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POSITION STATEMENT
FOSTERING CIVILITY AND RESPECT IN NURSING: EMPOWERING NURSES TO PREVENT INCIVILITY AND BULLYING

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Status: New
Originated by: ANA Incivility & Bullying Position Committee
Adopted by: ANA Board of Directors

Purpose

This position statement articulates the American Nurses Association's (ANA) position on incivility and bullying, emphasizing the serious, far-reaching, and systemic effects of these behaviors on nursing practice and education. Such behaviors, which can take place in person or virtually, undermine safe practice, learning, and professional development; workforce sustainability; damage relationships; and threaten the well-being of nurses and those they serve. These behaviors compromise ethical practice, reduce morale, contribute to burnout, and create conditions in which errors are more likely to occur. By explicitly recognizing them as harmful and unacceptable, healthcare organizations and professionals are better positioned to foster cultures that prioritize respect, accountability, and safety.

Specifically, this statement:

- Identifies civility as a nursing norm and requisite for a safe and effective practice environment. Civility reflects a deliberate choice to engage respectfully, foster meaningful connections, and manage conflicts in a respectful manner to create an environment where all members feel valued, heard and respected. Civility in nursing fosters psychologically safe and inclusive environments that support ethical practice, team collaboration, professional well-being, and optimal patient outcomes (Clarke et al., 2022).
- Identifies that incivility, bullying, and disruptive behaviors in health care remain pervasive threats that erode psychological safety, trust, patient outcomes, and workforce stability (Thompson, Joslin, & Fletcher, 2026).
- Details negative impacts, including nursing disengagement, burnout, reputational harm, and workforce instability through shortages from turnover.
- Outlines distinct responsibilities for each collaborator group, while emphasizing the shared accountability of individuals, teams, organizations, and other systems.
- Calls for unified, respectful, values-driven, evidence-informed, structural, and system-wide approaches to foster equitable, inclusive, and high-quality practice and learning environments that advance the standards, ethics, and aspirations of the nursing profession.

- Emphasizes clear, respectful professional communication across all settings and via all verbal, nonverbal, or electronic modalities.
- Provides strategic recommendations for leaders, policymakers, educators, and collaborators in academic and practice settings.

Statement of ANA position

Rooted in ANA's *Code of Ethics for Nurses (Code)*, this statement affirms that fostering a culture of civility, respect, and both physical and psychological safety is essential and represents a shared responsibility among all nurses, nursing students, faculty, academic, and healthcare organizational leaders (ANA, 2025). It calls for transformational leadership, evident accountability, supportive policies and processes, and organizational culture grounded in psychological safety practices. Through intentional awareness, proactive engagement, and collective accountability, this statement ensures that academic and practice environments embody the core values of the nursing profession.

Background

Prevalence

Incivility and bullying remain pervasive threats to the nursing workforce and to the integrity of health care systems. Despite variability in measurement, global prevalence data consistently demonstrate significant impact: estimates range from 3.9% to 86.5% (Lever et al., 2019), 17%–94% using the Negative Acts Questionnaire (Serafin et al., 2020), and 40% in a large sample of U.S. nurses (Pogue et al., 2022). Among nursing students, reported rates range from 9% to 96% (Fernández-Gutiérrez, 2021). These findings confirm that incivility is not an isolated phenomenon, but a widespread occupational hazard shaped by contextual factors and reporting cultures.

The effects extend beyond individual experiences to undermine patient safety, professional standards, and organizational performance. Incivility contributes to miscommunication and clinical errors (Johnson & Benham-Hutchins, 2020; Machul et al., 2024), destabilizes staffing through turnover (Johnson & Benham-Hutchins, 2020; Machul et al., 2024; Wolf et al., 2021), and compromises communication, teamwork, and readiness to practice (Wolf et al., 2018). These behaviors violate foundational principles of dignity, respect, and integrity established in the *International Code of Ethics for Nurses* (ICN, 2021) and the *Code of Ethics for Nurses* (ANA, 2025).

Incivility also poses system-level risks. National workforce data link these behaviors to reduced productivity (66%) and morale (59%) with significant organizational cost implications (Stanchak, 2024). Nurse leaders identify incivility and bullying as persistent structural challenges, with more than 70% reporting negative impacts on psychological safety (AONL, 2025). When psychological safety erodes, communication failures increase, errors go unreported, and leaders and staff devote substantial time to conflict management rather than strategic or clinical priorities (AONL, 2025; Stanchak, 2024).

