure nursing students' ability to perform skills successfully. It is also imperative that clinical instructors evaluate RN willingness throughout the clinical day to have a prelicensure nursing student involved in their patient care (Smith et al., 2016) and provide supportive post-conferences with positive de-

briefing of clinical experiences, as this can inspire confidence in prelicensure nursing students (Xu et al., 2022).

When bullying behaviors are normalized, they become a part of nursing culture and continue long after nursing school (Alberts, 2022). Prelicensure nursing students need to be empowered with the knowledge to appropriately identify bullying and to learn how to respond to it. Clinical instructors are role models and must be able to identify bullying and be able to address the behavior to demonstrate to prelicensure nursing students that the behavior is not acceptable. It is not ethical to leave prelicensure nursing students to address bullying on their own (Seibel & Fehr, 2018). It is clinical instructors' response to bullying that can facilitate empowerment of prelicensure nursing students to respond to bullying experiences in the future. Prelicensure nursing students internalize the culture of their educational institution and clinical environment, and clinical instructors are a large part of this culture (Allari et al., 2020).

Many nursing clinical instructors enter clinical teaching without teaching experience (Stevens & Duffy, 2017). Further research on how educational institutions can implement a structured orientation to support clinical instructors may be helpful to effectively support prelicensure nursing students in the clinical environment. It is imperative for educational institutions to also address recognition and intervention of bullying behaviors and how clinical instructors should support prelicensure nursing students who experience bullying within the clinical environment.

It would be beneficial for future research to focus on effective training that educational institutions can implement to support clinical instructors and facilitate their ability to effectively support prelicensure nursing students. Training on the recognition of bullying and the skills needed to communicate with the prelicensure nursing student about their experience is essential.

Institutions need to foster a supportive environment where clinical instructors feel empowered to address bullying incidents. Close partnerships between educational institutions and clinical settings can help to share insights and address challenges that contribute to this issue. This partnership in turn, will help to better prepare prelicensure nursing students. By providing support and fostering a safe learning environment, institutions, RNs, and clinical instructors can empower prelicensure nursing students and help them thrive despite the challenges they may face in the clinical environment**.**

## Conclusion

The findings of this study provide richly described examples of bullying exhibited by RNs toward prelicensure nursing students in the clinical environment. More worthy of note are the descriptive examples of how students who experienced even one act of support after experiencing bullying behavior reported a reversal of the negative feelings toward themselves, RNs, and the nursing profession, which had been precipitated by the bullying incident. Excitement and enthusiasm about becoming a nurse was rejuvenated by one supportive action of another. To note, an Australian study by Walker et al. (2013) found that prelicensure nursing students report the quality of support they receive in clinical as the most important aspect of their clinical experience. Furthermore, the quality of prelicensure nursing students' supervision in clinical was not dependent on the quantity of supervision. One act of support can clearly make a difference in how nursing students develop their professional identity.

The results of this study suggest there is power in support. Support was the determinant of the prelicensure nursing students' final thoughts about themselves, RNs, and the profession of nursing after their clinical day. Prelicensure nursing students who experienced bullying and did not have support after the experience, or encountered an individual who did not support the

participant after the bullying experiences, had similar responses and experienced a range of negative emotions. Prelicensure nursing students who experienced support after the bullying experience initially had the same response to bullying as those that did not have support after the bullying experience. It was the various types of student support, including when a clinical instructor changed the preceptor of a participant who was experiencing bullying, when a charge nurse RN validated a student's feelings, and when an RN on the unit confirmed to the student that bullying behaviors were not appropriate and not their fault, that changed how the student viewed their professional choices and clinical experiences.

Prelicensure nursing students are indoctrinated into the culture of the nursing profession during their clinical rotations. Those who received support after a bullying experience expressed feelings of confidence that they could become successful in the nursing profession. There was a desire to enter the nursing profession with the knowledge that there would be RNs who would offer professional support along the way. Support of prelicensure nursing students after the experience of bullying behaviors has the potential to build competent, confident, knowledgeable, and empathetic prelicensure nursing students who will learn by example how to advocate for themselves, others, and the profession of nursing. By facilitating prelicensure nursing student support, we may empower them to be the ones to break the cycle of "nurses eat their young."

## References


Aarestad, S. H., Einarsen, S. V., Hjemdal, O., Gjengedal, R. G. H., Osnes, K., Sandin, K., Hannisdal, M., Bjørndal, M. T., & Harris, A. (2020). Clinical characteristics of patients seeking treatment for common mental disorders presenting with workplace bullying experiences. *Frontiers in Psychology*, *11*. https://doi.org/10.3389/fpsyg.2020.583324

Abdelaziz, E. M., & Abu-Snieneh, H. M. (2021). The impact of bullying on the mental health and academic achievement of nursing students. *Perspectives in Psychiatric Care*, *58*(2), 623–634. https://doi.org/10.1111/ppc.12826

Aebersold, M., & Schoville, R. (2020). How to prevent the next generation of nurses from "eating their young." *Clinical Simulation in Nursing*, *38*, 27–34. https://doi.org/10.1016/j.ecns.2019.10.002

Ahn, Y.-H., & Choi, J. (2019). Incivility experiences in clinical practicum education among nursing students. *Nurse Education Today*, *73*, 48–53. https://doi.org/10.1016/j.nedt.2018.11.015

Alberts, H. L. (2022). Addressing bullying and incivility in clinical nursing education. *Teaching and Learning in Nursing*, *17*(4), 433-437–437. https://doi.org/10.1016/j.teln.2022.05.004

Aliafsari Mamaghani, E., Rahmani, A., Hassankhani, H., Zamanzadeh, V., Campbell, S., Fast, O., & Irajpour, A. (2018). Experiences of Iranian nursing students regarding their clinical learning environment. *Asian Nursing Research*, *12*(3), 216–222. https://doi.org/10.1016/j.anr.2018.08.005

Allari, R. S., Atout, M., & Hasan, A. A. (2020). The value of caring behavior and its impact on students' self-efficacy: Perceptions of undergraduate nursing students. *Nursing Forum (Hillsdale)*, *55*(2), 259–266. https://doi.org/10.1111/nuf.12424

AlMekkawi, M., Qatouni, F., Al Amoor, H., Alayed, B., & El Najm, M. (2020). Clinical teaching effectiveness of undergraduate student nurses in the United Arab Emirates. *SAGE Open Nursing*, *6*. https://doi.org/10.1177/2377960820948640

Al Muharraq, E. H., Baker, O. G., & Alallah, S. M. (2022). The prevalence and the relationship of workplace bullying and nurses turnover intentions: A cross-sectional study. *SAGE Open Nursing*, *8*. https://doi.org/10.1177/23779608221074655

Althouse, M. T., & Anderson, F. D. (2016). "Trouble with a Capital T": Jerome S. Bruner's reenvisioning of Kenneth Burke's dramatistic pentad. *KB Journal*, *11*(2), 1. https://kbjournal.org/althouse-anderson

American Nurses Association. (2021). *Protect yourself, protect your patients.* https://www.nursingworld.org/practice-policy/work-environment/end-nurse-abuse/

American Nurses Association. (2015). *Incivility, bullying, and workplace violence*. Washington, DC. http://www.nursingworld.org/MainMenuCategories/Workplace Safety/Healthy-Nurse/bullyingworkplaceviolence/Incivility-Bullying-and-Workplace-Violence.html

