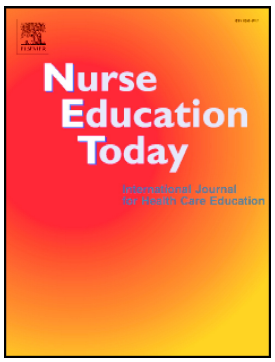


# Nursing curriculum and bullying: An integrative literature review

Sharan Sidhu, Tanya Park

PII: S0260-6917(18)30129-1
DOI: doi:10.1016/j.nedt.2018.03.005
Reference: YNEDT 3800

To appear in:

Received date: 23 June 2017
Revised date: 15 February 2018
Accepted date: 8 March 2018

Please cite this article as: Sharan Sidhu, Tanya Park , Nursing curriculum and bullying: An integrative literature review. The address for the corresponding author was captured as affiliation for all authors. Please check if appropriate. Ynedt(2018), doi:10.1016/j.nedt.2018.03.005

# NURSING CURRICULUM AND BULLYING: AN INTEGRATIVE LITERATURE REVIEW

Sharan Sidhu, BScN (Honors)
Faculty of Nursing, University of Alberta

E-mail:sharan1@ualberta.ca

*Tanya Park, RN, PhD
Assistant Professor, Faculty of Nursing, University of Alberta

5-317 Edmonton Clinic Health Academy
11405 87 Avenue, University of Alberta
Edmonton, AB T6G 1C9
Canada
Ph: 780-492-9109
E-mail: tanya.park@ualberta.ca

*Corresponding Author

Funding: This work was supported by the 2016 Faculty of Nursing Undergraduate Student Summer Research Award, University of Alberta, Edmonton, AB

# TITLE: NURSING CURRICULUM AND BULLYING: AN INTEGRATIVE LITERATURE REVIEW


## ABSTRACT

*Objectives:* The purpose of this integrative review was to identify and synthesize key concepts that inform curriculum which increase nursing students' competence, skills and strategies when addressing bullying. Specifically, the authors sought to examine the concepts informing educational interventions, skills, and strategies, which addressed the bullying of nursing students.

*Design:* Integrative literature review.

*Data Sources:* A search of the electronic databases CINAHL, MEDLINE, ERIC, PsycINFO, Proquest, and PubMed was conducted in January 2016 using search terms such as 'bully' 'nursing student' 'education' and 'curriculum'

*Review Methods***:** Articles were screened for relevance and eligibility and extracted onto a table. Critical appraisal was conducted using multiple tools. Papers were analysed using constant comparison and concept mapping.

*Results:* 61 articles were included in the synthesis. Concepts identified included: empowerment, socialization, support, self-awareness, awareness about bullying, collaboration, communication, and self-efficacy. All concepts linked to empowerment. Social Cognitive Theory was used by many studies. Active teaching methods which gave students opportunities to practice skills were the most effective.

*Conclusions:* Empowered nursing students have the potential to address bullying more effectively and competently. Empowerment of nursing students is a powerful concept that educators must consider when developing curriculum and educational interventions to address bullying.



**Keywords (4-8)**

Bullying, nursing students, nursing education, curriculum, empowerment

## INTRODUCTION

Adaptable and flexible nurses are needed to meet the fluctuating demands of healthcare systems. The Canadian Nurses' Association (CNA) states that the knowledge, skills, and personal attributes required by today's health system can only be gained through baccalaureate nursing programs (2016). However, despite the changes to nursing education, there has been no change to the persistent culture of bullying within nursing.

Bullying of nursing students is not a recent phenomenon. An article published in the New York Times in 1909 documented an example of the bullying experienced by nursing students from a physician's perspective. The physician witnessed "head nurse despotism" directed towards student nurses and recounted stories of bullying (New York Times, 1909). Biographers have documented Florence Nightingale, the symbolic 19$^{th}$ century nursing icon, as being intimidating and domineering with her peers, behaviors often considered as bullying (Lim & Bernstein, 2014). Today, there is a prevalence of literature documenting bullying of nursing students in the clinical setting. Clarke et al. (2012) found that 88.7% of undergraduate Canadian nursing students from various years (n=674) experienced at least one act of bullying with the main sources of bullying being clinical instructors and staff nurses.

Nursing students experience bullying from the 1$^{st}$ year of their nursing education programs (Clarke et al., 2012). It therefore follows that there is an opportunity within nursing education programs to change this experience and break the cycle of bullying. Doing so will lead to a workforce where bullying is not a part of the culture (Pope, 2008; Smith et al., 2016).

## BACKGROUND

Bullying among nurses is a persistent, international problem. In Australia, the incidence of nurse-to-nurse bullying ranges between 14.7% and 21.7% (Hegney et al., 2010; Roche et al., 2010), while in the USA, rates of 23% were reported (Vessey et al., 2009). A national study in the UK found that 20% of healthcare staff, of which the majority were nurses, experienced bullying (Carter et al., 2013). The evidence is clear, bullying in nursing is prevalent internationally.

This prevalence of bullying has several implications for the profession. Much of the concern in the literature is focused on staff retention and burn out (Chachula et al., 2015; Yildrim, 2009). New Canadian graduates who were planning to leave the profession reported horizontal hostility as a factor influencing their decision to leave nursing (Chachula et al., 2015). Impaired well-being is another unfortunate consequence of bullying in nursing. Yildirim (2009) found a positive association between workplace bullying and depression ($r=0.51$, $p<0.00$). Nurses have reported experiencing stress, anxiety, depression, and posttraumatic stress symptoms after bullying experiences (Berry et al., 2016; Rodwell & Demir, 2012; Yildirim, 2009).

The negative effects of bullying on nurses' physical and mental health can also compromise patient safety. An Australian study (Roche et al., 2010) found delayed delivery of nursing tasks to be a consequence of workplace bullying, Nurses have also reported being unable to concentrate on patient tasks and procedures because of bullying (Carter et al., 2013, Rosenstein & Naylor, 2012). A delay in intervention delivery and an inability to think clearly is concerning in the fast-paced healthcare systems of the 21st Century, where patients have higher acuity, requiring time sensitive interventions. Positive associations between violence and emotional abuse with adverse patient events such as medication errors and falls are also documented in the

literature (Roche et al., 2010; Rosenstein & Naylor, 2012) demonstrating that bullying can negatively affect both patient and nurse safety and health outcomes.

Although nurses suffer negative health outcomes when bullied, nursing students are especially vulnerable given their position within the healthcare hierarchy, lack of knowledge, and developing professional skills. In a study examining the prevalence of bullying and its sources in Canadian nursing students, 77% of first year students experienced at least one bullying behavior mainly from clinical instructors and staff nurses (Clarke et al., 2012). A high incidence of bullying reported internationally within undergraduate nursing education reflects the extent of this issue (Birks et al., 2017; Magnavita & Heponiemi, 2011; Smith et al., 2016). Bullying among nursing students has been linked to psychological and physical consequences. Nursing students report experiencing panic attacks, anxiety, decreased self-esteem and confidence, and feelings of powerlessness as results of being bullied (Birks et al., 2017; Birks et al., 2018; Budden et al., 2015).

