



## A 'rite of passage?': Bullying experiences of nursing students in Australia



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### ABSTRACT

**Background:** Bullying in nursing remains an unacceptable international phenomenon and one that is widely reported in the literature. Recently, reports of bullying and harassment of nursing students have been increasing.

**Aim:** This paper aims to describe bullying and harassment experienced by Australian nursing students while on clinical placement, as told by the participants.

**Methods:** As part of a larger study, 884 Australian baccalaureate nursing students were surveyed to identify the nature and extent of their experiences of bullying and/or harassment during clinical placement. Almost half of the students (430) provided open-ended comments. These textual data were explored using a content analysis approach.

**Findings:** The major themes derived from the analysis consisted of: *manifestations of bullying and harassment; the perpetrators, consequences and impacts*. Bullying behaviours included various forms of verbal, racial, physical and sexual abuse. Perpetrators of bullying included other nurses, medical professionals, administrative and support staff. Students reported anxiety, panic attacks, physical symptoms of distress and loss of confidence and self-esteem from their experience of bullying during clinical placement.

**Discussion:** Bullying in nursing is a widespread yet poorly understood phenomenon that impacts negatively on the learning experience of vulnerable nursing students, affecting them physically, mentally and emotionally. The potential implications of the bullying of nursing students on patient care reinforces the need for the culture of bullying that exists amongst the nursing profession to be addressed.

**Conclusion:** The findings of this research have implications for nursing educators and clinicians. Recommendations include ensuring adequate preparation of students, clinical instructors and registered nurses who work with students in the practice environment.

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### Summary of Relevance

#### Problem or Issue

Bullying is a recognised phenomenon in nursing. Nursing students are not immune to bullying and harassment while on clinical placement.

#### What is Already Known

Bullying is widespread and broadly reported in the international literature. Experiences of nursing students are less well explored however reports of bullying of this vulnerable group are increasing.

### What this Paper Adds

Exposure to bullying and harassment in the clinical environment has consequences for the wellbeing of nursing students and can negatively impact patient care. Both education providers and health services need to take responsibility for managing this perpetual problem.

### 1. Introduction

Undergraduate nursing programs include a combination of classroom work, simulation activities and professional experience (clinical) placements. Clinical placements are integral components of programs where students can immerse themselves in "real world" nursing practice. They experience firsthand the clinical work and culture of nursing in health care services. Nursing

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students completing their clinical placements are vulnerable to workplace stressors as a result of their position in the healthcare hierarchy, particularly given that they are not permanent employees of the organisations in which they are placed.

Many definitions of workplace bullying are cited in the literature. In the Australian context, a broadly accepted definition is that provided by the [Australian Human Rights Commission \(2013\)](#), who define workplace bullying as “verbal, physical, social or psychological abuse by your employer (or manager), another person or group of people at work”. In Australia, the incidence of bullying has risen to 6.8% ([Dollard et al., 2012](#)).

Bullying, incivility, vertical and horizontal violence are not new phenomena in the nursing profession. Nursing has long been known for its culture of bullying practices, often described as “eating our young” ([Meissner, 1986](#)). Nurses worldwide acknowledge uncivil behaviour as commonplace in the profession. Research clearly demonstrates high levels of nurses experiencing and witnessing bullying. The actual level of bullying is difficult to determine; various studies report the incidence of bullying to be as high as 72% in nursing, with other studies citing figures around 50% ([Berry, Gillespie, Gates, & Schafer, 2012](#); [Farrell & Shafiei, 2012](#); [Spector, Zhou, & Che, 2014](#)).

The consequence of bullying in the workplace includes negative effects on physical and mental health of the individual ([Bardacki & Gunusen, 2014](#); [D’Ambrá & Andrews, 2014](#)) leading to attrition from the nursing profession ([Weaver, 2013](#)). Bullying affects the person being bullied and their colleagues, contributing to workplace errors and concerns for patient safety ([Bennett & Sawatzky, 2013](#); [Etienne, 2014](#)) with nursing students reporting various feelings such as fear and embarrassment ([Tee, Üzar Özçetin, & Russell-Westhead, 2016](#)).