Amoo, S. A., Menlah, A., Garti, I., & Appiah, E. O. (2021). Bullying in the clinical setting: Lived experiences of nursing students in the central region of Ghana. *PloS one*, *16*(9). https://doi.org/10.1371/journal.pone.0257620

Anthony, M., & Yastik, J. (2011). Nursing students' experiences with incivility in clinical education. *Journal of Nursing Education*, *50*(3), 140-144. https://doi.org/10.3928/% 2001484834-20110131-04

Anusiewicz, C. V., Ivankova, N. V., Swiger, P. A., Gillespie, G. L., Li, P., & Patrician, P. A. (2020). How does workplace bullying influence nurses' abilities to provide patient care? A nurse perspective. *Journal of Clinical Nursing (John Wiley & Sons, Inc.), 29*(21/22), 4148–4160. https://doi.org/10.1111/jocn.15443

Aul, K. (2017). Who's uncivil to who? Perceptions of incivility in pre-licensure nursing programs. *Nurse Education in Practice, 27*, 36-44. https://doi.org/10.1016/j.nepr.2017.08.016

Austen, L., Pickering, N., & Judge, M. (2021). Student reflections on the pedagogy of transitions into higher education, through digital storytelling. *Journal of Further and Higher Education*, *45*(3), 337–348. https://doi.org/10.1080/0309877X.2020.1762171

Baek, H., & Trinkoff, A. M. (2022). Bullying experience and the work environment in nurses: A cross-sectional data analysis. *Journal of Nursing Management, 30*(6), 1861–1868. https://doi.org/10.1111/jonm.13727

Birks, M., Budden, L. M., Biedermann, N., Park, T., & Chapman, Y. (2018). A 'rite of passage?': Bullying experiences of nursing students in Australia. *Collegian (Royal College of Nursing, Australia), 25*(1), 45–50. https://doi.org/10.1016/j.colegn.2017.03.005

Birks, M., Cant, R. P., Budden, L. M., Russell-Westhead, M., Sinem Üzar Özçetin, Y., & Tee, S. (2017). Uncovering degrees of workplace bullying: A comparison of baccalaureate nursing students' experiences during clinical placement in Australia and the UK. *Nurse Education in Practice, 25*, 14–21. https://doi.org/10.1016/j.nepr.2017.04.011

Birks, M., Harrison, H., Zhao, L., Wright, H., Tie, Y. C., & Rathnayaka, N. (2024). Nursing students' experience of bullying and/or harassment during clinical placement. *Nurse Education Today*, *136*, 106151–106151. https://doi.org/10.1016/j.nedt.2024.106151

Boyle, M. J., & Wallis, J. (2016). Working towards a definition for workplace violence actions in the health sector. *Safety in Health*, *2*(1). https://doi.org/10.1186/s40886-016-0015-8

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Bruner, J. (2004). Life as Narrative. *Social Research*, *71*(3), 691–710. https://doi.org/ 0.1353/ sor.2004.0045

Budden, L. M., Birks, M., Cant, R., Bagley, T., & Park, T. (2017). Australian nursing students' experience of bullying and/or harassment during clinical placement. *Collegian (Royal College of Nursing, Australia)*, *24*(2), 125–133. https://doi.org/10.1016/j.colegn. 2015.11.004

Burk, F.L. (1897). Teasing and Bullying. *The Pedagogical Seminary, 4*, 336-371. https://doi.org/10.1080/08919402.1897.10534145

Burke, K. (1978). Questions and answers about the pentad. *College Composition and Communication*, *29*(4), 330-335. https://openlab.citytech.cuny.edu/firstyearwriting/files/

Carissa Fehr, F., & Seibel, M. (2022). Nursing students and cognitive rehearsal training as an antibullying strategy: A Canadian national study. *Journal of Nursing Education*, *61*(2), 80. https://doi.org/10.3928/01484834-20211213-04

Carter, M., Thompson, N., Crampton, P., Morrow, G., Burford, B., Gray, C., & Illing, J. (2013). Workplace bullying in the UK NHS: A questionnaire and interview study on prevalence, impact and barriers to reporting. *BMJ Open*, *3*(6). https://doi.org/10.1136/bmjopen-2013-002628

Caristo, J. M., & Clements, P. T. (2019). Let's stop "eating our young": Zero-tolerance policies for bullying in nursing. *Nursing Critical Care*, *14*(4), 45–48. https://doi.org/10.1097/01.CCN.0000565040.65898.01

Chang, H. E., & Cho, S.-H. (2016). Workplace violence and job outcomes of newly licensed nurses. *Asian Nursing Research*, *10*(4), 271–276. https://doi.org/10.1016/j.anr.2016.09.001

Chen, W., Li, X., & Liu, X. (2020). The impact of workplace bullying on employees' turnover intention: The role of self-esteem. *Open Journal of Social Sciences*, *8*(10), 23–34. https://doi.org/10.4236/jss.2020.810003

Civilotti, C., Berlanda, S., & Iozzino, L. (2021). Hospital-based healthcare workers victims of workplace violence in Italy: A scoping review. *International Journal of Environmental Research and Public Health, 18*(11), 5860. https://doi.org/10.3390/ijerph18115860

Clarke, C. M., Kane, D. J., Rajacich, D. L., & Lafreniere, K. D. (2012). Bullying in undergraduate clinical nursing education. *The Journal of Nursing Education, 51*(5), 269–276. https://doi.org/10.3928/01484834-20120409-01

Coetzee, M., & van Dyk, J. (2018). Workplace bullying and turnover intention: Exploring work engagement as a potential mediator. *Psychological Reports, 121(2),* 375-392. https://doi.org/10.1177/0033294117725073

Colaizzi P (1978) *Psychological research as the phenomenologist views it.* In Vale RS, King M (Eds) Existential-Phenomenological Alternatives for Psychology. Oxford University Press, New York NY.

Cooper, J. R. M., Walker, J., Askew, R., Robinson, J. C., & McNair, M. (2011). Students' perceptions of bullying behaviours by nursing faculty. *Issues in Educational Research*, *21*(1), 1–21. http://iier.org.au/iier21/cooper.pdf

Courtney-Pratt, H., Pich, J., Levett-Jones, T., & Moxey, A. (2018). "I was yelled at, intimidated and treated unfairly": Nursing students' experiences of being bullied in clinical and academic settings. *Journal of Clinical Nursing*, *27*(5–6), e903–e912. https://doi.org/10.1111/jocn.13983

Dafny, H. A., McCloud, C., Pearson, V., Brown, S., Phillips, C., Waheed, N., Freeling, M., Parry, Y. K., & Champion, S. (2023). Nursing students' experience of workplace violence in clinical practice: A qualitative systematic review. *Journal of Clinical Nursing*, *32*(17–18), 6136–6164. https://doi.org/10.1111/jocn.16746

D'Souza, N., Forsyth, D., Tappin, D., & Catley, B. (2018). Conceptualizing workplace cyberbullying: Toward a definition for research and practice in nursing. *Journal of Nursing Management*, *26*(7), 842–850. https://doi.org/10.1111/jonm.12614

Einarsen, S. (1999). The nature and causes of bullying at work. *International Journal of Manpower*, *20*(1/2), 16–27. https://doi.org/10.1108/01437729910268588

