

# Seeing Students Squirm: Student Nurses' Bullying Experiences in Clinical Settings

Western Journal of Nursing Research  
2016, Vol. 38(10) 1397–1398  
© The Author(s) 2016  
Reprints and permissions:  
sagepub.com/journalsPermissions.nav  
DOI: 10.1177/0193945916658207  
wjn.sagepub.com



Bullying against nurses has become such a pervasive problem that bullying is now a norm in nursing settings and becoming common in nursing schools. To develop interventions geared toward pre-licensure students, it is imperative to first understand student nurses' experiences of bullying. The purpose of this qualitative arm of a larger quasi-experimental mixed-methods study is to describe bullying experienced by student nurses in a clinical setting. Oppression theory guided the study. A descriptive qualitative approach guided the study. Senior-level student nurses from four baccalaureate nursing programs in Southwest Ohio were recruited in person to participate in a one of eight focus group sessions. Focus group questions asked respondents to describe experiences of bullying, how the bullying affected meeting their clinical learning objectives, and to provide suggestions to address bullying of student nurses in the clinical setting. Focus group sessions were audio-recorded and transcribed verbatim. Data were analyzed using Colaizzi's procedural steps in phenomenological data analysis to yield themes. Four global themes identified were bullying behavior, rationale for bullying, response to/impact of bullying, and recommendations. The five bullying behaviors described were *being ignored, avoided, or isolated; non-verbal behavior; condescending or negative interaction; denying opportunities to learn; and hazing*. The five rationales for bullying expressed were *rite of passage, unpreventable, caused by other stressors, students not welcome, and not a nice person*. Students reported eight types of responses to, and impacts of, bullying: *physical response, emotional response, psychological response, avoidance, productivity/performance, learning, and view of nursing and health care*. Finally, eight recommendations offered by students were *educate and prepare students, student response to bullying, support, faculty member response, facility/organization response, qualifications of preceptor, making student assignments, and clarification of student role*. Student nurses report experiencing and accepting a wide range of bullying behaviors in the clinical setting reflective of behaviors for an oppressed group. In addition, students' responses to bullying mimic those reported by

registered nurses. Finally, respondents' recommendations can guide interventions to prevent bullying against student nurses and empower them to mitigate future bullying.

Carolyn R. Smith, PhD, RN  
Gordon L. Gillespie, PhD, DNP, FAEN  
*University of Cincinnati, OH, USA*

Kathryn C. Brown, DNP, RN  
*The Christ Hospital Health Network, Cincinnati, OH, USA*

Paula L. Grubb, PhD  
*Centers for Disease Control and Prevention, Atlanta, GA, USA*