These patterns are further compounded by the broader hazards of health care work. Secondary traumatic stress affects 64%–76% of nurses (Camarda et al., 2025), functioning as both a consequence and contributor to bullying (Wolf et al., 2021). Additionally, perceived power

imbalances—rooted in biases related to age, gender, race, ethnicity, sexual orientation, health and economic status, disability, nationality, experience (Tay, 2023), job role, preceptorship dynamics, language proficiency, and religion—can reinforce and sustain uncivil behaviors (Mohr et al., 2025; Sondhi-Cook, 2025).

As a matter of policy and professional obligation, addressing incivility and bullying is essential to protecting patient outcomes, advancing workforce well-being, and ensuring ethical, high-quality, and psychologically safe care environments.

Trauma-Informed Approach

Trauma-informed approach (TIA) is essential for understanding the roots of incivility and bullying in health care and for implementing effective prevention strategies. A TIA is a strengths-based, system-level framework that recognizes the widespread impact of trauma and emphasizes physical, psychological, and emotional safety; transparency; collaboration; mutual support; and empowerment for both survivors and providers (SAMHSA, 2025). Integrating trauma knowledge into policy and practice is critical to preventing re-traumatization and fostering resilience.

Trauma directly affects cognitive and behavioral functioning. Stress activation shifts neural processing toward survival responses, reducing capacity for self-regulation, focus, planning, and problem-solving. As a result, nurses experiencing trauma may face challenges that influence work performance, collaboration, and confidence (Kira et al., 2022).

Embedding trauma-informed principles across academic, clinical, and organizational environments strengthens psychological safety—a foundational requirement for learning, teamwork, and professional growth. Recognizing trauma's impact and operationalizing trauma-informed approaches are therefore necessary policy priorities to support resilience, engagement, and retention across all nursing roles and settings.

Trauma affects nurses across settings and roles:

- Direct Care Clinicians: Exposure to high-stress environments and secondary traumatic stress increases vulnerability to lateral violence and emotional harm. These experiences can compromise well-being and lead to adverse impacts on both patients and colleagues.
- School Nurses: School nurses report bullying and incivility by non-nursing supervisors, school staff, and parents or caregivers in PreK-12 educational settings. Factors such as lack of awareness of the scope of practice and role of professional school nurses, and a lack of support from school administrators, were noted as contributors to abuse of nurses by parents and caregivers. When school administrators lack awareness of the specific role of school nurses, they may be less likely to intervene when incivility occurs or may contribute to the bullying behaviors themselves (Peters et al., 2020). As non-disciplinary, non-academic staff members, school nurses have a unique role in bullying prevention in schools. School-based nursing interventions can prevent and reduce the incidence of bullying among students. This creates a valuable opportunity to support and educate children and adolescents about civility

and bullying prevention and response, instilling these behaviors at a young age. (Yosep et al., 2023)

- Nursing Students: Manifestations of trauma in academic settings may include difficulty concentrating, retaining information, participating in class, or regulating emotions; excessive anxiety; withdrawal; or social isolation (Clark, 2023). These experiences are frequently underreported further limiting timely support and intervention (Qutishat et al., 2025).
- Nurses in Leadership: Unaddressed systemic stressors such as high job demands and chronic organizational change, can lead to vertical and horizontal incivility or apathy, often reinforcing silence, disempowerment, and disengagement, which can limit leaders' capacity to effectively support staff and sustain healthy work environments.
- Faculty in Academia: Hierarchical pressures and academic gatekeeping can foster incivility in nursing education and mentorship relationships, including denied opportunities, social-political pressures, excessive workloads, emotional, psychological, physical distress, burnout, and fatigue (Boston-Leary et al., 2024).

Definitions

Civility is the behavior that aligns with a "genuine regard for the perspectives, dignity, and well-being of others" (Clark, 2025).

Incivility refers to low intensity, yet disrespectful behaviors that violate norms of mutual respect in ways that are often ambiguous or difficult to address directly that may or may not have a negative intent (Andersson & Pearson, 1999). Examples may include but are not limited to nonverbal cues such as eye rolling or a vacant expression in response, exclusion from activities or conversations, and dismissive behavior.

Bullying involves repeated, intentional acts of hostility or aggression over time, characterized by a perceived or imposed power imbalance intended to humiliate, offend, and degrade causing harm and distress. Examples may include but are not limited to blank stares, gossiping, taunts, scapegoating, the withholding of support and sabotage (Tay, 2023). Bullying is considered a form of Type 3 worker-on-worker violence which is used to define any type of violence that occurs between current or former employees, coworkers, supervisors, or managers (CDC NIOSH, 2013, ANA, 2025).

