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Full Length Research Paper

Nursing Students' Experiences of Work Place Violence During Clinical Placements: A Qualitative Study

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Horizontal Violence (HV) is a growing concern among health care Professionals, unfortunately the nursing students are considered as victims of work place violence during their clinical placements. This may lead to negative effect of learning process and may change the students perception about the profession. This study is conducted to explore bullying behaviors experienced by nursing students at one of the female governmental universities in Saudi Arabia, including the sources, types, consequences, and strategies to manage bullying behaviors. A focus groups qualitative design is utilized, semi structured interviews with a purposively sampled student participants is done. The findings indicate that the manifestation of the violent incidents experienced by students are ignorance and neglect, discouraging and negative criticism, prohibiting learning opportunity, cursing and insults, public humiliation, and had a requests for private phone calls. In conclusion bullying behaviors negatively affect process of learning and the most effective way to reduce the impact of Horizontal violence is to prevent its occurrence. Action plans should be developed in faculties to intervene and to prevent HV. It is also recommended that students are given directions for bullying situations prior to clinical training.

Keywords: Horizontal violence, harassment, bullying, clinical placements, nursing students

INTRODUCTION

Workplace violence is definitely a worldwide problem disturbing the nature of health care system. Moreover, health care professionals have a high risk of being attacked at work therefore, workplace violence experienced by nurses has received increasing universal attention (Weisbrod, 2007). Horizontal violence (HV) is a practice of workplace violence, it is word that describes bullying and aggression involving inter-group conflict. HV which is also called lateral violence is a term used to describe uncivil behaviors between coworkers of similar status, such as staff nurses, in the workplace. According to McKenna et al. (2003) HV usually takes the form of psychological harassment and physical violence. It includes many behaviors such as being neglected and

ignored, being denied access to learning opportunities, being subjected to verbal and written threats through to physical intimidation and unwanted touching (McKenna et al., 2003). One more study has identified excessive criticism, intimidation, making excessive demands, laughter, inequitable roster practices, rumors mongering and blocking opportunity for promotion (Jackson et al., 2002). It is a phenomenon that is not limited to the nursing profession.

Many sources of bullying against nurses mentioned in literature include patients, patients' relatives, peers, faculty, and other professional groups (Lyneham, 2000). Nurses in clinical areas are recognized to encounter HV and threats, including direct physical assault originating

from patients and relatives as well as from other professional health care workers and other nurses (Jackson et al., 2002). Nurse to nurse violence appears to be suffered to a much higher level in nursing compared with other professions (Stevens, 1998). McKenna et al. (2003) showed that in HV events, the person involved was someone senior such as a charge nurse, supervisor, etc.

Randle (2003) indicated that the HV in fact begins during nursing education. In a study 34% of new graduates reported facing verbal statements made by other nurses that were 'rude, abusive, humiliating or involved unjust criticism' (McKenna et al., 2003). Work place bullying is a serious problem for educational and other work places; it has existed for decades in nursing and in clinical settings, where nursing students share that same hazardous nursing environment; it is vital to discover if they too are the victims of bullying; as it appears to be a growing concern as nurse retention and recruitment become crucial factors in sustaining health care system (Clark et al., 2012). 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 (Luparell, 2011). And From a purely economic perspective it is important to retain students who have completed a substantial part of their training and it is vital that new graduates continue to work in the nursing profession.

Nursing students enter the clinical setting with the expectation that they will be integrating the skills and knowledge that they have gained and applying them in a real clinical areas. In the clinical placements the nurses play a critical role in their education through helping them to implement tasks and acting as a role model. Positive behavior has an empowering and confidence enhancing effect on the student (Bowman et al., 1986; Chesser-Smyth, 2005). Yet, a demonstration of behaviors which are revealing of HV can have a dual impact: 1) the behavior leaves the nursing student questioning their choice of career causing them to disengage from the clinical placements; 2) there is the risk that the nursing student will perceive that horizontal violence is an accepted part of nursing culture (Boychuk and Morgan, 2004). According to Dellasega (2009) Nursing students when entering of workplace for the purpose of clinical training are mostly exposed to HV because they are often younger, have less clinical and life experience, fewer acquired coping skills, minimal power in the environment's hierarchy. For the purpose of this study, the terms bullying, harassment, and HV are used interchangeably. Verbal bullying has appeared as unjustified negative criticizing (Sandelin, 2007), humiliating in front of staff and patients (Lash et al., 2006; Curtis et al., 2007; Thomas and Burk, 2009), belittling students' knowledge and skills (Lash et al., 2006; Hoel et al., 2007; Longo, 2007), and mean remarks concerning

their appearance, actions, and training (Lash et al., 2006; Curtis et al., 2007; Thomas and Burk, 2009). Verbal bullying has also consisted of unfounded accusations towards students due to a mistake (Thomas and Burk, 2009), spreading rumors, shouting, swearing, and threatening with physical violence (Celik and Bayraktar, 2004).

