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Violence against Nursing Students during Clinical Practice : Experiences, Perception, Responses and Coping with Violence

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임상실습 중 간호대학생에 대한 폭력: 폭력에 대한 경험, 인식, 대응 및 대처

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Abstract This study was conducted to evaluate nursing students' experiences with violence, as well as their responses and behaviors subsequent to being subjected to violence. A descriptive survey was conducted and data were collected from April 30 to July 6, 2012. Responses were obtained from the 290 nursing students studying at six universities in four cities using self-administered questionnaires. About 91% of the students were subjected to violence. Verbal violence (85.2%) was the most frequently encountered type of violence, followed by physical threats (74.8%), sexual violence (41.0%), and physical violence (26.2%). Participants were abused by patients or patients' family members, as well asclinical staff, such as nurses and doctors. After the nursing students were exposed to violence, they responded more negatively to psychological aspects than to biophysical or social aspects. Most students did "not react to the person inflicting violence and continued clinical practice" (51.7%), and this response was cited by students as their most frequently used method of coping (79.5%) after violent confrontations. Strategies should be taken to prevent the violence inflicted upon nursing students in clinical settings, and nursing students should be provided with information related to communication and methods to cope with violence during their education.

요 약 본 연구는 간호대학생이 임상실습 중 경험하는 폭력, 폭력에 대한 반응과 차후 행동을 알아내기 위함이다. 조사연구가 실시되었고, 자료는 2012년 4월 30일부터 7월 6일까지 수집되었다. 4개 도시의 6개 대학에서 290명의 간호대학생을 대상으로 자기설문방식이 사용되었다. 약 91%의 학생들이 폭력을 당하였다. 언어적 폭력(85.2%)이 가장 빈번하게 맞닥뜨리는 폭력의 종류였고, 신체적 위협(74.8%), 성폭력(41.0%), 신체적 폭력(26.2%)의 순서였다. 참가자들은 환자 또는 환자 가족, 의사 및 간호사와 같은 임상스탭에 의해 학대를 당하였다. 간호대학생은 폭력에 노출된 이후 생리적 또는 사회적인 면보다는 심리적인 면에서 더 부정적으로 반응하였다. 대부분의 학생들의 대처 행동은 “폭력을 가한 사람에게 반응하지 않고, 임상실습을 지속함 (51.7%)”이었고, 이러한 반응은 폭력을 경험한 후의 대처행동에서 가장 빈번하게 사용되었다(79.5%). 간호대학생이 임상 현장에서 경험하는 폭력을 예방할 수 있도록 하는 전략이 수립되어야하며, 학생들은 교육 과정에서 폭력에 대처할 수 있는 의사소통 및 방법과 관련된 정보를 제공 받을 수 있어야 한다.

Keywords : coping, experience, nursing students, response, violent

1. Introduction

Nursing education programs consist of two parts: the theoretical, acquiring knowledge and skills to provide professional nursing care; and the clinical, integrating knowledge and skills during the students’ clinical

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practicum within healthcare settings. During the clinical practicum, nursing students interact with patients, patients' families, and health providers so that they not only develop, refine and apply knowledge and skills, but also establish the value, attitude, and image of a professional nurse in realistic clinical settings[1]. Moreover, positive emotion is fundamental to learning, and more effective learning is achieved if educators provide a positive learning environment. Otherwise, negative feelings, such as stress and fear, when associated with the learning environment, and learning attitude affect not only on students' scholastic achievement but also their career decisions[2].

Workplace violence defined as "incidents where staff are abused, threatened or assaulted in circumstances related to their work, including coming to and from work, involving an explicit or implicit challenge to their safety, well-being or health"[3]. Unfortunately, violence and abuse often occur across the various clinical settings, during encounters with patients and health providers. Nurses, as direct care staff, have often experienced verbal, physical, and emotional violence[4,5] and, younger, less experienced or less educated nurses experience even more violence by patients[6]. As nursing students rotate through a variety of clinical settings during clinical practice, they are often exposed to unfamiliar patients, healthcare providers, and clinical environments[7]. Moreover, because they are less experienced in clinical performance, and may lack communication and coping skills, nursing students also have the potential of being subject to violence in clinics[6].

