

Bullying Experiences Of Nursing Students During Clinical Placement In A Selected University In Saudi Arabia: A Cross-Sectional Study

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Abstract:

Purpose: This study aimed to assess the prevalence and consequences of bullying, and explored these issues experienced by nursing students.

Patients and methods: This study used a descriptive survey. A convenience sample of 248 undergraduate nursing student from level 4 to 8 from a selected university in Riyadh, Saudi Arabia. An adapted online questionnaire the Student Experience of Bullying during Clinical Placement (SEBDPC) was used.

Results: There are 51% of the respondents who experienced bullying either in the academic or clinical setting. The top sources of the bullying were the friends of the nursing students (60%). Majority of the students, which are (54%) had their academic achievement affected negatively and (49%) considered leaving nursing.

Conclusion: Nursing students actually experience bullying both in the academic and clinical settings by their peers and other health care professionals. Bullying is a phenomenon among nursing students that is not appropriately addressed and prioritized by authorities in both academic and clinical settings. Students remain silent and vulnerable to bullying.

Keywords: bullying, nursing students, academe, clinical setting.

Introduction

Bullying is any unwanted aggressive behavior by another youth or group of youths who are not siblings or current dating partners that involves an observed or perceived power imbalance and is repeated multiple times or is highly likely to be repeated.¹ On the other hand, horizontal violence is a repeated behavior that is offensive, abusive, intimidating, and/or threatening, and creates stress and undermines the self-confidence of others.² Programs and advocacies against bullying have been rolled out in many

different places including schools and workplaces, however, in Saudi Arabia, these phenomena are not openly discussed and observed in many schools and workplaces. Among many academic programs in universities is Nursing. The Bachelor of Science in Nursing curriculum requires the nursing students to complete their education by going through lectures for the theory part in the school setting and hands-on trainings in the clinical areas where they work with other health care professionals, the patients and their families; hence, make them exposed to the risk of being bullied.

In the United Kingdom, nearly half (42.18%) of the nursing students, who participated in the study, indicated that they had experienced bullying/harassment during their clinical placement. One third (30.4 %) witnessed other students being bullied/harassed and (19.6 %) of incidents involving a staff nurse. Some nursing students considered undesirable behaviors to leave nursing (19.8 %).³ The latter study also showed that some respondents said they had a negative impact on the standard of patient care (12.3 %) and their work with others (25.9 %).

The US National Bullying Prevention Center (2017) identified reasons for bullying including physical appearance, race/ethnicity, gender, disability, religion, and sexual orientation.¹ The center also discovered that students who are bullied have higher tendency to experience seclusion, poor physical health and self-worth, cope weakly and not socializing in school, have a school aversion, and unstable interactions even with their friends and family.

Nursing studies described the actions associated with bullying as direct physical and direct verbal assault, or with rumors or gossips, etc. ⁴The common types of bullying experienced and reported by nursing students in the clinical setting experiencing were emotional and verbal offense. ⁵⁻⁸The bullying experience of the nurses and nursing students do not only affect their personal lives but also their work performance, and eventually the quality and outcome of their patient care. Bullying has many negative consequences on healthcare providers' communication and cooperation. ⁹These communication breakdowns can easily lead to medical errors, hospital-acquired infections and ineffective patient outcomes.

According to the studies of bullying, the nursing students are considered as one of the most vulnerable to be bullied^{4,9}, because nursing students are less experience about clinical performance and having fewer acquired coping skills.^{8,10,11} This in turn, could affect the student academic achievement and satisfaction, and the effect could be beyond that. Another study showed that 75-85% of nurses experienced bullying, humiliation, blame, and criticism.¹² Bullying and its compounding untoward outcomes that are left unattended are found to be significant factors to the frustration and loss of interest in the nursing practice over time by the newly graduated nurses, which was compounded by the accumulation of negative effects without adequate supports.¹² Leaving the nursing profession even among the students during undergraduate nursing education, and among the nurses within their two-to-five years of professional practice further contributed to the increasing shortage of nursing workforce.¹²

While several studies have explored the state of bullying in clinical nursing education generally, including some studies done in Saudi Arabia about violence but among the medical students, our search yielded only a few studies that explored bullying among undergraduate nursing students in Saudi Arabia in terms of type and frequency of bullying and its impact on the mental wellbeing, hence this study was done as an attempt to decrease this gap and generate relevant knowledge. This study aimed to asses the prevalence and consequences of bullying, and explored these issues experienced by nursing students.

