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Bullying in Undergraduate Clinical Nursing Education

Colette M. Clarke, MSc, RN; Deborah J. Kane, PhD, RN; Dale L. Rajacich, PhD, RN; and Kathryn D. Lafreniere, PhD

ABSTRACT

Although a limited number of studies have focused on bullying in nursing education to date, all of those studies demonstrate the existence of bullying in clinical settings, where nursing students undertake a significant amount of their nursing education. The purpose of this study was to examine the state of bullying in clinical nursing education among Canadian undergraduate nursing students ($N = 674$) in all 4 years of their nursing program. Results suggest that nursing students experience and witness bullying behaviors at various frequencies, most notably by clinical instructors and staff nurses. Third-year and fourth-year students experience more bullying behaviors than first-year and second-year students. Implications for practice include ensuring that clinical instructors are well prepared for their role as educators. Policies must be developed that address the issue of bullying within nursing programs and within health care facilities where nursing students undertake their clinical nursing education.

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Bullying in nursing has existed for decades and appears to be a growing concern as nurse retention and recruitment become crucial factors in sustaining Canada's health care system. International studies have also noted the phenomenon of bullying in nursing workplaces (McKenna, Smith, Poole, & Coverdale, 2002; Quine, 2001). Although varying rates of prevalence exist, current research has unanimously demonstrated the negative effects of bullying on nurses. Anecdotally, nurses have likened their clinical setting to that of a battlefield and describe the environment in which they work as a place of professional terrorism (Farell, 2001). Although a limited number of studies have focused on bullying in nursing education, all of them demonstrate the existence of bullying in clinical settings, where nursing students undertake a significant amount of their nursing education.

With a shortage of nurses looming, we cannot afford to lose nurses or nursing students to bullying. A New Zealand study revealed that of 170 new graduates who reported experiencing a distressing event, one in three (n = 58, 34%) considered leaving nursing and 14 intended to leave nursing as a result of horizontal violence (McKenna et al., 2002). A survey of nursing students revealed that of those students who experienced verbal and academic abuse, 57.7% and 69.5% respectively, thought about leaving the profession (Celik, & Bayraktar, 2004). The study by Randle (2001) supports these findings that nursing students' psychological reactions to bullying include the intention to leave the profession.

Nursing is a caring profession, deeply rooted in ethics, yet studies have repeatedly described a culture that perpetuates intimidation and a notion that nurses eat their young (Meissner, 1986). Nursing organizations (Canadian Nurses Association, 2008; International Council of Nurses [ICN], 2006) set forth codes that govern the ethical behaviors of registered nurses, which include respectful mentorship of nursing students. If this code of ethics is in perpetual violation as a result of bullying behaviors, it is the professional and ethical responsibility of nurse educators to contribute to awareness, suggest possible strategies for resolution, and support facilitating change. The purpose of this study was threefold and included examining the state of bullying in nursing education in the practice setting, identifying

the types and frequencies of bullying behaviors experienced by nursing students, and identifying the sources of bullying behaviors in nursing education.

LITERATURE REVIEW

Although the phenomenon of bullying is decades old, only in recent years has it has been at the forefront of research. Bullying has been commonly associated with schoolyard settings and, more recently, places of work; however, bullying in the health care setting appears to be a growing concern. Acts of bullying have been referred to as *horizontal violence*, *relational aggression*, *incivility*, *mobbing*, *harassment*, and *interpersonal conflict*. Regardless of the label, all terms encompass negative and unwanted acts toward others.

It is well documented that horizontal and hierarchal aggression exists in the health care workplace internationally (McKenna, Poole, Smith, Coverdale, & Gale, 2003; Jackson, Clare, & Mannix, 2002; Kuehn, 2010). It is duly noted that nurses are at great risk of experiencing aggressive behavior by colleagues and physicians (Rowe & Sherlock, 2005). The rising prevalence of violence and abuse in health care workplace settings compromises quality of care and jeopardizes the self-esteem and the self-worth of health care providers (ICN, 2008). Although nurses are subject to aggression from patients and their families (May & Grubbs, 2002), they are more concerned about the aggression that occurs among their colleagues (Farrell, 2001).

