

Vertical Violence Among Faculty Nursing Students Experienced in Health Care Settings During Their Clinical Learning.

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Abstract

Background: Nursing students are exposed to violence in health care setting during their clinical training.

Aim: The study aims to investigate to vertical violence encountered by the nursing students throughout their clinical learning in health care settings.

Design: descriptive study was utilized

Setting: This study was conducted at nursing college and allied health sciences, Jazan University, KSA.

Subjects: The sample of convenience consisted of 95 students from 3rd and 4th grade.

Tools: The following instruments were utilized: 1) Characteristics of student nurses and their violence sheet; 2) Negative Acts Questionnaire; and The Bullying Student Nurse Questionnaire.

Findings nearly half of the studied nursing students were encountered to violence during their clinic course for two to three times due to their lack of effective communication skills. With high frequency of exposure to negative acts as assignments, task, work or rotation responsibilities made for punishment rather than educational purposes, threats of violence or physical abuse or actual abuse and being ignored and excluded or socially isolated. Also; with high frequency of exposure to bullying behaviors as threats of physical violence, inappropriate jokes were made about me and teased. However, there were not significant correlation between assignments, task, threats of physical violence and academic achievements of the participants.

Recommendations: The nursing students must be prepared efficiently before they attend clinical environment. Beside, continuous presence & supervision, of clinical instructors, where support and positive reinforcement is provided for the nursing students in a nonthreatening clinical environment.

Key Words: Vertical Violence, Nursing Student .Clinical Learning.

I. Introduction

Violence is a phenomenon that is prevalent in the nursing profession. Research has revealed a variety of negative peer-to-peer behaviors that lower morale and lead to turnover. Violence occurring between individuals with unequal power, such as staff nurse and student nurse. (1) For many years in nursing, a negative phrase has been his circulated throughout literature to indicate that while we care for patients, we may not care for our new colleagues. This phrase indicates that nursing eats their young. (2) The nursing students that will be our future in health care by staff nurses already in practice. This denotes a pattern of behavior from higher level of functioning to a lower level which indicates vertical violence. (3)

Nurse – to- nurse horizontal violence includes deliberate, unwanted or unwarranted behavior bestowed by one nurse coworker towards another with the intent to hurt, manipulate, degrade, sabotage, or isolate. Recent studies indicate that nurse –to- nurse violence is widespread. In a survey at a large medical center 65% of respondents reported that they frequently observed lateral violence between among coworkers. (4)

Vertical violence is as any act of violence such as yelling, snide comments, with holding, pertinent information, and rude ignoring and humiliating behaviors which transcends between two or more persons on different levels of the hierarchical systems and prohibits professional performance or satisfaction in the work environment. Also vertical violence can include any type of negative behavior used by a person in a superior position that somehow causes feeling of degradation in another person that is in an inferior position in the organizational hierarchical chain. (5, 6)

Violence behaviors can be an obvious act or a covert act, such as denying requests or overloading assignments. Student’s nurses who are exposed to vertical violence may experience physical and psychological effects. Feeling of self-doubt, inadequacies’, depression, increased stress and anger can surface in the victim after just one received violent behavior. (7)

Nursing students are not exempt from these negative behaviors, during their clinical placements, students are at increased risk for experiencing vertical violence from staff nurses .This can include any number

of negative behaviors that may be a detriment to a student's learning, student nurses feel powerless at the bottom of the hierarchical chain. (8)

Nurse leaders must be aware of violent behaviors and take a chief position in leading the efforts to reduce the incidence of vertical violence.

