

Nursing Students' Perception and Experience of Bullying Behavior in the Faculty of Nursing

Afaf Abdelaziz Basal^{1,*}, Entisar Abo Elghite Elhossiny Elkazeh²

¹ Medical Surgical Nursing, Community Health Nursing, Faculty of Nursing, Tanta University, Egypt.

ABSTRACT

Background: Workplace bullying, a serious issue affecting the nursing profession, is defined as any type of repetitive abuse in which the victim of the bullying behavior suffers verbal abuse, threats, humiliating or intimidating behaviors that interfere with his or her job performance and are meant to place at risk the health and safety of the victim.

Aim: The aim of the study was to assess nursing students' perception and experience of bullying behavior in the faculty of nursing of Tanta University.

Material and methods: Descriptive study design used a questionnaire survey short version of the Negative Acts Questionnaire that adapted according to the earlier studies on bullying against nursing students particularly those conducted by Cooper et al. and Celik and Bayraktar design to assess bullying behaviors by nursing faculty. The study conducted in Faculty of Nursing at Tanta University in Egypt. The sample was approximately 400 undergraduate students. The study was done during the academic year 2012-2013, in April month.

Results: high percent of students 66% never exposure to threats of violence or physical abuse or actual abuse, high percent of students 66.8% sometimes and 19.5% frequently exposure to Being shouted at or being the target of spontaneous anger (or rage) also high percent 43% of students always exposure to behavior of Negative and disparaging remarks about nursing's profession, and exposure to be shouted

at or be the target of spontaneous anger (or rage) by nurse, patients and faculty employee of faculty 48.8 %, 34.3% and 42% respectively.

Conclusion: Nursing students were exposed to bullying behaviors in both the practice settings and the educational settings.

Recommendation: Encourage strategies to increase students' awareness of this problem with bullying and its potential consequences and coping measures with bullying behavior.

Key Words

Bullying behavior, Perception, Nursing students.

Correspondence to:

Afaf Abdelaziz Basal

Email: drfafbasal@yahoo.com

Entisar Abo Elghite Elhossiny Elkazeh

Email: dr.entisaraboelghit@yahoo.com

1. Introduction:

Bullying is now recognized as a pervasive and disturbing the workplace phenomenon, with significant costs to targets, communities and organizations. Economic and social conditions in the modern workplace tend to be combined to create an environment very hospitable to bullying^[1]. Academics are not immune to the bullying behaviors. Students, colleagues and administrators may all partake in or be subject to bullying^[2].

According to Hutchinson (2009), the concern over the presence of work-related violence and its impact on the wellbeing and retention of nurses continues to be a major concern in the nursing profession. Bullying is one of the frequently encountered forms of work-related violence in nursing^[3].

Workplace bullying is a serious issue affecting the nursing profession is defined as any type of repetitive abuse in which the victim of the bullying behavior suffers from verbal abuse, threats, humiliating or intimidating behaviors, or behaviors by the perpetrator that interfere with his or her job performance and are meant to place at risk the health and safety of the victim^[4,5].

Bullying is therefore not about isolated events or conflicts but rather about aggressive behavior that repeatedly over time is directed toward one or more employees by one or more perpetrators. Furthermore, the bullying appears not to be an either-or phenomenon but rather a gradually escalating process where the victim faces increasingly frequent and increasingly intense aggressive acts^[6,7].

Bullying is a form of negative interaction that can express itself in many ways, ranging from verbal aggression and excessive criticism or monitoring of work to social isolation or silent treatment. Typically, it is thus a question

of the accumulation of many 'minor' acts, amounting to a pattern of systematic maltreatment. It differs from ordinary 'conflict' since there is generally a victim-perpetrator configuration, such that the person on the receiving end feels unable to defend him or herself successfully [8].

Types of bullying are often classified in the literature as direct or indirect bullying. Direct bullying is described as physical or verbal assaults on the victim who is fairly obvious in nature, such as hitting, kicking, threats, and name-calling. Indirect bullying is aimed at damaging the victim's social status and is often much less detectable, including gossiping, spreading rumours, and convincing others to socially exclude the victim [9].