Types and Frequencies of Bullying Behaviors

Although rates of incidence vary among studies, it is clear that bullying in nursing education exists and that the types of bullying behavior experienced by nursing students remain comparable across studies. In a qualitative study of Australian nursing students, 57% either witnessed or experienced horizontal violence (Curtis, Bowen, & Reid, 2007). The following themes were identified: humiliation and lack of respect, powerlessness and becoming invisible, the hierarchical nature of horizontal violence, coping strategies, and future employment choices. Similarly, Stevenson, Randle, and Grayling (2006) reported that 53% of nursing students surveyed indicated they had experienced negative interactions during their clinical placements.

Verbal abuse appears to be the most predominant form of bullying experienced by nurses and nursing students alike. In a survey of 156 third-year nursing students, Ferns and Meerabeau (2008) reported that 45.1% of respondents experienced verbal abuse. Foster, Mackie, and Barnett (2004) identified that 90% of nursing students (n = 36) reported experiencing some form of bullying during their clinical placement. Alarmingly, 100% of nursing students (N = 187) surveyed in a study investigating the state of abuse in nursing education in Turkey reported being yelled at or shouted at; were behaved toward in an inappropriate, nasty, rude or hostile way; or were belittled or humiliated. In addition, 74% had vicious rumors spread about them and 83.1%, (n = 187) reported experiencing academic abuse (e.g., being told negative remarks about becoming a nurse, assignment of responsibilities as punishment rather than for educational purposes, punishment with poor grades, or hostile treatment following an academic accomplishment) (Celik & Bayraktar, 2004). Supporting these results, a U.S. study revealed that 95.6% of fourth-year nursing students surveyed reported experiences of bullying behaviors. The most frequently reported behaviors perceived to be bullying included cursing or swearing (41.1%); inappropriate, nasty, rude, or hostile behaviors (41%); and belittling or humiliating behavior (32.7%) (McAdam Cooper, 2007).

Although Celik and Bayraktar (2004) found that third-year and fourth-year students reported higher incidences of verbal and academic abuse compared with first-year and second-year students in a New Zealand study of nursing students, the majority of nursing students who were bullied were in their first year (27.7%) and second year (61%) (Foster et al., 2004). In a U.S. study investigating nursing students' perceptions of bullying behaviors, nearly all categories of bullying behaviors, as identified on the research survey, were most frequently experienced by nursing students ranging in age from 18 to 24 years, which covered all 4 years of study. Conversely, Stevenson et al. (2006) reported that students older than 35 years were more frequently exposed to negative interactions.

Adverse Effects

The consequences to bullying are numerous and include frustration, anger, fear, and emotional hurt (O'Connell, Young, Brooks, Hutchings, & Lofthouse, 2000), feelings of powerlessness, decreased morale and productivity, an increase in errors (Sofield & Salmond, 2003) and symptoms associated with posttraumatic stress disorder (Rippon, 2000). As a result of the distressing nature of bullying, nurses have reported having to take days off from work (McKenna et al., 2002). Randle (2001) identified that nursing students exhibited signs of burnout, apathy, passive anger, and distancing themselves from colleagues and patients. Similarly, and across studies, nursing students have reported both psychological and physical reactions, such as feelings of helplessness, depression, fear, and guilt (Celik & Bayraktar, 2004); sleeplessness; anger; anxiety; worrying; stress; self-hatred; a decrease in confidence; and an increase in absence or sickness (Foster et al., 2004; Randle, 2001). Not only do nurses and nursing students experience the ill effects of bullying, but patients do too. In a survey of more than 2,000 health care providers, 7% reported they had been involved in a medication error as a result of intimidating behavior (Institute for Safe Medication Practices, 2004).