Material and methods

Study design, setting and participants

This is a descriptive cross-sectional study conducted among female undergraduate nursing students who did clinical training from second year until internship year, in the College of Nursing at a selected female university in Riyadh, Saudi Arabia. The collected sample size was (n=248) and that was higher than the estimated sample size (n= 210). The sample size was calculated according to Epi info with confidence level of 95% and margin of error of 5%. Convenience sampling was used to complete the required sample size.

Research instruments

The questionnaire used in this study was the Student Experience of Bullying during Clinical Placement (SEBDPCP), which is originally developed by Budden et al (2017)¹³ that was based on work done by (Hewett, 2010).¹⁴ The survey comprised of 13 main questions with a total of 83 items, using 4-point Likert scale where [1] 'Never' (0 times); [2] 'Occasionally' (1–2 times); [3] 'Sometimes' (3–5 times) and [4] 'Often' (>5 times). Each question includes the option of (other) for more information.

The questionnaire was uploaded on google form and sent to the students' emails via college students' unit. Those who consented to participate in the survey proceeded to and completed the questions.

Ethical considerations

After the ethical review and approval (ref no :19-0074) from Princess Nourah bint Abdulrahman University, the researchers explained to the respondents the nature and purpose of the study. The obtained written informed consent explained any benefit or risks for the participants and that the respondents may withdraw at any time from the study without any repercussions. Confidentiality and privacy of the participants and the information collected were ensured.

Data analysis

Statistical Package for the Social Sciences (SPSS) version 24 was used to analyze the data. Frequency and percentage were used to organize, analyze and interpret the data.

Results

Respondents' profile

The 248 nursing students who participated in this study included 101 (41%) level 4, 2 (1%) level 5, 92 (37%) level 6, 9 (4%) level 7, and 44 (18%) level 8. Among them, 142 (57%) have a GPA of 4.5-5.00; 25 (10%) with 3.75-4.49; 72 (29% with 2.75-3.74; and 9 (4%) with 2.00-2.74.

Prevalence of bullying among the nursing students

Findings show that experience of bullying either in the academic or clinical setting is prevalent among the nursing students. More

than half, which is 51% of the nursing students from all the different levels have experienced bullying. Nursing students from level 5, 6, and 8 have very high prevalence of bullying with 100%, 64%, and 60% respectively whereas nursing students from levels 4 and 7 have lower prevalence with corresponding rate of 35% and 43% respectively. (Table 1)

Table 1. Prevalence of bullying among the nursing students

Nursing Students		No experience	%	With experience	%
Level 8	43	17	40	26	60
Level 7	7	4	57	3	43
Level 6	95	35	36	60	64
Level 5	2	0	0	2	100
Level 4	101	66	65	35	35
n =248		122	49	126	51

The areas where the nursing students from all levels experience bullying include the hospital, college, and the community. Community includes either the primary health care, social home care facilities, or the home of the nursing students. There are 95, which is 76% of the nursing students who experienced bullying in the home, while 86, which is 69% of the nursing students, experienced bullying in the hospitals, and 77, which is 62% of the nursing students, experienced bullying happened in the college. (Table 2)

Table 2. Frequency and percentage distribution of where the nursing students who experienced bullying

Area/Place	Frequency	Percentage
Hospitals	86	69%
College	77	62%
Community (Primary health care, social home care, home)	95	76%
n=126		

Sources of bullying

The top three sources of the bullying are the friends of the nursing students who topped the list with 76 count or 60%

followed by the patient's relatives or friends with a count of 66 or 49%, other nursing students with 55 or 44%. It is noteworthy that following the top three are the faculty members and the preceptors/mentors who landed fourth with counts of 53 or 42%. The fifth source of bullying for the nursing students are the registered nurses and other health professionals with count of 52 or 41%. The nursing students also experienced bullying from clinical tutors/facilitators with count of 45 or 36%, followed by the patients with count of 44 or 35%, the auxiliary personnel with count of 43 or 34%, the nurse managers with count of 41 or 33%, the Health Care assistant with count of 37 or 29% and lastly from the administrative staff with a count of 27 or 21%.