Einarsen, S. (2000). Harassment and bullying at work: A review of the Scandinavian approach. *Aggression and Violent Behavior*, *5*, 379-401. DOI:10.1016/S1359-1789(98)00043-3

Einarsen, S., Hoel, H., & Notelaers, G. (2009). Measuring exposure to bullying and harassment at work: Validity, factor structure and psychometric properties of the Negative Acts Questionnaire-Revised. *Work & Stress*, *23*(1), 24–44. https://doi.org/10.1080/02678370902815673

Einarsen, S., Raknes, B. I., & Matthiesen, S. B. (1994). Bullying and harassment at work and their relationships to work environment quality: An exploratory study. *European Work and Organizational Psychologist, 4,* 381-401. http://dx.doi.org/10.1080/1359432 9408410497

Einarsen, S., & Skogstad, A. (1996) Prevalence and risk groups of bullying and harassment at work. *European Journal of Work and Organizational Psychology, 5,* 185-202. https://doi.org/10.1080/13594329608414854

Escartín, J., Dollard, M., Zapf, D., & Kozlowski, S. W. J. (2021). Multilevel emotional exhaustion: Psychosocial safety climate and workplace bullying as higher level contextual and individual explanatory factors. *European Journal of Work and Organizational Psychology*, *30*(5), 742–752. https://doi.org/10.1080/1359432X.%202021.1939412

Fernández-Gutiérrez, L., & Mosteiro-Díaz, M. (2021). Bullying in nursing students: A integrative literature review. *International Journal of Mental Health Nursing*, *30*(4), 821–833. https://doi.org/10.1111/inm.12854

Fountain, D. M. (2017). Impact of bullying on RN engagement in hospitals. *POJ Nursing Practice & Research,* 1(1), 1-8. https://dx.doi.org/10.32648/2577-9516/1/1/003

Francis, J. J., Johnston, M., Robertson, C., Glidewell, L., Entwistle, V., Eccles, M. P., & Grimshaw, J. M. (2010). What is an adequate sample size? Operationalising data saturation for theory-based interview studies. *Psychology & Health*, *25*(10), 1229–1245. https://doi.org/10.1080/08870440903194015

Frank, A. W. (2010). *Letting stories breathe: A socio-narratology*. Chicago: University of Chicago Press. https://press.uchicago.edu/ucp/books/book/chicago/L/bo9471242.html

Frazer, K., Connolly, M., Naughton, C., & Kow, V. (2014). Identifying clinical learning needs using structured group feedback: First year evaluation of pre-registration nursing and midwifery degree programmes. *Nurse Education Today*, *34*(7), 1104–1108. DOI: 10.1016/j.nedt.2014.02.003

Gamble Blakey, A., Smith-Han, K., Anderson, L., Collins, E., Berryman, E., & Wilkinson, T. J. (2019). Interventions addressing student bullying in the clinical workplace: A narrative review. *BMC Medical Education*, *19*(1), 220–220. https://doi.org/10.1186/s12909-019-1578-y

Giorgi, G., Mancuso, S., Fiz Perez, F., Castiello D'Antonio, A., Mucci, N., Cupelli, V., & Arcangeli, G. (2016). Bullying among nurses and its relationship with burnout and organizational climate. *International Journal of Nursing Practice*, *22*(2), 160–168. https://doi.org/10.1111/ijn.12376

Goh, H. S., Hosier, S., & Zhang, H. (2022). Prevalence, antecedents, and consequences of workplace bullying among nurses—A summary of reviews. *International Journal of Environmental Research and Public Health*, *19*(14), 8256. https://doi.org/10.3390/ijerph19148256

Gonella, S., Brugnolli, A., Bosco, A., Mansutti, I., Canzan, F., Randon, G., & Palese, A. (2021). A Nationwide Italian Cross-sectional Study on Nursing Students' Perceived Workplace Safety During Clinical Practice. *Nurse Educator*, *46*(1), E1-E6. https://doi.org/10.1097/nne.0000000000000841

Griffin, M., & Clark, C. M. (2014). Revisiting cognitive rehearsal as an intervention against incivility and lateral violence in nursing: 10 years later. *The Journal of Continuing Education in Nursing, 45*(12), 535-542. http://dx.doi.org/10.3928/00220124-20141122-02

Gunn, J.F., & Goldstein, S.E. (2021). Exploring the association between bullying victimization and suicidal thoughts through theoretical frameworks of suicide. *International Journal of Bullying Prevention 3*, 213–226. https://doi.org/10.1007/s42380-020-00078-z

Hallett, N., Gayton, A., Dickenson, R., Franckel, M., & Dickens, G. L. (2023). Student nurses' experiences of workplace violence: A mixed methods systematic review and meta-analysis. *Nurse Education Today, 128*. https://doi.org/10.1016/j.nedt. 2023.105845

Hallett, N., Wagstaff, C., & Barlow, T. (2021). Nursing students' experiences of violence and aggression: A mixed-methods study. *Nurse Education Today, 105*, 105024. http://dx.doi.org/10.1016/j.nedt.2021.105024

Hartin, P., Birks, M., & Lindsay, D. (2018). Bullying and the nursing profession in Australia: An integrative review of the literature. *Collegian*, *25*(6), 613-619. http://dx.doi.org/10.1016/j.colegn.2018.06.004

Hartin, P., Birks, M., & Lindsay, D. (2019). Bullying in nursing: Is it in the eye of the beholder? *Policy, Politics, & Nursing Practice*, *20*(2), 82-91. https://doi.org/ 10.1177/1527154419845411

Hawkins, N., Jeong, S., & Smith, T. (2019). New graduate registered nurses' exposure to negative workplace behaviour in the acute care setting: An integrative review. *International Journal of Nursing Studies, 93*, 41–54. https://doi.org/10.1016/j.ijnurstu.2018.09.020

Hennink, M., & Kaiser, B. N. (2022). Sample sizes for saturation in qualitative research: A systematic review of empirical tests. *Social Science & Medicine, 292*, 114523–114523. https://doi.org/10.1016/j.socscimed.2021.114523

Hewett, D. (2010). *Workplace violence targeting student nurses in the clinical areas* [Master's thesis, University of Stellenbosch]. University of Stellenbosch Repository. https://scholar.sun.ac.za/items/6ea0a2f5-f576-4d1f-8e99-ec088458c4d0

Homayuni, A., Hosseini, Z., Aghamolaei, T., & Shahini, S. (2021). Which nurses are victims of bullying: the role of negative affect, core self-evaluations, role conflict and bullying in the nursing staff. *BMC Nursing*, *20*(1), 1–9. https://doi.org/10.1186/s12912-021-00578-3

Hopkins, M., Fetherston, C. M., & Morrison, P. (2018). Aggression and violence in healthcare and its impact on nursing students: A narrative review of the literature. *Nurse Education Today*, *62*, 158–163. https://doi.org/10.1016/j.nedt.2017.12.019

Hoseini, M. H. M., Asayesh, H., Amaniyan, S., Sharififard, F., Elahi, A., & Kopaie, S. Y. (2021). Role conflict and role ambiguity as predictors of turnover intention among nurses. *Journal of Nursing & Midwifery Sciences, 8*(1), 49–53. https://doi.org/10.4103/JNMS.JNMS_62_20

Hover, L. A., & Williams, G. B. (2022). New nurses' experience with lateral violence and their decision to remain in nursing. *International Journal for Human Caring, 26(4),* 199-208. https://doi.org/ 10.20467/HumanCaring-D-20-00069

Hutchinson, M., & Jackson, D. (2015). The construction and legitimation of workplace bullying in the public sector: Insight into power dynamics and 93organizational failures in health and social care. *Nursing Inquiry*, *22*(1), 13-26. Doi:10.1111/nin.12077.