Retention

Threats to nurse retention have been reported in the literature. An Australian study found that a bullying culture was to blame for many nurses deciding to leave their organizations and some even to leave the profession altogether (Stevens, 2002). Similarly, studies investigating nursing students' intentions to leave nursing revealed that anywhere from 34% to nearly 70% of students who experienced bullying behaviors considered leaving the profession (Celik & Bayraktar, 2004; McKenna et al., 2002).

Sources of Bullying

Nursing students have reported being bullied by nurses, nursing aids, doctors, patients, faculty, and classmates. In a study

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involving 225 Turkish nursing students (Celik & Bayraktar, 2004), 100% of the participants reported they had experienced verbal abuse at the hands of classmates. Celik and Bayraktar also found that students were the primary source of academic abuse, with nurses (68.4%) cited as the second most frequent offenders of academic abuse, followed by nursing school faculty (63.1%), patients (55.6%), and physicians (47.6%). Similarly, in a study investigating nursing students' perceptions of bullying behaviors, other nursing students (i.e., classmates or peers) were identified as the most frequent source of 8 of the 12 bullying behaviors identified by the researcher (McAdam Cooper, 2007). Conversely, Foster et al. (2004) reported that nursing students identified nurses as being the largest source of bullying (88%). Ferns and Meerabeau (2008) reported patients (64.7%) to be the greatest perpetrators of verbal abuse against nursing students in a U.K. study, followed by health care workers (19.6%) and visitors or their relatives (15.7%). In a recent Italian study, teachers, doctors, and supervisors accounted for 76% of the nonphysical violence reported by nursing students (Magnavita & Heponiemi, 2011). Although there may not be consistency regarding the perpetrator of bullying behaviors, there appears to be no doubt that nursing students are experiencing bullying behavior. To gain a clearer understanding of bullying behaviors experienced by baccalaureate nursing students, the following research questions were addressed in the current study:

- What are the types, frequencies and sources of bullying behavior experienced by nursing students?
- What are the relationships between demographic characteristics and the frequency of bullying behaviors experienced by nursing students?
- Do experiences of bullying behaviors influence nursing students' intentions to leave their nursing program?

METHOD

This descriptive, quantitative study was undertaken to examine the types, frequencies, and sources of bullying behaviors experienced by nursing students while engaging in clinical education as part of their undergraduate nursing education.

Instrumentation

Few tools are identified in the literature that are used to measure bullying behaviors in the unique setting of nursing education. The survey tool used in this study was developed by Stevenson et al. (2006) for use in college nursing students in the United Kingdom. It comprises 25 statements associated with the phenomenon of bullying, on which students are asked to indicate behavior frequency based on a Likert- type scale ranging from *never* having experienced the bullying behavior to having experienced the bullying behavior *all the time*. For the purposes of this study, minimal modifications were made to improve clarity, reduce redundancy, improve conciseness, and reduce potential ambiguity of answers. For example, the question "I was unreasonably refused applications for leave or study days" was removed, as this item was not relevant to the nursing programs in the geographical area surveyed. The survey item "I was discriminated against on grounds of race/gender/disability" was divided into three separate questions to capture the three types of discriminatory behaviors individually. Items were added to the questionnaire to document the types and frequency of bullying behaviors, as well as the sources. A total bullying score was treated as a continuous variable and was calculated by assigning a score of 0 to an answer of *never*, 1 to an answer of *sometimes*, 2 to an answer of *frequently*, and 3 to an answer of *all the time*. Any score greater than 0, for purposes of this study, meant that the student had been bullied and was thus used as a dichotomous variable for nonparametric analysis. Internal consistency reliability analyses were computed for each subscale (i.e., for each type of perpetrator of bullying). Each subscale showed high internal reliability, with Cronbach's alpha coefficients ranging from 0.86 to 0.93. Specific Cronbach's alpha coefficients for each source of bullying were as follows: staff nurses (0.91), clinical instructors (0.93), classmates (0.88), physicians (0.86), patients or family members (0.87), other hospital staff (0.87), and preceptors (0.93).