Transformational leadership theory is one such theory that can promote higher levels of moral and ethical behaviors in followers as well as functioning and an individual desire to succeed for staff and organization therefore if nursing leadership is positive, it is believed that this theory can assist student nurses as well as neophyte nurses in the development of positive professional identity. (9)

Vertical violence is a term used to describe the way a senior colleague behaves toward a subordinate. In the clinical setting, many trainee nurses and new graduate nurses may feel embarrassed, intimidated, and humiliated by their teachers, doctors, or more senior colleagues. (10)

Significance of the study:

Violence in health care institutions is a common problem in the world. Vertical violence encountered by the students throughout their training in health care settings is a significant concern as it negatively affects the quality of learning & academic performance and causes the students to have a negative perception of nursing as a profession. The common point of studies on violence against health care workers is that violence in the health field is more than other work places and it is less taken into account. The incidence of violent episodes is now recognized as a major health priority by the World Health Organization, the International Council of Nurses, and Public Services International. Nonetheless, workplace violence toward nurses has continued to rise (11). Therefore, it is a professional and ethical responsibility to be aware and facilitate change to stop the cycle of violence in order to improve the students' educational experience prior to entering a workforce in which violence has been well documented. For that reason; it is important to investigate vertical violence that is experienced by the nursing students throughout their clinical training.

Aim of the study: is to investigate vertical violence encountered by the nursing students throughout their clinical learning in health care settings.

Research question:

The primary research question for this study was: Are the nursing students perceive and experience vertical violence in health care settings during their clinical learning?

II. Subjects And Methods

A. Study design: A descriptive study was utilized to conduct this study,

B. Participants & Settings: The data of the study were obtained from (95) participated undergraduate nursing students of 3rd and 4th grades whereas, the first and second grade students are not included in the scope of the study because they have not started to gain clinical experience yet.

The inclusion criteria for the participants were:

- They had to be willing to participate in the study
- There was no age limitation

Tools of data collection:

Three different tools were used for the purpose of data collection: These include a Characteristics of student nurses and their violence sheet; Negative Acts Questionnaire and The Bullying Student Nurse Questionnaire.

1- **Characteristics of student nurses and their violence sheet:** It was developed by researchers and includes the characteristics of the student nurses as academic year, academic average, period of training, place of training and type of hospital. In addition to characteristics of student nurses' violence encounters as frequency of exposure to violence during their clinic course, person who inflicting violence, reasons for subjecting to violence.

2-**Negative Acts Questionnaire:** To identify vertical violence among students nurses throughout clinic course training, we used a short version of the Negative Acts Questionnaire that adapted according to the earlier studies on bullying against nursing students particularly those conducted by (12,13). The scale consists of thirteen items referring to personal related bullying (e.g., being shouted, spreading gossip, socially isolated), work related bullying (e.g., unmanageable workloads, hostility after or failure to acknowledge significant clinical or academic accomplishment), and physical intimidating forms of bullying (e.g., threats of violence or physical abuse, intimidating behavior such as finger pointing). The scale which had already been translated and validated in previous studies. (13, 14) and the Cronbach alpha coefficient of the scale in this study was > 0.80. Therefore, it is accepted that a short version of the Negative Acts Questionnaire as reliable and used it in statistical

analyses. The respondents are asked how often they have been exposed to the specific behavior with response categories are “Not frequently”, “Frequently”, “High frequently”.

3-The Bullying Student Nurse Questionnaire, developed by (15).was used to investigate student nurses' experiences of violence. It comprises 26 statements associated with the phenomenon of bullying, on which students are asked to indicate behavior frequency. The respondents are asked how often they have been exposed to the specific behavior with response categories are “Not frequently”, “Frequently”, “High frequently”.

Ethical considerations:

The purpose of the study was explained to each student and oral consent to participate in the study was obtained from them. Confidentiality and anonymity of participants; as well as their right to withdraw from the research at any time were ensured. Data was collected through self-administered questionnaires that were distributed among the subjects at clinical settings to encourage full students' participation. The questionnaires took approximately from 15 to 20 minutes/student. The data was collected for a period of 4 months started from the February to May 2016 .

III. Results

First section: Characteristics of the studied participants and their violence encounters.

