

Bullying and Harassment perceived by undergraduate nursing students in clinical settings, and its Implication to Academic Strategies and Interventions

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Abstract

Background: *Bullying and Harassment are unwanted aggressive behavior of people working in organizations, colleges and in public settings. People who undergo this may have severe effects on their physical, psychological and social status. Which can reduce the work output and at pointed times it may end up with suicides.*

Aim: *To examine the extent of bullying and Harassment perceived by nursing students in clinical training in Oman.*

Method: *A descriptive cross-sectional design was used. A sample of 118 undergraduate nursing students was recruited from Sultan Qaboos University in Oman; the questionnaire consisted of the participants' socio-demographic background and Student Experience of Bullying during Clinical Placement (SEBDPC).*

Results: *Overall, 53.4% of students reported that they had experienced bullying or Harassment behaviors at least once during their clinical training period. Nursing students experienced Bullying and Harassment experienced mostly at the hospital settings 38.1% (n=118) followed by Schools 22% (n=118) and communities 21 % (n=118). It was mainly reported by students that Verbal and Nonverbal bullying was the most common type of bullying behavior they experienced. It was found that 28% (n=118) of the students reported that their working and the slandered of patient care were negatively affected.*

Conclusion: *Experiences of bullying impacts nursing students especially in the clinical settings can negatively influence patient care and the quality of nursing education. It is a long-standing problem within the nursing profession.*

Keywords: *bullying, Harassment, nursing students, workplace violence*

Introduction

Workplace violence with intimate violence are considered as major health issues interfering with socio-occupational function, however, violence is clearly stated in many works of literature as "acts directed toward workers in their working environment either physically, psychologically, or verbally (Gacki-Smith et al., 2009). Violence in the workplace has been raised many decades ago, with great interest among the employers, health care system, and governmental organization to explore its epidemical growth worldwide (Hinchberger, 2009). Health care providers are in the frontline of violent behaviors than ever before (Hajaj, 2014). Nurses are superior of all health multidisciplinary team to expose the enormous acts of such behaviors (Tee, Özçetin, & Russell-Westhead, 2016).

In the healthcare system, Nurses are on the top compared to others in experiencing such behaviors (Hahn et al., 2008), as they are on the frontline in providing health care. Workplace violence is considered as a worldwide phenomenon (Shoghi et al., 2008). The developmental countries such as the Arab World marked a similar world health organization's report that shows the extent of such behaviors among the nursing profession (Ahmed, 2012; Kitaneh & Hamdan, 2012; Samir, Mohamed, Moustafa, & Abou Saif, 2012).

Many studied postulated that nursing students are also at risk of being victimized through of work-related violence holistically (Beech & Leather, 2003; Johnson, 2009; McKenna & Boyle, 2016) since there are less qualified to handle aggressive behaviors, and less knowledgeable about aggression behavior and de-escalating techniques (Nau, Dassen, Halfens, & Needham, 2007).

Being a student nurse will give the chance to practice nursing in different and sometimes difficult work environments, leaving you under great chance to face a greater exposure to violent behaviors from others (Magnavita & Heponiemi, 2011), which become, automatically by time, as a fact of nursing professional practice and future career (Roche, Diers, Duffield, & Catling-Paull, 2010), leading them to accept themselves as a minority and vulnerable group (Hutchinson, Vickers, Jackson, & Wilkes, 2006).

Nursing students are under the pressure of different categories of violence in their clinical training (Özcan, Bilgin, Tülek, & BOYACIOĞLU, 2014). (Eljedi, 2015) found that almost 70% of nursing students in Gaza/ Palestine experienced psychological stress and assaultive behavior promoted by the nature of the nursing profession, in which nursing students have to be exposed to suffering, unconscious or dying patients. These experiences are due to a poor educational environment, limited experiences, and less awareness of cultural norms and care (Ferns & Meerabeau, 2008; Lewis, 2006), affecting students social life and patient quality of care, erupt job stress, decrease job satisfaction and decrease working days, and call students to leave the profession (Rowe & Sherlock, 2005). Moreover, some students may perpetuate their cycle and repeat these behaviors in their future careers (Curtis, Bowen, & Reid, 2007; Hinchberger, 2009). As a result of negative cultural perceptions regarding the nursing profession (Kassem, Elsayed, & Elsayed, 2015).