Non-verbal bullying has appeared as avoiding eye contact with students (Thomas and Burk, 2009), ignoring them (Curtis et al., 2007), and terminating their work (Thomas and Burk, 2009). In addition, staff members have tried to disturb or prevent students from completing tasks assigned to them (Lash et al., 2006; Sandelin, 2007). Students have also received unreasonable amounts of tasks (Lash et al., 2006), they have been given too much responsibility considering their skills (Curtis et al., 2007; Thomas and Burk, 2009), and they have been given assignments that have been too demanding of them without sufficient guidance (Curtis et al., 2007; Sandelin, 2007).

According to several studies, students have watched staff members bullying other students (Curtis et al., 2007; Longo, 2007; Ferns and Meerabeau, 2008; Gillen et al., 2009), each other (Gillen et al., 2009), and patients (Randle, 2003). According to Curtis et al. (2007) bullying has caused distress for both the targeted students and the students witnessing bullying, also bullying has caused psychological and physical symptoms in students, as well as negative effects on students' learning and professional engagement.

Randle (2003) conducted a 3-year qualitative study of 39 nursing students in Britain, exploring how clinical experiences influenced development of self-esteem. Students not only witnessed patients being bullied by staff nurses, but they themselves were also recipients of hostile acts. Negative clinical experiences were distressful and adversely influenced the students' feelings about themselves and their chosen profession. In New Zealand (2003) a study showed that students felt disempowered, insulted, and marginalized by negative staff nurse behavior (McKenna et al., 2003). In other study done on American students Forty-seven seniors in a baccalaureate program responded to a survey. The most frequently reported behavior was "being put down by a staff nurse." (Longo J., 2007). In Finland, health care employees represent one of the highest proportions of employees who have experienced bullying (Official Statistics of Finland, 2008). Similarly to health care staff, health care students are also at risk of being exposed to bullying in clinical training. Bullying does not only have negative consequences on the climate and occupational well-being of a working community (Quine, 2001; McKenna et al., 2003; Duddle and Boughton, 2007; Simons, 2008), but also on students' learning (Lash et al., 2006; Thomas and Burk, 2009) and professional engagement (Curtis et al., 2007; Sandelin, 2007).

In many studies, the effects of clinical training

experiences on students' self-esteem are commonly conveyed. As Randle (2003) argued that social interaction has the potential to either build up or damage one's self-esteem. It also seems that good self-esteem can be considered both essential for students' learning (James and Chapman, 2009) and an outcome resulting from positive learning experiences (Bradbury-Jones et al., 2010). The impact of students' self-esteem on their learning during clinical training has also been investigated in previous studies. According to James and Chapman (2009) students' self-esteem appears to relate to their experience of becoming oriented with the clinical environment and the patients, good self-esteem also enables students to ask questions, to search for learning opportunities, and to participate in caring procedures. In addition, students' confidence, their motivation to learn, and their career decisions can be influenced by their experiences of belongingness in the clinical training (Levett-Jones and Lathlean, 2007; Levett-Jones et al., 2009). Students have also suffered from psychosomatic symptoms such as sleeping disorders, tiredness, appetite changes, headache, and cardiac symptoms (Lash et al., 2006). Previous studies, as mentioned above, have explored the manifestation and consequences of bullying experienced by nursing students. Although students seem to share their bullying experiences most often with persons closest to them, clinical instructors and teachers share a key role in intervening and preventing bullying.

Since few studies worldwide demonstrated the existence of bullying in workplace, where nursing students carry out a major part of their nursing education. Further, few studies were identified nursing student as a victim, or mentioned educational considerations. Consequently, very little was known about the nursing students' experience of workplace violence and bullying. These gaps made it difficult to know how to prepare the nursing student from an educational perspective for the possibility of becoming a victim. And as long as nursing students share the same nursing environment with professional nurses, it is vital to discover if they too are the victims of HV or bullying. It is a professional and ethical responsibility of the nursing faculties to be aware and facilitate change to stop the of bullying; in order to improve the students' educational experience earlier to entering a workforce.