International Council of Nurses (2009). *Prevention and management of workplace violence.* https://www.icn.ch/sites/default/files/202304/PS_C_Prevention_mgmt_workplace_violence_0.pdf

Jack, K., Hamshire, C., Harris, W. E., Langan, M., Barrett, N., & Wibberley, C. (2018). "My mentor didn't speak to me for the first four weeks": Perceived unfairness experienced by nursing students in clinical practice settings. *Journal of Clinical Nursing*, *27*(5–6), 929–938. https://doi.org/10.1111/jocn.14015

Jiao, R., Li, J., Cheng, N., Liu, X., & Tan, Y. (2023). The mediating role of coping styles between nurses' workplace bullying and professional quality of life. *BMC Nursing*, *22*(1), 459–459. https://doi.org/10.1186/s12912-023-01624-y

João, A. L., & Portelada, A. (2023). Coping with workplace bullying: Strategies employed by nurses in the healthcare setting. *Nursing Forum*, 1–9. https://doi.org/ 10.1155/2023/ 8447804

Johnson, A. H., & Benham, H. M. (2020). The influence of bullying on nursing practice errors: A systematic review. *AORN Journal*, *111*(2), 199–210. https://doi.org/10.1002/ aorn.12923

Kim, M., Kim, T., Tilley, D. S., Kapusta, A., Allen, D., & Cho, H. S. M. (2018). Nursing students' experience of sexual harassment during clinical Practicum: a phenomenological approach. *Korean Journal of Women Health Nursing*, *24*(4), 379-391. https://doi.org/% 2010.4069/kjwhn.2018.24.4.379

Kurt, Y., Turhal, E., & Batmaz, F. (2024). Nursing students' processes of taking role models and being role models: A descriptive phenomenological study. *Nurse Education Today, 132*. https://doi.org/10.1016/j.nedt.2023.106015

Lang, M., Jones, L., Harvey, C., & Munday, J. (2022). Workplace bullying, burnout and resilience amongst perioperative nurses in Australia: A descriptive correlational study. *Journal of Nursing Management, 30*(6), 1502–1513. https://doi.org/ 10.1111/ jonm.13437

Lash, A. A., Kulakaç, Ö., Buldukoglu, K., & Kukulu, K. (2006). Verbal abuse of nursing and midwifery students in clinical settings in Turkey. *Journal of Nursing Education, 45*(10). https://doi.org/10.3928/01484834-20061001-04

Lever, I., Dyball, D., Greenberg, N., & Stevelink, S. A. M. (2019). Health consequences of bullying in the healthcare workplace: A systematic review. *Journal of Advanced Nursing*, *75*(12), 3195–3209. https://doi.org/10.1111/jan.13986

Leymann, H. (1990). Mobbing and psychological terror at workplaces. *Violence and Victims*, *5*(2), 119-127. https://doi.org/10.29399%2Fnpa.22924

Leymann, H. (1996). The content and development of mobbing at work. *European Journal of Work and Organizational Psychology 5*, 165-184. https://doi.org/10.1080/% 2013594329608414853

Lieblich, A., Tuval-Mashiach, R., & Zilber, T. (1998). *Narrative analysis: Reading, analysis, and interpretation*. New Delhi, India: Sage Publications. https://psycnet.apa.org /%20record/1999-02044-000

Limber, S. P., Olweus, D., Wang, W., Masiello, M., & Breivik, K. (2018). Evaluation of the Olweus Bullying Prevention Program: A large scale study of U.S. students in grades 3–11. *Journal of School Psychology*, *69*, 56–72. https://doi.org/10.1016/j.jsp.2018.04.004

Lincoln, YS. & Guba, EG. (1985). *Naturalistic Inquiry*. Newbury Park, CA: Sage Publications. https://uk.sagepub.com/en-gb/eur/naturalistic-inquiry/book842

Livne, Y., & Goussinsky, R. (2018). Workplace bullying and burnout among healthcare employees: The moderating effect of control-related resources. *Nursing & Health Sciences*, *20*(1), 89–98. https://doi.org/10.1111/nhs.12392

Lo Presti, A., Pappone, P., & Landolfi, A. (2019). The associations between workplace bullying and physical or psychological negative symptoms: Anxiety and depression as mediators. *Europe's Journal of Psychology*, *15*(4), 808-822. https://doi.org/10.5964/ejop.v15i4.1733

Luanaigh, P. O. (2015). Becoming a professional: What is the influence of registered nurses on nursing students' learning in the clinical environment? *Nurse Education in Practice*, *15*(6), 450–456. https://doi.org/10.1016/j.nepr.2015.04.005

MacDonald, C. M., Hancock, P. D., Kennedy, D. M., MacDonald, S. A., Watkins, K. E., & Baldwin, D. D. (2022). Incivility in practice – Incidence and experiences of nursing students in eastern Canada: A descriptive quantitative study. *Nurse Education Today*, *110*. https://doi.org/10.1016/j.nedt.2021.105263

Magnavita, N., Heponiemi, T., & Chirico, F. (2020). Workplace violence is associated with impaired work functioning in nurses: An Italian cross-sectional study. *Journal of Nursing Scholarship*, *52*(3), 281–291. https://doi.org/10.1111/jnu.12549

Maguire, M., & Delahunt, B. (2017). Doing a thematic analysis: A practical, step-by-step guide for learning and teaching scholars. *All Ireland Journal of Higher Education, 9*(3). http://ojs.aishe.org/index.php/aishe-j/article/view/335

Mahasneh, D., Shoqirat, N., Alsaraireh, A., Singh, C., & Thorpe, L. (2021). From learning on mannequins to practicing on patients: Nursing students' first-time experience of clinical placement in Jordan. *SAGE Open Nursing, 7*. https://doi.org/10.1177/23779608211004298

Meissner, J. E. (1986). Nurses are we eating our young? *Nursing*, *16*(3), 51–53. https://doi.org/10.1097/00152193-198603000-00014

Minton, C., Birks, M., Cant, R., & Budden, L. M. (2018). New Zealand nursing students' experience of bullying/harassment while on clinical placement: A cross-sectional survey. *Collegian (Royal College of Nursing, Australia)*, *25*(6), 583–589. https://doi.org/10.1016/j.colegn.2018.06.003

Minton, C., & Birks, M. (2019). "You can't escape it": Bullying experiences of New Zealand nursing students on clinical placement. *Nurse Education Today, 77*, 12–17. https://doi.org/10.1016/j.nedt.2019.03.002

Mohamed, N. H., Beckstein, A., Winship, G., Ashraf Khan Mou, T., Pang, N. T. P., & Relojo-Howell, D. (2023). Effects of self-expressive writing as a therapeutic method to relieve stress among university students. *Journal of Poetry Therapy*, *36*(3), 243–255. https://doi.org/10.1080/08893675.2023.2174678