As bullying and Harassment occur, a strong health imprint may develop such as anger, guilt, panic attack, lose concentration, decrease motivation, exhaustion, and decreased academic performance (Becher & Visovsky 2012; Tee et al., 2016). Bullying and Harassment are

emotional issues faced by nurses students during their clinical practice and have negative impacts on their psychosocial well-being (Palaz, 2012), it also refers to "situations where a person repeatedly and eventually feels subjected to negative treatment on the part of one or more persons, and where the person(s) exposed to the treatment have difficulty in defending themselves against these actions" (Einarsen, Hoel, & Cooper, 2003), which occurs due to the negative interactions that expressed through aggression, criticism, monitoring and social isolation, that mostly changes over students' educational years (Basal & Elkazeh, 2014; Curtis et al., 2007).

Like international standards of the nursing curriculum, generally, nursing colleges formulate the Students Learning Outcomes (SLO)s in order to optimize patients' quality of care. Nursing students in Oman usually need to pass both theoretical and clinical courses with a lot of assignments and requirements in different learning environments such as hospitals, schools, health centers, and home visits, which lead them to communicate and interact with others holistically.

With the limited literature in the Arab world, particularly in Oman and the non-existence of identified projects to examine the experience of bullying and Harassment among nursing students in clinical settings, this study is conducted. Based on our knowledge, little is known about the extent of bullying and Harassment against nursing students in clinical settings especially in Arabian countries such as Oman. Hence, there is a key alert to investigate the experiencing of bullying and Harassment of nursing students in clinical settings. Therefore, the aim of this study is to determine the extent of bullying and Harassment perceived by Nursing students in clinical training.

Methodology

Research Design

A descriptive cross-sectional research design was utilized.

Study Setting

This study was conducted at the college of nursing- Sultan Qaboos University.

Sampling and study procedure

In order to answer the research questions, this study utilized all nursing students in the college of nursing at Sultan Qaboos University, a convenience sample was used, and a sample size was detected by using power analysis (Faul, Erdfelder, Lang, & Buchner, 2007), 250 participants were estimated with an effect size of 0.5 ($\alpha = 0.05$, $P = 0.80$).

Data were collected using a self-administered questionnaire. The sample consisted of 120 undergraduate students who met the eligibility criteria, including students who were willing to participate in the study, studying in the bachelor degree, who had completed their foundation program (English, Computer Skills, and Mathematics), and had started their clinical training courses.

After ethical approval was obtained, an email was sent to all students, inviting them to participate in the study. Throughout this email, the study purpose, design, and benefit were extremely explained as well as their voluntary participation and withdrawal, They have been explained also that the questionnaire would not take more than 20 minutes to be completed, and once they finished, they could return it back via an email. No students' identification information was collected.

Study Instruments

A self-report instrument was used in this study to achieve the research goals, and it was divided into two sections: (1) demographical data and (2) the Student Experience of Bullying during Clinical Placement (SEBDPC) questionnaire.

In the section for demographic data, the students were asked about their gender, age, level of academic years, and type of education program. The second section was the Student Experience of Bullying during Clinical Placement (SEBDPC) questionnaire, this questionnaire was adapted from the effort of Hewett (2010), who developed it by testing bullying experience among 218 undergraduate nursing students in South Africa. The content validity of the original tool was measured via a pilot study. The original survey composed of five sections with 66 individual items based on workplace bullying and Harassment including intimidation, bullying or verbal abuse, non-physical violence, and reporting and management of workplace violence. The questionnaire mainly used closed-ended questions that are rated using a 4-point rating scale [1] 'Never' (0 times); [2] 'Occasionally' (1-2 times); [3] 'Sometimes' (3-5 times) and [4] 'Often' (>5 times)., (Budden, Birks, Cant, Bagley, & Park, 2017). Permission was obtained from the author to use the SEBDPC questionnaire.

Ethical Considerations

Approval to conduct the study was obtained from the Research Ethics Committee of the College of Nursing at the SQU. The students who agreed to participate in this study received written consent via an email along with the questionnaire explains the purpose of this study and its relevant ethical considerations.