Any type of violence can result in negative impact to individual and clinical settings. Nurses who experience violence suffer physical, emotional and metal consequences such as anger, fear, anxiety, post-traumatic stress disorder, loss of self-esteem, dysfunctional family and working life [8]. Experience of workplace violence has a direct relationship to experiences of negative stress, decreased work productivity and quality of patient care[9].

There are few articles identifying nursing students as a group exposed to verbal abuse. The incidence of violence reported by nursing students ranged from 34.0% to 50.3%[7,10,11] and half of those who had previously experienced violence had an experience more than twice[7,10]. However, most previous studies have focused on verbal violence, while fewer studies have examined other forms of violence such as physical threats, physical violence, and sexual violence.

Because social and cultural factors influence the incidence of violence[12] more study is needed to explore the experiences of nursing students during clinical practice, internationally. In particular, since Korea is rooted in Confucian philosophy, younger people tend to obey elders or people in authority, in order to avoid conflict with them, and rarely speak about their feelings or ideas[13]. Recently, there have been studies conducted to focus on the violence among clinical nurses in Korea. Evidence from the studies revealed that 81.7 to 100% of Korean nurses had experienced more than one case of verbal, physical or sexual violence within the last year[14,15]. This incidence is higher than nurses from other countries, such as 20% in the U.S.A.[16] and 29% in Canada[17]. As far as I know, there is one study exploring violence among nursing students. Kim et al.[18] focused on nursing student's experience on verbal abuse only. Moreover, participants were nursing students who enrolled 4-year bachelor's degree program and practiced a certain hospital for clinical practicum. We need to expand our understanding of physical threats, physical violence, and sexual violence among nursing students having clinical experience in various clinical settings. Given these circumstances, the research question of this study was to explore the incidence of violence, the perceived causes of being subjected to violence, as well as responses and how to cope with after the nursing students were exposed to violence.

2. Methods

2.1 Study design

This study used cross-sectional descriptive study design.

2.2 Setting and sample

This study targeted nursing students enrolled in nursing baccalaureate programs. Clinical practicum for nursing students in Korea consists of 3 or 4 semesters, depending on the nursing school. Participants were students who attended clinical practice for the previous two semesters. They had different experience in clinical practices as their clinical settings were not the same places. Nursing schools were recruited, based on convenience, from six nursing schools in Busan, Ulsan, Gyeongsangnam-do and Gyeongsangbuk-do, South Korea. Among these, three nursing schools had 3-year college diploma program in nursing, whereas the other three had 4-year bachelor's degree program. We estimated that we would need to enroll a total of 246 nursing students based on 80% power, 5% significance, 95% confidence interval and 80% of observed incidence[15] using G-power analysis. We distributed 350 surveys with consideration of 30% of dropout rate. The sample size from each school was based on the proportion of students (median, 55 students per school), and the sample was randomly selected from each school. Of 350 questionnaires, 326 (93.1%) were returned and 290 (82.9%) were included in the data analysis after incomplete surveys were eliminated. Among 290 students 115 students were enrolled in 3-year junior colleges and 175 students were enrolled in universities.

2.3 Ethical consideration

The study was performed after getting approval from the Ethical Review Committee of Pusan National University Hospital, and informed consent was obtained from each participant before enrollment. Participation was entirely voluntary. Participants were free to refuse to participate or withdraw from the study at any time, and were informed that only the aggregate data would be reported. Participants were also told that there would be no penalties for canceling their participation.