National Council of State Boards of Nursing (2022) *Workforce: The 2022 National Nursing Workforce study.* https://www.ncsbn.org/event-presentation/2024scisymp_national_nursingworkforcestudy

National Student Nurses Association. (2023/2024). *NSNA Membership brochure*. https://www.dropbox.com/s/qo3ssaj6gknu1n9/Membership%20Brochure.pdf?e=1&dl=0

Niederriter, J., Eyth, D., & Thoman, J. (2017). Nursing students' perceptions on characteristics of an effective clinical instructor. *SAGE Open Nursing*, *3*. https://doi.org/10.1177/237796 0816685571

Nielsen, M. B., & Einarsen, S. V. (2018). What we know, what we do not know, and what we should and could have known about workplace bullying: An overview of the literature and agenda for future research. *Aggression and Violent Behavior*, *42*, 71–83. https://doi.org/10.1016/j.avb.2018.06.007

Nielsen, M., Hoel, H., Zapf, D. and Einarsen, S. (2016). Exposure to Aggression in the Workplace. In the Wiley Blackwell Handbook of the Psychology of Occupational Safety and Workplace Health (eds S. Clarke, T.M. Probst, F. Guldenmund and J. Passmore). https://doi.org/10.1002/9781118979013.ch10

NSI National Health Care Retention & RN Staffing Report (2024). https://www.nsinursing solutions.com/Documents/Library/NSI_National_Health_Care_Retention_Report.pdf

Olweus, D. (1977). Aggression and peer acceptance in adolescent boys: Two short-term longitudinal studies of ratings. *Child Development*, *48*(4), 1301–1313. https://doi.org/10.2307/1128488

Olweus, D. (1978). *Aggression in the schools: Bullies and whipping boys*. Washington, DC: Wiley. https://psycnet.apa.org/record/1979-32242-000

Olweus, D. (2013). School bullying: Development and some important challenges. *Annual Review of Clinical Psychology, 9*, 751-780. http://dx.doi.org/10.1146/annurev-clinpsy-050212-185516

Organizing Engagement (2024). *Advocacy*. https://organizingengagement.org/principles/advocacy/

Pino Gavidia, L. A., & Adu, J. (2022). Critical Narrative Inquiry: An Examination of a Methodological Approach. *International Journal of Qualitative Methods*, *21*. https://doi.org/10.1177/16094069221081594

Polit, D. F., & Beck, C. T. (2020). *Nursing research: Generating and assessing evidence for nursing practice* (11th ed.). Philadelphia: Wolters Kluwer Health/Lippincott Williams & Wilkins. https://shop.lww.com/Nursing-Research/p/9781975110642

Press Books. (2020). *Diving into rhetoric*. https://pressbooks.pub/divingintorhetoric/chapter/kenneth-burke-and-the-rhetorical-situation/

Rafati, F., Nouhi, E., Sabzevar, S., & Nayyeri, N. D. (2017). Nursing students, experiences of incivility and received support in the clinical setting. *Int J Adv Biotechnol Res*, *8*, 1503-15. https://bipublication.com/files/ijabr201782152Foozieh.pdf

Rayner, C., & Hoel, H. (1997). A summary review of literature relating to workplace bullying. *Journal of Community & Applied Social Psychology*, *7*(3), 181–191. https://doi.org/10.1002/(SICI)1099-1298(199706)7:3<181::AID-CASP416>3.0.CO;2-Y

Ren, L., Kim, H., & Jung, M. S. (2015). The association between bullying experience related to clinical placement and psychological well-being in nursing students. *Journal of Korean Academy of Community Health Nursing, 26*(4), 321–329. https://doi.org/10.12799/jkachn.2015.26.4.321

Roberts, S. J. (1983). Oppressed group behavior: implications for nursing. *ANS. Advances in Nursing Science, 5*(4), 21-30–30. https://doi.org/10.1097/00012272-198307000-00006

Roberts, S. J., Demarco, R., & Griffin, M. (2009). The effect of oppressed group behaviours on the culture of the nursing workplace: A review of the evidence and interventions for change. *Journal of Nursing Management, 17*(3), 288–293. https://doi.org/10.1111/j.1365-2834.2008.00959.x

Rutherford, D. E., Gillespie, G. L., & Smith, C. R. (2019). Interventions against bullying of prelicensure students and nursing professionals: An integrative review. *Nursing Forum, 54*(1), 84-90. doi: 10.1111/nuf.12301

Salgado, F. S., Oliveira, W. A. de, Silva, J. L. D., Pereira, B. O., Silva, M. A. I., & Lourenço, L. M. (2020). Bullying in school environment: the educators' understanding. *Revista Brasileira de Crescimento e Desenvolvimento Humano*, *30*(1), 58–64. https://doi.org/ 10.7322/jhgd.v30.9969

Sanner-Stiehr, E., & Ward-Smith, P. (2017). Lateral violence in nursing: Implications and strategies for nurse educators. *Journal of Professional Nursing*, *33*(2), 113–118. https://doi.org/10.1016/j.profnurs.2016.08.007

Seibel, M. (2014). For us or against us? Perceptions of faculty bullying of students during undergraduate nursing education clinical experiences. *Nurse Education in Practice, 14*(3), 271–274. https://doi.org/10.1016/j.nepr.2013.08.013

Seibel, L. M., & Fehr, F. C. (2018). They can crush you": Nursing students' experiences of bullying and the role of faculty. *Journal of Nursing Education and Practice*, *8*(6), 66-76. https://doi.org/10.5430/jnep.v8n6p66

Serafin, L., Sak-Dankosky, N., & Czarkowska-Pączek, B. (2020). Bullying in nursing evaluated by the Negative Acts Questionnaire-Revised: A systematic review and meta-analysis. *Journal of Advanced Nursing, 76*(6), 1320–1333. https://doi.org/10.1111/jan.14331

Shenton, A. K. (2004). Strategies for Ensuring Trustworthiness in Qualitative Research Projects. *Education for Information*, *22*(2), 63–75. https://doi.org/https://iospress.metapress.com/content/3ccttm2g59cklapx/?p=1dc0853516d0424baa3147a00c250f29&pi=0

Skrzypiec, G., Wyra, M., & Lawson, M. (2023). The confounding and problematic nexus of defined and perceived bullying. *Children and Youth Services Review, 155.* https://doi.org/10.1016/j.childyouth.2023.107175

Smith, C. R. (2016). Seeing students squirm: Nursing students' experiences of bullying behaviors during clinical rotations. *Journal of Nursing Education, 55*(9), 505-513. Doi:10.3928/01484834-20160816-04

Smith, C. R., Gillespie, G. L., Brown, K. C., & Grubb, P. L. (2016). Seeing students squirm: Student nurses' bullying experiences in clinical settings. *Western Journal of Nursing Research*, *38*(10), 1397–1398. https://doi.org/10.1177/0193945916658207

Smyth, J. M., & Arigo, D. (2023). Expressive writing. In *Encyclopedia of Mental Health, Third Edition: Volume 1-3* (Vol. 1, pp. V1-877-V1-885). Elsevier. https://doi.org/10.1016/B978-0-323-91497-0.00170-3

Stapleton, C. M., Zhang, H., & Berman, J. S. (2021). The event-specific benefits of writing about a difficult life experience. *Europe's Journal of Psychology*, *17*(1), 53-69–69. https://doi.org/10.5964/ejop.2089