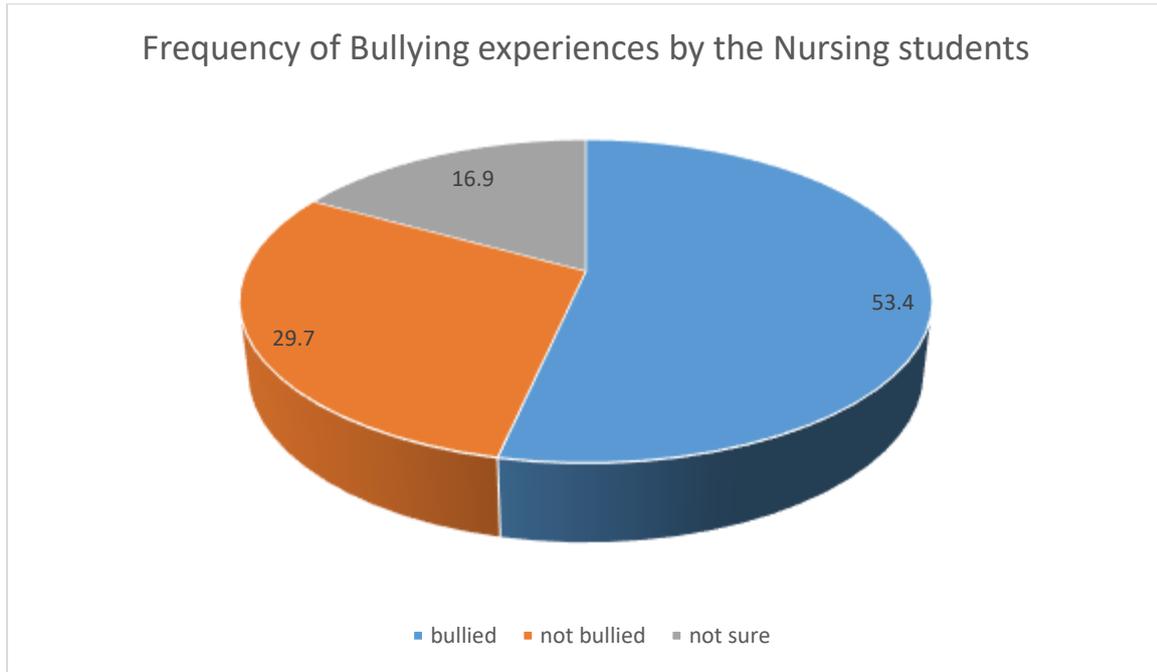
Data Collection and Results

The Statistical Package for the Social Sciences (SPSS 23) at the 0.05 level of significance was used. The mean and percentages were used to describe the results. The survey questionnaires were distributed to 250 students online. Out of which, received 160 undergraduate students who were completed and returned the questionnaire, giving a response rate of 64%. Among them, 118 nursing students were included as the sample, as they met set research criteria.

Demographic characteristics of the sample show that the age of the respondents ranged from 18 to 37 and the mean age was 22.5 years. The majority of the participants were female (78%), single (87.3%), lived on campus (61.9%), and studying in their 4th and 5th academic year (23.7%) and (31.4%) respectively.

Overall, 53.4% of students reported that they had experienced bullying or Harassment behaviors at least once during their clinical training period, while 29.7% indicated that they didn't experience any kind of such behaviors at all, and the remaining 16.9% were not sure about that behavior. These can be seen in figure 1. (Esfahani & Shahbazi, 2014). In a study conducted to examine the experience of violence among female nursing students in clinical places, almost all of the participants were either exposed or observed bullying, or physical abuse in their clinical sittings (Hinchberger, 2009).

Figure 1: Frequency of Bullying experiences by the Nursing students



Bullying in the clinical setting is more common in all over the world. Our study results also support this. Nursing students experienced Bullying and Harassment experienced mostly at the hospital settings 38.1% (n=118) than in the Schools 22% (n=118) and communities 21 % (n=118) as stated by the nursing students. This can be seen in table 1.

Table 1: Bullying frequencies based on clinical settings

Clinical settings	Bullying frequency			Total (n)
	Occasionally	Sometimes	Often	
Hospital	23 (51.11%)	15 (33.33%)	7 (15.56%)	45
School	13 (50.00%)	9 (34.62%)	4 (15.38%)	26
Community settings	6 (24.00%)	6 (24.00%)	13(52.00%)	25

Question-related to who were bullying the nursing students in the hospital, the general assumptions were clarified in this study. The sources of bullying in the hospital settings as stated, it was a surprise that the majority of the nursing students indicated that patients 42.4%

(n= 118), their relatives 33,9%(n= 118), and other health team workers 31.4% (n= 118) were sources of inflecting bullying and Harassment (Table 2).