Sample

Of a possible 1,162 students enrolled in the Bachelor of Science in Nursing program across four campuses, 674 nursing students participated in the study, generating a 58% response rate. The mean age of participants was 24 years ($\pm$5.85) and the majority identified themselves as Caucasian (n = 522) and female (83%) (**Table 1**). Some students chose not to identify either their gender, their current year of study, or their ethnicity; therefore, not all individual demographic categories sum 674.

Procedure

Approval from the university and college research ethics boards and program chairs was obtained prior to initiation of the research project. Students were offered two methods to participate: in class or online. Students were notified by university or college e-mail of the approaching study to be held during their regularly scheduled class time at the end of class or online. A brief explanation of the research study was provided in the e-mail, as well as prior to the administration of the questionnaire and online. If students chose to participate during class time, survey packages were distributed on the designated date to each participant by the investigator. If students chose to participate in the study online, instructions were posted on the Web site.

RESULTS

Descriptive data analysis was performed using SPSS® version 16 software. Data were screened and cleaned for missing data, normality, and outliers. Extreme univariate outliers across multiple variables were removed and included outliers from the total bullying score and composite bullying scores for sources of bullying. Descriptive information was reported by way of frequencies and percentages. Missing data comprised less than 5% and occurred completely at random.

Frequencies of Bullying Behaviors Experienced

Of 674 nursing students, 88.72% (n = 598) reported experiencing at least one act of bullying. According to year of study, 97.18% (n = 69) of fourth-year students, 94% (n = 141) of third-

TABLE 1

Participant Demographic Characteristics (*N* = 674)

Chararacteristic	No. of Students[a]	%
Gender		
Male	112	16.6
Female	558	82.79
Intersex	0	0.00
Transgender	1	0.15
Age (y)		
18-24	477	70.80
25-34	126	18.70
35-44	48	7.12
45 and older	23	3.41
Current year of study		
First	202	29.97
Second	250	37.09
Third	150	22.26
Fourth	71	10.53
Ethnicity		
Caucasian	522	77.45
Black/African/Caribbean	33	4.90
Latin/South American	9	1.34
East Asian/Chinese/Japanese	35	5.19
South Asian/Indian/Pakistani	26	3.86
Aboriginal/Métis/First Nations	6	0.89
Middle Eastern	19	2.82
Biracial/Multiracial	2	0.30
Other	16	2.37

[a] Some categories may not sum 674 because some students did not identify gender, year of study, or ethnicity.

year students, 92.4% (n = 231) of second-year students, and 77.23% (n = 156) of first-year nursing students reported having experienced at least one bullying behavior. Of the 112 male participants, 84.8% (n = 95) reported having experienced at least one bullying behavior. Of the 558 female participants, 89.2% (n = 498) reported having experienced at least one bullying behavior. Of those participants ranging in age from 18 to 24 years, 89.5% (n = 427) reported having experienced at least one bullying behavior. Among participants ranging in age from 25 to 34 years, 88.9% (n = 112) reported having experienced at least one bullying behavior; of those ranging in age from 35 to 44 years, 87.5% (n = 42) reported having experienced at least one bullying behavior; and of those participants aged 45 years and older, 82.6% (n = 19) reported having experienced at least one bullying behavior. There were no statistically significant differences in rates of reported bullying by year of study, gender, or age group.

Types of Bullying Behaviors Experienced

The most frequently reported bullying behavior experienced by nursing students was the undervaluing of their efforts (60.24%). Being subjected to negative remarks about becoming a nurse was reported by 45.25% (n = 305); 43.03% (n = 290) reported feeling that impossible expectations were set for them; 42.14% (n = 284) reported being treated with hostility; 41.84% (n = 282) reported being placed under undue pressure to produce work; 41.54% (n = 280) reported being frozen out, ignored, or excluded; and 40.36% (n = 272) reported being unjustly criticized. **Table 2** provides a detailed account of the types and frequencies of 26 individual bullying behaviors experienced by nursing students.