Tee, S., Üzar Özçetin, Y. S., & Russell-Westhead, M. (2016). Workplace violence experienced by nursing students: A UK survey. *Nurse Education Today*, *41*, 30–35. https://doi.org/10.1016/j.nedt.2016.03.014

Tee, S., & Valiee, S. (2020). Experience of workplace violence toward nursing students in Iran: A qualitative study. *Journal of forensic nursing*, *16*(2), 83-89. https://doi.org/10.1016/j.nedt.2016.03.014

The Joint Commission (2021). *Bullying has no place in health care (Updated June 2021).* https://www.jointcommission.org/resources/news-and-multimedia/newsletters/newsletters/quick-safety/quick-safety-issue-24-bullying-has-no-place-in-health-care/bullying-has-no-place-in-health-care/June_ 2016.pdf)

Thomas, C. A. (2018). Stifled learning: Nursing students' experience of incivility in clinical education. *Journal of Christian Nursing*, *35*(2), 106-111. https://doi.org/10.1097/cnj.0000000000000477

Thomas, S. P., & Burk, R. (2009). Junior nursing students' experiences of vertical violence during clinical rotations. *Nursing outlook*, *57*(4), 226-231. https://doi.org/10.1016/j.outlook.2008.08.004

Tian, L., Zhang, Y., Li, X., Li, X., Li, Y., Ma, L., Wu, Y., & Li, Y. (2019). Research on the resilience of Chinese nursing students to workplace vertical violence in clinical practice. *Nurse Education in Practice*, *40*, 102624–102624. https://doi.org/10.1016/j.nepr.2019.102624

Toqan, D., Ayed, A., Malak, M. Z., Hammad, B. M., ALBashtawy, M., Hayek, M., & Thultheen, (2023). Sources of stress and coping behaviors among nursing students throughout their first clinical training. *SAGE Open Nursing*, *9*, 23779608231207274. https://doi.org/10.1177/ 23779608231207274

Trépanier, S. G., Fernet, C., Austin, S., & Boudrias, V. (2016). Work environment antecedents of bullying: A review and integrative model applied to registered nurses. *International Journal of Nursing Studies, 55,* 85–97. https://doi.org/10.1016/j.ijnurstu.2015.10.001

Trépanier S. G, Fernet C, Austin S. (2013). Workplace psychological harassment in Canadian nurses: A descriptive study. *Journal of Health Psychology.* 18(3), 383-396. Doi:10.1177/1359105312443401

Uyanık, I. & Korkmaz, A (2024). Nurse-on-nurse violence: Exploring colleague bullying in nursing. *International Journal of Health Services Research and Policy*, *9*(1), 25–36. https://doi.org/10.33457/ijhsrp.1416325

Üzar-Özçetin, Y. S., Russell-Westhead, M., & Tee, S. (2021). Workplace violence: A qualitative study drawing on the perspectives of UK nursing students. *Collegian*, *28*(1), 27-34. http://dx.doi.org/10.1016/j.colegn.2020.03.001

Van den Brande, W., Baillien, E., De Witte, H., Elst, T. V., & Godderis, L. (2016). The role of work stressors, coping strategies and coping resources in the process of workplace bullying: A systematic review and development of a comprehensive model. *Aggression and Violent Behavior, 29,* 61–71. https://doi.org/10.1016/j.avb.2016.06.004

Verkuil, B., Atasayi, S., & Molendijk, M. L. (2015). Workplace Bullying and Mental Health: A Meta-Analysis on Cross-Sectional and Longitudinal Data. *PloS ONE, 10*(8), 1–16. https://doi.org/10.1371/journal.pone.0135225

Vingers, J. A. (2018). How Gender Affects Experiences with Bullying in Prelicensure BSN Programs: A Pilot Study. *Nursing Education Perspectives, 39*(4), 230–232. doi: 10.1186/s12912-023-01551-y

Walker, S., Dwyer, T., Moxham, L., Broadbent, M., & Sander, T. (2013). Facilitator versus preceptor: Which offers the best support to undergraduate nursing students? *Nurse Education Today*, *33*(5), 530–535. https://doi.org/10.1016/j.nedt.2011.12.005

Webster, L., & Mertova, P. (2007). *Using Narrative Inquiry as a Research Method: An introduction to using critical event narrative analysis in research on learning and teaching*. London: Routledge. https://doi.org/10.4324/9780203946268

Zachariadou, T., Zannetos, S., Chira, S. E., Gregoriou, S., & Pavlakis, A. (2018). Prevalence and forms of workplace bullying among health-care professionals in Cyprus: Greek Version of "Leymann Inventory of Psychological Terror" instrument. *Safety and Health at Work*, *9*(3), 339–346. https://doi.org/10.1016/j.shaw.2017.11.003.

Zapf, D., & Gross, C. (2001). Conflict escalation and coping with workplace bullying: A replication and extension. *European Journal of Work and Organizational Psychology*, *10*(4), 497–522. https://doi.org/10.1080/13594320143000834

Zhang, J., Zheng, J., Cai, Y., Zheng, K., & Liu, X. (2021). Nurses' experiences and support needs following workplace violence: A qualitative systematic review. *Journal of Clinical Nursing*, *30*(1–2), 28–43. https://doi.org/10.1111/jocn.15492

Zheng, S., Yang, L., Zhou, N., & Zhu, H. (2023). New nurses' experience during a two year transition period to clinical practice: A phenomenological study. *Nurse Education Today*, *121*, 105682–105682. https://doi.org/10.1016/j.nedt.2022.105682

Zhou, J., Wang, Y., Zeng, Q., Zeng, Y., Liu, Q., Tan, S., & Gang, H. (2024). Global prevalence of bullying and associated factors among nursing students during clinical practice: A systematic review and meta-analysis. *Nurse Education Today*, *133*, 106090. https://doi.org/10.1016/j.nedt.2023.106090

# Appendix A

IRB Required Documents

## Document A1

*IRB Signed Approval Letter*

SETON HALL UNIVERSITY
1 8 5 6

December 14th, 2020

Nancy Chiocci McMorrow
Seton Hall University

Re: 2021-168

Dear Nancy,

At its December meeting, the Research Ethics Committee of the Seton Hall University Institutional Review Board reviewed and approved your research proposal entitled, "*Student Nurses' Experiences of Bullying in the Clinical Environment*". This memo serves as official notice of the aforementioned study's approval. Enclosed for your records are the stamped original Consent Form and recruitment flyer. You can make copies of these forms for your use.

The Institutional Review Board approval of your research is valid for a one-year period from the date of this letter. During this time, any changes to the research protocol, informed consent form or study team must be reviewed and approved by the IRB prior to their implementation.

You will receive a communication from the Institutional Review Board at least 1 month prior to your expiration date requesting that you submit an Annual Progress Report to keep the study active, or a Final Review of Human Subjects Research form to close the study. In all future correspondence with the Institutional Review Board, please reference the ID# listed above.

Thank you for your cooperation.