One of the main characteristics of bullying is the inequality in power between the perpetrator and the target. Either supervisors are directly involved or the bullying takes place between coworkers, where the perpetrator, for some reason or another, is stronger than the target is. Even supervisors may be bullied by subordinates, especially if the subordinates act in groups [10].

There are many possible reasons for bullying, ranging from personal antagonisms, via a bully's "need" to revenge himself on behalf of others, via social sanctions, to the situation of a manager who utilizes bullying as a management tool on an employee. The causes may thus range from a narrow conflict involving a couple of employees to those determined by organizational relationships and conditions [11].

Bullying results in serious consequences for both organizations and employees. For individuals, the consequences of bullying have been reported to include: lowered self-esteem, depression, anxiety and the physical illness. Physical symptoms reported include disturbed sleep, headaches, increased blood pressure, anorexia, gastrointestinal (GI) upset. Posttraumatic stress disorder, suicide ideation, and suicide have also been reported [12]. As a result, those bullied are reported to take increasing levels of sick leave, reduce their hours of work or leave their place of employment altogether. The negative effects on the organization are reported to include: lowered morale, increased turnover, higher sick leave levels and increased costs associated with recruitment as a result of staff turnover [13]. Workplace

bullying has negative consequences on targets' careers by limiting opportunities for advancement [14].

The lack of reporting bullying within universities and nursing education may be because these institutions do not have mechanisms to deal with bullies. There are no procedures for staff to disclose bullying experiences safely, no counseling for the bullied or disciplinary or training strategies to deal with the bully [15]. Effective strategies for preventing bullying are dependent on the quality of working environments that can be created by nurse leaders. The organizational effects on employees are influenced by the behaviors of leaders as a result of the way they manage the job context and job content [16].

The aim of this study was to assess : nursing students' perception and experience of bullying behavior in the faculty of nursing of Tanta University.

Research questions

- What are the types and frequency of bullying behaviors in nursing education reported by nursing students?
- what are the sources of bullying behaviors in nursing education and what is the frequency of bullying from these sources as reported by nursing students?
- What are the effect of bullying behaviors on nursing students
- What behaviors do nursing students report using to cope with bullying in nursing education?

2. Material and Methods 3. Results

Material

Design:

Descriptive study used a questionnaire survey design to assess bullying behaviors by nursing faculty from the nursing students' perspective at one point of time.

Setting:

The study was carried out in Faculty of Nursing, Tanta University, Egypt.

Subjects:

The students who enrolled in this study were in second, third and fourth year in Faculty of Nursing, Tanta University. The three academic years were selected because they were more contact with clinical areas and with persons in faculty. First year students were not included in the scope of the study because they have less contact with

clinical. The study was anonymous and asked respondents to take part in the study. The sample was approximately 400 students. 200 students from second year and the other 200 students were divided between third and fourth year where selected 100 students from each year. Total number of students in the college this year nearly 1000 students. Their ages ranged from 19-23 years. The study was done during the academic year 2012-2013, in April month.

Tools of the study:

A five-section survey form was used for the collection of research data.

Section I: - Socio-demographic characteristics of the students: which include the students' age, sex, marital status and residence.

Section II: - The types of bullying behaviors:

To estimate bullying at nursing faculty, 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 Cooper et al. [17] and Celik and Bayraktar [18] some questions were changed to make the questions more applicable. The Questionnaire 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 [18,20] and the respondents are asked how often they have been exposed to the specific behavior during the last 6 months. The response categories are "never", "sometimes happen", "frequently or always".

Section III: - The sources of bullying behaviors which include:

The staff of nursing faculty, faculty employees and also in hospital which include the physicians, nurses and patients.

Section IV: - The effects of bullying behaviors on the students which consists of fifteen items referring to the physical effects as (feeling of extreme fatigue or exhaustion, becoming forgetful, insomnia, increasing consumption of alcohol and cigarette, panic attack, damaging physical

health), psychological effects as (getting angry, losing self confidence, impossible to bear criticism, feeling guilty) and organizational effects as (thinking about leaving profession, diminishing school performance, loss of concentration, reducing motivation, dysfunction social life). The response categories are “never”, “sometimes happen”, “frequently or always”.