Including strategies and skills on bullying within nursing curriculum could help students effectively cope and increase resilience, protecting their well-being and improving their learning (Clarke et al., 2012; Budden et al, 2015). This may also facilitate opportunities for students to become catalysts for change within nursing culture (Pope, 2008; Smith et al., 2016) leading to improved outcomes for patients and healthier work environments. Several studies suggest the integration of strategies and skills on managing bullying in nursing curriculum (Budden et al., 2015; Clarke et al., 2012; Smith et al., 2016) however, the content of the suggested curriculum has not been addressed. Research is needed to inform nursing education by identifying what changes to curriculum needs to occur. To address this gap, an integrative literature review (Whittemore & Knafl, 2005) was performed.

## PURPOSE

The purpose of this study was to identify and synthesize key concepts shown in literature, to inform curriculum and increase nursing students' competence when faced with bullying. The central guiding research was: What should be in undergraduate nursing curriculum regarding bullying in the clinical setting? This question was expanded to three sub-questions:

1. What concepts inform the curriculum requirements and/or strategies that have been implemented to educate nurses or nursing students about bullying in the clinical setting?
2. What theories or evidence exist to support the concepts identified?
3. What are the documented effects of the implemented curriculum requirements and/or strategies?

To provide a more specific focus, the authors examined bullying in the clinical setting, as the most frequent bullying sources for students are staff nurses and clinical instructors (Budden et al., 2015; Clarke et al. 2012).

## METHODS

### Design

An integrative literature review was conducted. The review was consistent with the process outlined by Whittemore and Knafl (2005). Integrative reviews follow a structured format and allow for a broader understanding of a topic due to its diversity in methodologies. The review process included the following phases: 1) problem identification, 2) literature search, 3) data evaluation, 4) data analysis and 5) presentation of the results (Whittemore and Knafl, 2005).

### Search method

A literature search was conducted in January 2016. The databases searched were CINAHL, MEDLINE, ERIC, PsycINFO, Proquest, and Pubmed. A preliminary search was conducted

beforehand to identify various synonyms and terms used in the literature for bullying. Search terms used were nursing student, student nurse, bully, harass, incivility, horizontal violence, lateral violence, vertical violence, workplace violence, hostility, cyberbully, hazing, verbal abuse, physical abuse, curriculum, education, teach, instruct, and learn. To be included in the study, resources had to be written in the English language within the past fifteen years (2000-2015). This time limit was based on the literature as the discussion of nursing students and bullying became more prevalent approximately 15 years ago with a study done by Randle (2001). Grey literature and theses were included to prevent any limitations of information and enrich the data as bullying is a subjective experience.

The results of the literature search are depicted in Figure 1. The review process took place from May 2016-July 2016. Database searching identified 688 articles and after screening, 61 studies were included in the synthesis. The majority of the studies originated from the United States (n=45) and were discussion articles (n=27). See Table one for more details of all literature included.

[Insert Figure 1]

Literature appraisal

Theoretical and discussion papers were appraised using the AACODS checklist (Tyndall, 2010). The AACODS checklist (Tyndall, 2010) enables the critical appraisal of grey literature and assesses the authority, accuracy, coverage, objectivity, date, and significance of an article with scores ranging from 0-6. Peer reviewed literature was appraised using the McGill Mixed Methods Appraisal Tool (MMAT) developed by Pluye et al. (2011). Due to the diverse methodologies of studies synthesized by integrative reviews, appraisal and data analysis can

become complicated if multiple tools are used (Whittemore & Knafl, 2005). The MMAT was chosen as it enables users to concurrently appraise qualitative, quantitative, and mixed methods studies (Pluye et al., 2011) with scores ranging from 0% (no criteria met) to 100% (all criteria met). Theses and dissertations were appraised with both tools as they can be classified as grey literature, but also required further appraisal given their research designs. No articles were excluded from the study after scoring. The rationale for not excluding articles is that appraisal tools may not assess all components of quality comprehensively.

[Insert Table 1]

Analysis

Each article was extracted onto a spreadsheet. Information extracted included author, year, country of origin, title, findings, limitations, recommendations, and how the paper answered each research question. Extracted data from articles were compared against one another using the constant comparison method to identify themes and subthemes. Concept mapping was used to facilitate analysis.

## FINDINGS

Knowledge, skills, and tools to address bullying in the clinical setting were identified and recommendations for undergraduate nursing education were developed. There were eight concepts identified in the literature. The concepts were: empowerment, self-efficacy, awareness about self, awareness about bullying, support, communication, collaboration, and socialization. These concepts and their intricate relationships in fostering student empowerment can all be conceptualized at the individual, interpersonal, and structural/system levels. Empowerment was a common concept threaded throughout these levels.

Empowerment

Shanta & Eliason (2014) define empowerment as both a process and an outcome. Empowerment is an interpersonal process in which the resources, tools, and environments needed to develop, build, and increase ability and effectiveness of others to set and reach goals are provided. As an outcome, empowerment is possessing elements of self-efficacy, competency, autonomy, and having meaning of ones' existence (Shanta & Eliason, 2014). Thirteen articles discussed empowerment as a concept that informed educational interventions and strategies.

Pope (2008) uses empowerment in the context of Freire's oppressed group model, stating that empowerment of students will emancipate them from the oppressive healthcare hierarchy and thus horizontal violence. Pope (2008) argues that passivity in nursing education oppresses nursing students and does not empower them to control their own learning process, advocating for educators to utilize a liberation pedagogy approach. This can be achieved by helping students understand the dynamics of oppression and realizing they can liberate themselves (Pope, 2008). For example, teaching students about managing bullying helps them realize that liberation is within their capabilities, which is empowering (Griffin, 2004). Cognitive rehearsal is an example of a proactive intervention informed by empowerment as it equips students with the self-efficacy needed to competently process and manage difficult situations, thus providing them with more control of their environment and relationships (Griffin, 2004; Pope, 2008; Sanner-Stiehr, 2015).

Other interventions informed by empowerment included assertiveness training, shared-decision making models, and interventions which fostered meaningful relationships. Assertiveness provides students with the power to control a situation in which they are being bullied (Stevenson et al., 2006). Shared-decision making reduces power differentials among educators

and students (Clark & Springer, 2010), and the formation of meaningful relationships between students and educators empowers students by making them feel valued (Clark & Davis-Kenaley, 2011). Overall, empowerment was a central concept that informed all other concepts identified. The relationships between empowerment and other concepts at the individual, interpersonal, and structural/system levels are described in the following findings.

Individual level

Interventions which targeted nursing students at an individual level focused on teaching students various strategies. Fostering self-awareness, strengthening self-efficacy, and raising awareness about bullying were all identified as important. Another example is assertiveness. Assertiveness is an essential communication style students need to adopt in order to manage bullying, with some authors suggesting the implementation of assertiveness training into curriculum (Begley & Glacken, 2004; Deltsidou, 2008; McCabe & Timmins, 2003; Stevenson et al., 2006).