Psychological safety is the belief that individuals will not be penalized or humiliated for speaking up with ideas, questions, concerns, or mistakes. Psychological safety enables risk-taking, candor, and learning in teams (Edmondson, 1999 and 2018).

Secondary traumatic stress is the stress as a result of hearing about, witnessing, or providing care to a person or people who have experienced trauma (Mewborn et al., 2023).

Recommendations for Action

The *Code* edifies the professional obligation of all nurses and supports the role of leaders and organizations in addressing incivility and bullying through clear, fair policies and processes for the creation of safe, ethical, and supportive environments for both nurses and patients (ANA, 2025).

Nurses in all roles must strive to "create a culture of inclusiveness, belonging, harmony, connection, and community" (ANA, 2025, p. 24). All nurses are professionally obligated to create “an ethical environment and culture of civility and kindness, treating all people with dignity and respect” (ANA, 2025, p. 26).

The following evidence-informed interventions are recommended to recognize, prevent, and reduce incidents of bullying and incivility in all settings:

- Recommendations for Nurses:
  - A. Upholding the *Code*.
  - B. Fostering Healthy Relationships and Communication
    1. Build respectful relationships with all members of the health team.
    2. Insist on and participate in open, clear and kind communication, remaining mindful of words and tone.
    3. Establish positive work norms (team agreements) including collaboration, giving and receiving constructive feedback, and offering encouragement.
  - C. Strengthening Workplace Policies and Procedures
    1. Be familiar with workplace incivility and bullying policy and procedures. If no policy exists, participate in the development and wide dissemination of relevant policies to foster and sustain a healthy work environment.
    2. Lead by example.
  - D. Providing Anticipatory Guidance
    1. Establish a predetermined word or phrase (and practice with unit members) that can be used to signal an uncivil or bullying event.
    2. Actively support colleagues who experience incivility or bullying by serving as an active participant in resolving conflict at the individual level before involving a supervisor or making a formal report.
  - E. Advocating for Nurses
    1. Advocate for organization, state, and federal incivility and bullying changes that address nurse safety and prevention education.
    2. Engage in professional associations to influence policy and promote culture change (Clarke, 2021).
    3. Engage with law makers to provide information and education about the impacts of incivility and bullying in the workplace needed to advocate for policy change at the state and federal levels.
- Recommendations for Employers and Leaders:
  - A. Infrastructure and Resources
    1. Elevate a healthy work environment as a key strategic priority. Leaders should receive evidence-based education and individualized coaching to strengthen their ability to model professional behaviors, effectively address disruptive conduct, and sustain healthy work environments (Thompson, Joslin, & Fletcher, 2026).
    2. Ensure accessible, confidential, and psychologically safe reporting mechanisms are in place.

3. Designate internal champions (e.g., “Civility Ambassadors” or “Culture Champions”) to lead and support a healthy workplace initiative.
4. Provide accountability metrics and structural interventions, as well as restorative resources, such as mediation services, employee assistance programs (EAP), ombuds, peer support, and coaching.
5. Implement organizational culture and climate assessments, including civility and bullying indices, surveys, and feedback tools to assess culture, guide interventions, and monitor progress (Abou Hashish et al., 2024).
6. Employ emerging technologies to provide data-driven resources, to identify and address the clinical, cultural, and structural drivers of bullying and incivility (Joint Commission, 2021).

B. Policy and Process
1. Integrate psychological safety and “Just Culture” concepts into organizational strategic plans and foundational statements (mission, vision, core values) (American Association of Critical-Care Nurses [AACN] 2016; Duxbury et al., 2026).
2. Establish behavioral standards through a well-publicized code of conduct that outlines behavioral expectations and accountability mechanisms.
3. Develop with the input of nurses and disseminate comprehensive policies defining incivility and bullying, providing examples and clear procedures for reporting and resolution, and fostering healthy work environments that reward desired behaviors.
4. Incorporate these behavioral expectations into employee handbooks, policy manuals, and performance evaluations to ensure consistency and transparency.
5. Include civility, professionalism, respectful communication, and teamwork as evaluation metrics in academic courses, performance evaluations, and organizational culture surveys.
6. Recognize that although widely adopted, zero-tolerance policies may discourage reporting, overlook context, and prioritize punishment over change and accountability. In contrast, a restorative and tiered approach evaluates the merits of each behavior, considers its context and severity, and issues fair, proportionate, and constructive responses.
7. Evaluate job applicants for civility, teamwork, and collegiality during the hiring process (Freeman, 2021).