Further comments from the nursing students include specific source of bullying like the male medical interns and doctors; the stereotyping impression on nursing that it is lower or lesser level than the doctors and other professions, "Saudi nurse, she exposed to harassment from medicine intern "male". - Doctor, I deal with during clinical he belittled me as a nurse." (Table 3)

Table 3. Frequency and percentage distribution of the source or perpetrator of bullying experienced by the nursing students.

Source of Harassment/Perpetrator	Frequency	Percentage	Rank
Registered Nurses	52	41	5
Nurse Manager	41	33	10
Health Care Assistant (Nursing)	37	29	11
Other nursing students	55	44	3
Clinical tutors/facilitators	45	36	7
Preceptors/mentors	53	42	4
Doctors	50	40	6
Other health professionals	52	41	5
Faculty member	53	42	4
Friend	76	60	1
Patients	44	35	8
Patient's relatives or friends	66	49	2
Administrative staff	27	21	12
Auxiliary staff (food services, cleaning, etc.	43	34	9

Types of violence

The finding did not include any physical violence experienced by the students. The top five included the nursing students being ignored with a count of 87 which is 69%, followed by being neglected with a count of 79 which is 62%, being shown negative non-verbal behaviour e.g., raised eyebrows, rolling eyes with a count of 78 which is 62%, verbally abused e.g., sworn, shouted, or yelled at with 74 which is 59%, and fifth by being denied learning opportunities with a count of 71 which is 56%. (Table 4)

Table 4. Frequency and percentage distribution of the type of bullying experienced by the nursing students

Type of BHHV experienced by the nursing students	Frequency	Percentage	Rank
Shown negative nonverbal behaviour e.g. raised eyebrows, rolling eyes	78	62	3
Verbally abused e.g. sworn, shouted or yelled at	74	59	4
Harshly judged	79	62	2
Unfairly criticized	65	51	7
Ignored	87	69	1
Neglected	79	62	2
Ridiculed	64	52	8
Unfairly treated regarding roistering schedules	61	48	10
Given unfair work allocation	56	44	12
Denied acknowledgement for good work	62	49	9
Denied learning opportunities	71	56	5
Exposed to a racist remark	69	55	6
Exposed to a gender related remark	52	41	12
Exposed to a class related remark	62	49	9
Exposed to a sexuality related remark	50	40	13
Treated as though I am not part of multidisciplinary team	59	47	11

Table 5 shows that the nursing students also experienced exposure from a racist remark with a count of 69 which is 55%, unfairly criticized with a count of 65 which is 51%, ridiculed with a count of 64 which is 52%, Denied acknowledgement for good work and Exposed to a class related remark both with the same count of 62 which is 49%,

Unfairly treated regarding rostering schedules with a count of 61 which is 48%, Treated as though not part of multidisciplinary team with a count of 59 which is 47%, and lastly, the nursing students experienced being given unfair work allocation with a count of 56 which is 44%.

There are 46, which is 37% of the nursing students who experienced having an unwanted request for intimate physical contact, while there are also 45 or 36% who experienced sexist remarks directed to them, and the same count claimed to have been inappropriately touched. There are also 43 or 34% of the nursing students who experienced suggestive sexual gestures directed at them, and there are 37 or 30% who were threatened with sexual assault as shown in table 5.

Table 5. Frequency and percentage distribution of the type of harassment and horizontal violence experienced the nursing student

Type of Harassment and horizontal violence	Frequency	Percentage
Been inappropriately touched	45	36
Been threatened with sexual assault	37	30
Had a sexist remark directed at me	45	36
Had a suggestive sexual gesture directed at me	43	34
Had an unwanted request for intimate physical contact	46	37
n = 126		

Consequences of bullying

Table 6 shows the consequences of the bullying experience of the nursing students. Majority of the students, which are 68 or 54%, had their academic achievement affected negatively. There are 66 or 53% of them who became afraid to check orders when not sure instead of having the courage to verify and confirm their doubts, and this may be harmful to the patients and to themselves if not properly addressed. There are also 64 or 51% of the nursing students who claimed that their experience of bullying had negatively affected the way they work with others. Half which is 63 of the nursing students have their standard of care provided to the patients negatively affected, and 61 or 49% considered leaving nursing, and there are 59 or 47% who have been absent from their class or clinical.

Further one of the student's commented "Yes, it negatively affects my mood and emotion". They are hoping that the nursing image will improve and eventually, the treatment for nurses will improve. "I just want from the world to see the truth about nursing and how it is beautiful working I hope changes the look about nursing school."