Figure (1) Distribution of the students in academic year

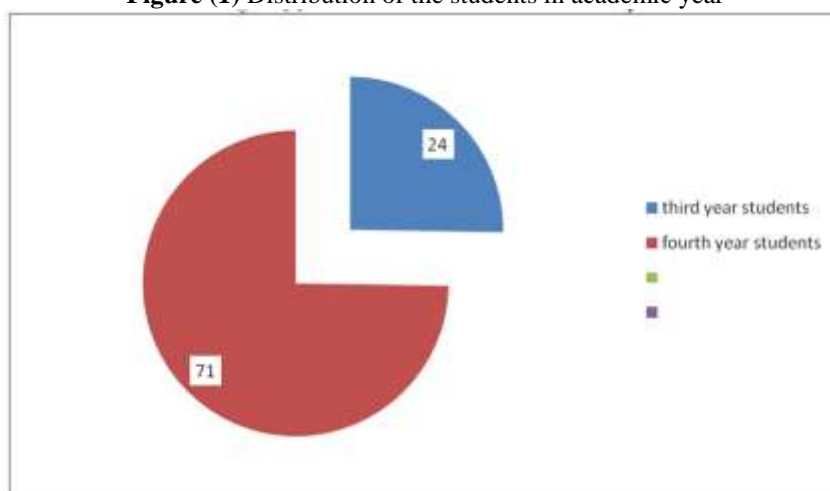


Figure (1) indicated that the studied students were at the fourth grade 71% and 24% were at the third grade.

Figure (2) Academic average of students

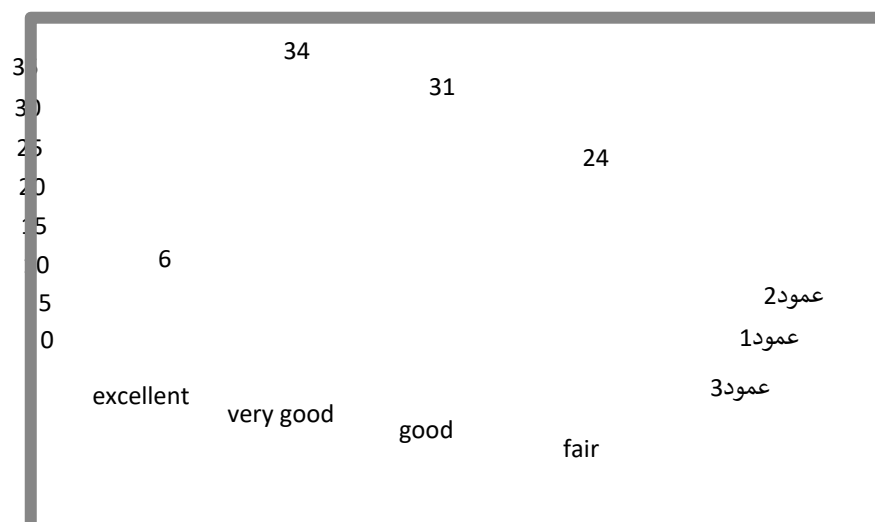
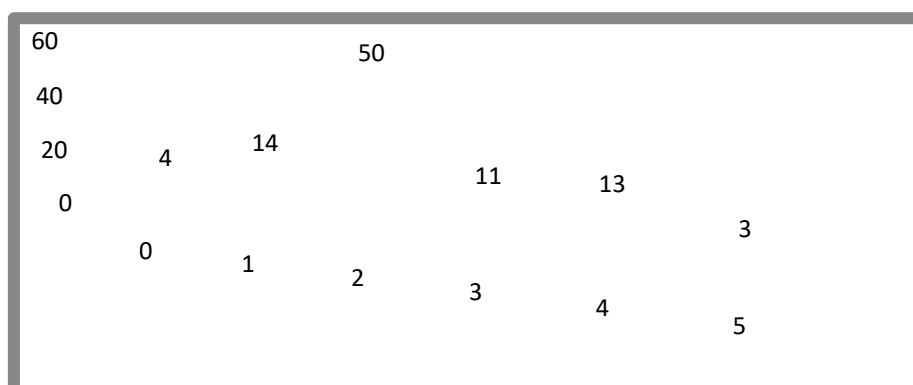


Figure (2) Showed that the academic average of students were between very good and good 34% and 31% respectively while 24% of them were fair.