Table 2: Bullying frequencies based on its source

Sources	Students who were not bullied	Students who were Bullied
Doctors	85 (72%)	33(28%)
Registered Nurses	88 (74%)	30(26%)
Other Health Team	81 (68.6%)	37(31.4%)
Patients	68 (57.6%)	50(42.3%)
Patients Relatives	78 (66.1%)	40(33.9%)

Bullying was experienced and perceived by nursing students in different ways. It was mainly reported that Verbal and Nonverbal bullying was perceived by the Nursing students. More details can be seen in table 3. In this, it is clearly seen that nonverbal behavior 39% (n=118), verbal 34.7% (n=118) and neglect 32.2% (n=118) were the most common type of bullied behaviors perceived by students.

Table 3: Ways of bullying behavior perceived by nursing students

Types of bullying behaviors	Not experienced	Experienced
Non verbal	72 (61%)	46(39%)
Verbal	77 (65.3%)	41(34.7%)
Neglect	80 (67.8)	38(32.2%)
Unfair allocated	92 (78%)	26(22%)
Denied acknowledgement	84 (71.2%)	34(28.8%)
Denied learning opportunities	87 (73.7%)	31(26.3%)

Treated as not part of multidisciplinary team	83 (70.3%)	35(29.7%)
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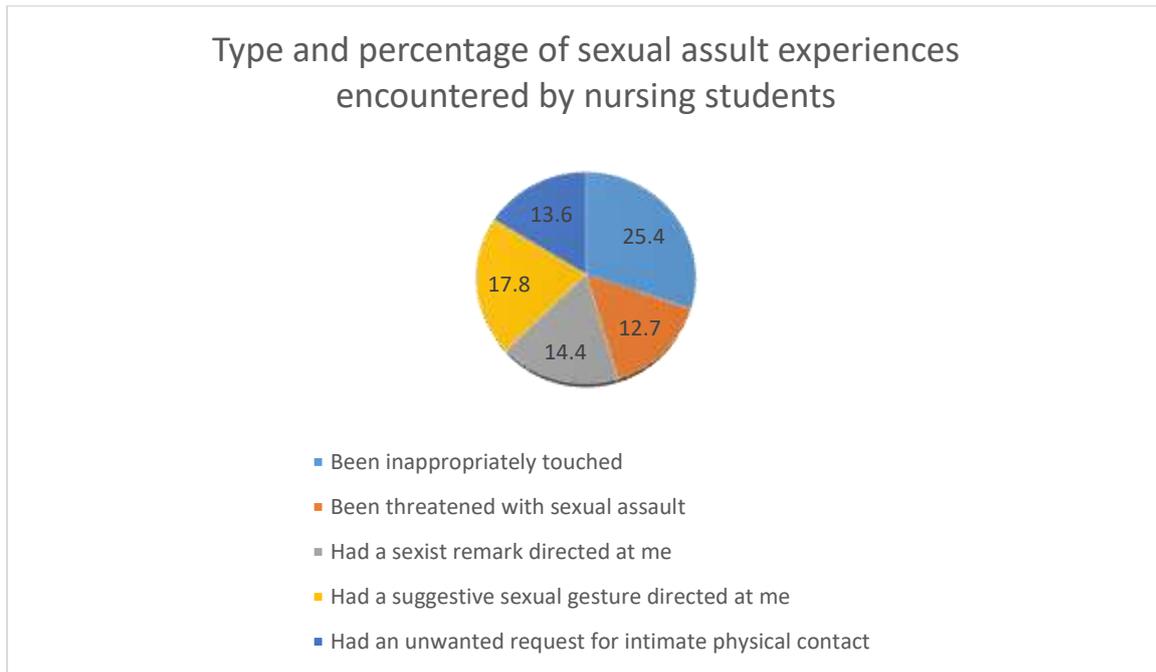
When we asked further details with the nonverbal behavior of bullying in the questionnaire, nursing students were pushed 22% (n=118) more frequently than others, were like shoving 11.9% (n=118) and kicking and threatened with physical violence 12.7% (n=118). these findings are presented in the following table 4.