Another identified concept on the individual level was awareness about self, identified by nine papers. Incorporating the skill of self-reflection enables greater self-awareness (Hakojarvi et al., 2014; Hutcheson & Lux, 2011; Szutenbach, 2013). Two important components of self-reflection are required: self-reflection about response to bullying, and self-reflection about professional identity. Self-reflection helps students to realize their capabilities, motivating change and increasing confidence that leads to assertiveness (Griffin, 2004).

There were five educational interventions identified in the literature that aimed to raise awareness about bullying in nursing among individuals. Beech (2001) implemented a three day aggression prevention and management program with nursing students which raised awareness about aggression within nursing. Beech and Leather (2003) found that students reported

increased self-esteem and confidence levels after three months, suggesting raising awareness about aggression can lead to a sustained increase in self-confidence.

Sense of self is another important concept that empowers students on an individual level. Five papers identified this concept. Students who feel that they are worthy of being treated respectfully and that they are more capable of managing bullying effectively.

Interpersonal level

This level included strategies to develop communication techniques and skills among students, support students by establishing meaningful relationships, socialize nursing students, and foster collaboration between educators, students, and clinical settings. Thirty-three articles focused on interventions and strategies that improved communication. Three papers reported the intervention cognitive rehearsal and the results of implementation (Griffin, 2004; Clark et al., 2014a; Sanner-Stiehr, 2015). Cognitive rehearsal prepares students for situations in advance, allowing them to anticipate their responses and to gain confidence in their communication skills by practicing in safe environments.

Socialization was a strategy identified by ten papers. Positive role modelling by educators and staff nurses during the socialization of students to nursing can encourage students to adopt positive behaviors and not engage in bullying (Clark & Springer, 2010). Support is another strategy mentioned in twenty-five articles, with two subthemes: safe learning environments and meaningful relationships. The establishment of meaningful relationships between educators and students leads to authentic support, enabling students to feel valued and empowered (Bartholomew, 2006; Clark & Davis-Kenaley, 2011).

The concept of collaboration was identified by nineteen articles to inform educational strategies and interventions. Collaboration between students, educators, and organisations and collaboration between students and educators were two identified subthemes. Shanta & Eliason (2014) state that empowering educational environments are characterized by collaborative and mutual relationships between faculty and students. When students and educators collaborate to address bullying in the clinical setting, they are both equally involved in the decision-making process, removing power and empowering students. Shared decision-making can be facilitated with open discussion forums between students and educators. This open communication further establishes a culture of civility and trust which counteracts bullying (Clark & Springer, 2010).

Structural/System level

At this level, researchers recommend that educators support students with the creation of safe learning environments and openly communicate with students regarding the nature and existence of bullying within nursing. Safe learning environments enhance student comfort with reporting behaviors and sharing experiences. Post-clinical debriefing sessions between instructors and students are important learning opportunities that create a safe space for students to explore bullying experiences (Clark & Ahten, 2012).

Thirty-three articles focused on educational interventions and strategies that improved communication. Open and transparent communication, assertiveness, and communication techniques and skills, were the common subthemes at the structural/system level. Open and transparent communication is an important skill for educators to use with students regarding issues, expectations, and the reality of nursing. Students expressed a desire to be exposed to the reality of nursing in their education, as they often experience shock when they first enter the

clinical environment (Beardsley, 2003). Clark et al. (2014b) exposed senior nursing students to incivility in nursing through Problem Based Learning (PBL) scenarios. During evaluation, students appreciated that instructors were transparent about the realities they would face as new graduates (Clark et al., 2014b). By being open and transparent at the structural level, bullying in nursing is acknowledged as an issue and safe environments for sharing experiences and expressing thoughts are created (Bartholomew, 2006; Brothers et al., 2010; Clark et al., 2014b; Dulaney, 2015). Thus, the environments and systems students learn within must be built on openness and transparency to enable trust. A commitment to openness and transparency at the structural/system level has been expressed in the form of 'civility codes' by nursing schools (Williams and Lauerer, 2013).

Theories to inform curriculum

Concepts are often organized within theories, thus theories informing curriculum were also identified. Several theories, models, and sources of evidence were used to guide the interventions and strategies identified in the literature. These theories are outlined in table 2.

[Insert Table 2]

The most commonly used theory was Social Cognitive Theory, which was referred to through cognitive rehearsal, PBL, social skills training, or cognitive behavioral therapy, in eleven papers. Social Cognitve Theory suggests that individuals model the behaviors of those that they categorize as being similar to themselves. In the case of nursing students, nursing students model the actions and behaviours of faculty and staff (Dulaney, 2015). Thus, when students are placed on wards with nurses who engage in bullying behaviors, they are likely to begin modeling those behaviors (Dulaney, 2015).

Teaching strategies to affect change

Twenty articles reported the effects of their interventions. Two studies implemented cognitive rehearsal as an intervention and both studies found the intervention to be effective with students stating they felt more confident addressing bullying (Griffin, 2004; Sanner-Stiehr, 2015). Activities which required active involvement like role playing, reader's theater, and PBL enhanced student learning and awareness of bullying's impact (Griffin, 2004; Evans & Curtis, 2011; Clark et al., 2014b). These activities also had long-term effects with self-directed learning shown to solidify retention of material. For example, Clark et al. (2014b) surveyed students ten months after their involvement in a PBL incivility scenario. Sixty-four percent of students attributed the experience with their ability to manage incivility and bullying as new graduates (Clark et al., 2014b). Other effective interventions included journal clubs to foster civility (Kerber et al., 2012; Jenkins et. al, 2013).

Fourteen studies used the provision of knowledge about bullying and communication techniques as an intervention with varying effects. Pope (2008) found that providing information to clinical instructors regarding reporting procedures and the creation of positive learning environments had positive effects for nursing students. Students reported a better understanding of reporting procedures and felt more connected with their instructors (Pope, 2008). Chipps and McRury (2012) found that after involvement in an educational program on workplace bullying, participants began to identify more bullying behaviors post-intervention, however this finding was not significant. Further, the passive provision of knowledge about reporting procedures was not statistically significant as a teaching strategy in one study (Schaefer, 2014). Schaefer (2014) found no difference in students' abilities to identify negative behaviors after participating in an informational course.

## DISCUSSION

There are eight important concepts – empowerment, self-efficacy, awareness about self, awareness about bullying, support, communication, collaboration, and socialization- that can inform nursing curriculum and alter students' experiences of bullying. Empowerment was a central concept. There were several theories used to inform the interventions and strategies proposed and implemented in the literature, with the most common theory being Social Cognitive Theory. Effective teaching strategies in the literature were those that included active learning methods.