c. Professional Development Rooted in Prevention and Mitigation Concepts
1. Implement onboarding, annual education, and mentoring programs to help nurses recognize, address, and prevent bullying and incivility.
2. Equip leaders—formal and informal alike—with skills for difficult conversations, accountability, and conflict resolution.
3. Provide ongoing professional development addressing disruptive behaviors and promoting healthy work cultures.
4. Integrate education on civility, professionalism, respectful communication, teamwork, and conflict negotiation across all levels of nursing curricula, nurse residency programs, preceptor development programs, and continuing professional

development education. This integration should explicitly address bullying and incivility in nursing, equipping learners and practicing nurses with the skills to recognize, prevent, and respond to these behaviors while fostering a culture of respect and collaboration.

5. Provide relevant resources to develop and implement a team dedicated to fostering a healthy work environment (Clark, 2025).
6. Expect all faculty and clinical instructors to model and reinforce civility in all academic learning environments (e.g., classrooms, clinical settings, simulation centers, laboratories).
7. Consider provisions for confidential reporting, clear investigation pathways within academic-clinical partnerships for clinical-site partnerships agreements with behavioral expectations, safeguards against academic retaliation grievance/resolution processes, and access to appropriate mental health support (Yosep, et al., 2023).
8. Provide professional development on trauma-informed care, trauma-informed teaching, impact bias, learning practices, and self-care (Clark, et al., 2021; Yosep, et al., 2024).
9. Equip all nurses, faculty, and students with strategies to recognize and address incivility, implement cognitive rehearsal, upstander intervention education, and deep debriefing sessions to educate nurses, faculty, and students, to prevent and address incivility and bullying encounters (Clark, et al., 2021; Clark, 2025).

Summary

Incivility and bullying are systemic threats to nursing's ethical foundation, workforce stability, and the safety of every patient in our care, and they demand that we act now. The 2025 ANA Code of Ethics for Nurses is unequivocal: our obligations are relational and reciprocal—nurse to patient, nurse to nurse, nurse to self—and they begin with how we treat one another. Therefore, ANA urges every nurse, nursing student, faculty member, and leader to hold themselves and each other accountable for fostering cultures of civility and respect. ANA calls upon every employer of nurses to move with urgency to build organizational cultures, policies, and processes that make psychological safety, trauma-informed practice, and restorative approaches the standard, not the exception. Meaningful change requires coordinated, evidence-informed action that bridges education and practice, centers shared responsibility and aligns every academic and clinical environment with nursing's highest professional and ethical expectations. The colleagues we work alongside, the students we shape, and the patients who entrust us with their care deserve a profession that lives its values.

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This position statement, and all position statements issued by the American Nurses Association (ANA), are intended to support the scopes of practice and working relationships established under applicable state nurse practice acts. No position statement shall be interpreted as modifying the scope of practice of registered nurses (RNs) or licensed practical/vocational nurses (LPNs/LVNs), or the professional relationship between these roles, in a manner inconsistent with applicable state law, regulation, or professional standards.

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References

Abou Hashish, E. A., Alsayed, S., Alnajjar, H. A. & Abu Bakar, S. A. (2024). The relationship between organizational justice and bullying behaviors among nurses: The role of nurse manager's caring behaviors. *BMC Nursing*, *23*, Article 503. https://doi.org/ doi:10.1186/s12912-024-02134-1

American Association of Critical-Care Nurses. (2016). *AACN standards for establishing and sustaining healthy work environments: A journey to excellence* (2nd ed.).

American Nurses Association. (2025). *Code of Ethics for Nurses*. https://codeofethics.ana.org.

American Nurses Association. (2025, March 13). *Workplace Violence* [Position Statement]. https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/id/workplace-violence/

American Organization for Nursing Leadership, AONL Foundation, & Joslin Insight. (2025). *Nursing leadership insight study: Navigating evolving challenges and opportunities in a complex health care landscape*. AONL Foundation.