Table 4: Types of nonverbal bullying experiences exposed by the nursing students

Types of behavior	Nonverbal Bullying experiences exposed	
	Not exposed	Exposed
pushed	96 (81.4%)	22(18.6%)
shoved	104 (88.1%)	14(11.9%)
kicked	103 (87.3%)	15(12.6%)
Hit with an object/weapon	107 (90.7%)	11(9.3%)
Threatened with an object/weapon	108 (91.5%)	10(8.5%)
Threatened with physical violence	103 (87.3%)	15(12.6%)

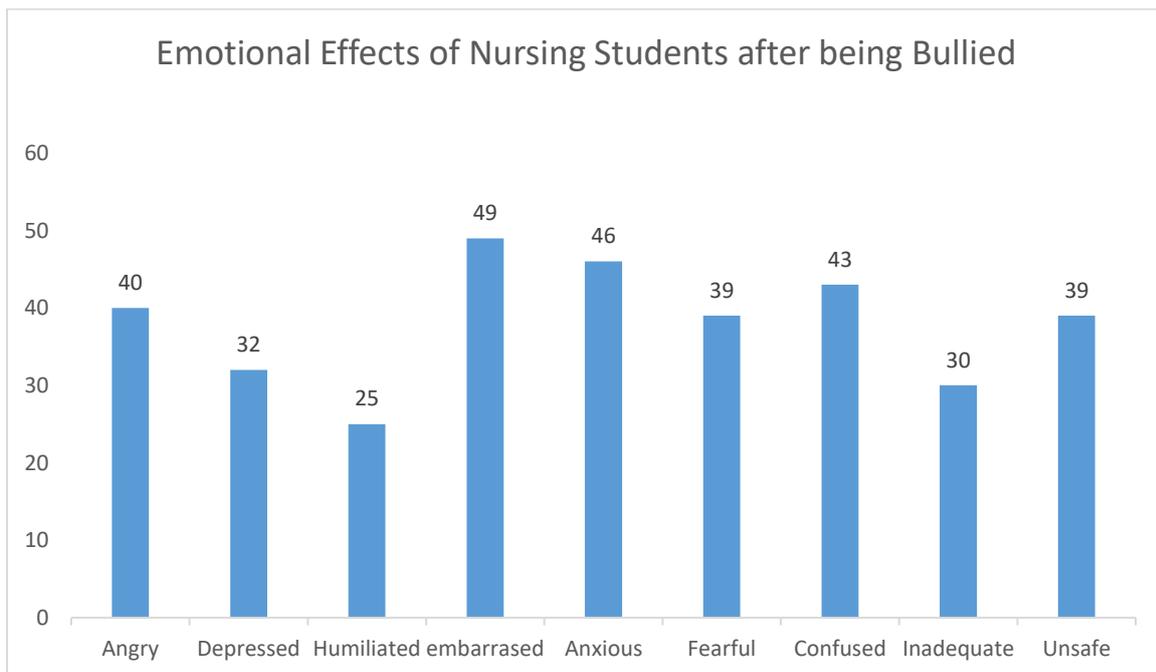
All the nursing students responded to this, 30 % (n=118) were being inappropriately touched, 17.8% (n=118) had a suggestive sexual gesture directed at the student, 14.4% (n=118) had a sexist remark directed at me, 13.6% (n=118) had an unwanted request for intimate physical contact and remaining 12.7% (n=118) been threatened with sexual assault.

Figure 2: Type and percentage of sexual assault experiences encountered by nursing students



Nursing students who exposed to the bullying said it affected their personal feelings were seen in Table 8. Majority 41.5% (n=118) were embarrassed, 39% (n=118) anxious, confused 36.4% (n=118), angry 33.9% (n=118), fearful and unsafe each 39% (n=118), depressed 27.1% (n=118), felt inadequate and 28.2% (n=118) felt that they were humiliated.

Figure 3: Emotional effects of nursing students after being bullied



Questionnaire encouraged participants to react on the impact of their bullying experiences, it was found that 28% (n=118) of the students reported that their working and the slandered of patient care were negatively affected and also it negatively affected the way they proceed their job, 23.7% (n=118) said that bullying made them afraid to check orders when they weren't sure, 22.8% (n=118) reported that they considered leaving nursing profession or remaining 15.3% (n=118) were absent for duty which can be seen in table 5.

Table 5: Consequences of bullying among nursing students

Consequences	Bullying experiences	
	Not affected	Affected
Made me consider leaving nursing	91 (77.1%)	27 (22.8%)
Caused me to call in absent	100 (84.7%)	18(15.3%)
Made me afraid to check orders when I wasn't sure	90 (76.3%)	28 (23.7%)
Other		
Negatively affected the standard of care I provided to the patient	85 (72%)	33 (28%)
Negatively affected the way I worked with	85 (72%)	33 (28%)

Discussion

This present study was conducted to examine the extent of bullying and Harassment perceived by nursing students in clinical training at Sultan Qaboos University in Oman. The study explains the experiences of such behaviors among nursing students at all levels who exposed to the clinic training during though their study plan. Nursing students spend most of their clinical time in clinical areas with their supervisors or sometimes alone.