Sincerely,

Mara C. Podvey, PhD, OTR
Associate Professor
Co-Chair, Institutional Review Board

Phyllis Hansell, EdD, RN, DNAP, FAAN
Professor
Co-Chair, Institutional Review Board

**Office of the Institutional Review Board**
Presidents Hall · 400 South Orange Avenue · South Orange, New Jersey 07079 · Tel: 973.275.4654 · Fax 973.275.2978 ·
*www.shu.edu*

## Document A2

### *Letter of Solicitation*

Dear Student Nurse,

I am a PhD student at Seton Hall University, College of Nursing. My dissertation is a qualitative research study to describe student nurses' experiences of bullying by RN's during the acute care hospital clinical experience.

Student nurses who have had the experience of being bullied while a student nurse in the acute care clinical area are invited to participate in this study. You will be asked to write a narrative about your experience of being bullied by RN's during your clinical experience. The time it will take to write your story will vary by individual.

Your participation is voluntary and there is no penalty if you do not participate in this research study. You are anonymous to me and there is no identifying information asked of you that would reveal your identity to me or others. Furthermore, study data will be maintained confidentially and securely locked in a drawer, to which only the researcher has access.

If you are willing to participate, your completion of a demographic questionnaire and the narrative of your experience implies consent.

The retelling of being bullied can be emotionally difficult. The American Nurses Association (ANA) recommends a toolkit for student nurses to recognize and deal with bullying at http://www.nursingworld.org/Bullying-Workplace-Violence. Dealing with Bullying and Harassment: A Guide for Nursing Students at http://www.hrhresourcecenter.org/node/1182.

If you are interested in further information about the study, please click the link below. If after reading this information you agree to participate, there will be another link to demographic questions and guidance for writing your narrative.

Thank you for your consideration to participate in this study.

Sincerely,

*Nancy Chiocchi*

Nancy Chiocchi, MSN, RN

## Document A3

*Informed Consent*


**Informed Consent Form**

**Title of Research Study:** Student Nurses' Experiences of Bullying in the Clinical Environment

**Principal Investigator:** Nancy McMorrow, Doctoral Student

**Department Affiliation:** College of Nursing, Seton Hall University

**Sponsor:** This research is supported by College of Nursing, Seton Hall University

**Brief summary about this research study:**

The following summary of this research study is to help you decide whether or not you want to participate in the study. You have the right to ask questions at any time.

The purpose of this study is to describe student nurses' experiences of bullying by RNs during the acute care hospital clinical experience.

You will be asked to answer demographic questions and write a narrative about your experience of being bullied by RN's during your clinical experience.

The time required to complete the demographic questions and the time to write the narrative will be very individual. It will probably not take more than one hour but may take longer based on individual experiences of being bullied.

The primary risk of participation is that the re-telling of being bullied can be emotionally difficult.

The main benefit of participation is having the opportunity to tell your story about experiencing bullying behaviors in the clinical setting. Sharing this type of story can be a satisfying experience. Your story will fill a gap in the literature about nursing students' experiences of bullying behaviors by registered nurses in the clinical environment. Your participation has the potential to make a difference and will have implications for nursing education, research and practice.

**Purpose of the research study:**

Nursing students who have had the experience of being bullied by RNs in the clinical setting are being asked to participate. The purpose of the research is to describe student nurses' experience of bullying in the clinical setting.

Your participation in this research study is expected to take at least one hour but it may take longer to tell your individual story.

You will be asked to answer demographic questions such as gender, age and degree program. and then to write a narrative about your experience of being bullied by RN's during your clinical experience while considering the following questions:

1. What was done?
2. Where was it done?
3. Who did it?
4. How he/she/they did it?
5. Why it happened?
6. How did it make you feel?

## Document A4

*Demographic Questionnaire and Survey*

**Student Nurses' Experiences of Bullying in the Clinical Environment**

1. **How do you currently describe your gender identity?**
    - o Male
    - o Female
    - o Please describe: _____
    - o I prefer not to answer.

2. **What is your age in years?**
    - o Please specify: _____
    - o I prefer not to answer.

3. **Which categories describe you? Select all that apply to you:**
    - o American Indian or Alaska Native: For example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community
    - o Asian: For example, Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese
    - o Black or African American: For example, Jamaican, Haitian, Nigerian, Ethiopian, Somalian
    - o Hispanic, Latino or Spanish Origin: For example, Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Columbian
    - o Middle Eastern or North African: For example, Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian
    - o Native Hawaiian or Other Pacific Islander: For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese
    - o White: For example, German, Irish, English, Italian, Polish, French
    - o Some other race, ethnicity, or origin, please specify: _____
    - o I prefer not to answer.

4. **Which program category describes you?**

   - ASN
   - Diploma
   - Traditional BSN
   - Accelerated or second degreed BSN
   - RN to MSN

5. **Where do you live?**

   - Midwest: Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, Ohio, North Dakota, South Dakota, Wisconsin
   - Northeast: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont
   - South: Arkansas, Alabama, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia
   - West: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming
   - Puerto Rico or other U.S. territories
   - Other, please specify: _____

**Please describe your experience with bullying behaviors by registered nurses during your acute care hospital clinical experience. Please consider the following questions while writing your narrative:** *What was done? Where it was done? Who did it? How the RN did it; methods? Why it happened? How did it make you feel?*