Empowerment of students is integral to addressing bullying as it leads to emancipation and liberation from oppression (Bartholomew, 2006). Power structures also exist within the educational setting, oppressing students further as educators treat students as empty vessels into which knowledge is poured (Bartholomew, 2006; Pope, 2008). Pope (2008) asserts that using a liberation pedagogy approach in nursing curriculum will humanize education and allow nursing to heal from oppression. A liberation pedagogy approach involves collaboration between students and educators in which they strive towards a common goal or vision (Pope, 2008). Thus, educators and students need to remove power differentials between them with students sharing more power over their education and learning (Shanta & Eliason,2014). PBL is an example of a student centered learning approach that helps empower students (Weimer, 2013).

Siu et al.(2005) found that nursing students in a PBL based program had significantly higher perceptions of empowerment than those taught in a lecture based program. Considering this information and Pope's (2008) argument, educators could hypothesize that PBL empowers nursing students and therefore helps them effectively manage bullying. However, this may not be

true since nursing students can hold negative attitudes towards PBL because it challenges passivity and is unfamiliar to them (Shin & Kim, 2013; Weimer, 2013). This inability to engage actively in learning is disempowering, and can instead result in self-oppression (Pope, 2008) Educators must determine whether student empowerment can be facilitated using methods other than PBL. According to the findings of this study, educators can facilitate student empowerment by involving students in important decisions regarding education, building meaningful relationships, and positively socialising students (Clark, 2008; Del Prato, 2013; Dulaney, 2015; Shanta & Eliason, 2014; Szutenbach, 2011).

Educators must also consider the unique characteristics of their classroom when developing educational interventions for bullying, as everyone experiences bullying differently. The definition of bullying can vary between cultures, generations, and nurses. Further, previous training, age, and gender can affect a person's ability to manage bullying. For example, Beech (2007) examined the relationship between demographics and knowledge, attitudes, confidence, and competence of nursing students who participated in an aggression prevention and management program. When given scenarios to analyse regarding aggressive patients, female students were able to identify more risk factors for violence and aggression than their male counterparts. However, male students had significantly higher confidence scores in maintaining their personal safety. Students with previous aggression training rated themselves as more confident in remaining safe and having greater self-respect (Beech, 2007). Educators should be mindful of these findings and the differences within classroom demographics when delivering bullying education to ensure it is effective for everyone. Further, providing this education frequently throughout nursing programs is beneficial, as previous training positively affects students' confidence and competence when managing bullying (Beech, 2007). Thus, educators

should consider threading bullying education throughout curriculum to build on previous knowledge.

Beech (2007) also found that students who had previous experience with violent patients identified more risk factors in the scenarios, suggesting that they underwent an experiential learning experience. Considering that they were competent in risk identification due to an actual encounter with a violent patient is sobering however. Perhaps, if these students experienced this behavior in a safe, simulated environment, they could have been just as competent and limited their exposure to any negative effects of experiencing the violence in the clinical setting. Educators should strive to take a proactive approach in bullying education and not rely on experiential learning.

There are various theories that educators can use to inform the introduction of bullying in curriculum. These theories come from different disciplines and when used together, can develop holistic approaches to bullying education. With Social Cognitive Theory being the most commonly used theory to inform strategies and interventions, it is suggested that modelling and socialization of students plays a role in the perpetuation of bullying in nursing. Educators and staff must role model appropriate, professional behaviors, discipline bullying, and positively reinforce anti-bullying behaviors. Empowerment theories were also prevalent throughout the literature, further suggesting that students need to be empowered, and that educators are in an excellent position to facilitate empowerment.

Interventions that require students to be actively involved, provide opportunities for practice, and teach students about techniques to manage bullying such as cognitive rehearsal are effective. Interestingly studies that implemented educational interventions centered on senior nursing

students (Evans & Curtis, 2011; Martin & Stanley, 2011; Clark et al., 2014; Saner-Stiehr, 2015). Educational interventions commonly target senior nursing students because of their exposure to the clinical setting and ability to relevantly evaluate an intervention's value. However, educators must implement interventions as early as possible in the first year of nursing programs. Doing so will help prevent the negative consequences of bullying and lay the foundation for strong communication skills before graduation.

Limitations

Although not excluding studies after critical appraisal may have enriched the data, it could have influenced and weakened our results as well. The majority of studies were discussion articles that either summarized interventions or proposed possible strategies. Due to the nature of these discussion articles, the authors were unable to comprehensively understand the development of the interventions and the concepts informing them. Many studies evaluated interventions using self-reported data from participants, weakening their results. Selection bias during data collection and title screening could be a threat to validity. Measures taken to minimize selection bias included secondary verification and the use of a screening guide.

Recommendations

Based on the findings of this review, the authors recommend the following:

1. Empowerment of nursing students should be the core concept guiding curriculum.
2. Introduce bullying education early and proactively
3. Educators must practice self-awareness and be encouraged to consider how they communicate nursing culture to students.
4. Provide students with opportunities to practice skills for managing bullying.

5. Communicate clearly and transparently about policies and procedures, available supports, communication techniques and skills, and the nature of bullying.
6. Utilize student centered learning approaches.
7. Consider students' unique characteristics in education strategy development.

## CONCLUSIONS

The purpose of this integrative review was to identify and synthesize key concepts to inform curriculum, which increases nursing students' competence when addressing bullying. Interventions throughout the literature largely focused on the empowerment of nursing students. Empowerment of nursing students addresses bullying on an individual and organisational level. On the individual level, when an empowered nursing student encounters bullying, they will feel more comfortable managing and coping with the behavior. On the broader level, empowered nursing students will be able to liberate themselves from the oppressive healthcare hierarchy and stop engaging in horizontal violence. Empowerment is a powerful concept and educators must consider when developing curriculum to address bullying.

REFERENCES

Altmiller, G. (2012). Student perceptions of incivility in nursing education: Implications for educators. *Nursing Education Perspectives, 33*(1), 15-20. doi:10.5480/1536-5026-33.1.15

Anthony, M., & Yastik, J. (2011). Nursing students' experiences with incivility in clinical education. *Journal of Nursing Education, 50*(3), 140-144 5p. doi:10.3928/01484834-20110131-04

Bartholomew, K. (2006). *Ending nurse-to-nurse hostility: Why nurses eat their young and each other*. Marblehead, MA: HCPro.

Beardsley, B. J. (2003). *Nursing students' experiences of workplace violence and aggression: Making sense of the phenomenon for educators*. (109843510). Retrieved from http://login.ezproxy.library.ualberta.ca/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=109843510&site=ehost-live&scope=site

Beech, B. (2001). Sign of the times or the shape of things to come? A 3-day unit of instruction on 'aggression and violence in health settings for all students during pre-registration nurse training. *Accident & Emergency Nursing, 9*(3), 204-211 8p.

Beech, B. (2007). Aggression prevention training for student nurses: Differential responses to training and the interaction between theory and practice. *Nurse Education in Practice, 8*, 94-102. doi: 10.1016/j.nepr.2007.04.004

Beech, B., & Leather, P. (2003). Evaluating a management of aggression unit for student nurses. *Journal of Advanced Nursing, 44*(6), 603-612 10p. doi:10.1046/j.0309-2402.2003.02850.x

Begley, C. M., & Glacken, M. (2004). Irish nursing students' changing levels of assertiveness during their pre-registration programme. *Nurse Education Today, 24*(7), 501-510 10p.