This study reveals that 53.45% of students were bullied during their clinical postings. This rate is very high as compared with the study conducted in Iran, in which, only 9% of nurses were bullied (Esfahani & Shahbazi, 2014). Another study conducted with the New Zealand nursing students supports this finding as of Forty percent (40%; 118) of students experiences of bullying occurred while on clinical placements. (Minton, C., Birks, M., Cant, R., & Budden, L. M. (2018). Al Sagar, A. et al(2018) found that workplace bullying against nursing staff is

still a considerable problem in participating Jordanian hospitals (AL-Sagarat, Qan'ir, AL-Azzam, Obeidat, & Khalifeh, 2018).

Indeed, Oppression theory appears to be the best-suited theory to understand the behaviors of bullying and Harassment among nursing students in clinical settings. Oppression is systematic maltreatment, denial of rights, and dehumanizing of one group or individual by another (Dong & Temple, 2011; Hinchberger, 2009). (Young, 2013) suggested five common categories describing oppression that lead to bullying and Harassment; these categories are exploitation, Marginalization, Powerlessness, Cultural imperialism, Violence.

Exploitation refers to unfair compensation of one's productivity which creates a system with class differences, Marginalization is the process of expelling and excluding people outside the society and preventing them from their useful participation, however, powerlessness reflects the inhibition of one's capacities and self-improvement. Cultural Imperialism involves taking the culture of the ruling class and establishing it as the norm where the superior people in society control others. Violence refers to the random, unprovoked attacks against others and/or their properties with the intention to damage, humiliate or terrorize them.

Students may be excluded deliberately from patients' care plan, useful learning discussion, and social interaction. Probably, the superior group in this society will control and interpret the behavior, values, experience, and achievement of others and labeling them based on their capacities, or might humiliate the others and their property. As a result, the oppressed students will feel more aggressive toward the oppressor, belittling their feelings inside, and reinforce the belief that they are inferiors.

Two behaviors; silencing, and lateral violence, have been reported as the most frequent oppressed behaviors cited by nurses in the clinical setting due to the hierarchy of health care systems, making medicine to be superior to other professions. According to (Roberts, Demarco, & Griffin, 2009), nurses are more likely to be a "good nurses" making themselves silence in order to avoid conflicts with others, while violence is triggered by the lack of support and aggressiveness toward one another by directing one dissatisfaction toward self and others. As soon as the students move toward the actual training courses.

It was surprising that the findings of our study reveal that the majority of the nursing students were bullied by the patients and their relatives, unlike in other areas where patients and their relatives are in receiving end, never expect this kind of behavior from them. On the other side, nursing students were also bullied by health care professionals as well which can be anticipated but not acceptable (Minton, Birks, Cant, & Budden, 2018).

Patricia A, Hinchberger (2009) reported that nursing students were bullied by the patients and staff members in hospital settings in all over the world (Hinchberger, 2009). Accordingly, in other studies, clinical instructors, staff nurses, and classmates, were also identified as the greatest source of bullying behaviors in practice setting respectively (Clarke, Kane, Rajacich, & Lafreniere, 2012), which is also supported by ours.

The new learning environment, students low self- esteem, students' academic load and responsibilities, their limited knowledge and skills, and the vision that nursing, in general, are inferior to other health professions like medicine or pharmacy, will undervalue the students contributing effort in patients' health care, and create a condition of unfairness and exploitation against them.

Indeed, it is shown in many kinds of literature that students are highly influenced by the clinical setting and the clinical instructors who facilitate students into the profession (Nabolsi, Zumot, Wardam, & Abu-Moghli, 2012). According to (Clarke et al., 2012), clinical instructors make the most frequent wrongdoer of undervaluing students efforts and achievements; they maximize students' workload and expectations, criticize them unfairly, evaluate them poorly, or sometimes they conceal some necessary information on them, conversely, staff nurses play key source of expressing negative remarks for the upcoming nurse; they ignore, exclude, hostile, or attempt to belittle or undermine students, and similarly to instructors they might withhold necessary information on them. Classmates and colleagues, for example, make inappropriate witticism toward each other's, they spread rumors or make allegations, and treat other students unfairly based on their different backgrounds.