Reports of nursing students experiencing bullying have become prevalent more recently in the literature. An Australian study ([Hopkins, Fetherston, & Morrison, 2014](#)) of 153 second and third year baccalaureate nursing students reported over half (57%) had experienced some form of non-physical violence. About a third of second-year and 25% of third-year students had been victims of physical attacks such as being punched or kicked during their time on clinical placement. Disappointingly, the reports are unchanged over time and distance. In 2011, more than a third of Italian nursing students reported having been exposed to at least one episode of workplace violence ([Magnavita & Heponiemi, 2011](#)). A study from Egypt found that 38% of nursing students experienced a moderate degree of bullying ([Kassem, Elsayed, & Elsayed, 2015](#)). A similar incidence (42%) was recently reported by UK nursing students ([Tee et al., 2016](#)).

While the studies discussed here demonstrate the unchanging prevalence of bullying, little is known about the experiences of Australian students in the clinical setting, which is where a significant component of their baccalaureate program is undertaken. As part of a larger study investigating the nature and extent of bullying experienced by students on clinical placement, this paper aims to describe these experiences as told by the participants in their own words.

## 2. Methods

This study employed a cross-sectional survey that was delivered online via the Survey Monkey platform. All students enrolled in baccalaureate nursing degrees in Australia were eligible to participate in the study. Following approval from the university’s Human Research Ethics Committee, Heads of Schools of Nursing were contacted via the Council of Deans of Nursing and Midwifery and asked to disseminate the survey link to their students. Participation was voluntary and submission of the survey indicated consent for use

of the data. Participants could refuse to answer any or all of the questions.

The original survey tool was produced by [Hewett \(2010\)](#) who developed the instrument for her study of 218 undergraduate nursing students in South Africa. To ensure relevance to the local context, terminology used throughout the tool was adapted and a number of items were added. The revised instrument (*Student Experience of Bullying During Placement* (SEBDP) survey) ([Budden, Birks, Cant, Bagley, & Park, 2015](#)) consisted of 10 questions that sought demographic data, followed by a total of 83 items about experiences of bullying and/or harassment over 13 sections. Most questions used a frequency response scale of [1] ‘Never’ (0 times); [2] ‘Occasionally’ (1–2 times); [3] ‘Sometimes’ (3–5 times) and [4] ‘Often’ (>5 times). While the adapted version of the tool included an important early question asking whether students had been bullied or harassed, no actual definition of bullying or harassment was included in the survey to avoid leading respondents. Numerical and categorical data were analysed using inferential statistical tests. These findings have been presented elsewhere ([Budden et al., 2015](#)).

This paper reports on the textual data provided by participants throughout the survey and in response to a final question that asked whether they had any further comments to make about bullying and harassment of nursing students on clinical placement. Participants were given the option of adding these comments in order to clarify or illustrate their responses. These data were significantly greater than expected in terms of both quantity and richness. It was clear from the breadth and depth of these data that the students welcomed the opportunity to share their stories.

An inductive thematic analysis, employing an approach consistent with that described by [Jirojwong, Johnson, and Welch \(2014\)](#) was used to analyse the data. This process involved coding the qualitative clarifiers or comments provided during the survey and subsequently collapsing these into themes. This approach permitted a condensed and broad description of bullying and harassment in the clinical environment using the words of the participants. Thematic analysis facilitated categorisation of a large amount of textual data, distilling words into fewer content-related themes.

## 3. Findings

Of the 934 surveys returned, 398 contained a total of 430 comments that were included in the analysis. The majority of those who commented were female (88%) with a mean age of 29 years. Most were enrolled in baccalaureate nursing degrees, while 17 were enrolled in nursing-midwifery double degrees. Students across all Australian states and territories and from all year levels provided these comments. Almost half were from third year (43%). The majority (77%) were born in Australia and English was their first language (85%). Analysis of the data provided by these participants is presented under the major themes of: *manifestations of bullying and harassment; the perpetrators; consequences and impacts*.

### 3.1. Manifestations of bullying and harassment

The ways in which participants perceived bullying and harassment in the clinical workplace were diverse. Numerous responses were prefaced with a statement like “I’m not sure if this qualifies as bullying but...”. Free text descriptions of bullying and harassment on clinical placement ranged from experiences of verbal abuse in front of patients, other staff, or other students, through to being overtly rejected from the clinical team with blunt, distressing reminders of their inferiority in the workplace. Several participants provided harrowing examples of racial, physical and

sexual abuse whilst on clinical placement, either experienced first-hand or observed occurring to other students.