Figure (3) training period in months



Regarding training periods of students, it was found from Figure (3) 50% of them the period was two months while 14% and 13% were trained one to four months respectively.

Table (1) Characteristics of studied nurses student’s for violence encounter during their clinic course work

Characteristics	Study subjects (N= 95)	
	No	%
Place of training		
Emergency department	6	6.3
Medical surgical departments	27	28.4
Pediatric unit	55	57.9
ICU	7	7.4
Type of hospital		
Governmental	29	30.5
Private	66	69.5
Frequency of exposure to violence during the period of training		
once	3	3.1
Twice.	43	45.3
Three times	43	45.3
Four times or more	6	6.3
Mean ±DS	1.55±0.66	
Person who inflecting violence		
Clinical instructor	3	3.2
Nurse.	26	27.4
Physician	54	56.8
Others	12	12.6
Reason for subjected to violence		
Lack of confidence in nursing student from the patient, patient’s family and clinical staff.	10	10.5
Nursing student’s lack of effective communication skills with others.	50	52.6
Nursing student’s lack of knowledge and skills in care giving.	25	26.3
Being negatively affected by media	5	5.3
Lack of sufficient time allocated to the patient	5	5.3

Table (1) shows that; 57.9% of students were trained in Pediatric unit in private hospitals .While the frequency of exposure to violence during the period of training were two to three times 45.3%.In addition the person who inflecting violence were physician 56.8% while the reason for subjected to violence was nursing student’s lack of effective communication skills with others 52.6%.

Second section: Frequency of exposures to negative acts as experienced by the studied student nurses.

Table (2): Distribution of studied nurses student’s according to their frequency of exposures to negative acts.

Reported Negative Acts	Nursing students (N= 95)						Chi-square	p-value
	Not frequent		Frequent		Highly frequent			
	No.	%	No.	%	No.	%		
1-Being shouted at or being the target of spontaneous anger (or rage)	83	87.4	12	12.6	0	0	48.5	.000**
2-Inappropriate, nasty, rude or hostile behavior	85	89.5	10	10.5	0	0	18.6	.000**
3-Belittling or humiliating behavior	77	81.1	8	8.4	10	10.5	88.3	.000**

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4-Spreading of gossip and rumors about you	90	94.7	5	5.3	0	0	101.8	.000**
5-Cursing and swearing	90	94.7	5	5.3	0	0	56.5	.000**
6-Negative and disparaging remarks about nursing's profession	95	100	0	0	0	0	1.7	.43
7-Assignments, task, work or rotation responsibilities made for punishment rather than educational purposes	26	27.4	3	3.2	66	69.5	6.9	.032*
8-Given a bad grade as a punishment	85	89.5	4	4.2	6	6.3	108.9	.000**
9-Hostility after or failure to acknowledge significant clinical, research or academic accomplishment	40	42.1	19	20	36	37.9	10.7	.030*
10-Threats of violence or physical abuse or actual abuse	28	29.4	7	7.4	60	63.2	27.2	.000**
11-Being ignored and excluded or socially isolated	24	25.3	14	14.7	57	60	25.2	.000**
12-Unmanageable workloads or unrealistic deadlines	64	67.4	12	12.6	19	20	98.7	.000**
13-Intimidating behavior such as finger-pointing, invasion of personal space, shoving, blocking/barring the way	25	26.3	38	40	32	33.7	38.7	.000**

** Significant at p<0.001

* Significant at p<0.05

Table (2) shows that the negative acts as experienced by the students' nurses

Were highly frequent to subtitle item assignments, task, work or rotation responsibilities made for punishment rather than educational purposes, threats of violence or physical abuse or actual abuse and being ignored and excluded or socially isolated were 69.5%, 63.2% and 60% respectively. While 100% were not frequent to subtitle negative and disparaging remarks about nursing's profession.