Nursing students reported that the bullying experienced by them were both verbal and nonverbal behaviors in the clinical field. Nonverbal behaviors perceived by the nursing students were being neglected, denied acknowledgment, not treated as a part of the multidisciplinary team, and being denied from learning opportunities. They were also pushed, kicked and threatened with physical violence. These actions to be condemned and to be acted

immediately so that these actions will not be repeated towards nursing students or any students of the other health care team. Another serious issue related to nonverbal bullying is that nursing students were inappropriately touched, had a suggestive sexual gesture at them and they had sexist remarks. Similar findings are reported in the study (Courtney-Pratt, Pich, Levett-Jones, & Moxey, 2018). These kinds of actions may have a negative impact on these young students which may start losing their identity and self-esteem.

Nursing students reported that their working and the slandered of patient care were negatively affected and also it negatively affected the way they worked with, students who exposed to the bullying were afraid to check patient care orders when they were not sure, they reported that they considered leaving nursing profession and decided to remain absent for the duty. These issues can be prevented or can be addressed during their initial nursing courses as preparatory courses before their clinical posting in order to inculcate confidence and self-worth. Our study has some limitation related to the ability to define the term of bullying and harassment efficiently though out cultural perspective, additionally, some of the terms used in the questionnaire may be misinterpreted through the online survey, in which students may or may not have considered behavior to be bullying or harassment in that given situation and unable to clarify it properly based on the study purposes.

Implications of the study

Experiences of bullying impacts nursing students especially in the clinical settings can negatively influence patient care and the quality of nursing education. It is a long-standing problem within the nursing profession. Actually this study may help to collaborate all efforts in order to detect the extent of bullying and Harassment experiencing by nursing students in clinical settings in Oman, students, faculty, college administrating, hospital administration and community settings may utilize the results in developing strategies that minimize these behaviors faced by nursing students during their clinical training, however, it may help the students to recognize the sources of bullying and Harassment perceived by them, as well as, it will help them to establish good learning skills and preparation methods for clinical day training. College of nursing and faculty may be able to modify the curriculum to meet students' needs and help to build a strong alliance among them. Clear strategies to be developed to deal with bullying behavior. Policies to be developed related to reporting of bullying during their academic and clinical postings.

References

- Ahmed, A. (2012). Verbal and physical abuse against Jordanian nurses in the work environment.
- AL-Sagarat, A., Qan'ir, Y., AL-Azzam, M., Obeidat, H., & Khalifeh, A. (2018). *Assessing the impact of workplace bullying on nursing competencies among registered nurses in Jordanian public hospitals*. Paper presented at the Nursing forum.
- Basal, A. A., & Elkazeh, E. A. E. E. (2014). Nursing Students' Perception and Experience of Bullying Behavior in the Faculty of Nursing. *Nature and Science*, 12(1), 20-27.
- Becher, J., & Visovsky, C. (2012). Horizontal Violence in Nursing. *Medical-Surgical Nursing*, 21(4), 210-214.
- Beech, B., & Leather, P. (2003). Evaluating management of aggression unit for student nurses. *Journal of Advanced Nursing*, 44(6), 603-612.
- 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*, 24(2), 125-133.
- Clarke, C. M., Kane, D. J., Rajacich, D. L., & Lafreniere, K. D. (2012). Bullying in undergraduate clinical nursing education. *Journal of Nursing Education*, 51(5), 269-276.
- 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.
- Curtis, J., Bowen, I., & Reid, A. (2007). You have no credibility: Nursing students' experiences of horizontal violence. *Nurse education in practice*, 7(3), 156-163.
- Dong, D., & Temple, B. (2011). *Oppression: A concept analysis and implications for nurses and nursing*. Paper presented at the Nursing Forum.
- Einarsen, S., Hoel, H., & Cooper, C. (2003). *Bullying and emotional abuse in the workplace: International perspectives in research and practice*: CRC Press.
- Eljedi, A. (2015). Prevalence and response to Occupational Hazards among Nursing Students in Gaza Strip, Palestine: The role of Personal Protective Equipment and Safety Regulations. *Public Health Research*, 5(1), 32-38.
- Esfahani, A. N., & Shahbazi, G. (2014). Workplace bullying in nursing: The case of Azerbaijan province, Iran. *Iranian journal of nursing and midwifery research*, 19(4), 409.
- Faul, F., Erdfelder, E., Lang, A.-G., & Buchner, A. (2007). G* Power 3: A flexible statistical power analysis program for the social, behavioral, and biomedical sciences. *Behavior research methods*, 39(2), 175-191.