Section V: - The ways that the nursing students used to cope with bullying which include eleven items referring to (did nothing, put up barriers, spoke directly to the bully, pretending not to see the behavior, reported the behavior to a superior / authority, increased my use of unhealthy coping behavior, warned the bully not to do it again, shouted or snapped at the bully, demonstrated similar behavior, went to a doctor, perceived the behavior as a joke). The response categories are “never”, “sometimes happen”, “frequently or always”. More over the investigator considered three categories of behavior or coping responses, did nothing, put up barriers, pretended not to see the behavior, and perceived the behavior as a joke were considered passive responses. Reported the behavior to a superior / authority, went to a doctor, warned the bully not to do it again, and spoke directly to the bully were considered active responses. Demonstrated similar behavior shouted or snapped at the bully and increased uses of unhealthy coping behaviors were considered aggressive behaviors [18].

Method:

1. An official permission to carry out the study was obtained from responsible authorities at faculty of nursing at Tanta University
2. The purpose of the study was explained and made clear to the educators of study setting to get their co-operation and acceptance.
3. The purpose of the study was explained to the students and their verbal consent to participate was received and those who were willing to participate were given a questionnaire to complete.
4. Content validity of the tool was performed by five experts in the field of nursing. The expert panels were asked to evaluate the developing questions after translation according to

(a) readability, (b) language appropriateness (c) ease of understanding items.

5. Pilot study was conducted on 10% from nursing students (40 students who were excluded from the study population), to identify the obstacles and problems that may be encountered in data collection.
6. Reliability of the tool was tested by using Cronbach Alpha test it was 0.80.
7. The questionnaires were distributed to nursing students (n = 400) after finishing their lecturer or lab. Before the questionnaire was administered, the subjects were thoroughly briefed about the purpose of the study and the data collection process. They were also assured of their anonymity and the confidentiality of their responses.
8. The data collection were completed during the academic year 2012-2013, in April month.
9. Responding time to all questions in the tools consumed (15-20) minute.
10. Ethical consideration: Before the research was initiated, legal permission was obtained from the dean of Faculty of Nursing. The purpose of the research was explained to the students and they were instructed about their right to refuse if they wished to do so. In addition, respondents were informed that any information that they shared would be used only for scientific purposes. No information about the identity of the volunteers was required.

Statistical Analysis

The collected data were, organized, tabulated and statistically analyzed using statistical package of social studies (SPSS) version 19. For age, range, mean and standard deviation were calculated. For other variables the number and percentages were calculated.

3. Results

Table 1: The findings on demographic characteristics of the study group are as follows; of 400 nursing students in the sample, their age ranged from 19–23 years and mean of age were 20.8 ± 52 years. The majority of students

were females (75 %), and nearly all of them were single (97.5%), more than half (62.5%) of the respondents lived in rural areas.

Table 2 this table showed types of different bullying behavior high percent of students 66% never exposure to threats of violence or physical abuse or actual abuse, high percent of students 66.8% sometimes and 19.5% frequently exposure to Being shouted at or being the target of spontaneous anger (or rage) also high percent 43% of students always exposure to behavior of Negative and disparaging remarks about nursing’s profession. 45% sometimes Assignments, task, work or rotation responsibilities made for punishment rather than educational purposes and 46% exposure to given a bad grade as a punishment.

Table (3) showed that the source of bullying behavior high percent of student exposure to be shouted at or be the target of spontaneous anger (or rage) by nurse, patients and faculty employee of faculty 48.8 %, 34.3% and 42% respectively. High percent 41.3% of student exposure to negative and disparaging remarks about nursing’s profession by physician. Also high percent 69.5 % of students exposure to be Given a bad grade as a punishment and 54.5% of student exposure to Unmanageable workloads or unrealistic deadlines by faculty staff.

Table (4) represents distribution of studied students by effects of bullying behaviors on them. Majority of students 79.3% never exposure to increasing consumption of alcohol and Cigarette, more than half of students occasionally exposure to getting angry, diminish performance, becoming forgetful, losing confidence, loss of concentration, impossible to bear confidence, panic attach, dysfunction social life, damaging physical health, and feeling guilty. Also more than half 59.8% of students

Table 1. Demographic characteristics of the studied students.