2.4 Measurements

The survey we used contained items pertaining to descriptive characteristics, incidences of violence, and students' responses and behaviors subsequent to being subjected to violence. Descriptive characteristics included gender, age, perceived health status, social relationship status, satisfaction with studying nursing, satisfaction with clinical practice, experience of violence-related education, and opinion regarding the necessity of violence education was collected. Incidences of violence consisted of verbal violence (5-items), physical threats (6-items), physical violence (5-items), and sexual violence (8-items). To measure the experience of verbal violence, physical threats, and physical violence, a modified violent experience measurement for nurses developed by Yun[19] was used. Sexual violence was assessed using a modified sexual violence experience measurement that was issued by the Korea Health and Medical Worker's Union[20] and adapted to assess nurses by Park et al.[15]. Students were asked to report their experience of violence within the past year of clinical practice. In addition, students reported person inflicting violence and the reason for being subjected to violence according to their perception. Previous studies[15,19] reported that the Cronbach's alpha values for the instrument ranged from 0.85 to 0.86. In the present study, the Cronbach's coefficient α for the instrument ranged from 0.71 ~ 0.88.

The instrument used to measure students' responses to violence was the Assault response questionnaire, which was developed by Lanza[21] and translated by Jang[22]. This instrument consists of 40 items, with a 5-point Likert scale ranging from 1 (not at all true of me) to 5 (extremely true of me). The Assault response

questionnaire consisted of three subcategories, including emotional (19-items), physical (14-items), and social responses (7-items). Jang[22] reported that the Cronbach's alpha of the instrument was 0.95, and for this study, it was 0.94.

In addition, students' behaviors subsequent to being subjected to violence, as well as their frequency, were examined. Measurement for students' behaviors after confrontation with violence was consisted of literature review, previous studies[15] and pilot study. This instrument consists of 14 items answering yes in case of doing a behavior or not. Students also asked to answer which behavior was the most frequently used after violent confrontations.

Before conducting this study, all items were evaluated by two nursing professors who were experienced in clinical nursing practice educators, for content and clarity. A pilot study was conducted with ten nursing students to ensure the comprehension of the questionnaire items. There were minor revisions made to the questionnaire. The data from the pilot study were not included in this study.

2.5 Data collection

Data were collected between April 30 and July 6, 2012. For recruitment, a letter containing information about the nature, significance, and objectives of the study was sent to the director of each nursing school via email, and then each school was approached by telephone. Once the director agreed to collect the data, a trained research assistant visited the school and distributed the questionnaire. Before the questionnaire was distributed, participants were informed about the aim and method of the study, and voluntarily signed the informed consent form.

2.6 Data analysis

The collected data were coded and analyzed using SPSS version 18.0 for Windows (SPSS, Inc., Chicago, Illinois). Descriptive statistics were utilized to show descriptive characteristics, incidences of violence, as well as responses and behaviors subsequent to being subjected to violence, among nursing students.

3. Results

3.1 General characteristics of the subjects

The mean age of the students was 22.2 years, and a great majority (93.4%) was female. Only 13.8% of the students had previous violence-related education, and 29.0% of the students responded that violence education was extremely necessary. Table 1 summarizes general and violence-related characteristics of the participants.

Table 1. General and Violence-related Characteristics of the Participants (N = 290)

Characteristics		n(%)
Gender	Male	19 (6.6)
	Female	271 (93.4)
Age(yr)	20	36 (12.4)
	21	118(40.7)
	22	59 (20.3)
	23	25 (8.6)
	Over 24	52 (18.0)
Perceived health status	Good	147(50.7)
	Fair	135(46.6)
	Bad	8(2.7)
Social relationship	Very good	29(10.0)
	Good	171(59.0)
	Fair	88(30.3)
	Bad	2(0.7)
Satisfaction with studying nursing	Very satisfied	31(10.7)
	Satisfied	134(46.2)
	Unsure	103(35.5)
	Dissatisfied	19(6.6)
	Very dissatisfied	3(1.0)
Satisfaction with clinical practices	Very satisfied	9(3.1)
	Satisfied	84(29.0)
	Unsure	151(52.1)
	Dissatisfied	44(15.1)
	Very dissatisfied	2(0.7)
Experience of violence-related education	Yes	40(13.8)
	No	250(86.2)
Place*	School	36(90.0)
	Internet	6(10.0)
Contents of education*†	Coping methods	32(80.0)
	Violence type	16(40.0)
	Violence reporting system	14(35.0)
	Violence prevention	12(30.0)
	Others	2(5.0)
Necessity of violence education	Extremely needed	84(29.0)
	Moderately needed	124(42.7)
	Somewhat needed	69(23.8)
	Slightly needed	13(4.5)