Participants provided vivid descriptions of being belittled and humiliated, primarily through verbal interactions with staff. Often-times, these accounts described being spoken to in such a way that the participant felt foolish and degraded, particularly when in front of others. Name-calling was highlighted as being particularly belittling. One third year student described being referred to as “*little girl*” rather than her name for the entire four-week placement by the Enrolled Nurse with whom she was buddied. Another participant observed a student being called:

*“stupid, incompetent, retarded . . . loser . . . The name calling and isolation made her leave the ward”* (third year student).

When verbal humiliation occurred in front of patients, however, the negative experience was magnified. One participant summed it up:

*“[When you are] spoken down to in front of patients, [it makes the] patient think you are incompetent”* (third year student).

Often the nature of the criticism directed at students was personal. Participants provided examples where they were ridiculed because of the size of their ears, their body shape and weight, their height, their age, and their introverted personality. One student described how she was targeted because of her appearance:

*“On my clinical placement, I was immediately judged by one staff member who continuously embarrassed me . . . They took an instant dislike to me [because of] my appearance and made comments stating I was a princess and spoilt. They treated other students and team members with . . . respect, however I did not receive any of this”* (second year student).

Disappointingly, students from non-English speaking backgrounds were described by participants as being particularly vulnerable to bullying and harassment in the clinical workplace. Participants suggested that students from other cultural backgrounds were frequently targets for bullies:

*“a few nurses made the comment that I was the only Australian student on the ward; the rest were international. The nurses would make comments [like] ‘they are useless’, ‘I wouldn’t want them as my nurse’, ‘you can’t even understand them’. I watched a nurse make [an international] student work so hard, [they] criticise[d] all the wrong [things he did and], didn’t praise him when he did good. He was 52 years old and told me he felt like crying and wasn’t going to come in the next day”* (third year student).

There were examples of racism experienced first-hand. This student noted:

*“I felt I was bullied and discriminated [against] because my first language is not English”* (second year student).

An indigenous student described being witness to racism against Indigenous patients:

*“I have often been exposed to racist remarks about Aboriginal and Torres Strait Islander people and patients while on placement . . . these racist comments have occurred in front of me in clinical handovers, in the tea rooms and during educational sessions, and in front of patients”* (third year student).

The bullying experienced by students was not confined to verbal abuse. Alarming, participants provided examples of physical harassment that included having items thrown at them, such as patient folders, keys, and intravenous fluid bags. One student described having a wheelchair intentionally rammed into her legs, whilst another admitted to being pushed “*in a teasing manner*” by

a facilitator. Several students described being poked, grabbed, and pinched while in the clinical environment, although the source of such behaviour was not always mentioned in the comments made.

Several students described distressing examples of sexual harassment whilst in the clinical environment, ranging from being ‘hit on’ and stalked by staff and having a preceptor inappropriately touching a student’s face and legs with their hands through to a harrowing account from a third year male student of an educator rubbing himself in an aroused state against him. Several students indicated that lewd sexual suggestions and conversations that occurred around them or directed towards them made their clinical experience particularly uncomfortable. Students also described being victims of homophobia and transphobia whilst on clinical placement. Another participant who indicated that they were openly gay was:

*“falsely accused of sexual harassment”* (first year student).

Further to the various examples of personal bullying, participants described examples of harassment in respect of their role as students. In these cases, students had to deal with being forced or intimidated to perform clinical skills or actions that they knew were beyond their scope of practice:

*“I was treated as a year 3 student even though they knew I wasn’t”* (first year student).

In some cases, students refused to perform the task and were “*berated for not doing them*” (third year student). Others reported doing the task, but were frightened and uncomfortable in doing so for fear of making a mistake.

In addition to the deliberate actions of others that they were subjected to, participants also described many examples of simply being excluded. Such examples included having doors intentionally shut in their faces and not being permitted to use the staff tea room. One student commented:

*“They told nursing students to have lunch elsewhere . . . they were the only ones who could sit in the tea room on the ward . . . [but] the cafeteria was very far from the ward”* (third year student).

Common examples of exclusion included students being made to feel as though they didn’t belong to the health care team. As one participant commented:

*“In one particular placement I continually got ignored, no one would answer me when asking for help . . . no one was helpful to me and all I wanted to do was go home and cry”* (second year student).

*“[the staff] mainly [ignored] me, like my opinions, ideas, and contributions did not count. . . . During break time, they never spoke to me even though I sat with them in the tea room”* (third year student).