Table 6. Frequency and percentage of the consequences of bullying on nursing students

Consequences	Frequency	Percentage
Made me consider leaving nursing	61	49
Caused me to call in absent	59	47
Made me afraid to check orders when I wasn't Sure	66	53
Negatively affected the standard of care I provided to patients	63	50
Negatively affected the way I work with others	64	51
Negatively affected my academic achievement	68	54

Actions taken by the nursing students against bullying

Most (99 which is 79%) of the nursing students who experienced bullying did not report the incidence to anyone, while only 27 or 21% of them had experienced bullying as shown in (Table 7).

Table 7. Frequency and percentage distribution of nursing students who reported the bullying experience

Students who experienced BHHV		Did not report		Reported	
		Frequency	Percentage	Frequency	Percentage
Level 8	26	24	92%	2	8%
Level 7	3	2	67%	1	33%
Level 6	60	43	72%	17	28%
Level 5	2	1	50%	1	50%
Level 4	35	29	83%	6	17%
n = 126		99	79%	27	21%

Table 8 shows where or whom the nursing students have reported their experience of bullying. Majority, which is 11 or 41% of the nursing students who reported bullying experience, have reported to the clinical facility where the experience happened. The rest of the nursing students of which 8 or 30%

reported their experience to the university, 6 or 22% of them reported to the police, and 2 or 7.4% of them reported to others. The finding shows that the students have their options of whom to report their experience; however very few of all the nursing students have reported their experience.

Table 8. Frequency and percentage distribution of whom the nursing students reported the experience of bullying

Whom Reported to	Frequency	Percentage
The university	8	30%
Clinical facility	11	41%
Police	6	22%
Other	2	7.4%
n = 27 (who reported)		

Reasons why nursing students did not report the experience of bullying, harassment, and horizontal violence

Majority which is 70 or 71% of the nursing students do not know where, how, or whom to report their bullying experience. While 59, which is 60% of the students are afraid that they will be victimized if they report the experience, and the same 59 or 60% also believed that nothing would be done about it. There are 35 or 36% who did not report because they think that it is part of the job, and there are 28 or 29% who considered the bullying experience as not important enough to report.

The nursing students are not sure of whom to report the situation and are skeptical if the people will understand the situation. Their comments also indicate, "I don't know what I will do when I faced like these situations, I want to tell someone but maybe cannot understand me and I don't know who the correct person I can tell"

The finding shows that the nursing students are not well informed of any assistance or procedure existing to accommodate nursing students who experience bullying. (Table 9)

Table 9. Frequency and percentage distribution of the reasons why nursing students did not report the experience of bullying

Reasons for not reporting	Frequency	Percentage
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It is part of the job	35	36
Nothing will be done about it	59	60
I am afraid I will be victimized	59	60
It is not important enough to me	28	29
I do not know where/how to report it	70	71
n = 99 who did not report		

Actions were taken by significant authorities regarding reports of bullying experienced by the nursing student. Majority of whom or where they have reported their experience had done no action (8 which is 30%) and have not resolved the issue (7 which is 26%). There were only 5 or 18% who claimed that the issue they have reported was resolved to their satisfaction. There are 7, which is 26% who are unsure if action was taken. The finding indicates that reports on bullying are not being acted upon or managed effectively also there is not a strong tracing system whether actions were taken or not. (Table 10)

Table 10. Frequency and Percentage distribution of the actions taken on the reports of nursing students.

Actions Taken	Frequency	Percentage
Yes, and the issue was resolved to my satisfaction	5	18%
Yes, but the issue was not resolved to my satisfaction	7	26%
No action was taken	8	30
Unsure if action was taken	7	26%
n= 27 who reported	27	100%

Nursing students' awareness about the existing policy of bullying

There are only 41 which is 33% of the nursing students who experienced bullying who are aware of any policy of the clinical facility about bullying while the 74 which is 59% are not aware of any policy in the clinical area about bullying. On the other hand, there are 40, which is only 32 % who are aware of any policy on bullying in the university, while 61, which is 49%, are not aware. The comments also insinuate that the nursing students should be empowered by knowing their rights and the legal remedies for bullying and harassment. "We should be taught about our rights and how, and the gestures from others."