Nationally, little attention has been given to exploring the occurrence and effects of HV on Saudi nursing students, although a few studies have been conducted in other countries. Also previous studies do not reveal actions that have possibly been taken by faculties of health care and clinical training sites to deal with bullying situations. So it seems to be a gap of information concerning actions that have possibly been taken by faculties of health care in order to prepare for bullying incidents in advance as well as supporting students in coping with bullying. In this study the researcher attempts to make a support to the body of knowledge in

this issue. Therefore, this qualitative phenomenological study main purpose was to explore bullying behaviors experienced by nursing students at one of the female governmental universities in Saudi Arabia, including the source of HV, types of uncivil behaviors, consequences, and strategies to manage HV. This study will provide faculties of nursing with information on bullying for development of intervention and prevention strategies, and for supporting students in coping with bullying experiences.

The research questions were as follows:

- 1) What are the sources of HV behaviors experienced by students in clinical training placements?
- 2) What are the manifestation of HV behaviors experienced by students in clinical training placements?
- 3) What are the consequences has HV had on the students?
- 4) What kind of strategies do students use, receive, and suggest, to manage HV experience?

Ethical considerations

Ethics approval was obtained from the University faculty of nursing Ethics Committee. Issues of confidentiality and participation choice were explained verbally and in an accompanying informed consent. The informed consent included a description of the study, the role of participants, rights to choose not to participate and right to withdraw without penalty, and investigator contact information. Participants were given the chance to ask questions at the time of recruitment and on the day of interview. The anonymity of students was ensured.

Sample and Setting

The study was conducted at a female governmental university in Saudi Arabia, Riyadh. The participants were female nursing students and the criteria for inclusion were the following: (1) a study place third-year student and above, and (2) bullying experiences or witnessed in clinical training during the ongoing studies. A focus group of 20 participants was engaged in the study to understanding the essence of experiences about a phenomenon. The use of phenomenological methodology allowed the researcher to develop answers for the questions posed in order to accomplish the specific aims of the study. The students were invited to participate in the study by the researcher in the class rooms, 40 students volunteered to participate, the researcher then mix the code numbers of each participants in order to randomly select 20 participants from the total pool of purposive sample. The researcher separate the participant in to 2 homogenous groups with 10 students assigned randomly to each group. Homogeneity facilitates group cohesiveness and permitted an open

and active discussion in the focus groups (Stewart and Shamdasani 1990). Students were provided with a general definition of HV at the beginning of the focus group interviews.

Data collection

In a phenomenological study, the process of collecting information involves in depth interviews (Creswell, 1998; Moustakas, 1994). At the beginning of interviews participants were given a chance to ask questions and clarification from this researcher. Informed consent was obtained prior to beginning the paper and pen recording (Journal note) interview, the interviewed were not audiotaped because the country have special restricted culture in regards to this type of documentation. Participants were also reminded before starting the taped interview that they could request to stop the interview at anytime, without any consequences, if they feel uncomfortable. Journal notes describing the context of the meeting, verbal answers, non verbal expressions, and personal impressions were made by this researcher cognitively during the interviewing process. This was necessary to ensure the interaction could be recalled, both subjectively and objectively, when conducting the data analysis. The researcher give the participants time as they needed to openly express their experiences of workplace violence and bullying, thus providing a dense description. A researcher allowed for a period of debriefing and also offering a time for reflection. It is possible that during the time that follows, more reflection may occur and the person might want to tell more or add more about their experience (Munhall, 1984).

Data analysis

To analyze data, this researcher used Colaizzi's (1978) seven-step method. Frequently used by other phenomenological studies, this model allows the researcher a method to capture meaning in:

1. Read all descriptions (protocols) given by participants, become familiarized with the content.
2. Extract significant statements pertaining to the phenomenon under study.
3. Formulate meaning for each significant statements.
4. Organize the formulated meanings into clusters of themes
5. Draw a summary of themes.
6. Draw an exhaustive description of the topic investigated based on the results
7. Return to each participant with the final statement and ask for validation of Findings.

RESULTS

Sample Characteristics (Focus groups)

All the participants in the focus group discussions were female nursing students with (100%) being aged over 20 years. The majority of the participants in the focus groups had no prior nursing experience or had gained employment as an assistant in nursing subsequent to the commencement of the program. Participants were generally enrolled in the full time nursing program. (80%) of the participants from third year and the remaining from fourth year. (90 %) of the participants personally experienced HV in clinical placements, and the other (10 %) were witnesses of HV.