Across all years, the most reported bullying behavior was feeling that their efforts were undervalued (first-year students, 38.61%; second-year students, 67.2%; third-year students, 73%; fourth-year students, 69.01%). The second most frequently reported bullying behavior among first-year and third-year students was the setting of impossible expectations (30.2% and 58%, respectively). All years consistently reported being told negative remarks about becoming a nurse (first-year students, 25.74%; second-year students, 51.6%; third-year students, 56.67%; fourth-year students, 53.52%).

Sources of Bullying Behaviors

Significant differences were noted in overall level of bullying behaviors by source, χ^2 (6, N = 598) = 45.17, $p < 0.001$. Clinical instructors (30.22%) were identified as the greatest source of bullying behaviors in the practice setting, followed by staff nurses (25.49%). Closely reported were classmates and patients and their families, accounting for 15% and 14%, respectively, of the bullying behavior experienced by nursing students. Clinical instructors were identified as the most frequent perpetrators of undervaluing efforts (40.65%), placing undue pressure to produce work (35.01%), setting impossible expectations (33.68%), intimidation with disciplinary measures (24.63%), unjustly criticizing (24.63%), changing work expectations without notice (21.36%), threatening with a poor evaluation (21.22%), removing areas of responsibility without warning (9.05%), withholding necessary information purposefully (7.42%), and being treated poorly on grounds of disability (1.34%).

Nursing students identified staff nurses as the most frequent perpetrators of expressing negative remarks about becoming a nurse (29.67%); freezing out, ignoring, or excluding (27.89%); treating students with hostility (23%); displaying resentment (19.14%); attempting to belittle or undermine student work (18.5%); attempting to demoralize (11.42%); and withholding necessary information purposefully (7.42%). Classmates were identified as the most frequent perpetrators of making inappropriate jokes (15.13%), spreading rumors or making allegations (8.16%), treating poorly on grounds of race (3.26%), and teasing (22.4%). Patients and their family members were identified as the greatest perpetrators of verbal abuse (16.77%), physical violence threats (12.91%), treating poorly on grounds of gender (9.20%), and physical abuse (6.68%).

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Although physicians, other staff members, and preceptors were not the most frequently reported source of any single bullying behavior, physicians and other staff were most frequently reported to have undervalued students' efforts, ignored students, and made negative remarks about becoming a nurse. Preceptors, who are assigned to fourth-year nursing students only, were noted by 27% of the fourth-year students for undervaluing students' effort. An equal proportion of fourth-year students (21%) felt preceptors placed students under undue pressure to produce work and setting impossible expectations.

TABLE 2

Individual Bullying Behaviors Experienced by Nursing Students (*N* = 674)

Bullying Behavior	No.	%
I had threats of physical violence made against me.	106	15.73
I was intimidated with disciplinary measures.	216	32.05
I was threatened with a poor evaluation.	160	23.74
I felt that impossible expectations were set for me.	290	43.03
Inappropriate jokes were made about me.	176	26.11
Malicious rumors or allegations were spread about or against me.	83	12.31
I was unjustly criticized.	272	40.36
Necessary information was withheld from me purposefully.	102	15.13
Attempts were made to belittle or undermine my work.	239	35.46
I was treated poorly on grounds of race.	41	6.08
I was treated poorly on grounds of disability.	14	2.08
I was treated poorly on grounds of gender.	105	15.58
Expectations of my work were changed without me being told.	183	27.15
Areas of responsibility were removed from me without warning.	95	14.09
I was placed under undue pressure to produce work.	282	41.84
I was physically abused.	52	7.72
I was verbally abused.	221	32.79
I was treated with hostility.	284	42.14
Attempts were made to demoralize me.	139	20.62
I was teased.	225	33.38
I felt my efforts were undervalued.	406	60.24
I was humiliated in front of others.	234	34.72
I experienced resentment toward me.	242	35.91
I experienced destructive criticism.	241	35.76
I was frozen out, ignored, or excluded.	280	41.54
I was told negative remarks about becoming a nurse.	305	45.25

Intentions to Leave the Nursing Program

Mean total bullying scores were higher (29.21 ± 23.86) for those students who had considered leaving the nursing program than for those students who had not considered leaving the nursing program (13.11 ± 15.05, $p < 0.001$).