* n=40 (asked participants who has an experience of violence-related education)

† More than one answer was given

Table 2. Violence Experienced by Nursing Students in Clinical Settings (N = 290)

Persons Inflicting violence	Verbal violence n (%)	Physical threatening n (%)	Physical violence n (%)	Sexual violence n (%)	Total* n (%)
Patients/patients' family	22(78.3)	178(61.4)	35(12.1)	118(40.7)	246(84.8)
Physicians	135(46.6)	131(45.2)	11(3.8)	10(3.4)	168(57.9)
Nurses	210(72.4)	176(60.7)	43(14.8)	2(0.7)	228(78.6)
Others	41(14.1)	21(7.2)	0(0.0)	0(0.0)	49(16.9)
Total	247(85.2)	217(74.8)	63(21.7)	119(41.0)	263(90.7)

*More than one answer was given by participants

Table 3. Reasons for Being Subjected to Violence according to Students' Perception (N = 263)

The reasons for being subjected to violence	Patients n (%)	Physicians n (%)	Nurses n (%)	Others n (%)
Reasons related to the person inflicting violence				
Patronize students	167(63.5)	65(24.7)	119(45.2)	12(4.6)
Lack of confidence in nursing students	141(53.6)	54(20.5)	93(35.4)	10(3.8)
The patient/ patient's family's dissatisfaction with health staffs	141(53.6)	-	-	-
The patients' physical and/or mental health problem	98(37.3)	-	-	-
Personal gripe	95(36.1)	16(6.1)	48(18.3)	6(2.3)
The patient/ the patient's family's low level of education	84(31.9)	-	-	-
The patient' low level of consciousness	58(22.1)	-	-	-
The patient's condition worsened	50(19.0)	7(2.4)	24(9.1)	0(0.0)
The consumption of alcohol by the patient/the patient's family	32(12.2)	-	-	-
Reasons related to nursing students				
Lack of knowledge and skills in care giving	96(36.5)	30(11.4)	82(31.2)	7(2.7)
Lack of effective communication skill	64(24.3)	6(2.3)	31(11.8)	3(1.1)
A haughty or unkindness attitude	21(8.0)	7(2.7)	10(3.8)	3(1.1)
Reasons related to the hospital				
Delay of treatment, therapy or operation	116(44.1)	0(0.0)	10(3.8)	3(1.1)
Dissatisfaction with facilities of a hospital	68(25.9)	4(1.5)	7(2.7)	1(0.4)
Dissatisfaction with hospital fees	34(12.9)	1(0.4)	2(0.8)	0(0.0)
Lack of security measures	11(4.2)	1(0.4)	3(1.1)	1(0.4)
Other reasons				
Consider a student as a female or male not a nursing student	39 (14.8)	0(0.0)	0(0.0)	0(0.0)
Being negatively affected by media	14 (5.3)	2(0.8)	0(0.0)	0(0.0)
Others	3 (1.1)	0(0.0)	0(0.0)	2(0.8)

*More than one answer was given by participants

3.2 Student's violence experience in clinical settings.

Evaluation of the findings indicated that 90.7% of the students were subjected to some type of violence. Verbal violence (85.2%) was the most frequently encountered type of violence, followed by physical threats (74.8%), sexual violence (41.0%), and physical violence (26.2%).