Sources of horizontal violence

The main sources of HV that the participants had experienced in the clinical placements divided in to 3 categories; 1) Patients and their families: including the patients, families, relatives, and friends. 2) nurses: including senior nurses, nurses incharge, head nurses, and supervisors. 3) healthcare professionals: including physicians, health technicians, and administrative staff. 4) clinical instructors: including preceptors, and university teaching assistants.

Manifestation of HV behaviors

The qualitative analysis led to the emergence of six themes from the focus group data.

Ignorance and neglect

This theme emerged from all focus group discussions where students described the difficulties experienced by one of non-verbal uncivil behaviors, which is the act of neglecting and ignorance that include also avoiding eye contact and letting alone in the unit when they are training in the clinical placements, one of the students said:

I talked to nurse that I am eager to observe her with the patients and help with any procedures she would do but she didn't respond, I don't think she even made eye contact with me, and she seemed upset by my presence.

Another student said:

I was assigned to a specific nurse to follow

around the unit throughout the day. She was constantly trying to pretend that she is busy to answer my questions, or even looking at me, I felt like she was purposely ignoring me. I was very disappointed about the nurse I had been assigned to.

Many participants mentioned in their experience being left alone approximately all the shift in the unit specially by the clinical instructors and preceptors, one of the student said:

Left alone in the unit was common by my clinical instructor, I feel sometimes that she forget me, and try not to be available to offer guidance. She was very dismissive to me throughout the day, but one incident in particular is what really angered me when I searched her to find out if I can participate in medication administration in the unit, and she responded by saying, I will come soon, but she never showed up.

Belittling and Public humiliation

Public condemnation and humiliation created the most shameless form of harassment. Among the verb used in the stories were: "shouted" . Examples of the participants stories follow:

The instructor shouted on me in front of my colleagues and the patient to whom I was delivering care. She wanted me to prepare the case for final exam, and really I did except I forget to take a look in patient medication kardex, when I had no further time. She came and started the exam and when she asked me about the medication I told her I couldn't get them, she accused me for not wanting to do it. I found it discouraging since it was only my she singled me out in the hallway among many others to inform me of my mistake. After that, I pretty much stayed out of her sight. I guess she was able to use her authority, and I hoped it made her feel better.

Insult and cursing

Many participants mentioned situations where they faced with immoral insults and sworn at. One of the students said:

Me and my colleague were setting in the nursing room looking at the our assigned patients' files after taking permission from the preceptor. Suddenly the nurse in-charge came to the room and started shouting and saying are you stupid

how could you take the files , we told her that we took permission but she didn't listen and repeatedly saying stupid lazy students.

Another participants reported:

When I was in a patient room and his son was also present, I asked the patient some question to test his orientation and cognitive level, the patients son said are you "stupid"....?, asking these questions, I tried immediately clarifying for him the reasons for asking this question about he didn't give a chance and start shouting at me.

prohibit learning opportunity

It was unfortunate that some student experienced by nurses who were denied the opportunity to learn during their placement in clinical training.

One of the students expressed:

One day when the head nurse of the unit asked the nurses to be my tutor , all of them get angry I tried to escape from the task, she get upset and delegated the task to one of the senior nurses. At that time the nurse barely talked to me or even look to me, I follow her like her shadow and asked her all the time how can I help you, and she said watch only, and one time I told her really I want to help you in procedure, she replied there are no procedure now and go to break. When I went to a break my instructor came and asked about me, the same nurse told her that I don't like to work and I asked her for a break all the time. Here I got shocked.

Discouragement and negative criticize

All the participants agree on this behavior which include discouraging them by the nurses, and health care workers form being nurses or continuing their academic education in this field, and harshly criticizing them of entering this field in the first place.

One student said:

I was assigned to a senior nurse in the unit , and when I met her first thing in the morning , I said good morning, she didn't answer me and instead of that she said: " can I ask you a question?" why did you enter this program, don't you know that nursing is difficult, hard and annoying profession, and you have to do a very awful and filthy procedure?.

Another student said:

I went to one old patient to change the intravenous fluid for him. And while I am working I found that the intravenous line need to be changed so I bring one and tried to change it when I hold the patient hand to remove the old one from the canulla, he said how could you touch a male , don't your family raise you on morals, and how they let you to study nursing and go through different shifts. I think you are immoral girl so you can tolerate this kind of job.