## Appendix B

Demographic Data Graphs

**Figure B1**

*Description of participant gender identity*

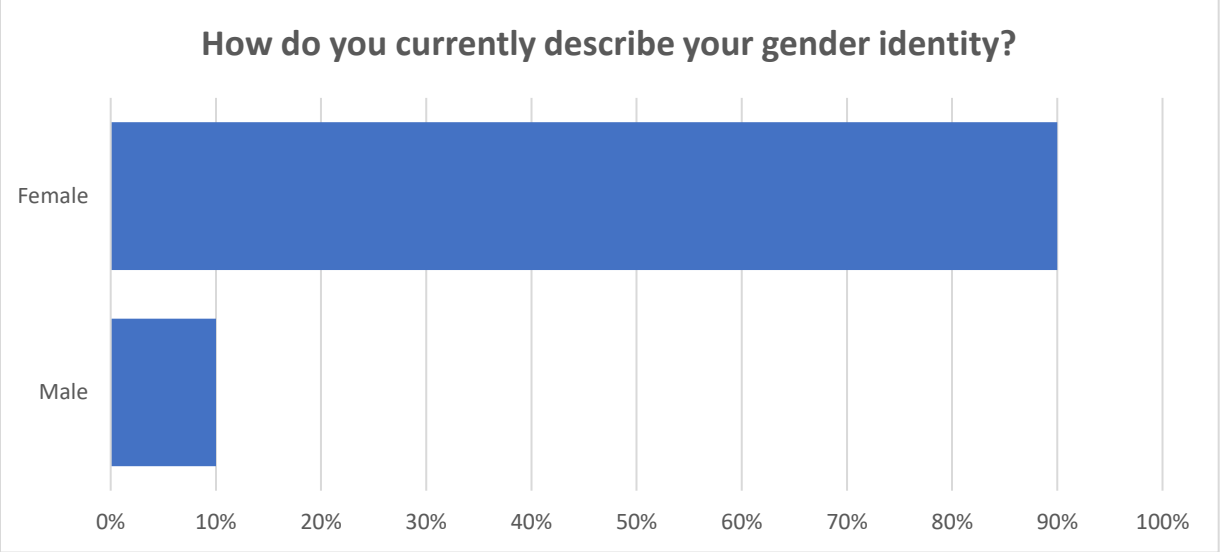


**Figure B2**

*Age of participants*

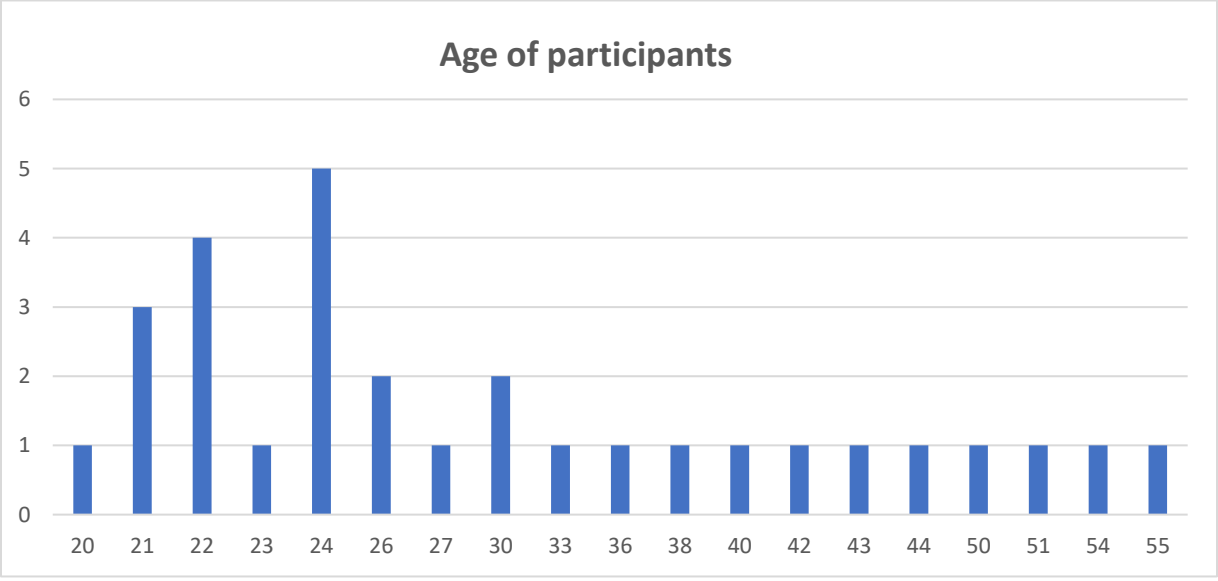

**Figure B3**

*Description of participant ethnicity*

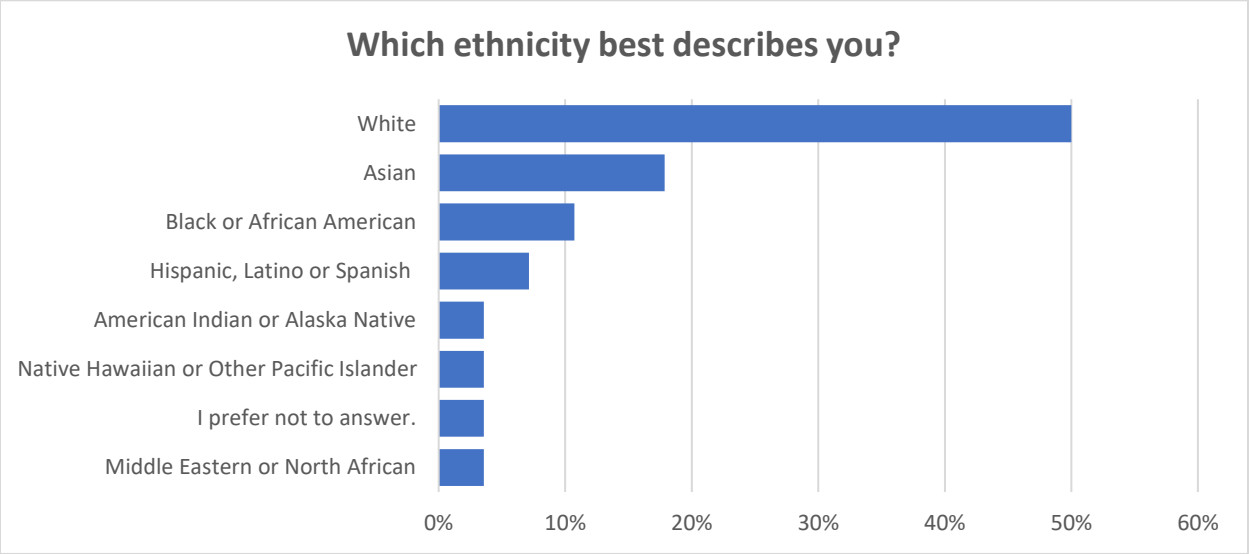


**Figure B4**

*Description of participant demographic area*

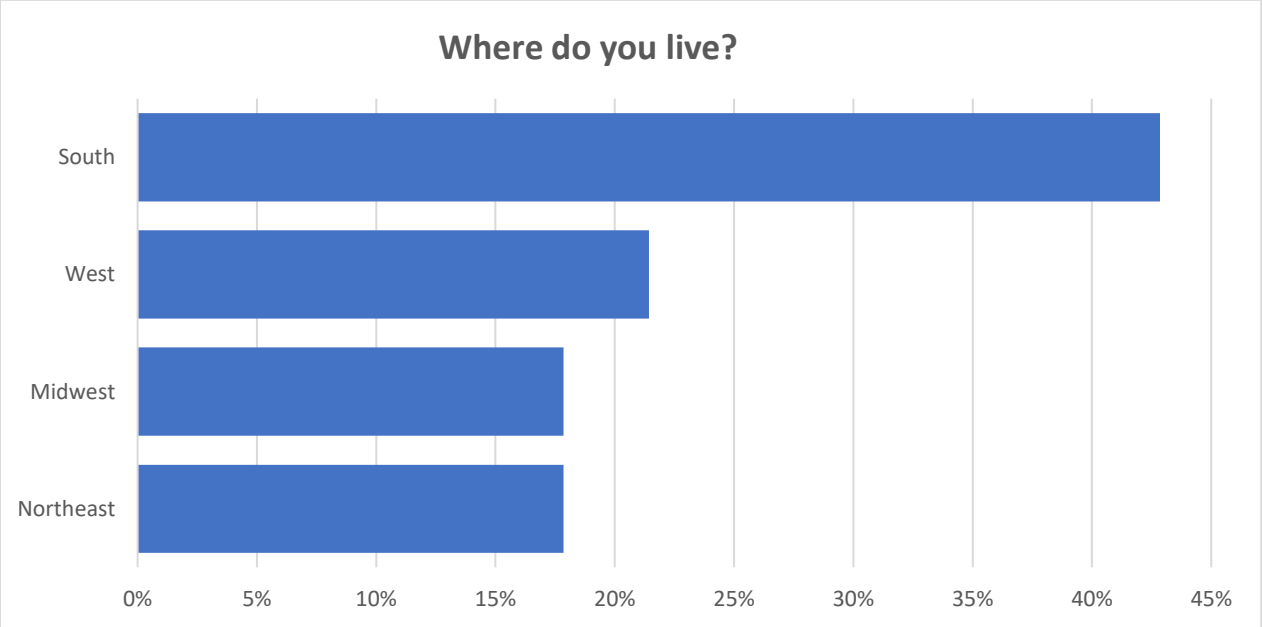

**Figure B5**

*Description of degree being completed*