Andersson, L. M., & Pearson, C. M. (1999). *Tit for tat? The spiraling effect of incivility in the workplace*. *Academy of Management Review, 24*(3), 452–471. https://doi.org/doi:10.2307/259136

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

Boston-Leary, K., Roberts, S. J., Thompson, R., & Fletcher, C. (2024). Making an urgent shift from oppressive to healthy work environments for nurses. *Nursing Management, 55*(12), 39-46. https://doi.org/10.1097/nmg.0000000000000198

Camarda, A., McAndrew, N. S., Wolf, L., & Bishop-Royse, J. (2025). A scoping review of workplace bullying in emergency and intensive care settings. *The Journal of Nursing Administration*, *55*(5), 252-258. https://doi.org/10.1097/NNA.0000000000001572

Clark, C. M. (2025). *Creating and Sustaining Civility in nursing education* (3rd ed.). Sigma Theta Tau International.

Clark, C.M. (2023). Implementing trauma-informed teaching and learning principles in nursing education, *Journal of Nursing Education, 62*(3), 133-138. https://doi.org/10.3928/01484834-20230109-02.

Clark, C. M., Gorton, K., & Bentley, A. (2022). *Civility: A concept analysis revisited. Nursing Outlook, 70*(2), 259-270. https://doi.org/10.1016/j.outlook.2021.11.001

Clark, C. M., Landis, T. T., & Barbosa-Leiker, C. (2021). National study on faculty and administrators; perceptions of civility and incivility in nursing education. Nurse Educator, *46*(5), 276–283. https://doi.org/10.1097/NNE.0000000000000948

Clarke, J. M., Waring, J., Bishop, S., Hartley, J., Exworthy, M., Fulop, N. J., Ramsay, A., ... & Roe, B. (2021). The contribution of political skill to the implementation of health services change: A systematic review and narrative synthesis. *BMC Health Services Research*, *21*(1), Article 260. https://doi.org/10.1186/s12913-021-06272-z

Duxbury, E., Bonsall, L., & Brinker, D. (2026). American Association of Critical-Care Nurses' healthy work environment standards in nursing education: A guide for faculty and staff. *Teaching and Learning in Nursing, 21*(1) 67-71. https://doi.org/10.1016/j.teln2025.09.017

Edmondson, A. C. (2018). *The fearless organization: Creating psychological safety in the workplace for learning, innovation, and growth*. John Wiley & Sons.

Edmondson, A. (1999). Psychological Safety and Learning Behavior in Work Teams. *Administrative Science Quarterly, 44*(2), 350-383.

Fernandez-Gutierrez, L. M.-D. (2021). Bullying in nursing students: A integrative literature review. *International Journal of Mental Health Nursing, 30*(4), 821-833. https://doi.org/10.1111/inm.12854

Freedman, B., Li, W., Liang, Z., Hartin, P., & Biedermann, N. (2025). The prevalence of incivility in hospitals and the effects of incivility on patient safety culture and outcomes: A systematic review and meta-analysis. *Journal of Advanced Nursing, 00*, 1–20. https://doi.org/10.1111/jan.16111

International Council of Nurses. (2021). The ICN code of ethics for nurses. https://www.icn.ch/resources/publications-and-reports/icn-code-ethics-nurses

Johnson, A. H., & Benham-Hutchins, M. (2020). The influence of bullying on nursing practice errors: A systematic review. *AORN journal*, *111*(2), 199-210. https://doi.org/10.1002/aorn.12923

Joint Commission. (2021). *Behaviors that undermine a culture of safety*. The Joint Commission Sentinel Event Alert. https://www.jointcommission.org/-

/media/tjc/documents/resources/patient-safety-topics/sentinel-event/sea-40-intimidating-disruptive-behaviors-final2.pdf

Kira, I. A., Shuweikh, H., Al-Huwailiah, A., El-Wakeel, S. A., Waheep, N. N., Ebada, E. E., & Ibrahim, E. S. R. (2022). The direct and indirect impact of trauma types and cumulative stressors and traumas on executive functions. *Applied Neuropsychology: Adult*, *29*(5), 1078-1094. https://doi.org/10.1080/23279095.2020.1848835

Lever, I., Dyball, D., Greenberg, N., & Stevelink, S. A. (2019). Health consequences of bullying in the healthcare workplace: A systematic review. *Journal of Advanced Nursing*, *75*(12), 3195-3209. https://doi.org/10.1111/jan.13986

Machul, M., Krasucka, K. N., Pelc, D., & Dziurka, M. (2024). Impact of workplace bullying on nursing care quality: A comprehensive review. *Medical Science Monitor: International Medical Journal of Experimental and Clinical Research*, *30*, e944815-1. https://doi.org/10.12659/MSM.944815