Total bullying scores, according to self-reported experiences of individual bullying behaviors, were recategorized into bullied (any bullying behavior experienced) and not bullied (no bullying behaviors experienced). No significant association was seen between being bullied or not bullied as a dichotomous variable based on total bullying scores and intentions to leave the nursing program (**Table 3**). A significant association was seen between being self-labeled as bullied or not bullied and intentions to leave the nursing program χ^2 $(1, N = 542) = 83.39$, $p < 0.001$ (**Table 4**). Among the 88 participants who said they had considered leaving the nursing program, 76.13% ($n = 67$) reported being bullied according to a self-labeling item. Among the participants who said they had not considered leaving the nursing program ($n = 454$), only 25.8% ($n = 117$) had reported being bullied and 74.2% ($n = 337$) had reported not being bullied.

DISCUSSION

The majority of nursing students (88.72%) surveyed in this study reported experiencing negative behaviors, otherwise recognized as bullying behaviors in the clinical setting. Although these results are consistent with other international studies, where approximately 90% of nursing students reported experiencing bullying behaviors in the clinical setting (Celik & Bayraktar, 2004; Foster et al., 2004; McAdam Cooper, 2007), they are much higher than a U.K. study that reported only 53% of students had experienced one or more negative interactions (Stevenson et al., 2006). Although caution must be taken in generalizing findings drawn from one geographical area, the large sample size and congruence with other research findings supports the credibility of the current findings.

Despite the fact that reporting of bullying behaviors did not differ significantly by year of study, fourth-year students tended, on average, to report the greatest amount of bullying behaviors, followed by third-year, second-year, and first-year students. This stands to reason, as fourth-year students have accrued the greatest amount of clinical experience overall and first-year students have spent only one semester in the clinical setting. However, what is alarming is that despite their minimal

TABLE 3

Prevalence of Nursing Students Considering Leaving the Nursing Program and Experiences of Bullying Behaviors Based on Total Bullying Scores

	Experiences of Bullying	No Experiences of Bullying	χ^2	*p*
Considered leaving the nursing program	83	5	3.27	0.071
Did not consider leaving the nursing program	398	56		

TABLE 4

Prevalence of Nursing Students Considering Leaving the Nursing Program Based on a Single Self-Labeling Bullying Item

	Self-Labeled Bullied	Self-Labeled Not Bullied	χ^2	*p*
Considered leaving the nursing program	67	21	83.39	< 0.001
Did not consider leaving the nursing program	117	337		

exposure to the clinical setting, 77% of these first-year nursing students have already reported experiences of bullying behaviors.

Fifty-two (7.7%) nursing students reported having been physically abused, and 87 students (12.91%) reported having been threatened with physical harm. Although the physical abuse of 52 (7.7%) nursing students is of concern, it is less than that reported in a 2005 Canadian study, in which 34% of nurses reported being physically abused by a patient (Shields & Wilkins, 2009). Nurses' experiences with bullying in the clinical setting has not changed much in the past 17 years. In a 1995 report, Boyd revealed that 60% of nurses experienced six or more assaults during a 5-year period, and 25% reported having experienced more than 100 or more assaults during the same 5-year period. Of the 52 students in the current study who reported experiencing physical abuse, 45 students experienced physical abuse at the hands of patients or their families. In a study examining violence in the emergency department, patients or their families accounted for 92% of the violence experienced by nurses (Lyneham, 2000).

Similarly, a study of nursing students in the United Kingdom (Stevenson et al., 2006), using a comparable questionnaire, revealed four common threads when comparing those behaviors most frequently reported from the current study and the U.K. study. Being frozen out or ignored, receiving negative criticism, being humiliated, and feeling undervalued were commonly reported as most frequently experienced behaviors between the two studies. Surprisingly, the current study reported that nursing students experienced more than six times the amount of threats of physical violence as did students in the U.K. study.