Third section: Frequency of exposure to bullying behaviors as experienced by the studied student nurses.

Table (3) a. Distribution of studied student nurses according to their frequency of exposures to Bullying Behaviors

	Bullying Behaviors	Nursing students (N= 95)						Chi-square	p- value
		Not frequent		Frequent		Highly frequent			
		No.	%	No.	%	No.	%		
1	Threats of physical violence	26	27.4	33	34.7	36	37.9	26.4	.000**
2	Intimidated with disciplinary measures	49	51.6	34	35.8	12	12.6	11.9	.007
3	Threatened with a poor evaluation	70	73.7	11	11.6	14	14.7	49.4	.000**
4	Impossible expectations were set for me	80	84.2	9	9.5	6	6.3	91.8	.000**
5	Inappropriate jokes were made about me	46	48.5	14	14.7	35	36.8	4.4	.35
6	Malicious rumors were spread about me	62	65.2	22	23.2	11	11.6	46.6	.000**
7	Unjustly criticized	70	73.7	19	20	6	6.3	56.9	.000**
8	Information was withheld from me purposefully	90	94.7	3	3.2	2	2.1	103.4	.000**
9	Attempts were made to be little/undermine my work	49	51.6	34	35.8	12	12.6	10.8	.013*
10	Treated poorly on grounds of race	76	80	19	20	0	0	16.7	.000**
11	Treated poorly on grounds of disability	56	58.9	39	41.1	0	0	4.8	0.09
12	Treated poorly on grounds of gender	36	37.9	35	36.8	24	25.3	2800	.247
13	Expectation of work were changed without notice	49	51.6	38	40	8	8.4	30.2	.000**

Table (3) b. Distribution of studied student nurses according to their frequency of exposures to Bullying Behaviors

	Bullying Behaviors	Nursing students (N= 95)						Chi-square	p- value
		Not frequent		Frequent		Highly frequent			
		No.	%	No.	%	No.	%		
14	Responsibilities were removed without warning	48	50.6	33	34.7	14	14.7	8.9	0.030*
15	Placed under undue pressure to produce work	34	35.8	46	48.4	15	15.8	36.3	.000**
16	Physically abused	91	95.8	4	4.2	0	0	39.8	.000**
17	Verbally abused	18	18.9	59	62.2	18	18.9	35.4	.000**
18	Treated with hostility	83	87.4	12	12.6	0	0	20.2	.000**
19	Attempts were made to demoralize me	68	71.5	20	21.1	7	7.4	29.7	.000**
20	Teased	37	38.9	34	35.8	24	25.3	10.3	.016*
21	Efforts were undervalued	75	78.9	8	8.5	12	12.6	35.7	.000**
22	Humiliated in front of others	45	47.4	38	40	12	12.6	23.5	.000**
23	Resentment towards me	67	70.5	25	26.3	3	3.2	32284	.000**
24	Destructive criticism	46	48.5	31	32.6	18	18.9	5.7	.124
25	Frozen out/ignored	44	46.4	35	36.8	16	16.8	12870	.002
26	Negative remarks about becoming a nurse	67	70.5	17	17.9	11	11.6	19.02	.000**

Table (3) (a and b) shows that the bullying behaviors experienced by the students nurses were highly frequent to subtitle item as threats of physical violence, inappropriate jokes were made about me and teased were 37.9%, 36.8% and 25.3% respectively. While 95.8% were not frequent to subtitle physically abused.

Fourth section: Correlations between Assignments, task, Threats of physical violence and Academic achievements

Table (4) Correlations between Assignments, task, Threats of physical violence and Academic achievements

Item	Academic achievements	
	R	P
Assignments, task, work or rotation responsibilities made for punishment rather than educational purposes	2.227	.898
Threats of physical violence	15.375	.222

Table (4) Correlations between assignments, task, Threats of physical violence and Academic achievements were not significant.