Characteristics	N =400 / percentage
Age in years	
Range	19-23
Mean	20.8 ± 52
Sex	
Male	100 (25%)
Female	300 (75%)
Marital status	
Single	390 (97.5%)
Married	10 (2.5%)
Residence	
Urban	150 (37.5%)
Rural	250 (62.5%)

frequently exposure to feel of extreme fatigue or exhaustion.

Table (5) shows coping of students to bullying behavior. High percent of students use 72.5 % and 71.3 % their response to bullying behavior were never increase of unhealthy behaviors and show similar behavior which these behaviors consider aggressive behaviors. More than half of students their coping considered passive coping responses as Did nothing, put up barriers, pretended not to see the behavior, and perceived the behavior as a joke were considered passive responses occasionally and frequently. While high percent 26.5 %, 48.5% of students frequently warn the person whose bad behavior not to do it again and complaint to a higher authority 50.7% and 10.5% respectively these behavior consider active response of the students.

4. Discussion

National and international literature reveal that the prevalence of bullying and

harassment in the health sector workplace is a well-known problem and the risk of being subjected to psychological violence among nurses is three times higher than the ones in other professional groups in the service sector^[20-21]. 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^[22]. Bullying in nursing has been identified as a work-based stressor that affects not only the nurse, but also the patient care the nurse provides.^[17]

The purpose of this study was to assess the nursing students' perception and experience of bullying behavior in faculty of nursing at Tanta University

In relation to types of different bullying behavior in the present study two third of students never exposure to threats of violence or physical abuse or actual abuse, while two third of students and nearly one fifth sometimes and always exposure to personal related Bullying include Being shouted at or

being the target of spontaneous anger (or rage) also less than half of students always exposure to behavior of negative and disparaging remarks about nursing's profession. also sometimes exposure to assignments, task, work or rotation responsibilities made for punishment rather than educational purposes and exposure to given a bad grade as a punishment.

This in constant with *Palaz S. 2013*,^[23] as in their finding were work related bullying (e.g., negative and disparaging remarks about nursing's profession, unmanageable workloads, 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. On the other hand, only very small amount of respondents (only 2.43 %) reported physical intimidating forms of bullying

Table 2. Distribution of studied students by their exposures to bullying behaviors.

Exposure to bullying behaviors	Never		Occasionally		Frequently	
	N	%	N	%	N	%
Being shouted at or being the target of spontaneous anger (or rage)	55	13.8	267	66.8	78	19.5
Inappropriate, nasty, rude or hostile behavior	106	26.5	253	63.3	41	10.3
Belittling or humiliating behavior	88	22.0	212	53.0	100	25.0
Spreading of gossip and rumours about you	131	32.8	181	45.3	88	22.0
Cursing and swearing	237	59.3	122	30.5	41	10.3
Negative and disparaging remarks about nursing's profession	52	13.0	176	44.0	172	43.0
Assignments, task, work or rotation responsibilities made for punishment rather than educational purposes	117	29.3	180	45.0	103	25.8
Given a bad grade as a punishment	81	20.3	187	46.8	132	33.0
Hostility after or failure to acknowledge significant clinical, research or academic accomplishment	145	36.3	197	49.3	58	14.5
Threats of violence or physical abuse or actual abuse	264	66.0	114	28.5	22	5.5
Being ignored and excluded or socially isolated	212	53.0	158	39.5	30	7.5
Unmanageable workloads or unrealistic deadlines	96	24.0	219	54.8	85	21.3
Intimidating behavior such as finger-pointing, invasion of personal space, shoving, blocking/ barring the way	192	48.0	136	34.0	72	18.0

Table 3. Distribution of studied students by sources of bullying behaviors.