Bullying behaviors were further explored according to year of study. The most frequently reported behaviors across all years of study were being treated with hostility, feeling efforts were undervalued, and being told negative remarks about becoming a nurse. Particularly distressing is the fact that nursing students from year one to year four are frequently being subjected to harmful comments about the nursing profession. This, coupled with feeling undervalued and being treated with hostility throughout the duration of the nursing program, could make for a stressful learning environment.

Although both clinical instructors and staff nurses were identified as the greatest source of bullying behaviors, clinical instructors specifically displayed bullying behaviors that support an authoritative and evaluative position. These results support Baltimore's (2006) proposal that the root of bullying behavior in the nursing workplace is bred in the academic setting, where some nurse educators often sit in critical judgment of students, thereby satisfying a need for superiority. One nursing student in the current study commented that:

> Our clinical professor treated our group very unprofessionally. She would give us destructive criticism in an angry way in front of other nursing staff, patients and families. She would make fun of physical disabilities of a fellow student. She would call us names and demoralize us constantly.

It is well known that nurses are frustrated with their work environment, due in part to shortages of staff, increased workloads, the critical nature of their patients, and advances in technology (Lambert & Lambert, 2008). Based on the results of the current study, the addition of students to an existing stressful work environment may contribute to greater stress in the workplace and therefore compromise the clinical experience of nursing students. Students also reported being treated with hostility and resentment and being ignored and demoralized by staff nurses, suggesting an unwelcome clinical experience for nursing students. This feeling was reflected in the following comment made by a nursing student:

> In general staff nurses have no respect for nursing students, which makes it really hard in the clinical experience. They are extremely intimidating which at times turns me away from wanting to go to the clinical experience.

Patients and their families were identified as the greatest source of the more aggressive bullying behaviors, including verbal abuse, physical threats, and actual physical abuse. This finding is consistent with studies on violence in health care settings, where patients have been identified as the number one offender of both verbal and physical abuse (Duncan et al., 2001; Findorff, McGovern, Wall, Serverich, & Alexander, 2004; Gerberich et al., 2004; Hesketh et al., 2003; May & Grubbs, 2002). Although not entirely excusable, it stands to reason that patients,

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in particular, may become aggressive dependent upon their diagnosis and medical circumstances. One student in the current study commented that "patients with dementia were sometimes abusive." Family members have also been known to become aggressive when facing highly stressful situations in which the well-being of their loved ones is threatened. According to May and Grubbs (2002), nurses overlook assaults by patients who have a cognitive impairment or who are in drug withdrawal, causing nurses to endure what is known as a masked type of workplace violence that goes unnoticed by management, but may carry with it devastating effects on the health care provider (Danesh, Malvey, & Fottler, 2008). Physicians, other staff members, and preceptors were not identified as the most common source of any single bullying behavior, although they did contribute to the bullying of nursing students.

The results also demonstrate that students who experienced more bullying behaviors were more inclined to consider leaving the nursing program. In an article recounting the effects of bullying on retention, Sweet (2005) described how many nurses who have been bullied felt as though their only recourse was to leave. Although the reports of nursing students who considered leaving the nursing program in the current study are alarming (13.06%), they are far less than those cited in the study by Celik and Bayraktar (2004). In that study, 57.7% of nursing students had considered leaving the program as a result of verbal abuse, and 69.5% had considered leaving the nursing program because of academic abuse. It is well noted that recruitment and retention in nursing is a serious issue, placing an additional strain on an existing shortage of nurses (Registered Nurses Association of Ontario, 2009). Setting aside the ethical implications surrounding the experiences of bullying behaviors, for purposes of recruitment alone, nurse educators must consider strategies to diminish experiences of bullying behavior as an approach to alleviating the string of a current and future nursing shortage. If bullying behaviors persist in nursing education, the nursing workforce is in jeopardy of losing precious resources.

The data suggest that perceptions of having been bullied have a greater influence on intentions to leave the nursing program than do actual experiences of bullying behaviors. Lazarus and Folkman (1984) described a long-standing belief supported by several psychological theorists and researchers that the perception or interpretation of objects is significant in the formation of the subjective meaning of a situation.