Finally, the nature of bullying and harassment experienced by students was not always overt. Students also gave examples of passive-aggressive behaviour. Often this behaviour was subtle, such as eye rolling when the student asked a question, ignoring students’ requests for advice or help, talking about the students behind their backs, and making the students feel that they were not wanted on the ward. This student described her experience of not being wanted:

*“. . . as student nurse[s], we were looked down upon. Well that’s what it felt like. The nursing staff groaned when they heard they had students and so that whole first week [of] placement was horrible”* (first year student).

Another participant described being pressured by staff to go home:

*“because I wasn’t being useful”* (second year student).

### 3.2. The perpetrators

Students described being bullied or harassed at the hands of all manner of staff, from clinical nursing and medical professionals through to administrative and support staff, as well as by patients. However the majority of the accounts referred to experiences of bullying and harassment at the hands of other nurses.

Participants provided examples of what they described as ‘power trips’ in staff that are not normally in a position of power in a clinical environment. For example, Enrolled Nurses and Assistants in Nursing were described as being particularly officious in certain settings where there were fewer Registered Nurses, such as in aged care facilities. Some students thought that these team members worked hard to ensure that students were kept ‘in their place’ in the unspoken and informal hierarchy, that is, below them. For example, this participant recalled:

*“An EN at the facility I was placed at belittled me and told me she could have my job taken away if I stuffed up. She was quite rude and I had done nothing wrong”* (first year student).

There is an overwhelming sense in the data that those in a mentor or facilitator role should want to undertake this important responsibility. Students suggested that forcing nurses to take on students is a major contributor to their negative clinical experiences. Participants frequently described feeling that they were a burden and were acutely aware when they were not wanted in the clinical environment:

*“I had an RN refuse to work with me and avoid me the entire shift. Then the next time she was rostered on to work with me, she went home sick”* (third year student).

One student described a similar example where staff limited how much clinical activity they let the student do as a means of expression of their displeasure at having students:

*“The nurse I was working with told me I will only do ADLs and no clinical activity. I felt [this] was a bit unfair because I was actually there to learn. . . . when I suggested to the nurse that I needed to know about medications etc, she started yelling at me. Later she reported me to my facilitator that I am not listening to [her] directions. I could hear her laughing with the other nurses while she left me to do all the work. I really felt bullied”* (third year student).

Unfortunately the data provided by participants suggests that nursing students believed that experiencing incivility was an unavoidable aspect of their educational preparation for their chosen profession. A third year student indicated that bullying and harassment in the clinical environment was thought of as a “rite of passage and students enter placement expecting it”. This participant provided an insightful comment about the phenomenon:

*“it is a serious issue, more of the bullying occurs from registered nurses, a profession where we are meant to care for one another. They are eating their young and wonder why people want to quit nursing. They forget they were just like us once”* (third year student).

### 3.3. Consequences and impacts

Bullying and harassment is not a victimless offence. Data provided in this research suggested that the consequences were immense and the impact on the student was ongoing. These narrative responses were disturbing in their descriptions of impact on the individual’s self-esteem, confidence, and mental health. In extreme cases, students described feeling suicidal and wanting to

inflict self-harm in order to avoid going back to the clinical environment. These were exhibited across the spectrum of first, second and third year students. Numerous others described suffering from panic attacks, anxiety attacks, stress-related chest pain, altered sleep patterns, and physical illness as a result of the bullying and harassment they received on clinical placement. One student noted that it:

*“lowered [my] self-esteem and confidence about [my] clinical skills”* (first year student).

While for this participant bullying:

*“made me feel powerless, lose confidence and self-esteem, shatter [my] self-worth, [and] become depressed”* (second year student).

Numerous participants implied that they had questioned being part of the nursing profession as a consequence of what they have witnessed. Indeed, observations and experiences of being bullied or harassed while on clinical placement made many participants question whether this was, in fact, a profession that they wanted to belong to:

*“I don’t see the point in continuing in a profession where there is so much risk to my health, physically or psychologically”* (third year student).

Of note, participants held universities accountable for preparing them for clinical placements, not just clinically but also psychologically. In order to thrive and survive experiences of bullying and harassment, student responses consistently insisted that universities must play a large role in developing student resilience. One participant suggested that:

*“students need to be given wording to use in situations of harassment and/or bullying. [For example, how should we say] that behaviour is not acceptable [or] this is what I have been taught which may be different to what you were taught, but that doesn’t mean it is wrong”* (first year student).

Unquestionably, bullying and harassment took a toll on the majority of individuals who experienced it. Nursing students were particularly vulnerable in both the clinical and university sector, because they saw themselves in a position of limited power:

*“[we are] too scared to say something as they all stick up for each other and your word doesn’t count [because] we are just students”* (third year student).