Concerning verbal violence, the perpetrators were frequently patients or patients' family members (78.3%), nurses (72.4%), and physicians (46.6%), in order. The most frequent perpetrators of physical threats were patients or patients' family members (61.4%), followed by nurses (60.7%) and physicians (45.2%). However, in the case of physical violence, the most frequent offenders were nurses (14.8%), followed by patients or patients' family members (12.1%) and physicians (3.8%). Concerning sexual violence, the patients or patients' family members were the most frequent offenders (40.7%) [Table 2].

Table 4. Students' Responses after Confrontation with Violence (N = 263)

Responses to the Violence	Mean± SD	Ranking
Emotional responses		
Angry	3.85±0.93	1
Increased irritability	3.50±1.10	2
Depressed	3.50±1.10	3
In a state of shock	3.06±1.18	4
Sad	2.96±1.05	5
Withdrawal	2.75±1.39	6
Anxious	2.62±1.12	7
You should have done something to prevent the assault	2.51±1.19	8
Shame	2.49±1.27	9
Helplessness	2.41±1.27	10
Doubting self-worth	2.30±1.26	11
Denial	2.03±1.67	12
Feeling of loss	2.03±0.97	13
Fear of being alone	2.02±1.11	14
Blaming yourself for the assault	1.91±1.04	15
Loss of control	1.87±1.01	16
Guilt	1.76±0.94	17
Resignation	1.75±1.01	18
Fear of returning to scene of the assault	1.65±0.86	19
Biophysical responses		
Gain appetite	2.38±1.36	1
Increased body tension	2.36±1.29	2
Startle reaction	2.17±1.30	3
Headaches	2.02±1.31	4
Rapid breathing	1.92±1.13	5
Feeling of heaviness	1.74±1.10	6
Loss of appetite	1.67±0.89	7
Difficulty falling asleep	1.66±0.92	8
Crying spells	1.56±0.92	9
Awakening at night	1.55±0.85	10
Diarrhea	1.51±0.81	11
Nausea	1.43±0.73	12
Assault-related dreams	1.38±0.78	13
Body soreness in the area where hit	1.37±0.75	14
Social responses		
Fear of person who assaulted you	2.41±1.31	1
Fear of other patients, patients' family, doctor and nurse	2.23±1.21	2
Fear of strangers	1.65±0.90	3
Not wanting to leave your home	1.54±0.86	4
Change in relationship with friends	1.52±0.85	5
Change in the relationship with family	1.50±0.83	6
Difficulty returning to clinical practices	1.50±0.85	7

*More than one answer was given by participants

3.3 Student's perception of the reasons for being subjected to violence.

Students reported the reasons for being subjected to violence, which students categorized according to the perpetrator. In the case of violence by patients or patients' family members, the most frequent cause of violence was to "patronize students" (63.5%), followed by "the patients/patient's family's dissatisfaction with health staff" (53.6%), "lack of confidence in nursing students" (53.6%), and "delay of treatment, therapy or operation" (44.1%). Violence was inflicted by physicians most often when physicians "patronize students" (24.7%), had a "lack of confidence in nursing students" (20.5%), and when there was "lack of knowledge and skills in care giving" (11.4%). The reasons for being subjected to violence by nurses were also similar to those instigated by physicians, with different rates: 45.2% for "patronize students," 35.4% for "lack of confidence in nursing students," and 31.2% for "lack of knowledge and skills in care giving" [Table 3].

Table 5. Coping with the Violence (N = 263)

Behaviors	n (%)*	Most frequently used behavior, n(%)
Did not react to the person inflicting violence and continued clinical practice	209(79.5)	136(51.7)
Ignore and avoid the person inflicting violence	184(70.0)	69(26.2)
Report to a clinical instructor	70(26.6)	18(6.9)
Get help from friends	70(26.6	15(5.7)
Make efforts to calm down and communicate with the offender	57(21.7)	16(6.1)
Self-protection from violence	30(11.4)	8(3.0)
Drinking alcohol or taking a medication	13(4.9)	0(0.0)
Thought of dropping out of school	8(3.0)	0(0.0)
Request an apology	6(2.3)	0(0.0)
Call security	3(1.1)	0(0.0)
Request to move other setting	2(0.8)	0(0.0)
Others	1(0.4)	1(0.4)