The finding indicates that the university and the clinical facility have not well disseminated any of their policy about bullying in their institutions considering that there are very few who claimed to be aware of the policies. (Table 11)

Table 11. Frequency and percentage distribution of nursing students who experienced bullying and who are aware of any policy o bullying

	Clinical Facility		In the University	
	aware	Not aware	aware	Not Aware
Level 8 (26)	11 (43%)	14 (54%)	5 (20%)	16 (62%)
Level 7 3	0 0	3 (100%)	0 0	3 (100%)
Level 6 60	11 (19%)	25 (42%)	14 (24%)	22 (37%)
Level 5 2	2 (100%)	0 0	2 (100%)	0 0
Level 4 35	17 (49%)	32 (92%)	19 (55%)	30 (86%)
n= 126	41 (33%)	74 (59%)	40 (32%)	61 (49%)

Discussion

Nursing is known to be a caring profession¹⁵ , but the finding shows another reality that it cannot completely take care of their own specially the nursing students who are young and vulnerable. Among the top five sources of bullying found in this study are, unfortunately, from the health care profession itself and more frustrating from their teachers, too who the students and the community expect to be the role model for these nursing students. Several studies also reported that the most source of bullying experienced by nursing students are from the hospital and the university.^{8,11} It was reported that 61.4% of students had experienced bullying while they were on the clinical which is supposed to be a valuable and pleasing learning environment, nevertheless, for the long-term negative impact, bullying behaviors affected students' feelings of unwelcome in the clinical environment⁸, which might eventually affect their sense of belonging to the professional field.

The university and clinical areas as learning environment are supposedly safe places that promote trust and confidence among the nursing students; however, as shown by the findings of this study, the nursing students experienced being bullied to a high extent in both classroom and clinical settings.¹⁶ This implies that students are not fully protected and safety nets to deflect or dissipate bullying and violence in the academe and clinical settings are not in place or not enough. Covert types of bullying compared to aggressions or yelling, happen without being noticed or spotted by other university students and the teachers. The said conduct is tolerated and often considered as expressions of academic freedom.¹⁷

Bullying in the university including the clinical training areas of nursing students will continue to linger and may exacerbate when undetected or failed to be addressed by the faculty and administrators. The impact of bullying among students includes a looming atmosphere of distrust between students and faculty.^{11,18} Faculty may unwittingly become perpetrators of bullying themselves although they are expected to be the role models and guardians of their students. Among the roles and responsibilities of the faculty is the sensitivity to any clash or struggle and address this in a timely manner. The situation is turned into a learning opportunity that will allow the students to realize how to curb bullying.¹⁸ More than the policy-makers in the university, the faculty are the most consistent and constant in the midst of the students; hence they have the opportunity to sense any bullying or violence.

Consequences of bullying and harassment on the students according to the finding of this study include declining academic achievement and compromised standard of patient care delivery. It was found that 60.4% of the nursing students who experienced bullying had academic failure.¹⁹ The impact of psychosocial conditions on some students in their study have created feelings of insufficiency, worry, embarrassment, and humiliation, with certain reports they have considered leaving the nursing career.¹³ Hostile environments do not help to learn and compromise the ability of students to achieve full opportunities in clinical settings.²⁰ Almost half of the students in this study thought about leaving nursing school because of bullying. Bullying and violence are more complex than it seems. Both the bullied and the bullies are at the losing end. Several studies have shown that bullying

have negative impact on both the students who are bullied and the students or teachers who bully. The effects of bullying undoubtedly include physical health conditions: physical injury, headache, sleeplessness, or somatization that can be immediate or long term.²¹

Animosity and distrust between the learners and the teachers become evident when the school in general unconsciously tolerates bullying to linger within their premises.²² Students perceived that their teachers bully the students along the process of giving negative feedbacks. One way of ensuring the avoidance of bullying in school is for teachers to acknowledge that students are naturally exposed to various behaviors and conditions like bullying.²³ In addition, teachers have to be prepared and capable to recognize and handle bullying appropriately. Teachers have the moral obligation to be mindful of the potential negative impact of their behaviors and manner of communication to abate the possibility of bullying intentional or not.¹⁸