Berry, P., Gillespie, G., Fisher, B., Gormley, D., & Haynes, J. (2016). Psychological distress and workplace bullying among registered nurses. *Online Journal of Issues in Nursing, 21*(3)

Birks, M., Cant, R., Budden, L., Russell-Westhead, M., Üzar Özçetin, Y., & Tee, S (2017). Uncovering degrees of workplace bullying: A comparison of baccalaureate nursing students' experiences during clinical placement in Australia and the UK. *Nurse Education in Practice* , 25.

Birks, M., Budden, L., Biedermann, N., Park, T. & Chapman, Y. (2018). A 'rite of passage?': Bullying experiences of nursing students in Australia. *Collegian* . http://dx.doi.org/10.1016/j.colegn.2017.03.005

Broome, B. (2008). Dealing with sharks and bullies in the workplace. *ABNF Journal, 19*(1), 28-30.

Brothers, D., Condon, E., Cross, B.A., Ganske, K.M. & Lewis, E. (2010). Taming the beast of lateral violence among nurses. *Virginia Nurses Today, 18*(4), 7-11.

Budden, L., Birks, M., Cant, R., Bagley, T. & Park, T. (2015). Australian nursing students' experience of bullying and/or harassment during clinical placement. *Collegian, 24*(2), 125-133. https://doi.org/10.1016/j.colegn.2015.11.004

Canadian Nurses' Association. (2016). RN and baccalaureate education. Retrieved from https://www.cna-aiic.ca/en/becoming-an-rn/education/rn-baccalaureate-education

Carter, M., Thompson, N., Crampton, P., Morrow, G., Burford, B., Gray, C., & Illing, J. (2013). Workplace bullying in the UK NHS: a questionnaire and interview study on prevalence, impact and barriers to reporting. *BMJ Open*,*3*(6).

Chachula, K., Myrick, F., & Yonge, O. (2015). Letting go: How newly graduated registered nurses in Western Canada decide to exit the nursing profession. *Nurse Education Today, 35*(7), 912-918.

Chipps, E.M. & McRury, M. (2012) The development of an educational intervention to address workplace bullying: a pilot study. *Journal For Nurses in Staff Development, 28*(3), 94-98.

Clark, C. (2008). Student perspectives on faculty incivility in nursing education: An application of the concept of rankism. *Nursing Outlook, 56*(1), 4-8 5p.

Clark, C. M., & Ahten, S. (2012). Beginning the conversation: The nurse educator's role in preventing incivility in the workplace ... reprinted with permission from the idaho nurses association, february 2011, RN idaho. *Nursing News, 36*(1), 5-6 2p.

Clark, C. M., & Davis Kenaley, B.,L. (2011). Faculty empowerment of students to foster civility in nursing education: A merging of two conceptual models. *Nursing Outlook, 59*(3), 158-165. doi:10.1016/j.outlook.2010.12.005

Clark, C. M., & Springer, P. J. (2010). Academic nurse leaders' role in fostering a culture of civility in nursing education. *Journal of Nursing Education, 49*(6), 319-325 7p. doi:10.3928/01484834-20100224-01

Clark, C. M., Ahten, S. M., & Macy, R. (2013). Using problem-based learning scenarios to prepare nursing students to address incivility. *Clinical Simulation in Nursing, 9*(3), e75-83 1p.

Clark, C. M., Ahten, S. M., & Macy, R. (2014b). Nursing graduates' ability to address incivility: Kirkpatrick's level-3 evaluation. *Clinical Simulation in Nursing, 10*(8), 425-431 7p.

Clark, C. M., Nguyen, D. T., & Barbosa-Leiker, C. (2014a). Student perceptions of stress, coping, relationships, and academic civility: A longitudinal study. *Nurse Educator, 39*(4), 170-174. doi:10.1097/NNE.0000000000000049

Clarke, C., Kane, D., Rajacich, D.,& Lafreniere, K. (2012). Bullying in undergraduate clinical nursing education. *Journal of Nursing Education*. 51(5), 269-276.

Cooper, J. R. M. (2007). *A survey of students' perceptions of bullying behaviors in nursing education in mississippi* . (109849224). Retrieved from http://login.ezproxy.library.ualberta.ca/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=109849224&site=ehost-live&scope=site

Cooper, J. R. M., Walker, J. T., Winters, K., Williams, P. R., Askew, R., & Robinson, J. C. (2009). Nursing students' perceptions of bullying behaviours by classmates. *Issues in Educational Research, 19*(3), 212-226.

Cooper, J. R. M., Walker, J., Askew, R., Robinson, J. C., & McNair, M. (2011). Students' perceptions of bullying behaviours by nursing faculty. *Issues in Educational Research, 21*(1), 1-21.

Curtis, J., Bowen, I., & Reid, A. (2007). You have no credibility: Nursing students' experiences of horizontal violence. *Nurse Education in Practice, 7*(3), 156-163 8p.

Del Prato, D. (2013). Students' voices: The lived experience of faculty incivility as a barrier to professional formation in associate degree nursing education. *Nurse Education Today, 33*(3), 286-290 5p. doi:10.1016/j.nedt.2012.05.030

Deltsidou, A. (2009). Undergraduate nursing students' level of assertiveness in Greece: A questionnaire survey. *Nurse Education in Practice, 9*(5), 322-330 9p. doi:10.1016/j.nepr.2008.08.002

Dulaney, M. M. L. (2015). *A qualitative study of nurses' experience of caring and bullying in nursing school* . (109828652). Retrieved from http://login.ezproxy.library.ualberta.ca/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=109828652&site=ehost-live&scope=site

Egues, A. L., & Leinung, E. Z. (2014). Antibullying workshops: Shaping minority nursing leaders through curriculum innovation. *Nursing Forum, 49*(4), 240-246 7p. doi:10.1111/nuf.12083

Evans, D. A., & Curtis, A. R. (2011). Animosity, antagonism, and avatars: Teaching conflict management in second life. *The Journal of Nursing Education, 50*(11), 653-655. doi:10.3928/01484834-20110729-03

Flateau-Lux, L., & Gravel, T. (2013). Put a stop to bullying new nurses. *Nursing, 43*(6), 24-28 5p.

Fraser, K. (2002). Helping students deal with harassment. *Kai Tiaki Nursing New Zealand, 8*(2), 14-15 2p.

Gillespie, G. L., Brown, K., Grubb, P., Shay, A., & Montoya, K. (2015). Qualitative evaluation of a role play bullying simulation. *Journal of Nursing Education and Practice, 5*(7), 73-80.

Griffin, M. (2004). Teaching cognitive rehearsal as a shield for lateral violence: An intervention for newly licensed nurses. *Journal of Continuing Education in Nursing, 35*(6), 257-263.