Exposure to bullying behaviors	Nurses		Physicians		Patient		Faculty staff		Faculty employees	
	N	%	N	%	N	%	N	%	N	%
1- Being shouted at or being the target of spontaneous anger (or rage)	195	48.8	135	33.8	137	34.3	190	47.5	168	42.0
2- Inappropriate, nasty, rude or hostile behavior	161	40.3	100	25.0	108	27.0	95	23.8	103	25.8
3- Belittling or humiliating behavior	111	27.8	169	42.3	86	21.5	124	31.0	88	22.0
4- Spreading of gossip and rumours about you	132	33.0	39	9.8	58	14.5	70	17.5	84	21.0
5- Cursing and swearing	81	20.3	52	13.0	127	31.8	70	17.5	68	17.0
6-Negative and disparaging remarks about nursing's profession	136	34.0	165	41.3	121	30.3	82	20.5	66	16.5
7-Assignments, task, work or rotation responsibilities made for punishment rather than educational purposes	81	20.3	58	14.5	26	6.5	220	55.0	57	14.3
8-Given a bad grade as a punishment	26	6.5	42	10.5	15	3.8	278	69.5	26	6.5
9-Hostility after or failure to acknowledge significant clinical, research or academic accomplishment	54	13.5	111	27.8	38	9.5	181	45.3	42	10.5
10-Threats of violence or physical abuse or actual abuse	49	12.3	44	11.0	76	19.0	106	26.5	56	14.0
11-Being ignored and excluded or socially isolated	59	14.8	95	23.8	68	17.0	117	29.3	49	12.3
12-Unmanageable workloads or unrealistic deadlines	60	15.0	57	14.3	35	8.8	218	54.5	69	17.3
13-Intimidating behavior such as finger-pointing, invasion of personal space, shoving, blocking/barring the way	84	21.0	83	20.8	68	17.0	135	33.8	89	22.3

(e.g., threats of violence or physical abuse, intimidating behavior such as finger pointing). Nursing students reported that work related bullying was the most annoying problem for them but this finding needs to be read carefully because it is possible that students in general do not understand assignments, workload and deadlines as a consequence of the learning environment. But the finding of this study is in contrast with *Cooper et al., 2011*^[17] The results of his study indicated the most frequent types of behaviors experienced from all sources were cursing, swearing, inappropriate, nasty, rude, or hostile behaviors, and belittling or humiliating behavior. This may due to his study carried out in different country and culture.

Regarding the source of bullying behavior, high percent of student nearly less than half exposure to being shouted at or being the target of spontaneous anger (or rage) by nurse, patients and faculty employee of faculty respectively. Nearly less than half of student exposure to Negative and disparaging remarks about nursing's profession by physician. Also more than two thirds 69.5 % of students exposure to a bad

grade as a punishment and more than half 54.5% of student exposure to unmanageable workloads or unrealistic deadlines by faculty staff. This may due to increase load on nurses, physician in the hospital and faculty employees also miscommunication between them. Moreover because it is possible that students may do not understand assignments, workload and deadlines as a consequence of the learning environment. This finding in the present study were agreement with *Celebioglu, 2010*^[21], *Celik, and Bayraktar, 2004*^[18] Turkish studies, the abusive behaviors considered were mainly those committed by patients and their relatives, and classmates. Also *Sofield and Salmond (2003)*^[24] found that primarily physicians, then patients, and patients' families were responsible for most of the verbal abuse towards nurses.

More over patient population increased workloads for nurses. Therefore, increased stress and pressure on clinical nurses might cause increased tendency of bullying student nurses in the clinical settings. Nursing students were exposed to bullying and harassment in both the practice settings and the educational settings, as suggested by *Randle (2003)*^[25].

In relation to effects of bullying behaviors on students, majority of students more than three third of them never exposure to increase consumption of alcohol and Cigarette, this due to prevalence of Islamic ethics and believes which prohibited these things, also more than half of students occasionally exposure to getting angry, diminish performance, becoming forgetful, losing confidence, loss of concentration, impossible to bear confidence, panic attack, dysfunction social life, damaging physical health, and feeling guilty. Also more than half of students in the present study frequently exposure to feel of extreme fatigue or exhaustion. This constant with the findings of *Palaz 2013*^[23] as the finding shown that 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 relation to coping of student with bullying behaviors, the majority of students use their response to bullying behavior as were never increase of unhealthy behaviors and show similar behavior which these behaviors consider

Table 4. Distribution of studied students by effects of bullying behaviors on them.