- Ferns, T., & Meerabeau, L. (2008). Verbal abuse experienced by nursing students. *Journal of advanced nursing*, 61(4), 436-444.
- Gacki-Smith, J., Juarez, A. M., Boyett, L., Homeyer, C., Robinson, L., & MacLean, S. L. (2009). Violence against nurses working in US emergency departments. *Journal of Nursing Administration*, 39(7/8), 340-349.
- Hahn, S., Zeller, A., Needham, I., Kok, G., Dassen, T., & Halfens, R. J. (2008). Patient and visitor violence in general hospitals: a systematic review of the literature. *Aggression and Violent Behavior*, 13(6), 431-441.
- Hajaj, A. M. (2014). Violence against Nurses in the Workplace. *Middle East Journal of Nursing*, 101(1227), 1-7.
- Hinchberger, P. A. (2009). *Violence against female student nurses in the workplace*. Paper presented at the Nursing forum.
- Hutchinson, M., Vickers, M., Jackson, D., & Wilkes, L. (2006). Workplace bullying in nursing: towards a more critical organizational perspective. *Nursing Inquiry*, 13(2), 118-126.
- Johnson, S. L. (2009). International perspectives on workplace bullying among nurses: a review. *International nursing review*, 56(1), 34-40.
- Kassem, Elsayed, & Elsayed. (2015). Workplace violence in the health proportion. *International Nursing Review*, 48(3), 129-130.
- Kitaneh, M., & Hamdan, M. (2012). Workplace violence against physicians and nurses in Palestinian public hospitals: a cross-sectional study. *BMC health services research*, 12(1), 469.
- Lewis, S. E. (2006). Recognition of workplace bullying: A qualitative study of women targets in the public sector. *Journal of Community & Applied Social Psychology*, 16(2), 119-135.
- Magnavita, N., & Heponiemi, T. (2011). Workplace violence against nursing students and nurses: an Italian experience. *Journal of Nursing Scholarship*, 43(2), 203-210.
- McKenna, L., & Boyle, M. (2016). Midwifery student exposure to workplace violence in clinical settings: An exploratory study. *Nurse education in practice*, 17, 123-127.
- 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*, 25(6), 583-589.
- Nabolsi, M., Zumot, A., Wardam, L., & Abu-Moghli, F. (2012). The experience of Jordanian nursing students in their clinical practice. *Procedia-Social and Behavioral Sciences*, 46, 5849-5857.
- Nau, J., Dassen, T., Halfens, R., & Needham, I. (2007). Nursing students' experiences in managing patient aggression. *Nurse Education Today*, 27(8), 933-946.

- Özcan, N. K., Bilgin, H., Tülek, Z., & BOYACIOĞLU, N. E. (2014). Nursing Students' Experiences of Violence: A Questionnaire Survey. *Journal of Psychiatric Nursing/Psikiyatri Hemsireleri Dernegi*, 5(1).
- Palaz, S. (2012). Turkish nursing students' perceptions and experiences of bullying behavior in nursing education. *Journal of Nursing Education and Practice*, 3(1), 23.
- Roberts, S. J., Demarco, R., & Griffin, M. (2009). The effect of the oppressed group behaviors on the culture of the nursing workplace: a review of the evidence and interventions for change. *Journal of Nursing Management*, 17(3), 288-293.
- Roche, M., Diers, D., Duffield, C., & Catling-Paull, C. (2010). Violence toward nurses, the work environment, and patient outcomes. *Journal of Nursing Scholarship*, 42(1), 13-22.
- Rowe, M. M., & Sherlock, H. (2005). Stress and verbal abuse in nursing: do burned-out nurses eat their young? *Journal of Nursing Management*, 13(3), 242-248.
- Samir, N., Mohamed, R., Moustafa, E., & Abou Saif, H. (2012). Nurses' attitudes and reactions to workplace violence in obstetrics and gynecology departments in Cairo hospitals.
- Shoghi, M., Sanjari, M., Shirazi, F., Heidari, S., Salemi, S., & Mirzabeigi, G. (2008). Workplace violence and abuse against nurses in hospitals in Iran. *Asian Nursing Research*, 2(3), 184-193.
- Tee, S., Özçetin, Y. S. Ü., & Russell-Westhead, M. (2016). Workplace violence experienced by nursing students: A UK survey. *Nurse education today*, 41, 30-35.
- Young, I. M. (2013). Five faces of oppression. *The community development reader* (pp. 346-355): Routledge.