Hakojärvi, H., Salminen, L., & Suhonen, R. (2014). Health care students' personal experiences and coping with bullying in clinical training. *Nurse Education Today, 34*(1), 138-144 7p. doi:10.1016/j.nedt.2012.08.018

Hegney, D., Tuckett, A., Parker, D., Eley, R. (2010). Workplace violence: Differences in perceptions of nursing work between those exposed and those not exposed. *International Journal of Nursing Practice, 16*(2), 188-202. doi: 10.1111/j.1440- 172X.2010.01829.x

Hutchenson, J., & Lux, K. (2011). Reader's theater: A teaching strategy to help students respond to disruptive behavior. *Journal of Nursing Education, 50*(5), 294-297 4p. doi:10.3928/01484834-20110317-01

Hutchinson, M. (2009). Restorative approaches to workplace bullying: Educating nurses towards shared responsibility. *Contemporary Nurse: A Journal for the Australian Nursing Profession, 32*(1), 147-155 9p. doi:10.5172/conu.32.1-2.147

Jackson, D., Hutchinson, M., Everett, B., Mannix, J., Peters, K., Weaver, R., & Salamonson, Y. (2011). Struggling for legitimacy: Nursing students' stories of organisational aggression, resilience and resistance. *Nursing Inquiry, 18*(2), 102-110.

Jenkins, S. D., Kerber, C. S., & Woith, W. M. (2013). An intervention to promote civility among nursing students. *Nursing Education Perspectives, 34*(2), 95-100 6p.

Kassem, A. H., Elsayed, R. S., & Elsayed, W. A. (2015). Bullying behaviors and self efficacy among nursing students at clinical settings: Comparative study. *Journal of Education and Practice, 6*(35), 25-36.

Katz, K. (2014). Bullying in nursing: Why nurses 'eat their young' and what to do about it. Retrieved from http://www.rasmussen.edu/degrees/nursing/blog/bullying-in-nursing-nurses-eat-their-young/

Kerber, C., Jenkins, S., Woith, W., & Kim, M. (2012). Journal clubs: A strategy to teach civility to nursing students. *The Journal of Nursing Education, 51*(5), 277-282. doi:10.3928/01484834-20120323-02

King-Jones, M. (2011). Horizontal violence and the socialization of new nurses. *Creative Nursing, 17*(2), 80-86.

Lim, F. A., & Bernstein, I. (2014). Civility and workplace bullying: Resonance of nightingale's persona and current best practices. *Nursing Forum, 49*(2), 124-129 6p. doi:10.1111/nuf.12068

Luparell, S. (2011). Academic education. incivility in nursing: The connection between academia and clinical settings. *Critical Care Nurse, 31*(2), 92-95 4p. doi:10.4037/ccn2011171

Lux, K. M., Hutcheson, J. B., & Peden, A. R. (2014). Ending disruptive behavior: Staff nurse recommendations to nurse educators. *Nurse Education in Practice, 14*(1), 37-42. doi:10.1016/j.nepr.2013.06.014

Lyng, C., Cocoman, A., Ward, E., & McGrath, M. (2012). Managing challenging situations in practice: A new program developed to meet the specific needs of nursing students. *Journal of Nursing Education, 51*(11), 656-659 4p. doi:10.3928/01484834-20121005-01

Magnavita N, Heponiemi T. (2011). Workplace violence against nursing students and nurses: an Italian experience. *Journal of Nursing Scholarship*. 43(2).

Martin, M. M., & Stanley, K. M. (2011). Lateral and vertical violence education: Bringing students into the equation. *South Carolina Nurse (Columbia, S.C.: 1994), 18*(1), 8-8.

McCabe, C. & Timmins, F. (2003). Teaching assertiveness to undergraduate nursing students. *Nurse Education in Practice, 3*(1), 30-42.

Moher, D., Liberati, A., Tetzlaff, J., Altman, D. (2009). Preferred reporting items for systematic reviews and meta-analyses: The PRISMA statement. *PLoS Med,* 6(6).

New York Times. (1909 August 22). The hospital tyrants and their victims, the nurses: What doctors have to say of the oppression of young women in these institutions. New York

Times. Retrieved from http://query.nytimes.com/mem/archive-free/pdf?res=940DE3DE143EE033A25751C2A96E9C946897D6CF

Pines, E. W., Rauschhuber, M. L., Norgan, G. H., Cook, J. D., Canchola, L., Richardson, C., & Jones, M. E. (2012). Stress resiliency, psychological empowerment and conflict management styles among baccalaureate nursing students. *Journal of Advanced Nursing, 68*(7), 1482-1493 12p. doi:10.1111/j.1365-2648.2011.05875.x

Pluye, P., Robert, E., Cargo, M., Bartlett, G., O'Cathain, A., Griffiths, F., Boardman, F., Gagnon, M.P., & Rousseau, M.C. (2011). *Proposal: A mixed methods appraisal tool for systematic mixed studies reviews*. Department of Family Medicine, McGill University, Montreal, Canada.

Pope, B. G. (2008). *Transforming oppression in nursing education: Towards a liberation pedagogy* . (109850852). Retrieved from http://login.ezproxy.library.ualberta.ca/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=109850852&site=ehost-live&scope=site

Pope, M. F. (2010). *Faculty bullying: An exploration of leadership strategies to reduce relational violence in nursing schools* . (109857604). Retrieved from http://login.ezproxy.library.ualberta.ca/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=109857604&site=ehost-live&scope=site

Randle, J. (2001). The effect of a three year pre-registration training course on student's self-esteem. *Journal of Clinical Nursing, 10,* 293-300. doi: 10.1046/j.1365-2702.2000.00401.x

Roche, M., Diers, D., Duffield, C., Cattling-Paull, C. (2010). Violence toward nurses, the work environment and patient outcomes. *Journal of Nursing Scholarship, 42*(1), 13-22.

Rodwell, J. & Demir, D. (2012). Psychological consequences of bullying for hospital and aged care nurses. *International Nursing Review, 59,* 539-546.

Rosenstein, A. & Naylor, B. (2012). Incidence and impact of physician and nurse disruptive behaviors in the emergency department. *Journal of Emergency Medicine, 43*(1), 139-148.

Russell, M. J. (2014). Teaching civility to undergraduate nursing students using a virtue ethics-based curriculum. *Journal of Nursing Education, 53*(6), 313-319 7p. doi:10.3928/01484834-20140512-03

Saltzberg, C. W. (2011). Balancing in moments of vulnerability while dancing the dialectic. *Advances in Nursing Science, 34*(3), 229-242 14p. doi:10.1097/ANS.0b013e31822723b9

Sanner-Stiehr, E. (2015). *Lateral violence response training for nursing students* . (109828660). Retrieved from http://login.ezproxy.library.ualberta.ca/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=109828660&site=ehost-live&scope=site

Schaefer, F. (2014). *Educating senior baccalaureate nursing students to recognize and report negative behavior in the clinical setting*. (109786425).