Bullying will continue to happen in various places if left unreported and not properly dealt with. A large number of the students in this study did not report bullying experience until only during this study. Several similar studies also reported that only less than 20% of the nursing students who experienced bullying reported the incidence and the majority hesitated reporting.^{3,8,11} Nursing students think that the bullying or harassment, was intrinsic peril to the profession.³ In this study 60% of the students were afraid that they will be victimized if they report the experience. Although the few students who have reported bullying incidences and were satisfied with the resolution, the fact remains that the under-reporting pattern is a reality that indirectly contributes to the perpetuation of bullying and horizontal violence incidence among the nursing students. This study and several other studies also found that majority of the students are not aware of policies and procedures about bullying, how and whom to report.^{3,11} Several studies done in Turkey, Jordan, and Iran reported that few to none of the students informed any authorized body, which indicates their lack of knowledge in this issue.²⁴⁻²⁶ Obviously, universities and clinical institutions need to review their policies and procedures to ensure that bullying are consciously and concretely addressed. Students as well as the faculty and staff need to be provided with

awareness sessions. The faculty have to be provided with the tools and trainings on what is bullying and violence, how to spot, and respond to it. ²⁷Equally important is that the university and clinical institutions be able to provide the students with access to psychological counseling and physical treatment.

While the study found that the students experience bullying in the university and clinical areas as well as in their homes perpetuated by their friends, family, colleagues, and even their faculty, the university, being the bridge between the homes of the students and their workplace, is deemed imperative that they take the responsibility to empower the students and develop their capability to not tolerate bullying of any form in any place. ²⁸ It takes a village to contain and control bullying and its immediate and long-term physical and psychological impact on both the bullied and the bully. Bullying experience of students may be carried over into the profession as majority of them have the misconception that it is part of the profession.

Limitations:

Using the quantitative design alone could not help in enhancing the understanding of nursing students experience with bullying in detail. However, because of the sensitive nature of the topic few students were willing to leave their comments while collecting the data using the online tool. Also, it was intended to use mixed methods but students refuse to participate in the interviews and being recorded. In addition, the study was conducted in one school, among female students only. Thus, the findings cannot be generalized to other universities and to the male nursing students.

Conclusion

Bullying is a complex phenomena that are experienced by the nursing students in various places that include their homes, the clinical area and the university. The students experience helplessness and frustration as an immediate impact of the bullying that they experience from no less than their friends, faculty, and health care professionals. The academe and the clinical areas have not clearly provided venue or a safe place where students who experience bullying take refuge. The academe has a very crucial role in educating the students as well as the faculty to control and limit if not eradicate bullying and its

impact. There is a need for a concrete policy and procedures against bullying in both the university and clinical areas to protect the students and heal both the bullied and the bully.

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Disclosure

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References

1. Center for Disease Control. National Center for Injury Prevention and Control :Preventing Bullying.; 2017.
2. Vessey JA, Demarco R, DiFazio R. Bullying, harassment, and horizontal violence in the nursing workforce: the state of the science. *Annu Rev Nurs Res.* 2010;28. doi:10.1891/0739-6686.28.133
3. Tee S, Üzar Özçetin YS, Russell-Westhead M. Workplace violence experienced by nursing students: A UK survey. *Nurse Education Today.* 2016;41:30-35. doi:10.1016/j.nedt.2016.03.014
4. Fernández-Gutiérrez L, Mosteiro-Díaz M. Bullying in nursing students: A integrative literature review. *International Journal of Mental Health Nursing.* 2021;30(4):821-833. doi:10.1111/inm.12854
5. Radwan RIM, & SAAEFA. Pediatric Nursing Students' Experience of Bullying Behavior in Clinical Placements and the Role of Staff Faculty. *Journal of Nursing Education and Practice.* 2018;8(6):18.
6. Abdelaziz EM, Abu-Snieneh HM. The impact of bullying on the mental health and academic achievement of nursing students. *Perspectives in Psychiatric Care.* 2022;58(2):623-634. doi:10.1111/ppc.12826
7. Khamis Mohamed L. Experiences of Saudi Female Students towards the Phenomena of Bullying Behaviors during Nursing Education Program. *American Journal of Nursing Research.* 2019;7(4):499-508. doi:10.12691/ajnr-7-4-12
8. Minton C, Birks M. "You can't escape it": Bullying experiences of New Zealand nursing students on clinical placement. *Nurse Education Today.* 2019;77:12-17. doi:10.1016/j.nedt.2019.03.002