Effects of bullying behaviors	Never		Occasionally		Frequently	
	N	%	N	%	N	%
• Feeling of extreme fatigue or exhaustion	25	6.3	136	34.0	239	59.8
• Getting angry	24	6.0	204	51.0	172	43.0
• Thinking about leaving profession	98	24.4	151	37.8	151	37.8
• Diminishing school performance	62	15.5	212	53.0	126	31.5
• Becoming forgetful	34	8.5	209	52.3	157	39.3
• Losing self confidence	91	22.8	219	54.8	90	22.4
• Loss of concentration	33	8.3	235	58.8	132	33.0
• Insomnia	47	11.8	183	45.8	170	42.5
• Reducing motivation	63	15.8	183	45.8	154	38.4
• Increasing consumption of alcohol and Cigarette	317	79.3	61	15.3	22	5.4
• Impossible to bear criticism	126	31.5	209	52.3	65	16.2
• Panic attack	52	13.0	222	55.5	126	31.5
• Dysfunction social life	69	17.3	214	53.5	117	29.2
• Damaging physical health	61	15.2	203	50.8	136	34.0
• Feeling guilty	74	18.5	214	53.5	112	28.0

Table 5. Distribution of studied students according to behaviors used to cope with bullying in nursing education.

Responses to cope with bullying behaviors	Never		Occasionally		Frequently	
	N	%	N	%	N	%
• I did not do anything	117	29.2	210	52.5	73	18.3
• put barriers between me and the person's behavior owner	87	21.8	224	56.0	89	22.2
• speak directly to the person whose behavior	107	26.8	205	51.2	88	22.0
• - pretend not to see the behavior	220	55.0	161	40.3	19	4.7
• complaint to a higher authority	155	38.8	203	50.7	42	10.5
• increase my use of unhealthy behaviors	290	72.5	92	23.0	18	4.5
• warn the person whose bad behavior not to do it again	100	25.0	194	48.5	106	26.5
• shout or interrupt the person whose behavior	207	51.7	159	39.8	34	8.5
• show similar behavior	285	71.3	93	23.3	22	5.4
• go to a doctor	276	69.0	105	26.3	19	4.8
• see the behavior as a jok	155	38.8	207	51.7	38	9.5

aggressive behaviors. More than half of students their coping considered passive coping responses as did nothing, put up barriers, pretended not to see the behavior, and perceived the behavior as a joke were considered passive responses occasionally and frequently. While nearly less than half of students frequently warn the person whose bad behavior not to do it again and complaint to a higher authority. Nearly half of students their behaviors consider active response of students. This constant with *Cooper et al., 2011*^[17] as the most frequent response was "Did Nothing" followed by "Put up Barriers." This response is problematic when reports indicate hostility and violence in the workplace is on the rise. While that finding of (*Celik & Bayraktar, 2004*^[18], *O'Connell et al., 2000*^[26] and *Sofield & Salmond, 2003*^[24] reported that nurses felt unable to handle verbally abusive situations, did nothing, or engaged in unhealthy coping behaviors such as drinking or taking medications. Respondents in his study also reported an increase in the use of unhealthy coping behaviors.

Conclusion

Nursing students were exposed to bullying behaviors in the practice settings and the educational settings, High percent of student exposure to be shouted at or be the target of spontaneous anger (or rage) by nurse, patients and faculty employee of faculty. Also high percent of students exposure to behavior of negative and disparaging remarks about nursing's profession, assignments, task, work or rotation responsibilities made for punishment. Majority of students their response to bullying behavior were never increase of unhealthy behaviors.

Recommendation

- Nursing, faculty staff and managers need to be educated about bullying behaviors and how to deal with bullying.
- Encourage strategies to increase students' awareness of this problem and its potential consequences are indicated.
- Develop educational programs regarding bullying and strategies focused on skill building to help students nursing respond appropriately when they are a victim of bullying.

- Develop and implement curricula that educate nursing students on the incidence of disruptive behaviors including lateral violence and bullying, to eradicate this behavior.
- Further nursing research continue to research the contributing factors and the process of bullying behaviors.
- Promote a culture of safety that encourages open and respectful communication among all healthcare providers and staff.

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