IV. Discussion

Because today's students are tomorrow's colleagues, conversations regarding how to address bullying should include specific aspects of nursing academia and the preparation of new nurses (16). In this regard, several studies that involving nursing students found that bullying and harassment at nursing education is an important problem and that such bullying behaviors have detrimental effects. And (17, 18). Also it is quoted that nursing students have the highest risk of experiencing aggression because of inexperience, frequent ward changes and the challenge of meeting new environments (19). Although The World Health Organizations, the International Council of Nurses, and Public Services International recognize the incidence of violent episodes as a major health priority, the number of nurses affected by this problem still continues to rise (20, 11).

This descriptive study was conducted at nursing college and allied health sciences, Jazan University and aimed to investigate vertical violence encountered by the nursing students throughout their clinical learning in health care settings. The present study revealed that slightly more than half of the studied participants were trained in diagnostic units in private hospitals. Slightly less than half of these participants exposed to violence from two to three times during their period of clinical training. This is explained by the assumption that, the nursing students have the highest risk of experiencing aggression because of inexperience, frequent ward changes and the challenge of meeting new environments (21). This finding is also supported by (22) who mentioned that the prevalence of subjects reporting at least one upsetting episode of physical or verbal violence during their lifetime activity in clinical settings was 43% in nurses and 34% in nursing students. The rate is even lower compared with the rate reported by (1) 85.2% of participants had been subjected to at least one kind of violence. On the contrast; the study that conducted by (23) revealed that high percent of students 66% never exposure to threats of violence or physical abuse or actual abuse. The result of present study is in agreement of the findings of previous Turkish study of (24) which found that 50.3% of the students were subjected to violence in the clinical settings. In this regard, many nursing researchers maintained that inappropriate and unprofessional behaviors in nursing are common and widespread across all clinical settings and in many healthcare environments (25). Regarding reason for violence, about half of the studied participants were subjected due to their lack of effective communication skills with others. This is quite expected because of the nursing students are particularly vulnerable when entering this kind of workplace, they are often younger, have less clinical and life experience, fewer acquired coping skills, minimal power in the environment's hierarchy (26) .and are unfamiliar with the environment and its standards (27).

Concerning the person who inflicting violence; about half of the participants reported that the doctors were most often responsible for the violence as perceived by them. This is explained that student nurses face a greater likelihood of exposure to violence from patients and visitors. On the other hand, they are also exposed to experiencing and perceiving on-the-job abuse from other healthcare workers (11). Within the same context, in study of Workplace Violence against Nursing Students and Nurses: An Italian Experience done by (10). found that nurses were prevalently exposed to "external" violence, that is, physical or verbal violence from patients or their relatives and friends (94% and 71%, respectively), while students often reported both verbal and physical violence from colleagues, staff, and others, who included teachers, doctors, and supervisors. "Internal" violence accounted for 41% of physical and 76% of non- physical assaults against students. Moreover, the study result is in agreement with (23) who mentioned that nearly less than half of student exposure to Negative and disparaging remarks about nursing's profession by physician. This may due to increase load on nurses, physician in the hospital and faculty employees also miscommunication between them. Also (28) found that primarily physicians, then patients, and patients' families were responsible for most of the verbal abuse towards nurses. Moreover, in a British study, around 35% of students reported having been bullied; and around one in four of the 1,000 students questioned said they had been bullied by a doctor, while one in six had been bullied by a nurse (27).