9. Blackstock S, Salami B, Cummings GG. Organisational antecedents, policy and horizontal violence among nurses: An integrative review. *Journal of Nursing Management*. 2018;26(8):972-991. doi:10.1111/jonm.12623
10. Ebrahim R, & ESRI. The relationship between bullying, achievement factors, and self-esteem among nursing students. *International Journal of Novel Research in Health care and Nursing*. 2018;5(3):476-489.
11. Qutishat M. Underreporting Bullying Experiences among Nursing Students in Clinical Training Sittings : A Descriptive Study . *The Arab Journal of Psychiatry*. 2019;31(2):182-190. doi:10.12816/0053348
12. Chachula KM, Myrick F, Yonge O. Letting go: How newly graduated registered nurses in Western Canada decide to exit the nursing profession. *Nurse Education Today*. 2015;35(7):912-918. doi:10.1016/j.nedt.2015.02.024
13. Budden LM, Birks M, Cant R, Bagley T, Park T. Australian nursing students' experience of bullying and/or harassment during clinical placement. *Collegian*. 2017;24(2):125-133. doi:10.1016/j.colegn.2015.11.004
14. Hewett D. Workplace Violence Targeting Student Nurses in the Clinical Areas. University of Stellenbosch; 2010.
15. Subke J, Downing C, Kearns I. Practices of caring for nursing students: A clinical learning environment. *International Journal of Nursing Sciences*. 2020;7(2). doi:10.1016/j.ijnss.2020.03.005
16. Smith CR, Gillespie GL, Brown KC, Grubb PL. Seeing students squirm: Nursing students' experiences of bullying behaviors during clinical rotations. *Journal of Nursing Education*. 2016;55(9). doi:10.3928/01484834-20160816-04
17. Heffernan T, & BL. Incivility: the new type of bullying in higher education. *Cambridge Journal of Education*. 2021;51(5):641-652.
18. Seibel LM, Fehr FC. "They can crush you": Nursing students' experiences of bullying and the role of faculty. *Journal of Nursing Education and Practice*. 2018;8(6):66. doi:10.5430/jnep.v8n6p66
19. Karatas H, Ozturk C, Bektas M. A study of bullying against nursing students. *Journal of Nursing Research*. 2017;25(3). doi:10.1097/jnr.000000000000144
20. Jackson D, Hutchinson M, Everett B, et al. Struggling for legitimacy: nursing students' stories of organisational aggression, resilience and resistance. *Nursing Inquiry*. 2011;18(2):102-110. doi:10.1111/j.1440-1800.2011.00536.x
21. Amoo SA, Menlah A, Garti I, Appiah EO. Bullying in the clinical setting: Lived experiences of nursing students in the Central

- Region of Ghana. PLOS ONE. 2021;16(9):e0257620. doi:10.1371/journal.pone.0257620
22. Rigby K. How teachers address cases of bullying in schools: a comparison of five reactive approaches. *Educational Psychology in Practice*. 2014;30(4). doi:10.1080/02667363.2014.949629
 23. Demol K, Verschueren K, Salmivalli C, Colpin H. Perceived Teacher Responses to Bullying Influence Students' Social Cognitions. *Frontiers in Psychology*. 2020;11. doi:10.3389/fpsyg.2020.592582
 24. Çelebioğlu A, Akpınar RB, Küçükoğlu S, Engin R. Violence experienced by Turkish nursing students in clinical settings: Their emotions and behaviors. *Nurse Education Today*. 2010;30(7). doi:10.1016/j.nedt.2010.01.006
 25. ALBashtawy M. Workplace violence against nurses in emergency departments in Jordan. *International Nursing Review*. 2013;60(4):550-555. doi:10.1111/inr.12059
 26. Teymourzadeh E, Rashidian A, Arab M, Akbari-Sari A, Hakimzadeh SM. Nurses exposure to workplace violence in a large teaching hospital in Iran. *International Journal of Health Policy and Management*. 2014;3(6):301-305. doi:10.15171/ijhpm.2014.98
 27. de Morais & Fernandes. When bullying crosslines the screen'. In: Richardson EM& RB, ed. *Bullying: Perspectives, Practices and Insights* . Council of Europe; 2017:11-16.
 28. Alsaker FD, Valkanover S. The Bernese Program against Victimization in Kindergarten and Elementary School. *New Dir Youth Dev*. 2012;2012(133). doi:10.1002/yd.20004