Shanta, L. L., & Eliason, A. R. M. (2014). Application of an empowerment model to improve civility in nursing education. *Nurse Education in Practice, 14*(1), 82-86 5p. doi:10.1016/j.nepr.2013.06.009

Shin, I. & Kim, J. (2013). The effect of problem-based learning in nursing education: a meta-analysis. *Advances in Health Sciences Education, 18*(5), 1103-1120.

Siu, H.M., Laschinger, H.K., Vingilis, E. (2005). The effect of problem-based learning on nursing students' perceptions of empowerment. *Journal of Nursing Education, 44*(10), 459-468.

Smith, C., Gillespie, G., Brown, K., & Grubb, P. (2016). Seeing students squirm: Nursing students' experiences of bullying behaviours during clinical rotations. *Journal of Nursing Education, 55*(9), 505-513.

Stevenson, K., Randle, J., & Grayling, I. (2006). Inter-group conflict in health care: UK students' experiences of bullying and the need for organisational solutions. *Online Journal of Issues in Nursing, 11*(2), 18p-18p 1p.

Szutenbach, M. P. (2013). Bullying in nursing. *Journal of Christian Nursing, 30*(1), 16-25 10p. doi:10.1097/CNJ.0b013e318276be28

Tee, S., Ozcetin, Y.S., & Russell-Westhead, M. (2016). Workplace violence experienced by nursing students: A UK survey. *Nurse Education Today, 41,* 30-35.

Thomas, C. M. (2010). Teaching nursing students and newly registered nurses strategies to deal with violent behaviors in the professional practice environment. *Journal of Continuing Education in Nursing, 41*(7), 299-310 12p. doi:10.3928/00220124-20100701-06

Tyndall, J. (2010). AACODS Checklist. Retrieved from https://dspace.flinders.edu.au/jspui/bitstream/2328/3326/4/AACODS_Checklist.pdf

Unal, S., Hisar, F., & Ulku, G. (2012). Assertiveness levels of nursing students who experience verbal violence during practical training. *Contemporary Nurse, 42*(1), 11-19.

Vessey, J., Demarco, R., Gaffney, D., & Budin, W. (2009). Bullying of staff registered nurses in the workplace: a preliminary study for developing personal and organizational strategies for the transformation of hostile to healthy workplace environments. *Journal of Professional Nursing, 25*(5), 299-306

Weimer, M. (2013). *Learner-centered teaching: Five key changes to practice.* (2nd ed). San Francisco, CA: John Wiley & Sons.

Whittemore, R. & Knafl, K. (2005). The integrative review: updated methodology. *Journal of Advanced Nursing, 52*(5), 546-553.

Wilkins, J. (2014). The use of cognitive reappraisal and humour as coping strategies for bullied nurses. *International Journal of Nursing Practice, 20*(3), 283-292.

Williams, S. C., & Lauerer, J. (2013). Implementing a nursing civility code: Implications for education. *The Journal of Nursing Education, 52*(3), 165-170. doi:10.3928/01484834-20130218-01

Yildirim, D. (2009). Bullying amongst nurses and its effects. *International Nursing Review, 56*(4), 504-511

**Figure 1:** Literature search flowchart (Adapted from Moher et al., 2009)

**Table 1**
Critical appraisal scores of each article included in synthesis

| Author, Year | Country | Study Design | Score |
|---|---|---|---|
| Altmiller, 2012 | United States | Phenomenology | 25** |
| Anthony& Yastik, 2011 | United States | Qualitative study | 75** |
| Bartholomew, 2006 | United States | Discussion | 5* |
| Beardsley, 2003 | United States | Phenomenology | 6*100** |
| Beech, 2001 | United Kingdom | Quantitative descriptive study | 50** |
| Beech & Leather, 2003 | United Kingdom | Longitudinal, repeated measures design | 50** |
| Begley & Glacken, 2004 | Ireland | Quantitative descriptive study | 75** |
| Broome, 2008 | United States | Discussion article | 2* |
| Brothers, Condon, Cross, Ganske, & Lewis, 2010 | United States | Discussion article | 3* |
| Chipps & McRury, 2012 | United States | Quantitative quasi-experimental study | 50** |
| Clark, 2008 | United States | Discussion article | 5* |
| Clark &Ahten, 2012 | United States | Discussion article | 4* |
| Clark &Davis- Kenaley, 2011 | United States | Discussion article | 5* |
| Clark and Springer, 2010 | United States | Qualitative exploratory descriptive study | 75** |
| Clark, Ahten, & Macy, 2014 | United States | Qualitative study | 75** |
| Clark, Ahten,& Macy, 2013 | United States | Qualitative descriptive study | 75** |
| Clark, Nguyen, & Barbosa-Leiker, 2014 | United States | Quantitative longitudinal study | 100** |
| Cooper, 2007 | United States | Non-experimental descriptive study using survey | 6*100** |
| Cooper, Walker, Askew, Robinson, & McNair, 2011 | United States | Non-experimental descriptive study | 75** |
| Cooper, Walker, Winters, Williams, Askew,& Robinson, 2009 | United States | Non-experimental descriptive study | 75** |
| Curtis, Bowen, Reid, 2007 | Australia | Qualitative descriptive study | 75** |
| Del Prato, 2013 | United States | Phenomenology | 50** |
| Deltsidou, 2008 | Greece | Quantitative study | 75** |
| Dulaney, 2015 | United States | Qualitative study | 6*100** |
| Egues and Leinung, 2014 | United States | Discussion article | 6* |
| Evans, Curtis, 2011 | United States | Discussion article | 4* |
| Flateau-Lux and Gravel, 2013 | United States | Discussion article | 4* |
| Fraser, 2002 | New Zealand | Discussion article | 3* |
| Gillespie, Brown, Grubb, Shay, &Montoya, 2015 | United States | Qualitative descriptive study | 75** |
| Griffin, 2004 | United States | Exploratory study | 75** |