*More than one answer was given by participants

3.4 Student's responses after confrontation with violence.

After the nursing students were exposed to violence, they responded more negatively to psychological aspects than to biophysical or social aspects. The most frequent emotional response of students was "angry" (3.85 ± 0.93), followed by "increased irritability" (3.50 ± 1.10), "depressed" (3.34±0.93), and "in a state of shock" (3.06 ± 1.18). In the case of physical responses, the students' most frequent biophysical response was "increased appetite" (2.38 ± 1.36), followed by "increased body tension" (2.36 ± 1.29), and "startle reaction" (2.17 ± 1.30). "Fear of persons who assaulted you" (2.41 ± 1.31) was the most frequent response in the social category[Table 4].

3.5 Coping with violence.

Most students did "not react to the person inflicting violence and continued clinical practice" (51.7%), and this response was cited by students as their most frequently used coping (79.5%) after violent confrontations[Table 5].

4. Discussion

There is no doubt that educational institutions and healthcare organizations should develop effective violence prevention strategies during nursing education. It is important to examine the type and rate of violent incidents during clinical practice, as well as the causes of violence, the students' response to, and behaviors dealing with violence, response to, and behaviors dealing with violence, before establishing prevention strategies.

This study was conducted to examine the violent experiences of nursing students in clinical setting to determine the types of violence, as well as how their responses and coping methods are affected after such an experience.

About 91% of the students were subjected to violence, which was a higher rate than most of the previous studies: 50.3% for nursing students in Turkey[10], 42.2% for nursing students in the UK[23] and 34% for those in Italy[11]. Moreover, Hinchberger[24] reported that 100% of student nurses had either observed or experienced violence in their clinical placements in the U.S.A. These results should be interpreted carefully since different tools to measure the incidence of violence were used in the present

study, than in the previous studies. Celebioğlu et al.[10] used closed-ended questions developed by the researchers, and Magnavita and Heponiemi[11] used an Italian version of the violent incident form proposed by Armetz[25] for the registration of violent incidents in the healthcare workplace. Hinchberger[24] examined observed or experienced bullying, harassment, or verbal abuse within the past 2 to 3 years, using a modified metropolitan Chicago healthcare survey. More research would be required to better understand the incidence of violence in various international populations.

Among nursing students who had an experience of violence in this study, 85.2% were subjected to verbal violence, whereas 91.6% were subjected to verbal violence in Turkey[10]. In England, 45.1% of nursing students reported that they were subjected to verbal violence or witnessed violence during clinical practice[7]. The incidence of verbal violence is more common than either physical or sexual violence. This may be because verbal violence is regarded as less serious than other violence. Moreover, healthcare providers or patients are likely to regard nursing students as inferior and slight them. We wondered that Confucian principles influence hierarchical society relationship and often vulnerability to violence in Korean society. It would be hard to say yes based on the finding of this study. However, Korean nursing students and nurses is likely to have more experienced violence than nurses or nursing students from other countries. More study should be conducted to exam the incidence of violence among Asian nursing students under the influence of Confucian principles. We are not sure that is related to culture. More study should be conducted to exam the incidence of violence among Asian nursing students.

The perpetrators in this study were not only patients or their family, but also clinical staff, which is consistent with previous studies[10,11,26]. As perceived by the students before this text, the most frequent causes of violence perpetrated by the patients/patients' family members were dissatisfaction with health staff, or delay of treatment, therapy, or operations. To establish safe clinical environments for students in clinical practice, hospitals need to make an effort to increase satisfaction among patients and their families and provide better services.