Students felt that they could not speak up or lodge a complaint about being the victim of bullying or harassment because it would have jeopardised their successful completion of the placement, and have significant consequences, such as academic failure, financial costs of repeating subjects or placement, and negative impact on their self-esteem and self-worth. Participants suggested that they were reluctant to report incidents of bullying and harassment for a number of reasons:

*“there is a fear surrounding . . . being able to speak up and report bullying or unfair treatment during placement. Most students I have witnessed (including myself) do not want [to] report incidents as they don’t want any drama to affect their grades or cause . . . trouble. [We] choose to put up with the behaviour because we . . . just wanted the placement to be over and done with. Putting up with [it] seems to be easier than turning it into an ‘issue’”* (third year student).

One participant reported standing up to a bully that was targeting all the students on her ward:

*“I was threatened that I wouldn’t get a job in that hospital. Her words were ‘I report to the higher powers of hiring for your grad year’”* (third year student).

Others indicated that reporting the incidents of bullying and harassment only exacerbated the behaviour.

Numerous students suggested that they did not feel supported to report bullying and harassment to their universities because they did not want to cause any issues between the universities and the hospitals. Students expressed concerns that the university staff might not believe the situation was as bad as the student reported, or might instantly take the side of the clinical facility over the student. One participant commented that students:

*“who did report incidents to the university [were] just told there were never enough spots to place students so it is best just to take it on the chin”* (third year student).

One student suggested that universities were not approachable or accepting of reports of bullying and harassment:

*“Last semester, I did approach someone from the university and . . . got told to figure it out myself and it’s all part of the job and the learning experience of being on placement. . . . it’s not worth reporting [it] to anyone at the . . . university because they don’t want to deal with it”* (first year student).

An encouraging theme that arose in numerous participant responses is the notion that having been a victim of bullying or harassment and experienced the distressing effects, they would not perpetuate the behaviour when they became registered nurses and have their own students to mentor:

*“I am making it my duty as a registered nurse to never forget how it felt as a student that was bullied on placement. I have had students in my EN job and I make sure that they know that I am there to help them learn; not to be nasty or make them feel stupid. I was shocked that nurses – [supposedly] such a caring profession – could be so ruthless towards students. I think bullying in nursing really needs to stop”* (third year student).

#### 4. Discussion

Bullying in nursing is a well-known yet poorly understood international phenomenon which continues to flourish in spite of the anti-bullying policies and procedures in place in organisations. The situation is exacerbated by the lack of consensus on what constitutes bullying behaviour (Australian Education Union, 2012). Comments by participants in this study suggest that how students understand bullying and harassment is diverse, a possible consequence of the lack of clarity around what is deemed to be bullying and harassment.

For the nursing student, the clinical setting is unquestionably an overwhelming environment. It is an opportunity for them to practice and hone their clinical skills while at the same time developing habits and behaviours that will help to shape them into a competent health care professional in the context of real-world time pressures and resource restraints. The comments made by respondents in this study have shown that nursing students are experiencing an additional burden that permeates these important opportunities in their professional development, findings that echo those of earlier work (Bowllan, 2015; Smith, Gillespie, Brown, & Grubb, 2016).

For the participants in this study, bullying and harassment are very real. The findings show that the participants experienced being subjected to various forms and degrees of verbal, racial, physical and sexual abuse. In a recent study, Smith et al. (2016) cited similar examples of bullying behaviours, although these were primarily non-physical. That study also described students being exposed to

non-verbal behaviours such as eye-rolling that reflect the passive-aggressiveness experienced by participants in the current study. While all forms of bullying are concerning, reports of violations of personal safety described by participants in this research raise questions about the nature of the contemporary clinical environment that enables such a culture to continue to exist.

Antecedents for the causes of bullying in nursing have been related to “job characteristics”, “quality of interpersonal relationships”, “leadership styles”, and “organisational culture” (Trepanier, Fernet, Austin, & Boudrias, 2016, p. 85). The increased workloads and shortage of nurses is creating distress for staff that is then projected and experienced by students (Birks, Budden, Park, & Bagley, 2014). This situation is coupled with the issue of increasing cost of providing healthcare services at a time when many countries are continuing to reduce their health expenditure. Such conditions in the contemporary healthcare setting may go some way to explaining why bullying persists (Smith et al., 2016).