Had a request for private phone calls

Some participants mentioned that they experienced with requests to exchange phone numbers to do private calls and this behavior well known in Saudi culture as forbidden.

One of the participants reported:

An employee from the administrative department in the hospital came to me in the unit and asked me freely to exchange phone numbers, I told him why do you want my number...! of course I can't and don't want to exchange numbers. He told me why are you mad , who you think you are, you are just a nurse.....!

Consequences of HV

Horizontal violence and harassment in clinical placements caused the students negative psychological and negative learning and professional values. Psychological symptoms included anger, reality shock, low self-confidence, powerlessness, feeling of inferiority, sadness and crying episodes, anxiety, and fear:

"when the nurse shout on me I felt very angry , at the same time I could not answer her, and I start crying, and when I arrive home after training day I started crying and telling my mother what happened".
"because the nurse called me stupid, I felt embarrassed, and this lowered my self confidence".

The negative consequences of HV on students' learning and profession included losing motivation towards learning, learning was not meaningful, negative ideas toward the profession, uncertainty towards their career choice, negative labeling of all unit staff, or even an all hospital based on one harassment experience, increase the absents, discouraged to involve in any procedure or communication with anybody, refuse to return to same

unit again or deal with same person who involved in that behavior:

"I got a negative impression of the entire unit and hospital."

"I was not able to learn because I was afraid to ask questions of my preceptor."

"I felt incompetent. Whatever I did, it was always wrong and stupid of doing that ."

"I felt afraid of the patient so to the end of the clinical training period, I didn't even have the courage to deal with male patients."

"My readiness to continue the training in the unit and learn more reduced considerably, and I tried to stay in nursing room almost all the time."

"I started to feel like I never want to work in this profession."

Strategies used, received, suggested to cope with HV

Almost all student in focus groups shared the same strategies used or to cope with HV experiences included: sharing their harassing experiences with their colleagues, family members, friends during the clinical training period. few students shared their experience with their teacher during or after the clinical training, and the number of students who shared their experience with a clinical preceptors was even fewer. Factors contributing to HV experiences included the need to deal with the situation, and readiness to help in resolving the problem.

"I talked to my colleague, and told her what happened so she can come with me to patient room, because I was afraid of dealing with male patients."

Some of them also wanted to share their experiences with a teacher that it may lead As they stated: *"to an interference and that same incidents would not occur with me or my colleague in the future."*

Some students received help by a teacher: *"she went to the patient and talk to him, clarify that I am student and my role in to take history and that doesn't mean I am stupid."*

Some students tried actually to defend themselves because they felt that proving harassment would be difficult, and may lead to scandal. many students did not receive help despite sharing their experiences and have been advised not provoke the situation or tell the teacher because this might affect the students marks. Students reported situations where they received no sympathy from their teachers and preceptors after sharing their experiences, or some colleagues, teachers, and preceptors under estimated the situation without taking any actions toward the situation.

Two students appears to develop a perception that what happened of HV situation was normal and that the approach of nurses or patients in normal and in future they should not feel harassing form this kind of actions.

The students in focus groups suggested many strategies that can be used to overcome, deal, and cope with HV experiences including: 1) HV in clinical training should be addressed at faculty prior to a training period; 2) some directions given to the students included information about bullying intervention, information about students' right to defend themselves against harassment, guiding students how to act in such situations, and actions that should be taken by teachers and faculty to manage HV situations; 3) Clinical site orientation to staff, preceptors and unit staff; 4) Prepare, organize, and assign preceptor to each students before starting the clinical training; 5) guide the students and orient them to the daily routine of the unit.

DISCUSSION

Previous literatures as well as this study revealed that the occurrence of HV, bullying, and harassment in the health care work place is a well-recognized problem and the risk of being exposed to Horizontal violence among nursing students is high because of inexperience, frequent unit changes and the challenge of meeting new environments (Ferns, and Meerabeau, 2007).

The purpose of this qualitative phenomenological study was provide faculties of nursing with information on bullying for development of intervention and prevention strategies, and for supporting students in coping with bullying experiences.

The source of harassing behavior, students mentioned nurses, patients and families, faculty teachers. This finding similar to Celebioglu (2010), Celik, and Bayraktar (2004) studies that mentioned the abusive behaviors considered were mainly those committed by patients and their relatives, and classmates. Also Sofield and Salmond (2003) stated that primarily patients, and patients' families were responsible for most of the verbal abuse towards nurses.