The results of this study demonstrated that students often experienced violence from nurses or physicians. Especially, in the case of physical violence, the most frequent offenders were nurses. From the results of this study, the most frequent causes of violence by clinical staff, as perceived by students, were to "patronize students," "lack of confidence in nursing students," and "lack of knowledge and skills in care giving." Because respect is essential in preventing disruptive behaviors[27], managers of hospitals may need to make an effort to establish an environment of respect. Moreover, clinical staff members tend to form expectations regarding students' capacities based on their own personal standard, and rely on their personal memories of nursing school to determine what students should achieve during clinical experience[28]. This may cause of lack of confidence in nursing students. Decker and Shellenbarger[29] recommend a preclinical planning time with clinical staff. During this time, clinical staff and clinical instructors share specific goals for nursing students to achieve during the clinical experience at that particular site. Students not only need to know about the staff's expectations and limitations of their clinical experience, but also need to be prepared with relevant knowledge and skills before they begin clinical practice. Healthcare staff members need to give guidance and support, with an awareness of students' limitations and expectations.

In this study, negative consequences of nursing students' exposure to violent incidents included anger, increased irritability, depression, being in a state of shock, increased appetite, increased body tension, startle reactions, and fear. Nursing students' experiences of violence during clinical practice also resulted in negative emotions, being less satisfied with studying nursing and clinical practice, and negative job

satisfaction with becoming a nurse[7,11]. University faculties, staff, and administrators must pay attention to such findings and develop supportive strategies for the students.

Inappropriate coping with the person inflicting violence leads students to be frustrated and fearful, which is one reason the students leave school [26,30]. Surprisingly, many student nurses did not react to the person inflicting violence, and continued clinical practice after a violent confrontation, which was consistent with previous studies[10,26]. Moreover, many student nurses accept violence as a rite of passage, and repeat violent behavior later in their careers[24]. One reason why nursing students continued clinical practice without reacting was because nursing emphasizes care of people, so nursing students are likely to accept patients' behaviors. Another reason is their lack of skills to deal with the incident[10]. In the results of this study, only 13.8% of the students had previous violence-related education, and about 71.0% of the students responded that violence education was more than moderately necessary. Thomas[30] emphasized the role of the nurse educators in eliminating violence, and recommended the implementation of violence-free contracts, participation in role-play activities, adoption of a professional communication technique, reflection journaling, and cognitive recognition, use of nurse preceptors, and so on. Along with teaching nursing students strategies to deal with violent behavior in the professional practice environment, effective reporting systems to improve awareness and assist with coping with violence are essential.

Our findings are restricted to a sample of university students. We included 6 universities, in 4 different administrative districts and focused on students who had experienced 2 semesters of clinical practicum. Thus, the results may not be generalized to all nursing students. Future studies need to include the severity and duration of psychological, physical and emotional consequences, so that university faculties, staff and administrators may develop more systematic and effective strategies for students. Moreover, qualitative research that addresses these issues should be conducted in further studies. In this study we didn't classified nurses into preceptors, instructors, or nursing professors so, we also recommend more studies considering this issue.

5. Conclusion

Students need guidance and support in order to develop confidence and competence during the period of clinical practice. The findings of our study demonstrated that most nursing students experienced violence and the most frequent action taken by respondents after violence was to not react to the patient and continue providing care. Therefore, strategies should be taken to prevent the violence inflicted upon nursing students in clinical settings. Clinical providers and universities should work together to decrease the incidence of violence and promote a safety culture. Clinical setting need to make an effort to increase satisfaction among patients and their families and provide better services because frequent causes of violence perpetrated by the patients/patients' family members were dissatisfaction with health staff, or delay of treatment, therapy, or operations in this study. In addition, policies and procedures for reporting and receiving counseling of violence should be developed as nursing student's clinical practice guidelines just in case of exposure to violent incidents. To establish safe clinical environments for students in clinical practice healthcare staffs, nurses in particular, ensure educational goals for nursing students to achieve during clinical experience. Nursing students should be provided with information related to not only communication and methods to cope with violence but also staff's expectations and limitations of their clinical experience, before they start clinical practice at the university.

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