Mewborn, E., Fingerhood, M., Johanson, L., & Hughes, V. (2023). Examining moral injury in clinical practice: A narrative literature review. *Nursing Ethics*. *30*(7-8), 960-974. https://doi.org/10.1177/09697330231164762

Mohr, D. C., Dade, S. N., Yanchus, N. J., Bell, C. A., Sullivan, S. C., & Osatuke, K. (2025). Workplace bullying experiences of nurses from diverse sexual orientation and gender identity groups. *Journal of Advanced Nursing*, *81*(3), 1598-1610. https://doi.org/10.1111/jan.16431

National Institute for Occupational Safety and Health. (2024, May 16). *Workplace Violence Prevention for Nurses.* Centers for Disease Control and Prevention. https://wwwn.cdc.gov/WPVHC/Nurses/Course/Slide/Home. Published 2013. Page last reviewed: May 16, 2024.

Peters, A., El-Ghaziri, M., Quinn, B., Simons, S., & Taylor, R. (2020). An exploratory study of bullying exposure among school nurses: Prevalence and impact. *The Journal of School Nursing,* 37(6), 449-459. https://doi.org/10/1177/1059840519897308

Pogue, C. A., Li, P., Swiger, P., Gillespie, G., Ivankova, N., & Patrician, P. A. (2022). Associations among the nursing work environment, nurse-reported workplace bullying, and patient outcomes. *Nursing Forum, 57*(6),1059-1068. https://doi.org/10.1111/nuf.12781

Qutishat, M., Alhadidi, M., Lazarus, E. R., & Alghunaimi, A. A. S. (2025). Understanding the barriers to reporting bullying among nursing students in clinical settings: A systematic review. *Journal of Professional Nursing,* 62(1),145-154. https://doi.org/10.1016/j.profnurs.2025.11.007

Serafin, L., Sak-Dankosky, N., & Czarkowska-Pączek, B. (2020). Bullying in nursing evaluated by the Negative Acts Questionnaire-Revised: A systematic review and meta-analysis. *Journal of Advanced Nursing*, *76*(6), 1320-1333. https://doi.org/10.1111/jan.14331

Sondhi-Cooke, A. J. (2025). *Prevalence, Associated Factors, and Impact of Violence and Racism Experienced by Nursing Students in Clinical Placements* (Publication No. 11375/32562) [Doctoral dissertation, McMaster University]. https://macsphere.mcmaster.ca/items/6dedfa8a-32ee-4e6f-86b7-023361917808

Stanchak, J. (2024). *The hidden costs of incivility in the workplace*. Society for Human Resource Management (SHRM). https://www.shrm.org/topics-tools/topics/civility

Substance Abuse and Mental Health Services Administration (2024). Trauma-Informed Approaches and Programs. https://www.samhsa.gov/mental-health/trauma-violence/trauma-informed-approaches-programs

Tay, E. M. K. (2023). Revisiting the definition of bullying in the context of higher education. *International Journal of Bullying Prevention, 7*, 278-294. https://doi.org/10.1007/s42380-023-00199-1

Thompson, R., Joslin, H., & Fletcher, C. (2026). Creating respectful workplaces: The leader's role in addressing bullying. *Nurse Leader,* (in press).

Wolf, L. A., Perhats, C., Delao, A. M., & Martinovich, Z. (2021). Validation of a grounded theory of nurse bullying in emergency department settings. *International Emergency Nursing*, *56*, 100992. https://doi.org/10.1016/j.ienj.2021.100992

Wolf, L. A., Perhats, C., Clark, P. R., Moon, M. D., & Zavotsky, K. E. (2018). Workplace bullying in emergency nursing: Development of a grounded theory using situational analysis. *International Emergency Nursing*, *39*, 33-39. https://doi.org/10.1016/j.ienj.2017.09.002

Yosep, I., Fitria, N., Mardhiyah, A., Pahria, T., Yamin, A., & Hikmat, R. (2024). Experiences of bullying among nursing students during clinical practice: A scoping review of qualitative studies. *BMC Nursing, 23*, Article 24. https://doi.org/10.1186/s12912-024-02439-1

Yosep, I., Hikmat, R., & Mardhiyah, A. (2023). School-Based Nursing Interventions for Preventing Bullying and Reducing Its Incidence on Students: A Scoping Review. *International Journal of Environmental Research and Public Health*, *20*(2), 1577. https://doi.org/10.3390/ijerph20021577