In relation to manifestation of harassing behavior in the present study many students were experienced with non-physical violence such as being ignore and neglected, public humiliation, negative criticism, discouraging, etc. The is consistent with Palaz S. (2013) who showed that negative and disparaging remarks about nursing's profession was the most frequently encountered type of bullying behaviors, 34.80% followed by personal related bullying being shouted, and socially isolated. On the other hand, only very small amount of respondents 2.43 % reported physical intimidating forms of bullying.

The consequences of harassing behaviors on students, they mentioned mostly exposure to getting

angry, losing confidence, anxiety, and fear. Also many students in the present study mentioned negative consequences of HV on students' learning and profession included losing motivation towards learning , learning was not meaningful, negative ideas toward the profession, etc. This results similar to the findings of Palaz (2013) where nursing students who experienced bullying behaviors felt anger and lost their concentration, their social life was affected badly, and they even thought of leaving profession as a consequence.

In regards to coping of student with bullying behaviors, students their coping considered passive coping responses as did nothing, sharing the experience with colleagues, families, and teachers, and few perceived the behavior as a normal. While even fewer students defend themselves. Celik and Bayraktar (2004); O'Connell et al. (2000) and Sofield and Salmond (2003) reported that students felt unable to handle verbally abusive situations, did nothing.

Nursing students who shared their moving experiences with the author were not welcomed hospitably to the hospitals to which they were assigned for their clinical experiences. The author makes no assertion that findings of this study would be the same in all of hospitals but the nurses, patients, families, health care workers, and teachers behavioral characteristics described by the students were totally consistent with the spread of new pathology termed "eating our young." Where the researchers discovered that many nursing students felt embarrassed, intimidated, and humiliated by their teachers in the clinical setting as well as the classroom. and there is some evidence that registered nurses (RNs) on hospital units perpetuate this intimidation when new graduates assume their first positions following completion of nursing education programs (Meissner, 1987).

Apparently, the most effective way to reduce the impact of Horizontal violence, bullying and harassment is to prevent its occurrence. However, until that time the phenomenon remains a real concern and nursing students remain high-risk targets of that violence. Nurse educators are in the best position to influence change in the nature of the workplace environment by preparing future nurses for the risks. This can only happen with a better understanding of the phenomenon and the implications to health professionals. Through this knowledge, comprehensive ideas for improving the situation can become a focus and lead toward enhanced educational preparation for nurses. Celik and Bayraktar (2004) recommend early introduction of the concept of workplace violence into the nursing curricula to prepare students. Nursing education should take on the challenge of educating the nursing student about the potential for violence. First, with faculty developing a comprehensive knowledge of workplace violence, and secondly, using that knowledge to better prepare the nursing student for the complexity of the workplace they will enter.

The trust worthiness of this study was enhanced by using the criteria by Lincoln and Guba (1994), consisting of credibility, dependability, conformability, and transferability. Due to the data collection method that was selected to protect the respondents, the examination of the trust worthiness of this study focuses on the study design, the process of data analysis, and on reporting the results. This is because the member checking could not be done by the respondents who remained anonymous. The credibility of this study was enhanced by gathering research data from students who had experienced or witnessed harassment in clinical training and who therefore were able to offer hand information about the phenomenon. The dependability of the results was ensured by using the same questions method for all the students at the two focus groups. In-depth methodological description to allow integrity of research results to be scrutinized and this facilitated transferability and conformability of the study results.

CONCLUSION

Nursing students were exposed to horizontal violence in the clinical placement during their training. The results of this study suggest that harassment in clinical training presents challenges to health care education and professional settings concerning students' learning and their professional engagement. It can be concluded in this study that staff to student bullying is a possible problem work environments. According to this study, it is suggested that action plans should be developed in faculties to intervene and to prevent HV. It is also recommended that students are given directions for bullying situations prior to clinical training.

In order to develop action plans for HV situations, further information is needed concerning the causative and preventative factors of HV in clinical placements. Furthermore, more research information is required about anti-bullying strategies in different health care settings. Because of students' enrollment in nursing programs frequently happened to be against their wishes, in addition to shortage in nursing work force in Saudi Arabia, retention of students remains an ongoing issue. Nursing faculty and clinical nursing staff may hold the key to the issue of retention among nursing students. Educators, nurse managers, and clinical staff must implement strategies that will end the bullying behaviors and promote a healthy work environment.

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