As the largest population of health professionals in the clinical environment, nurses are particularly susceptible to these stressors. Recent work identifies nurses and clinical facilitators as the main perpetrators of bullying (Clarke, Kane, Rajacich, & Lafreniere, 2012; Tee et al., 2016), reflecting the comments of participants in this study. A perception of bullying as a being ‘part of the job’ contributes significantly to the problem. One participant described being bullied as a ‘rite of passage’, a theme identified by Smith et al. (2016) in examining the ‘rationale’ for bullying of nursing students.

The vulnerabilities inherent in the student role sees them naturally questioning their competence as developing professionals. Participants in this study have described how being exposed to incivility in its various forms can serve to exacerbate their sense of self-doubt, impact on their self-esteem, self-confidence, self-worth, and sense of place in the profession. The physical and psychological consequences of being bullied include headaches, disturbed sleep, depression, anxiety and poor quality of life overall (Australian Nursing and Midwifery Federation, 2015). These effects cannot be ignored given the personal and professional costs and the potential negative impact on patient care (Bowllan, 2015).

Of concern for educators is the exacerbation of vulnerability felt by participants in this study who believed that they were not prepared and supported by their universities. Comments by these participants would suggest that universities are failing in their obligation to prepare students both clinically and psychologically for placement. Participants in Smith et al.’s (2016) study specifically identified the need for students to be educated and prepared for exposure to bullying, and provided with appropriate support should it occur. The need for an appropriate faculty response was identified by those students, as it was by the participants in this study. The failure to report may well result from students’ belief that nothing will be done should they make a complaint (Birks et al., 2014), a perception shared by participants in the findings discussed above. The underreporting of these experiences minimises the nature and extent of the problem and prevents the identification and development of strategies to prevent and manage bullying and harassment of nursing students.

##### 4.1. Limitations and recommendations

The limitations of this study relate to the self-reported and subjective nature of the data gathering process. It is possible that only those students who had negative experiences felt compelled to provide comments on the topic of this study. Positive experiences of clinical placement were not invited from students in this research and thus the findings reflect the experience of those who were bullied, along with all its sequelae. Nonetheless the data are indica-

tive of the breadth and nature of the unacceptable phenomenon of bullying and harassment of nursing students.

The recommendations arising from this work relate to the need to prepare students for bullying in all its manifestations, to ensure that perpetrators are aware of and accountable for their actions, and to recognise and manage the consequences of the behaviour. The following recommendations are drawn from previous work (Birks et al., 2014; Clarke et al., 2012; Gillespie, Brown, Grubb, Shay, & Montoya, 2015; Tee et al., 2016) and aim to prevent and appropriately manage incivility experienced by nursing students:

- Educators must be adequately prepared for teaching in the clinical environment, including having awareness of the manifestations and impact of bullying, and strategies to prevent and manage occurrences;
- Students must be instilled with skills to identify and respond appropriately to bullying in the clinical environment, including having clear guidelines for reporting incidents of bullying experienced by themselves and others;
- Nurses in the workplace must embrace their responsibilities in respect of educating the next generation of nurses;
- Universities and health services must work together to develop and implement policies that reinforce a zero tolerance towards bullying of any member of the health professions, with particular provisions to protect those who are most vulnerable.

## 5. Conclusion

This study has revealed that bullying and harassment are an ugly reality for many undergraduate nursing students in the clinical environment. The very nature of workplace learning is inherently stressful without the need to manage threats of a personal, psychological, or emotional nature. It is human nature to thrive when one feels safe, and to flee when one does not. The nursing profession needs this new generation of students. The risk to a profession that tolerates bullying and harassment is that its members will choose to walk away from the profession entirely.

Nurse leaders, nurse educators and placement providers have an obligation to provide students with the best possible learning experience that is safe and free from negative and unacceptable behaviour. These students are our profession's future leaders. In time, they will have a key role in shaping the profession and its culture for generations to come. Whilst recognising the limitations that come from a self-reporting survey method, we are confident that these results are significant enough to raise real concerns about the workplace culture our nursing students are entering.

It is fitting that the final word be given to a mature age student who so eloquently sums up the situation:

*Bullying is endemic in nursing; it's written into the way nurses cope with their workload and the attitude they take to their peers. At such a subtle level, it's not recognised as bullying – this practical and no-nonsense attitude – but it's an obfuscation of their own hurt and caring and leaves the recipient feeling dead (second year student).*

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