| | | | |
|---|---|---|---|
| Hakojarvi, Salminen, & Suhonen, 2014 | Finland | Qualitative descriptive study | 75** |
| Hutcheson & Lux, 2011 | United States | Discussion article | 4* |
| Hutchinson, 2009 | Australia | Discussion article | 5* |
| Jackson, Hutchinson, Everett, Mannix, Peter, Weaver, and Salamonson, 2011 | Australia | Qualitative study | 100** |
| Jenkins, Kerber, and Woith, 2013 | United States | Mixed methods study | 25** |
| Kassem, Elsayed R.S, Elsayed W.A, 2015 | Egypt | Quantitative correlational design | 50** |
| Katz, 2014 | United States | Discussion article | 3* |
| Kerber, Jenkins, Woith, and Kim, 2012 | United States | Mixed methods | 25** |
| King-Jones, 2011 | United States | Discussion article | 4* |
| Lim and Bernstein, 2014 | United States | Discussion article | 3* |
| Luparell, 2011 | United States | Discussion article | 3* |
| Lux, Hutcheson, Peden, 2014 | United States | Qualitative descriptive study | 50** |
| Lyng, Cocoman, Ward, and McGrath, 2012 | Ireland | Discussion article | 5* |
| Martin and Stanley, 2011 | United States | Discussion article | 3* |
| McCabe and Timmins, 2003 | Ireland | Discussion article | 6* |
| Pines, Rauschhuber, Norgan, Cook, Canchola, Richardson, Jones, 2012 | United States | Quantitative correlational study | 75** |
| Pope, B.G, 2008 | United States | Theoretical article | 6* |
| Pope, M.F, 2010 | United States | Qualitative study | 6*75** |
| Russell, 2014 | Canada | Discussion article | 5* |
| Saltzberg, 2011 | United States | Discussion article | 4* |
| Sanner-Stiehr, 2015 | United States | Quantitative longitudinal study | 6*100** |
| Schaefer, 2014 | United States | Mixed methods | 6* 50** |
| Shanta and Eliason, 2014 | United States | Discussion article | 5* |
| Stevenson, Randle, Grayling, 2006 | United Kingdom | Discussion article | 4* |
| Szutenbach, 2013 | United States | Discussion article | 4* |
| Tee, Ozcetin, Russell-Westhead, 2016 | United Kingdom | Quantitative | 75** |
| Thomas, 2010 | United States | Discussion article | 6* |
| Unal, Hisar, and Gorgulu, 2012 | Turkey | Quantitative descriptive study | 75** |
| Vessey, DeMarco, Gaffney, and Budin, 2009 | United States | Quantitative descriptive study | 50** |
| Wilkins, 2014 | United States | Discussion article | 4* |
| Williams and Lauerer, 2013 | United States | Discussion article | 6* |

Critical appraisal tool used and corresponding range for scoring is indicated as follows:

*AACODS Checklist (0-6)
**McGill MMAT (0%=100%)

**Table 2**

Theories, models, and evidence used in literature to support bullying interventions and strategies

| Theory/Model/ Evidence | Author Citation |
|---|---|
| Social Cognitive Theory | Anthony & Yastik, 2011; Dulaney, 2015; Clark, Nguyen, & Barbosa-Leiker, 2014; Sanner-Stiehr, 2015; Clark, Ahten, & Macy, 2014; Flateau-Lux & Gravel, 2013; Gillespie et al., 2015; Thomas, 2010; Hakojarvi et al., 2014; Hutcheson & Lux, 2014; Lux et al., 2014; Wilkins, 2014 |
| Kanter's theory of organisational empowerment | Cooper, 2007; Cooper, Walker, Winters, Williams, Askew, and Robinson, 2009; Cooper, Walker, Askew, Robinson, McNair, 2011; Egues & Leinung, 2014; Shanta & Eliason, 2014 |
| Clark's model for fostering civility | Clark & Davis-Kenaley, 2010; Clark & Springer, 2010; Schaefer, 2014 |
| Friere's oppression theory | Pope, 2008; Bartholomew, 2006 |
| Social capital theory | Jenkins et al., 2013; Kerber et al., 2012 |
| Neuman's systems model | Pines et al., 2011 |
| Gibbs' reflective cycle | Szutenbach, 2013 |
| Bond's assertiveness guidelines | McCabe & Timmins, 2003 |
| Roberts' model of professional identity | Pope, 2008 |
| Invitational education theory | Pope, 2010 |
| Lewin's theory of change management | Curtis et al., 2006 |
| Kraiger's learning model | Beech & Leather, 2013 |
| Restorative justice philosophy | Hutchinson, 2009 |
| Einarsen's predisposing factors to bullying | Chipps & McRury, 2012 |
| Faculty empowerment of students to foster civility | Clark & Davis-Kenaley, 2011 |
| Constructive development | Saltzberg, 2011 |
| Rankism | Clark, 2008 |

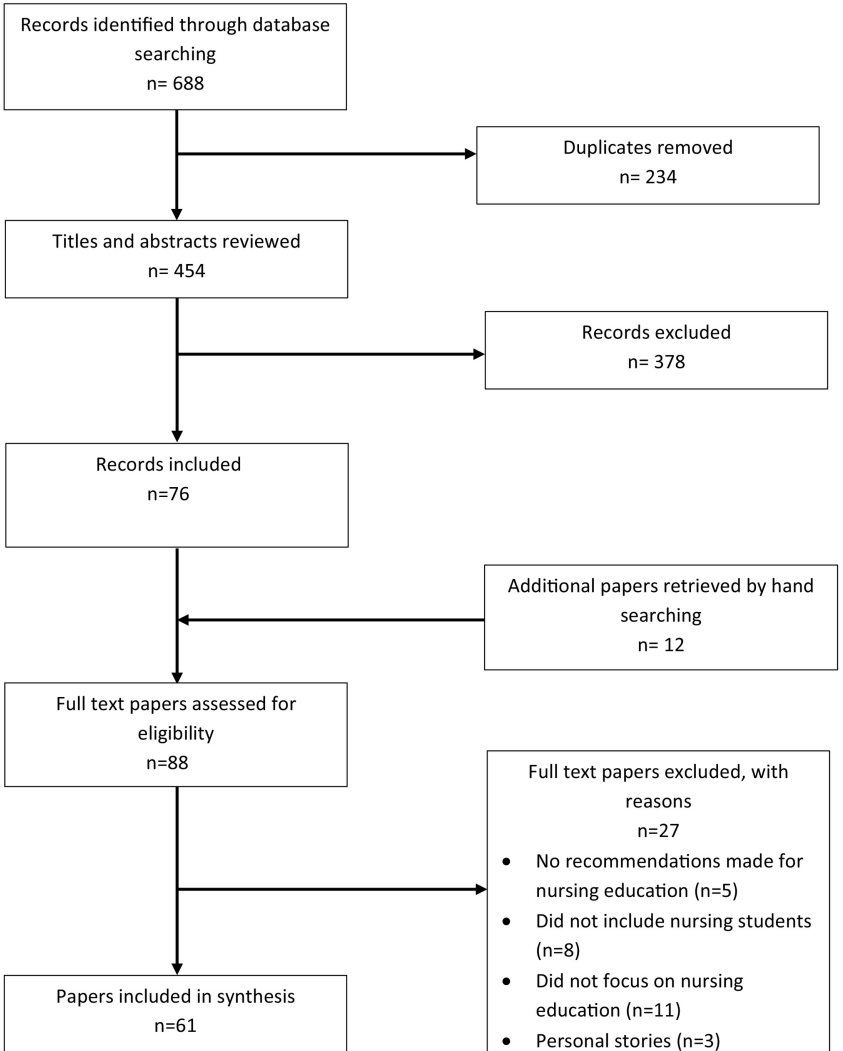
Records identified through database searching
n= 688
Duplicates removed
n= 234
Titles and abstracts reviewed
n= 454
Records excluded
n= 378
Records included
n=76
Additional papers retrieved by hand searching
n= 12
Full text papers assessed for eligibility
n=88
Full text papers excluded, with reasons
n=27
No recommendations made for nursing education (n=5)
Did not include nursing students (n=8)
Did not focus on nursing education (n=11)
Personal stories (n=3)
Papers included in synthesis
n=61

Figure 1