The finding of this study clarified that the negative acts as experienced by the students' nurses were highly frequent to subtitles related to item assignments, task, work or rotation responsibilities made for punishment rather than educational purposes, threats of violence or physical abuse or actual abuse and being ignored and excluded or socially isolated were 69.5%, 63.2% and 60% respectively. It can be explained nursing students reported that work related bullying was the most annoying problem for them it is possible that students in general do not understand assignments, workload and deadlines as a consequence of the learning environment. This is in constant with (29). as in their finding were work related bullying (e.g., assignments, task or rotation responsibilities made for punishment rather than educational purposes) was the most frequently encountered type of bullying behaviors, 34.80% in total, followed by personal related bullying (e.g., being shouted, spreading gossip, socially isolated), 23.22 % in total. While, in contrast to the current study result, only very small amount of respondents (only 2.43 %) reported physical intimidating forms of bullying (e.g., threats of violence or physical abuse, intimidating behavior such as finger pointing). This is in accordance with the study result of (23) who found that high percent of students 66% never exposure to threats of violence or physical abuse or actual abuse. Meanwhile, the studied participants were not frequent exposed to negative and disparaging remarks about nursing's profession. And, this result is in contrast with also result of the study done by (23). who reported that high percent 43% of students always exposure to behavior of Negative and disparaging remarks about nursing's profession. Moreover (29) .found that; one of most common bullying behaviors reported by the studied participants was "negative and disparaging remarks about nursing's profession" (11.85 %).

The finding of the study showed that the bullying behaviors experienced by the students' nurses were highly frequent to subtitle item as threats of physical violence, inappropriate jokes were made about me and teased were 37.9%, 36.8% and 25.3% respectively. Conversely (15). found that the least frequent negative behavior selected by the students was the threat of actual physical violence which was reported by 2.5% of the sample. Additionally (30). pointed out that 87 students (12.91%) reported having been threatened with physical harm. Within the context, the study done by (31). concluded that; one of the most frequently reported bullying behaviors by second year students was being teased (82.6 %). Meanwhile, 95.8% were not frequent to subtitle physically abused. This is in agreement with the study done by (31).who, mentioned that the least reported bullying behaviors were: treated poorly on grounds of disability (1.3 %); then equal percentage for both treated poorly on grounds of race, and physically abused (1.8 %) each.

The result of this study indicated that the correlations between assignments, task, Threats of physical violence and Academic achievements were not significant. It can be explained that; this finding could be related to about half of studied participants trained for about two months ,three fourth of them were at the fourth grade in addition to majority of them also had academic average ranged between good to very good. For these reasons; most of the studied participants can deal efficiently with academic work during their clinic course with ability to confront most issues in spite of encountering to threat of physical violence, assignments, task, work or rotation responsibilities made for punishment rather than educational purposes. This finding is in agreement with a study of 433 Danish manufacturing employees which found no association between exposure to bullying behaviors and self-efficacy (32). Whereas, self-efficacy can be improved by individual success in achieving the desired outcomes, seeing others achieve success by inspirational speeches, and by declining the outcomes, being encouraged, thankful and motivated anxiety level (33,34). Thus, when students involve themselves in academic tasks, internal and external opinions lead to either an increase or decrease in self-efficacy. Meanwhile, this finding disagreed with (35) who found that there was a significance relationship between bullying behavior and general self-efficacy among the studied nursing students. In this regard, (36) added that, bullying makes new nurses feel invisible, incompetent, and inferior and suppresses their initiative and innovation. Moreover, (23) founded that, more than half of students who experienced bullying behaviors occasionally exposed to diminishing performance, becoming forgetful, losing confidence and decreasing their concentration.

V. Conclusion

Results of this study indicate that nearly half of the studied nursing students were encountered to violence during their clinic course for two to three times due to their lack of effective communication skills. With high frequency of exposure to negative acts as assignments, task, work or rotation responsibilities made for punishment rather than educational purposes, threats of violence or physical abuse or actual abuse and being ignored and excluded or socially isolated. Also; with high frequency of exposure to bullying behaviors as threats of physical violence, inappropriate jokes were made about me and teased. However, there were not significant correlation between assignments, task, threats of physical violence and academic achievements of the participants.

VI. Recommendation

The current study recommends that nursing students must be prepared before they attend clinical environment to empower them with effective communication skills to deal with common issues and respond professionally with negative encounters. In addition to, continuous presence & supervision, of clinical instructors, where support and positive reinforcement is provided for the nursing students in a nonthreatening clinical environment.

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