RECOMMENDATIONS

Bullying is a multifaceted phenomenon that must be addressed at the interpersonal, organizational, and societal levels. Although behaviors of clinical instructors and staff nurses were perceived by students as bullying, anecdotally clinical instructors and staff nurses often identify their own interactions with students as "constructive criticism." These results demonstrate the need to further explore the unique relationship between clinical instructors, staff nurses, and nursing students.

Faculties of nursing must ensure that clinical instructors are equipped with the knowledge and skills to effectively interact with students in the clinical setting. Clinical instructors are typically experts in their clinical field and therefore may not be familiar with theories of teaching and learning in higher education and, more specifically, in the clinical setting. Clinical instructors must be able to provide helpful and ongoing feedback, evaluate student performance for purposes of building on and strengthening nursing knowledge and skill, and support and recognize students' efforts. Resources for effective communication and feedback and teaching and evaluation strategies may be useful for clinical instructors and should be encouraged within nursing faculties as a strategy for minimizing bullying. It is of utmost importance to examine the orientation and preparation of clinical instructors in assuming their role as educators in the clinical setting, prior to placing them in a position of authority and influence.

Institutions of higher learning have a responsibility for defining bullying and implementing policies and procedures that address this issue. Nurse educators are in a position to enforce a zero tolerance for bullying, whether it is at the hands of clinical instructors, staff nurses, patients, physicians, or classmates. Nurse educators have the ability to influence the content of nursing curriculum to include discussions about bullying and provide students with strategies for coping with negative experiences. Students must be aware of procedures for reporting experiences of bullying and be able to do so in a nonthreatening environment, where confidentiality is protected and support is provided for students experiencing distress as a result. Health care organizations have a responsibility in extending their nonviolent policies and procedures to include nursing students and making staff and visitors aware of this inclusion. Approaches to zero tolerance in health care settings and reporting policies must be communicated to nursing students during orientation to the hospital setting to promote the safety and well-being of nursing students.

Registered nurses have a moral, ethical, and legal obligation to support initiatives that foster the effective mentoring of students as they pursue clinical nursing education. Staff nurses have the opportunity to set exemplary models of behavior and practice and mentor novice nurses. They have an opportunity in the clinical setting to teach, inspire, encourage, and assist in the socialization of nursing students into their professional roles. Not only must staff nurses be held accountable in upholding their individual institution's policies surrounding workplace violence, but they must be held equally ethically accountable to a profession that prides itself on the caring and nurturing of human beings.

The development of a psychometric and standardized tool that measures bullying in nursing education is essential. A unified definition of bullying in the literature is nonexistent and therefore creates a challenge in measuring the phenomenon. Future research is required to establish what nursing students conceptualize as bullying behaviors and therefore constitutes bullying in the eye of nursing students.

CONCLUSION

It is not without great challenge that the nursing profession is faced with addressing the phenomenon of bullying, not only in the health care workplace but also in nursing education. The danger, to say the least, is to turn a blind eye, as Randle (2003)

has established that although students initially find bullying behaviors disturbing, they eventually come to recognize them as part of becoming a nurse and, consequently, a perpetual cycle of bullying is ripe for ongoing damage. The nursing profession must find a way to strive for a delicate balance between demanding excellence from nursing students because of the critical nature of their educational focus and doing so in a supportive, nonthreatening manner that supports the healthy growth and development of the future nursing force.

With caring as the central core of nursing, we, as nurses, choose to care about our patients, but not one another, and least of all those who aspire to become a part of this caring profession. It is within the nursing profession's capacity to take a public stand against the abuse of nursing students at the interpersonal, organizational, and societal levels. The nursing profession must regain strength and adopt strategies that assist in creating an improved nursing environment. After the cycle of bullying ceases, students will be afforded the opportunity to learn and develop in a supportive environment—one that fosters a culture of acceptance, patience, and understanding, rather than a culture that ultimately perpetuates the socialization of negative practices.

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